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Original Articles in Medicine.

NEURITIS.*

BY WILLIAM MORRIS BUTLER, A.M., M.D.,
Brooklyn, N.Y.

TWENTY-FIVE years ago little was known regarding inflammation of the nerves. Since that time neuritis has been thoroughly studied by neurologists of every country, and medical literature is filled with cases illustrating every phase of the disease. As a result of these investigations, the list of cases formerly relegated to lesions of the cord has been greatly diminished; as many of these cases have been found to be produced solely by changes in the nerves themselves. Many so called neuralgias and rheumatic disorders, formerly hopeless when treated as inflamed local nerves, have received prompt and permanent relief.

The frequency of the occurrence of this disease in general practice is our excuse for presenting it to your consideration at this time.

Neuritis may effect a single nerve, or a group of nerves or appear as a multiple neuritis, in which there is general inflammation of all the peripheral nerves. According to the location of the inflammation in the perineurium, the connective tissue between the nerve fibres, or in the nerve fibres themselves, it is known as perineuritis, interstitial neuritis, or parenchymatous neuritis.

Simple neuritis is usually caused by injuries, wounds, or some compression of the nerve trunks. Fractures and dislocations frequently set up an inflammation in the nerves in the immediate neighborhood of the injury. Extreme muscular contractions or too pro-

*Read before the Homeopathic Medical Society of the State of New York.

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longed excessive use of the muscles may produce it. Extreme cold is a frequent causative agency. Gout, rheumatism, cancer, syphilis, diphtheria, smallpox, typhoid, pneumonia, pleurisy and meningitis have, in numerous instances, played the part of predisposing or exciting causes.

According to the severity of the disease, the pathological changes range from a simple reddening and swelling of the nerve, with distension of the blood vessels, to a complete disintegrating and disappearance of the myelin and axis cylinder, leaving only an empty, collapsed sheath of Schwann as a connective tissue strand, and rendering necessary a complete rebuilding, by the process of regeneration, of the entire contents of the nerve sheath before a complete cure can be effected.

The clinical symptoms vary according to the functions of the nerve involved. The first symptom is usually pain in the affected nerve. This pain varies greatly in its severity, but is ordinarily very intense and attended by marked soreness and tenderness along the whole course of the nerve. Although there may be remissions during the day, it is liable to be almost unendurable at night. The pains may be burning and tearing along the course of the nerve, with conspicuous motor symptoms. Paralysis of the muscles supplied by the involved nerves soon intervenes. The degree of paralysis varies according to the intensity of the inflammation, in some cases being attended by partial, in others, by complete loss of power. The electrical reactions are altered and soon there is a marked quantitative change to the faradic and galvanic currents. In a short time there is no response to the faradic current and the reaction of degeneration to the galvanic current is then present. Atrophy of the muscles quickly succeeds the paralysis. The skin of the fingers frequently becomes red and glossy, and the joints swollen and inflamed, revealing the trophic changes which have taken place. The subcutaneous tissue of the fingers, and even the bones, may atrophy. The nails become rough, brittle, and ridged; or the whole nail may be destroyed. In the acute form of neuritis, in addition to the symptoms enumerated, we may have, at times, chills, rigors, headache and slight fever; but these general symptoms do not occur in the sub-acute or chronic varieties.

Multiple neuritis is the condition where many of the nerves are involved at once. It has been divided into various forms classified according to the etiology.

We have: 1st. Toxic cases produced by alcohol, arsenic, lead and bisulphide of carbon.

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2d. Infectious cases caused by the infectious agents producing diphtheria, variola, typhoid and typhus fevers, severe malarial fever and tuberculosis.

3d. Spontaneous cases, in which exposure to damp and wet and overexertion appear as the causative agencies.

Alcoholic multiple neuritis is more apt to occur in females, although males are not exempt. It occurs most frequently among the higher classes who lead an inactive life when spirituous liquors have been taken in large amounts for a long time. After premonitory symptoms of gastritis, insomnia, general neuralgic pains, tremor, and feebleness in the limbs have existed for some time, the legs suddenly give way and the patient is not able to rise. A complete paralysis in the feet and limbs soon ensues, and may advance up the thighs. The hands and forearms are next attacked. The loss of power is usually greatest in the extensors, although, in some cases, both flexors and extensors become powerless. The affected muscles are flabby, and soon atrophy, showing no excitability to mechanical irritation; and the tendon reflexes are lost. Usually the faradic current produces little or no response; and galvanism reveals the presence of reaction of degeneration. Two characteristic symptoms—the dropped foot and dropped wrist, appear and more rarely the "main en griffe." With these motor symptoms, profuse sweating, lividity, edema, and a glossy appearance of the skin are associated. The most distressing symptom, however, is the excruciating pain which is present, preventing sleep and wearing out the patient's vitality. Hyperesthesia is another frequent symptom. This is usually quite extensive in the legs, and may render the muscles and skin so sensitive that it is almost impossible to move, or even touch, the patient.

Numbness, tingling, and formication appear, and numerous abnormal sensations as of bands about the limbs, or a feeling as if bursting.

When the paralysis is established, the muscular and tactile sense are lost.

Temperature sense and the perception of pain may be delayed, but are not entirely lost. In the beginning of the attack the temperature ranges from 101° to 103°, and the pulse is feeble and rapid, ranging from 100 to 150.

The walk is characteristic, as owing to the foot drop, the patient is obliged to lift his knees high in order that the toes may clear the ground. The special senses are not usually involved.

When the disease is established, brain symptoms appear. At

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first, there may be active delirium, with illusions, hallucinations and insomnia. Marked loss of memory, especially for recent events, exists, and lack of power of concentration, preventing intelligent conversation.

These patients' statements are entirely unreliable, and no dependence can be placed upon their accounts of their symptoms.

The symptoms of alcoholic neuritis usually reach their height in from one to two weeks, when, if the respiratory tract is not involved, producing death, they usually remain stationary, for a time, and then gradually subside. The individual muscles slowly regain their normal condition. Permanent deformities from muscular contractions may occasionally remain, necessitating operative measures.

The symptoms of multiple neuritis from lead and arsenic resemble closely those produced by alcohol, but when lead is the causative agent, few or no sensory symptoms are present, while in arsenical neuritis the sensory symptoms are more marked, but the mental symptoms seldom appear.

Of the forms of multiple neuritis consequent upon infectious diseases, by far the most common is diphtheritic paralysis. This paralysis is more common in the adult than in children, and is extremely rare in children under two years of age. The paralysis does not seem to depend upon the severity of the diphtheritic attack, as cases have occurred when the throat symptoms were exceedingly mild. The majority of cases occur two or three weeks after the termination of the disease.

The part first affected, and often the only one involved, is the palate, producing nasal speech and regurgitation of liquids through the nose. The next most frequent is loss of accommodation, and if the disease progresses, involvement of the upper and lower extremities follows. This first appears as simple weakness with tingling and numbness, soon increasing to paralysis, with marked disturbance of sensation. The ocular muscles are especially susceptible to attack and various forms of paralysis or disturbance of function occur according to the particular nerves involved. The optic nerve fortunately escapes, so that blindness is not to be apprehended.

Frequent paralysis of the muscles of the larynx and vocal cords and epiglottis occurs, producing hoarseness, imperfect phonation and difficulty in swallowing on account of the foods reaching the larynx and causing fits of coughing.

The reflexes are diminished or lost, infrequently, paralysis of the pharynx may occur.

The disease usually lasts six or eight weeks, the ocular nerves

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being the first to recover. In cases of severe paralysis of the legs, four or six months may elapse before complete power is restored, the reflexes in most cases not being restored until all other symptoms of the disease have disappeared. Cases of neuritis following variola, typhoid and malarial fever, and tuberculosis have been reported; but their main features are like those of the forms already described.

Acute multiple neuritis, when produced by a cold, is ushered in with a chill and a rise of temperature to 103° or 104°. There is headache, pain in back and limbs, loss of appetite, and general malaise, attended by formication and tingling in feet and limbs, and general muscular soreness and aching. Loss of power in the flexors of the feet soon appears, and the weakness extends upward. Sometimes the paralysis may begin in the arms, and later involve the legs. In severe cases the paralysis soon becomes general including the trunk and respiratory muscles. Atrophying of the mucles soon takes place. The deep reflexes are lost early, but the skin reflexes vary, some being lost, and others retained. Except in severe cases the electrical reaction may remain unchanged for a long time, the muscles responding normally to the faradic current. The sensory symptoms vary from slight sensations of formication and numbness with hyperesthesia, to marked anesthesia. Cases vary greatly; in some the motor, and in others the sensory symptoms predominating.

The disease may run its course within a week, terminating in death from bulbar paralysis, or may last for five or six weeks before any marked change appears.

Paralysis with atrophy and muscular contraction may last for years, but with gradual increase of the muscular strength.

TREATMENT.

Whatever the form of neuritis, it is absolutely essential that the nerves involved should have absolute rest. When the inflammation occurs in the upper extremities this can be effected by conveying the arm constantly in a sling; but when the nerves of the trunk or legs are attacked the patient must be kept in bed.

The intense pain is usually mollified by the application of heat over the inflamed nerve. Much relief is at times obtained by immersing the limb in hot water, and in swathing the part with cotton. Some cases, however, are aggravated by heat and secure the greatest relief from cold applications, even the direct application of

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ice may be required. Where heat is used, care must be taken not to blister the skin as from its enervated state severe sores may be formed without the patient's knowledge. When the disease has been caused by alcohol, entire abstinence must be enforced, or recovery is impossible. The withdrawal of stimulants cannot in all cases be accomplished immediately, or the patient may succumb to heart failure. Alcohol is, however, a most potent poison in these cases, and although taken in small quantities may bring back all the original symptoms when the patient is almost restored. In all cases it is essential, if possible, to learn the cause and remove this; else all treatment may prove unavailing. The diet must be simple and unstimulating.

Electricity plays an important part in this disease; but care must be taken as to the form and time of its administration. If given during the stage of intense pain it may aggravate all the symptoms. When the pain has become modified, a mild constant galvanic current should be applied to the degenerated nerve, the current being passed through the nerve in either direction, or in both alternately. When atrophy has occurred, the faradic current and gentle, carefully applied massage will greatly aid in restoring the affected parts.

The homeopathic remedies which we have found most often curative are aconite, actea rac., agaricus, arnica, arsenicum alb., belladonna, bellis perennis, bryonia, hypericum, phosphorus, and rhus tox.

ACONITE.—Numbness, coldness, formication, sharp, shooting, tearing pains in the limbs and joints. Aggravation at night; worse from midnight to 3 A. M.; great restlessness and uneasiness; pains unbearable; great anguish with moaning and groaning.

This remedy has been very efficacious in our experience. Especially indicated in the acute stage when disease has been caused by exposure to the cold.

ACTEA RACEMOSA.—Severe aching in arms and legs; numbness as if the nerves were being compressed; excessive muscular soreness of limbs; sleeplessness, or sleep disturbed by unpleasant dreams.

More often indicated in alcoholic cases than any other drug.

AGARICUS.—Burning and itching of hands and feet; parts red, hot and swollen, as if frozen; cramps in hands and feet; trembling and twitching of muscles of hands and feet; powerlessness and great weariness; restless, disturbed sleep.

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ARNICA.—Pains in arms and hands, legs and feet; soreness all over as if parts had been bruised.

Especially indicated in traumatic cases.

ARSENICUM.—Burning, tearing pains in limbs. Pains shooting from fingers up the arms into shoulders; swelling of feet and hands; great restlessness and uneasiness, worse at night, relieved by heat.

Especially indicated in severe forms of multiple neuritis.

BELLADONNA.—Intense, almost unbearable, paroxysmal pains in affected nerves; great sensitiveness of parts to touch; cannot bear even weight of bed clothes; sleeplessness; pains relieved by warmth.

BELLIS PERENNIS.—This has in our experience proven, perhaps, more often curative than almost any other remedy, when there is great soreness of the nerves with intense pain. In cases where arnica seemed indicated but did no good, bellis perennis has many times given prompt and permanent relief.

BRYONIA.—Tearing, piercing, stitching, cutting pains, aggravated by motion; oversensitiveness of all senses; aching cramplike pains; limbs swollen, red and sensitive to touch; relief from hard pressure and cold applications.

HYPERICUM.—Especially indicated in traumatic cases where the nerves have been torn and lacerated and the patient suffers sharp, cutting pains along the course of the nerve terminating in a twisting, wrenching sensation in the foot.

PHOSPHORUS.—This remedy may be needed in chronic cases when degeneration has taken place and its individual symptoms are present.

RHUS TOX.—Tearing, drawing, shooting, throbbing pains with numbness and sense of pressure and loss of power in limbs affected; great restlessness; aggravated by rest and cold; relieved by continued motion and heat.

Especially indicated when disease has been caused by getting wet.

In addition to the remedies mentioned, aesculus, berberis, calcarea carbonica, dulcamara, natrum sulph. and veratrum album have given excellent results when their individual symptoms were present.

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THE TREATMENT OF MALIGNANT NEOPLASMS.

By J. E. Gilman, M.D.,
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THE steps downward in the course of degenerative diseases are well understood and delineated in text-book after text-book. But in the retrograde of recovery from cancer we find no record of complete cures from which to draw helpful information.

Heretofore, cancer has conveyed the terror of a death sentence to the afflicted one, but with the present age we have the promise of rational treatment, which will reduce the mortality of cancer to an insignificant matter. For many months, now running into years, I have been treating cancer with such a degree of success, that I am confident of the value of the methods employed and of its application to all forms of the cancer family, in all locations, and to all stages of it, under certain limitations.

From my experience I have divided the applicants for treatment into three classes. The first one I know I can cure without any hesitancy. I can assure the patient that the trouble can be removed with a degree of certainty, that may relieve him of all fear for the future. This class embraces all the nodules, indurations and engorgements, out of which spring the malignant growths, external and internal, in their earlier stages—the slow growing forms, even when of considerable extent and of considerable duration, and the more easily reached external invasions, such as some of the epitheliomas and lupus, or what are termed "skin cancers." In this stage the surgeon who raises a knife to mutilate the human body by the excisions of any of these nodules, commits a crime; and I say it advisedly, as I believe that all of the cases of so-called surgical cures, are no more or less than the removal of harmless adenomas, which have no tendency to recur, while the malignant forms always do return, and return with increased violence. The most that can be said for the surgical treatment of carcinoma in its earlier stage is that it will postpone in some cases the terrible fate which is sure to come sooner or later. The second division of cases include those in whom cancer has made so much progress that general infection is impending, but not yet taken place. There are no metastases to in-

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ternal, vital organs; although the invasion of the disease may be very considerable in extent and increasing.

To those patients I can say: "I think I can remove this trouble. I do not know it; but I believe I can." While the third class includes the refuse and sweepings of the surgeon's butchery, after he has excised every tissue which might be removed with a possibility of life being maintained. Or those neglected cases where the secretiveness of the patient or some other cause, such as a rapid growth, has allowed the neoplasm to reach such proportions that more or less extensive glandular infection has taken place and the cancer dominates the individual. To these I can only say I will do the best I can for you, but can promise you nothing.

For twenty years I have for certain reasons had my attention directed to the medical treatment of cancer, and for years up to certain limits have felt confident of favorable results; but beyond these limitations the disease would baffle me; but when in the course of my experiments with the X-ray in 1896-97 and ensuing years, I found that the effect on carcinoma was very great, and that I could with its use undertake with confidence cases which I should have before considered hopeless, I believed I could control the disease at any stage. But in this belief I could not remain; as a number of fatal cases convinced me that the treatment had its limitations still and was not an absolute panacea in all cases of the severe forms in advanced stages. Yet, I had been able to carry through successfully some cases which had been pronounced absolutely hopeless; so I did not feel that I could refuse the treatment to even those desperate cases, as it would modify and give relief even when it failed to stay the ravages of the disease.

My first cases were internal. One, a cancer of the liver, the next two of the pancreas; the fourth one, of the liver again. Then some of the kind the surgeons delight to operate on, and then a case of scirrhus of the extensive character as described in the third division of cases. This case was reported in the columns of the Clinique and seen by quite a number of physicians at different stages of improvement. Then I submitted many cases to the test, and during the past three or four years, more than two hundred cases have passed through my hands. After one special case had been spread broadcast through the papers to the world, I was overwhelmed with inquiries from patients who were almost at the last stage of disease progression; and I took a large number of these cases, which increased the ratio of deaths. I think all of the deaths were in this class of cases; all others being quite cured or in a fair way to be.

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But even with these odds against me, the ratio of deaths is not greater than the average mortality from typhoid fever, while with the taking of the two first classes or divisions of which I spoke in the first of this paper, not one per cent. would be lost.

When I made the statement that cancer was curable by medical agency fortified by the X-ray, it was met by shouts of incredulity from many of the medical profession. But facts are stubborn things to throw overboard; and one after another experimenter in the field has since been delighted with the results of the X-ray work.

At first, even among those operators, it was believed that only that hanger on to the outskirts of carcinoma, lupus, could be benefitted. Nothing else, and not sure here of anything. Then admissions were made that epithelioma might be helped, while lupus was very satisfactory under treatment. Then surface and skin diseases were admitted as possibilities; but internal ones never. Yet, my first cases were internal cancers, and from the penetrating character of the X-ray, I do not see how logically its power to control internal cancer can be questioned.

Take a sensitized plate, place it at the back of the patient, in front of him place a two-inch plank, in front of the plank a Webster's unabridged dictionary; through all of this the X-rays will penetrate with ample force to imprint on the plate the radiograph of the bones of the body perfectly, and will if continued longer produce the X-ray burn, and will also cause chemical reactions.

If the X-ray will induce cell changes externally, why, logically, with this power of penetration, can it not affect in the same manner internal organs? I know from many cases that it can, and does, do this, and that its power of benefitting cancer is extended internally as well as externally.

Gradually the very men who at first doubted the scope of the X-ray treatment are now giving adherence to the statement I made of its value in the treatment of all forms of carcinoma.

As to the etiology of the disease, I believe the origin of the cancerous disease is largely from imperfect excretion of the sewage or excess nutrition of the body. The lymphatics failing in activity an enlarged gland results, and unless the collateral circulation affords relief, it increases (as an obstruction in a stream gathers drift), until a tumor of sufficient size is formed to create irritation. This is the beginning of the degeneration. It accounts for the greater readiness of cancer to develop at the menopause. Is there a germ of cancer or not? I am not now quite as ready to think there is as I was at first, the chief argument against it being the absolute non-con-

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tagiousness of cancer, contrary as this fact is to the general belief. Its non-communicability and the manner of production in the sluggish excretions of sewage, or the excess of nutrients in the lymphatics argue a cause for the irritation which may render the cells unable to retain their integrity. Now there may be a germ making its appearance on this soil so prepared for its reception; but as yet no such germ has been definitely found out and differentiated.

The downward course of a carcinoma patient, as I said, is well known; but the retracing steps are full of interest. It is the exploration of a new land where at every turn there is some new development. There is a constant tendency to complications and an inability to resist the invasion of other diseases. Also from various causes, such as cold, fatigue over-exercise, mal-nutrition, nervous strain, etc., an aggravation of this morbid growth may occur. The early discovery of these complications is of the first importance; and it requires a constant watchfulness to apprehend and prevent their progress. I can compare it to nothing more appropriate than a case of typhoid fever. We know by observation and experience the complications which may occur in its course, and the significance of the symptoms which indicate improvement or the reverse. We heed the warning note of a slight cough when repeated; the dangers arising from the prolonged high temperature. We know what to provide for and take care of in a sudden fall of temperature, even if no hemorrhage has as yet been seen externally.

If a man had all of this to work out in his mind as an unknown series of problems, it would give an idea of the form of work we have in the recovering carcinoma patient. Changes which forebode danger have not been mapped out, and to foresee them promptly has drawn very heavily upon my energies this winter. For instance, a case of scirrhus came to my office. The left breast was enlarged to the size of a baby's head, stony hard, firmly adherent, retracted nipple, with ulceration and breaking down of the tissue already begun. By the end of the first month the tumor had softened about its circumference to the extent of more than one-third of its bulk, and there was a lessened solidity of the remaining mass, just as a snow bank melts under the summer sun, losing its solidity and becoming slush about the outer edges. At the next visit the patient was in tears; and the despairing way in which she recounted her suffering and supposed aggravations was exceedingly pathetic. She said she thought everything was going on all right until pains began in the night, which had increased latterly until now they were present severely day and night, and there was so much sore-

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ness and tenderness that she feared that the worst was about to happen. An examination developed the fact that the cause of the pains was not increased inflammation from aggravation of the disease, that there was no abscess forming an increase of ulceration; but in the course of improvement that mass had melted away from its attachment to the ribs and the breast was freely movable, allowing the remaining portion of the tumor to pull upon the tissue of the breast, and, by its weight, give rise to severe pains.

Again a case of scirrhus which had involved the whole right side of the thorax in a woman of 73. In this case a diagnosis of scirrhus was made by Dr. C. W. Cary and Dr. A. H. Ferguson. Her right breast was a shapeless mass of nodules. The axillary nodes were as large as hens' eggs. There was pain, cachexia, and soreness, which decreased for about three weeks; then began an aggravation of all the symptoms of pain. There was a flashing up of inflammatory action, redness and fever, with extreme tenderness; and it looked as though an active rush of cancerous degeneration was taking place. This culminated in abscess formation; and a discharge of pus carried off the remaining evidence of cancer. Between the 13th of April, 1901 and the 14th of August every vestige of this formidable neoplasm had vanished. Another case, also of scirrhus. This was a recurrent case in which after the removal of the right breast, the return of the disease had invaded the whole front of the thorax, extending to both axillæ. The right arm was swollen to three times the size of the other, perfectly helpless and absolutely devoid of feeling, except a constant ache. Frequent hemorrhages from the wooden-hard crevices on the surfaces made life precarious. Ulceration was present. In this case, after three months of treatment, the cancer was reduced three-fourths; and a general improvement in every direction came on. There was an effort on two separate occasions for the return of menstruation, which had been absent for several months, and every prospect of recovery. The menstrual disturbance made much anxiety, until the cause of the upheaval was discovered. Then began a heart-breaking period of loss of strength, progressive weakness, slight fever from exertion, headache, malaise, constipation, wandering pains and a general feeling of illness and exhaustion. The X-ray treatment was suspended and finally the patient took to her bed with typhoid fever, passed through the stages of that disease, recovering to the stage of convalescence, and died somewhat suddenly from exhaustion of the sympathetic nerve.

Hope and fear crowd each other in these cases, with fear predom-

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inent, as it is the unknown danger which most terrifies humanity. The theories, of which I have written and spoken so much, upon which the treatment of cancer is based,—upbuilding healthy cell structure and the prompt removal of refuse from the body—has a curious illustration in a case of lupus involving the destruction of the entire nose, leaving a cavity from the forehead to the lip, ulcerating and discharging quantities of mucus and pus. I could not have this patient come to my office, nor would the X-ray people allow him in their reception rooms, so disgusting was the case. An arrangement was made to have the dressing of the ulcer done at the Hahnemann hospital, Dr. Martin, one of the internes, undertaking it; and the X-ray was given from a private outfit. In this case improvement set in; and not only was the degeneration checked and replaced by healthy tissue, but the granulation proceeded to build up into new structure, forming in the shape of a new nose. The man was discharged with instructions to return in two weeks for examination which he did. The growth had continued. He is to return again in a month from that time for further observation. The nose is more than an inch in length and still growing.

It is conceded by every one now that lupus is quite amenable to treatment by this method.

When I first insisted upon the value of the X-ray as a therapeutic measure, this was denied quite as strenuously as is its value in the internal carcinomas, and with as much truth.

As an illustration of its action in internal cancers, a resident of Newark, N. J., Jan. 25, presented himself at my office for treatment. The history of the case was that for a number of years he had trouble attributed to the liver, which increased to such an extent that he went to a hospital for treatment. An operation was performed for supposed gall stones, but when the abdominal section had been made it disclosed a cancerous degeneration of the liver, to such an extent that the wound was closed up and the patient sent home to die. There was an induration pressing upon the ribs and extending nearly to the median line, pointing upward and plainly visible to the eye, presenting itself as the patient lay upon the table. Treatment was X-ray each day, china and hydrastis alternately, with, occasionally, calcium fluoride. In a month's time the treatment had so far reduced it, that I allowed the return of the patient to his home; continuing the treatment at my New York office in the charge of Dr. Stephen F. Horton, later reports pronounced the case as cured.

For many of my cases I have had the miscroscopical confirma-

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tion of the diagnosis made, not because there was a doubt of the character of the case but for the benefit of those carping critics, who would deny the existence of the neoplasm unless so fortified.

In dubious cases or where the growth is not developed sufficiently to make an accurate diagnosis, the microscopical examination is needed and desirable; but I have thrown away hundreds of dollars for these scientific demonstrations, in which any one who had even a smattering of knowledge of carcinoma could determine with accuracy and precision the diagnosis, just as well without additional evidence.

If I add two and two together and find the product to be four, I do not need to submit such a finding to the faculty of Chicago University before being able to avail myself of the result of my demonstration. I have at the present more than one hundred cases of various forms of the cancer family under treatment and observation. I have in the past four years treated over two-hundred cases, of which I have the results; with a record of recoveries somewhat greater than the average recoveries from typhoid fever in ordinary practice.

When you consider that this record covers a fairly long period and includes a vast number of cases of the most desperate character from all over the country which were showered in upon me (several cases proving fatal within a few days after reaching) you can see how it gives me the authority to say as I did in the beginning of this paper that we have arrived at a stage of rational treatment which will reduce the mortality of cancer to an insignificant factor.

Gelatin for Controlling Hemorrhage.—Dr. Joseph Sailer, of Philadelphia (*Therapeutic Gazette*), gives a résumé of the use of gelatin in controlling hemorrhage. It has been used and successful results reported in hemoptysis, hematemesis, epistaxis, hemorrhage of typhoid; in fact, in all sorts of hemorrhage. It may be used in solution—ten per cent.—hypodermically. Injections can be made in the usual places for subcutaneous injection, or they may be made as near the seat of hemorrhage as possible. Sometimes the gelatin has been used per mouth. It is supposed to make the blood more coagulable.

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PRIMARY COLLOID CANCER OF THE OMENTUM COMPLICATED WITH PULMONARY TUBERCULOSIS, CIRRHOSIS OF THE LIVER AND NEPHRITIS, WITH THE REPORT OF A CASE.*

By Egbert Guernsey Rankin, A.M., M.D.,
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THE rarity of primary cancer of the peritoneal structures and the difficulties which frequently attend its recognition seem to warrant the assumption that each occurrence of the lesion, when confirmed by post mortem examination, is of clinical value.

Any variety of cancerous growth may occur, but the colloid favors the omentum.

When associated as a secondary affection with malignant disease in some other organ, which is its usual formation, the diagnosis may be free from difficulty, especially if the neoplasm is not colloid in type. The peritoneum, under these conditions, will usually be covered with a number of small, rounded tumors scattered over its surface. Sometimes these bodies will be very small, assuming a miliary type, while in other cases they may be puckered or constricted centers. Colloid cancer of the omentum may sometimes attain great size. In the case under discussion its growth was small.

The clinical manifestations are usually those of progressive emaciation, sometimes fever, diarrhea, pain or tenderness, but these symptoms may be absent and the case present—as far as the abdomen is concerned (especially if complicated with cirrhosis of the liver) the appearance of ordinary ascites.

The physical signs which essentially belong to the peritoneal cancer are enlargement of the abdomen, either uniform or asymmetrical, usually the latter; stretching rather than eversion of the umbilicus and the sensation on palpation of a firm yet somewhat yielding mass within the abdomen. Percussion may show more or less localized dulness. As a rule, the change of position will have little effect upon these signs. Aspiration may reveal simply serum tinged with blood, and in the case of the colloid variety, a slimy, gelatinous fluid. Irregular nodules or the curled up omentum may be felt lying across the upper part of the abdomen. This tumefaction may also be

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present in tuberculous peritonitis of the chronic proliferative variety, and is therefore, of no real diagnostic value as far as differentiation is concerned.

The condition which with carcinoma of the omentum is most likely to be confounded is obviously tuberculous peritonitis. The main points of difference are as follows: Cancer is characterized by appearance in middle life and usually by the presence of multiple nodules observable on palpation, unless colloid, when a firm yet yielding tumefaction may sometimes be recognized. Tuberculous peritonitis, on the other hand, may be distinguished by the fact that it occurs in the young and by the absence of nodules. Furthermore the presence of an indurated mass above the umbilicus is common in cancer, while it is always absent in tuberculous peritonitis. Again, the presence of inflammation and discharge of pus from the umbilicus points to tuberculous peritonitis, as it is otherwise seldom observed. In both cancer and tuberculosis the fluid withdrawn on aspiration may be bloody.

The history of the following case was prepared by Dr. R. E. Mitchell, of the House Staff of the Metropolitan Hospital, Department of Public Charities, New York.

The patient, a male, laborer, aged 35 years, was admitted to the Hospital, March 18, 1902, with the history of syphilis, gonorrhea and the use of alcohol and tobacco in moderation; aside from these he had enjoyed apparent good health until about eight months ago when he had pleurisy on the right side. Aspiration was performed and a considerable amount of fluid withdrawn. From this time his general health began to decline. There was more or less constant cough, expectoration, hemoptysis, night sweats, dyspnea and the usual phenomena which characterize pulmonary tuberculosis. He suffered, in addition, with a peculiar weakness of the lower extremities which rendered walking difficult.

Physical examination showed general emaciation and involvement of the upper portions of both lungs as evidenced by their retracted condition and the presence of subscrepitant rales. The heart was normal, except that there was intensification of the second pulmonic sound, as would be expected in such a condition of the lungs. The abdomen was slightly distended and contained a small quantity of fluid. The area of liver dulness was slightly lessened and there was considerable pain in the region of the liver. The knee jerk was absent. Romberg's sign was marked. The sputum showed the presence of tubercle bacilli. Examination of the urine was negative.

The patient was able to go about the ward for the first few days

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after, but the cough became so excessive and the weakness so pronounced that he was put to bed. The abdomen gradually became more distended and the legs œdematous. Ten days later the distension became excessive, the dyspnea urgent, cyanosis pronounced and danger of collapse imminent. A hundredth of a grain of atropine was administered hypodermatically and the abdomen aspirated; 96 ounces of bloody serum were removed. This procedure was followed by relief.

Upon examination after aspiration a roundish tumor mass could be determined extending from the epigastrium downward and to the right around to the iliac region. There was still evidently some fluid in the abdomen. The relief afforded by the aspiration was sustained only for a few days when the fluid began to accumulate again and the distressing symptoms of dyspnœa reappeared.

The patient continued to fail steadily. The temperature began to be that typical of tuberculosis; the dyspnœa, cyanosis and cough were excessive. The tuberculous process extended rapidly involving the whole left lung and the greater part of the right.

A second attempt to aspirate was made and but eight ounces of bloody fluid were removed. Failing in this, salines and diuretics were given with the hope of relieving the accumulation. Heroin and morphine were used to check the cough and allow a little sleep. Whiskey and atropine were used as heart stimulants. A large amount of milk and water was administered and the urine record was rather high. At no times were there signs of renal difficulty. The salines produced copious evacuations but all treatment seemed to be of no avail. The abdomen became more and more distended and on April 11, a third attempt was made to aspirate, and but two ounces of bloody fluid removed. This was now so thick that it clotted in the canula.

The diagnosis was pulmonary tuberculosis, cirrhosis of the liver, possible locomotor ataxia, and because of the tumor-like mass and gelatinous and bloody fluid, a malignant growth in the abdominal cavity. On the next day, April 12, 1902, the patient died. The following is a report of the autopsy conducted by Dr. Geo. L. Laidlaw, Pathologist of the Metropolitan Hospital.

Brain normal; heart and pericardium normal; lungs and pleura, seventy-five ounces of bloody serum in the right pleural cavity. The right lung was adherent at the apex to the chest wall; the upper lobes showed marked tubercular degenerations, the lower lobes were flabby and collapsed. Eight ounces of bloody serum were found in the left pleural cavity. The left lung was adherent to the chest wall

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(whole outer surface) and the base of the diaphragm. The upper left lobe showed the same morbid tubercular process as the right did. The lower lobe was slightly compressed. The abdomen was filled with bloody fluid, about four quarts. The great omentum was greatly thickened (to about one inch), reddish and spongy and was hanging down in front of the viscera (like a broad curtain) into the pelvic cavity. It was firmly adherent to the parietal peritoneum in the right iliac fossa and subsequent microscopic examination showed it to have undergone colloid degeneration. The appendix was normal. The loops of intestine and all the abdominal viscera were massed together with a recent exudate. The liver was adherent to the diaphragm by its entire convex surface. Weight four pounds, marked evidences of cirrhosis. The spleen was much enlarged and congested; weight seven and one half ounces. The capsule was adherent in places and the cortical markings were obscure in a few places.

Diagnosis. Colloid cancer of the omentum, phthisis pulmonalis, cirrhosis of the liver, nephritis.

The principal point of interest in the case is the colloid growth which was confirmed to the omentum. Careful search failed to reveal a primary growth along the alimentary tract or in the adjacent organs. Its rapid development accompanied by the bloody ascitic fluid and marked cachexia are noteworthy.

The patient entered the Hospital to receive treatment for phthisis. He had never had the slightest abdominal symptoms and had noticed the slight swelling of the abdomen which he presented upon entrance, but a few days before. In a little more than three weeks he was dead.

The history of the tubercular process was a fairly typical one, beginning as it did with the pleurisy and effusion of some eight months before. It emphasizes the care which should be used in the treatment of such pleurisies.

The cirrhosis of the liver and the nephritis were probably the result of the too free use of alcohol.

The diagnosis of locomotor ataxia was not fully confirmed by examination of the cord, but it seemed with the symptoms presented, together with the history of syphilis, as if this trouble might also be added to the sum total of diseases which were destined to play a greater or lesser part in the death of this patient.

The writer recalls another case of what appeared to be primary malignant disease of the omentum, seen in consultation. It consisted of a large, smooth, indurated mass, somewhat movable, situated in

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the left hypochondriac region and extending diagonally for about three inches across the abdomen toward the umbilical region. There were no evidences or manifestations of symptoms pointing to malignant disease elsewhere. The patient, an elderly lady, died of inanition. There was no autopsy.

VITAL FORCE AND ITS ANTAGONISMS.*

By C. E. Sanford, M.D.,
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I SHALL take the liberty of presenting to you a definition of "vital force" as somewhat distinct from *vital principle;* although they are used synonymously by most writers. Vital principle has been properly defined "as the principle which, in association with matter as in organized bodies, controls its manifestations and properties, and distinguishes organized matter from inorganic." *Vital force* I would define as that unknown quantity that belongs to every organized being, which represents the standard of health of the individual, or the resisting force of the system to disease-producing influences. The former belongs to every organized form of matter as a principle of life. The latter represents the ratio of force or strength it may possess to carry on the functions that belong to the body as a living organization.

Our bodies may be likened to a citadel that has to resist attacking forces that are antagonistic to its strength. The more perfect the citadel in formation and structure in all its parts, the less danger of being destroyed; and it falls only when the attacking forces are sufficiently strong to overcome its inherent strength, or sympathetic forces from within assist in so weakening the structure as to make its condition alarming.

It cannot, we think, be denied that every individual represents a definite ratio of vital force. You may not know, may not be able to tell definitely, what this is, although it may be approximated in a given case, especially if you are well acquainted with your subjects; but there are frequently conditions that cannot be thoroughly comprehended, circumstances that cannot be definitely ascertained or understood, which make it to a degree at least, an unknown quantity. There is, as is well known in some families, a *"Tenacity of Life,"* that, as

*Read before the Connecticut Homeopathic Medical Society.

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Oliver Wendell Holmes said: "Will persist in keeping the patients alive when according to every known law of therapeutics, they should long since have been dead and buried."

Standard of Perfect Health.—We will suppose the standard of perfect health is represented by one hundred. This we do not assume is ever attained; although we believe it may be very nearly approximated. In some rare cases it may be represented by 100—5 or—10; from this point it may be decreased until some weak, devitalized specimens may represent only 20 or 30 per cent. of standard health.

Disease-producing forces act as destroying or antagonistic agencies to the life force, and also represent a destructive power, of almost any degree of intensity.

In order to show more clearly our position, let us suppose fifty people are attacked with an acute disease in a given epidemic; we will suppose that their environments are very similar. It may be that the disease-producing forces represent a destructive power of so much violence and intensity that no system attacked has sufficient strength to overcome its devitalizing influence (although this may be reasonably questioned). But more frequently in 50 given cases in any ordinary epidemic of acute disease representing, we will say a destructive force of 60 per cent., what will be the result? The persons represented by the lower ratio of health will either break down and succumb to its devitalizing force, or by the best care and treatment possibly some may be saved. While others who possess a much larger ratio of health, although their systems may be susceptible to that peculiar form of disease-producing force, will not be dangerously sick, some but slightly ill, requiring little or no attention from physician or nurse. The reason all do not become affected by this epidemic influence is, no doubt, because there is in the system, either hereditary or acquired, a lack of the predisposing sensitiveness to the specific "poison" or germ, if you please, that that particular irritating cause represents. As is well known, the peculiar form of disease that visited this country first as an epidemic in the winter of 1889 and 1890 known as "la grippe," affected a large number of people in almost every town and city of our northern, middle and western states. Why? Because in so many people it produced its effects upon membranes already weakened and irritated by semi-diseased conditions of a catarrhal and bronchial nature. Never in my remembrance were we visited by an epidemic in which so many felt its influence. Yellow fever and cholera and diseases of that type produce their effect by the intense violence of the disease-producing

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power, affecting a large proportion of those who come under its immediate influence, but fortunately giving often sufficient warning of each approach so that most may flee from its presence.

It is also true that many patients die who are not so sick as others who recover. To some minds this may appear impossible; but we are sure every intelligent member of the profession, who has had a large experience, will confirm our statement.

These conditions being admitted, the question arises "How can we increase our health ratio?" "How can our vital force be increased?" And by this means decrease the power of disease-producing influences upon the system.

I think no one will question the fact that we start in life's struggle at varying relative odds, that we are born with our own individual standard of hereditary vitality.

Various circumstances affect this, even before we are old enough to know how to take care of ourselves, which unfortunately may never be. We may more properly say, before we come to the age of reasonable maturity.

Some of the causes that tend to weaken vital forces in infancy and early life are: improper food; ignorance and neglect of mothers and nurses; too little sunshine and fresh air; too much medication; unhealthy homes, from location or neglect of sanitary conditions; uncleanliness; unwise modes of dress.

Some one or more of these causes may have produced such results in the system that at the age of 10 to 15, those who survive, say, out of one thousand born in a given place, may have changed places in a marked degree in their relative positions, in the primary or hereditary schedule. After this age, in early man- and womanhood, other and more serious causes, which may not, in their deleterious influences have begun to show to any great extent on the surface, are often producing effects, which, in a few years later, tend very much to lower the standard of health. Some of these are improper and vicious habits of various kinds, as the use of alcoholic stimulants, excessive use of tobacco, over-eating and unhealthy food, sexual excesses, too little sleep. These habits may have been formed whose roots may gradually sap the foundations of the citadel or destroy or greatly weaken the health-producing forces of the system.

What then is needed upon which to build a superstructure of comparatively perfect health, which shall grow stronger and more perfect as the years go by, producing results upon the individual the most beneficent, and also upon those who may become the offspring?

The primary need of each individual is a foundation of healthy

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protoplasms; upon these rest in a great measure the whole superstructure of physical and nervous vigor. We will suppose we have received these, the greatest inheritance possible for parents to bequeath their children; we will take it for granted that infancy and childhood have been safely passed. Now, what general laws may be laid down to govern those who earnestly desire to attain the highest standard of health possible? To these persons we offer the following suggestions:—

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.

Food.—Wholesome, properly cooked food taken at proper intervals and in proper quantities, not too frequently, and very sparingly when not hungry. This will be the natural and proper mode of furnishing the vital forces to the system, the amount of strength needed to carry on the work of the system and keep waste places properly replenished.

Pure Water.—The great assistant to digestion, forming a large percentage of the weight of the entire body. Small quantities of pure soft water taken with the meals, I believe, is a great help to digestion. I am confirmed in this position by the fact that a thoroughly scientific investigation has been made by which it was found that pure water was the only liquid known that increased and shortened the action of the digestive fluids.

To these positive principles may be added a wise use of the muscular system to promote growth and strength, especially open air exercise in sunshine, and the free, pure air of mountain and ocean beach; sufficient sleep and rest. The free use of water, both for cleanliness and for comfort. Warm and hot baths for cleanliness, and for the stiff or bruised feeling that comes from over-strain and unusual exercise. The cool and cold bath for a tonic effect upon the nervous system, giving a feeling of vigor and strength to

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the whole being. The former are better taken at night, the latter in the early morning with a vigorous rub that will produce proper reaction. Many people do not know the comfort and sense of rest that comes from bathing the feet at night, which I am confident often promotes restfulness and tends to produce sleep.

Few laymen or physicians seem to know how important a factor hot water may become in a great many conditions of pain and suffering. In all forms of external pain and soreness, in many forms of internal distress and inflammation, hot water, without and within, is all important, and the most valuable therapeutic agent we possess. In bilious colic, cholera morbus, appendicitis, peritonitis, in passage of hardened secretions through the various outlets of the body, as the kidneys and gall ducts, hot water is invaluable.

By following these simple rules you will, I believe, be enabled to enjoy the most perfect health your own individual organization is capable of attaining. If, then, our position is correct, if our premises are sound, based upon reason and experience, what should be the line of effort that would govern the physicians when disease-producing forces have found entrance to the citadel. and are threatening the very life of the patient.

In the first place, so far as possible, the strength of the patient should be maintained. In order to accomplish this, every influence known to scientific therapeutics, hygiene, dietetic, prophylactic, that may in any way help build up and strengthen the system, should be employed. To this end pure air should be admitted to the sick room in generous quantities. In many cases, sunshine is a necessity; thorough ventilation should be insisted upon. Easily digestible food, especially adapted to the diseased condition, should be carefully prepared and wisely and daintily administered, care being taken not to over-crowd the weakened digestive organs, whose normal functions must of necessity be depressed. Cleanliness of the body of the patient by judicious and not unfrequent bathing must be insisted upon, and the whole mental and moral atmosphere must be surcharged with hope and cheerfulness. There can be no question in regard to the effect of these upon the physical condition of the patients. Disease is usually depressing. Clouds and deep shadows of the twilight dwell in every portion of the weakened and perhaps irritated cerebrum. Fear, the most general and all-pervading of the sensations, has often a prominent position, and these conditions must be wisely and judiciously combatted. Blessed is the man who from the evolution of his own psychical and physical forces can carry into the sick room an atmosphere of sunshine and hope.

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Medication.—In regard to medication, much will depend upon the individual practitioner; but I think all will agree that it is wiser to give too little, than too much, medicine. Science teaches us that the micro-organisms that many believe to be the exciting cause of diseased conditions are minute almost beyond the power of our conception. We should also remember that medicine as a "drug force," is always a foreign element, producing often in the system effects that are detrimental to the "Vis medicatrix naturæ" of our organization, in a word adding to the already abnormal effects of diseased forces a new series of drug forces that only help to destroy more effectually the natural rhythm and harmony of the delicate functions of the organs of the whole system.

The wise physician will be careful so to use drugs that the utmost good may be accomplished with the least possible danger to the patient, always remembering that it is the *curative effect* he wishes to produce and not the specific drug action, for as no one face perfectly resembles the face of another, so no one organization harmonizes perfectly with another. Idiosyncrasies of matter and mind, of nerve and spirit, all tend to produce individual peculiarities that need to be studied and wisely considered in the prescription of the practitioner of medicine. I state it boldly and without hesitation, from the vantage ground of fifty years' experience and observation in the practice of medicine, that if the public had the most remote idea of the number who die yearly from the unwise and careless use of drugs, sometimes even when prescribed by physicians, they would be appalled, and that, too, not unfrequently when the directions of the physicians are properly carried out.

Let us remember, also, that disease is a positive condition, and not a simple physiological derangement of the functions of an organ. A pathological condition must be the result or product of some cause different from and opposed to the physiological integrity of the organism. Thus a "Celebrated Writer" makes frequent allusions "to the existence of morbific causes, which he terms the natural causes of disease, but whose influence is not perceived by the organism so long as the standard of health is kept at a high ratio by proper health-giving influences," but he says: "If these conditions cease to operate as defenses to the organism, the morbific causes which surround us on all sides, and are continually seeking to sub-vert the physiological integrity, are manifestly perceived in the tissues. Their manifestations of morbid action in the organism take place under a variety of circumstances, such as a draught of air, retrocession of the perspira-

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tion, fatigue, exposure to dampness, the use of bad food, insufficient ventilation, impure air, etc."

These irritating causes act upon a system that has a predisposition to some special form of disease by a hereditary or acquired weakness producing an abnormal susceptibility of some portion of the system. Consequently, a diseased condition has been produced that makes some specific medication or assistance necessary in order that the system may be more quickly restored to its normal function. Hence, it may be seen that the actual development of disease depends not upon exposure to the exciting causes, but upon the condition of the system itself.

Disease then may be defined as the action of some specific morbific force upon the system, already prepared by its unhealthy condition to receive and propagate it.

It seems to me it would be impossible to picture more vividly the position of the germ theorist of to-day than was done by the writer quoted, many decades ago in an essay in a German magazine entitled "The Spirit of Homœopathic Doctrine" by Samuel Hahnemann, and it shows his wonderful power of grasping scientific conclusions, although ignorant of the specific exciting causes of which he was writing, but the effect of which was evident in varied conditions of disease.

Let us make clear Dr. Hahnemann's position. He said: "The actual development of disease does not depend upon exposure to the exciting cause. But upon the condition of the system itself," a position that scientific investigators of to-day generally believe true.

Again he says: "If these conditions cease to operate as defenses of the organism, the morbific causes which surround us on all sides and are continually seeking to subvert our physiological integrity, are manifestly perceived by the tissues, and disease results." To-day we may realize how thoroughly the writer's observation was based upon an unknown scientific condition, "and that the morbific causes that surround us on all sides" have been largely eliminated from their surroundings and stand forth as distinct and specific micro-organisms, that often swarm in the air we breathe, dwell in and taint the water we drink, are sometimes in portions of the food we eat and render carriers of disease the articles we handle, and in a thousand forms and ways pollute all forms of health and life promoting influences.

I am well aware that Hahnemann wrote these words to enforce and sustain his "Psora Theory," and if we do not subscribe to that in its entirety, we are at the same time not unmindful of the fact, that

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the large mass of humanity are to-day suffering in every fiber, tissue and cell of their organization from some form of hereditary or acquired blood dyscrasia, oftentimes I believe nameless, and may be without specifically defined individuality, because it has been changed and modified by the commingling of various forms of pollution through ancestral inbreeding. Eradicate tuberculosis and syphilis and their effects upon the human race, and I believe you would cut off streams of suffering and death that would leave very little to be dreaded.

Let us bear in mind the radical difference between hygiene and drug agents. The former acts upon the system as a natural stimulant, building up and increasing the vital forces, revivifying the system from foundation to pinnacle. Pure air, pure water, proper food, judiciously administered, invigorate and vitalize the entire system. They increase and stimulate the healthy action of the various organs and tissues and tend to increase the resisting force of the organism to the action of morbific influences. Under their benign influence, we enjoy a sense of refreshment, a feeling of invigoration permeates the whole man. He feels new life and power and shows in every look and act that the life-giving fountains have been replenished anew. How different the action of drugs! They in no way supply the vital forces with new life. They do not afford nourishment. Feed your patient with the most powerful tonic or stimulant. What will be the result? After the first feverish, exciting effect has passed away, the system will relapse into a state of depression, corresponding to the extent of the previous stimulation. The secretions will become vitiated, the vitality weakened, and a drug disease produced that will either destroy life or endanger the integrity of the system. Natural hygenic conditions alone increase healthy vital force; drugs only meet specific diseased forces, or conditions produced by them upon the system.

What the world needs to-day is men and women of pure lives, free from the intense nervous strain of the almost uninterrupted functions of fashionable society, living above the intoxicating air that is breathed in the realm of the worshippers of the "God of this world," pure in soul, clean in mind and body. Strong of heart and hands, with aspirations that reach towards the best, the highest, the noblest work that man can do for his fellow man. Not too proud to serve, not too weak to command; loving God as the supreme end; loving man as the only way he may learn to love the Creator.

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SOME COMMON NASO-PHARYNGEAL CONDITIONS—THEIR TREATMENT.*

By J. Ivimey Dowling, M.D.,
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"I AM suffering with catarrh, Doctor, can you cure me?"

This is the introductory statement of many patients even before time has been allowed to secure the name, age, residence and other essentials, preparatory to case taking; and it is the accurateness of the history that enables a man to reply "Yes" or "No" to this pointed question.

The symptoms of naso-pharyngeal catarrh are so familiar that it is unnecessary to dwell upon them, but rather hasten to the consideration of the causes, for without a knowledge of cause and effect little can be done to remedy this trying malady.

As is the case in many of the systemic diseases this condition is due to an inherent quality plus an exciting cause, and it is the attention to the inherent conditions that will prevent the onset of catarrhal symptoms from becoming permanent. This paper deals more epecially with the predisposing causes of naso-pharyngeal catarrh.

Beginning our examination at the anterior nares, these should be inspected in search of hypertrophic turbinateds, morbid growths, deflected septa or septal spurs, thence, by way of the buccal cavity and with the aid of the post nasal mirror, search should be made for posterior hypertrophies or adenoids, then forward and the condition of the uvula and tonsils noted.

Any one or all of these conditions being present, treatment is the next consideration, and it is a safe rule to follow in giving a prognosis that one or all of these conditions existing will make necessary operative procedures before a cure can be effected.

In case the offending tissue is an enlarged turbinated the physician should determine the character of this anomaly, whether it is hard or soft. If soft, it will readily shrink under the application of cocaine hydrochlorate, or adrenalin chloride, if hard, the size is not materially affected, then also with the aid of a probe the consistency

* Read before the Gloversville and Johnstown Medical Association.

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may be determined, for if baggy the probe will reveal the fact and also if of firmer nature. These are the chief varieties met with in every day practice, and according to their nature, require either cauterization or excision.

Those turbinated bodies that are readily reduced in size by the application of cocaine require cauterization either with the electro or chemical cautery. The preparation of the nose is best obtained by first cleansing the nostrils of all offending material, and then introducing small pledgets of cotton saturated with cocaine, placing the first along the floor of the inferior meatus, being careful to make it large enough to be readily seen, so that it may not be lost beneath the outer side of the turbinated body, then successively placing other pledgets until the nares is well filled. These should be allowed to remain in place for two or three minutes, then removed, and if the electro-cautery is used the cold blade of the knife should be placed about half way back and along the most prominent portion, then the current turned on and the blade withdrawn, pressing it deeply into the tissues. If necessary, repeat this procedure, being careful to use the original track, so that there will not be too great destruction of tissue.

If the chemical cautery is used, then the selection may be made from chromic acid or tri-chloracetic acid. The technique being the same, except that the acid is used instead of the heated knife.

Before using the knife it should be heated to the required cherry red and the current so controlled that it will remain so. Then the blade is cooled and introduced into the nares and then the current turned on after the blade is in position. If the chemical cauterants are used the nares should be especially well dried of all secretion, for moisture allows the action to spread to other portions of the nares, and a large superficial eschar results, with the possibility of synechiae.

A useful solution to have handy is sodium bicarbonate gr. x to water ʒi. This is soothing and tends to neutralize the action of the chemical cauterants in case too much tissue is acted upon.

Occasionally the septal tissue may be accidentally burned and in this case great care must be observed in the after treatment to prevent the formation of synechiae. This can only be done by keeping the turbinated tissues from coming in contact with the septum. One of the best means at our disposal is the introduction of a piece of dental gutta percha between the raw surfaces. This should be kept in place as long as any rawness remains. It is better that it should be worn longer than necessary than that a

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synechia should form, which results in just as bad a condition as that originally found, and sometimes worse.

The after treatment is best carried out by non-interference, simply keeping the nostrils clean with some alkaline solution.

Aqueous calendula or hamamelis may be added to Seiler's solution. and will be found both soothing and healing, used in the proportion of aqueous calendula or hamamelis gttxxx to Seiler's solution 3i.

The harder varieties of turbinated hypertrophy require excision of the offending tissue, but this requires more elaborate instruments and does not come within the scope of this paper.

Morbid growths, posterior hypertrophies, septal spurs and deflected septa are in the same category and so will not be discussed.

One of the chief etiological factors in the perpetuation of catarrhal difficulties, as well as mouth breathing, facial deformities and deafness is adenoids. If present, their removal is always necessary, and is best accomplished under general anaesthesia, with the patient either on the back, turned to one side or face downward as suits the convenience of the operator. As to anesthesia, there is no class of operative cases in which greater skill is necessary in the administration than in naso-pharyngeal obstruction, and in no instance should ether be used if any bronchial irritation is present. If the operation is absolutely necessary at such time chloroform, or if obtainable, nitrous oxide should be given.

Much has been said and written concerning the return of adenoids after operation. This is possible but not likely if the operation is complete and the after treatment carefully followed.

The operation is best performed under complete anesthesia and with either Canconnon, or Gradle forceps followed with the use of the Gottstein curette.

The patient being thoroughly relaxed the mouth is held open with a mouth gag, the tongue is then depressed either with a depressor or the finger of the operator, then the forceps are introduced and the blades applied to the center of the adenoid mass; then after removing this section the tissue to either side should be removed and this procedure followed with the use of the Gottstein curette, sweeping the roof and posterior wall of the pharnyx. The accidents to avoid are injury to the eustachian cushions and septum. The former injury may be followed with occlusion of the tubes and resulting deafness; the latter injury is of less moment, but results in slow healing. If bleeding is too profuse it may be checked with

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a douche of hydrogen dioxid (1-4), being sure to have the patient's head turned down over the side of the table. The solution is The best position for the patient is on one side, so that the face may be turned down over one side of the table. The solution is then allowed to enter one nostril and flow from the other. After washing with hydrogen dioxid a warm sterile saline solution should be used. In patients old enough to allow of posterior rhinoscopic examination it should be made frequently, after the operation and any tendency to exuberance of granulation combatted with protargol gr. x-xx to water 3i. applied with a cotton applicator.

Baryta iodide in x grain doses will aid materially in combatting the adenoid tendency. This remedy must be used frequently and for a long period. Russell's Emulsion is one of the best tonic preparations for post operative use in this class of cases.

The tonsils are more readily removed, for they are easily seen. In young patients a general anesthetic is required, in older ones, of good nerve, cocaine is all that is necessary.

The Matthieu tonsillitome or some of its modifications is the ideal instrument for performing the operation, and the only precaution is to surround the entire mass with the guillotine, otherwise, in very large hypertrophies, the posterior portion will be left.

A precaution to be obesrved in the prognosis as to the good effects of this operation is never to declare that it will prevent tonsilitis, for it does not do so, but it does render it less likely, and if a serious condition should ever ensue it will be less severe. This is particularly observed in recurrent attacks of tonsillar abscess.

A word of interjection may be allowed in regard to quinsy, and it is that this condition comes as the result of a depressed vitality, and may often be aborted with the use of baryta carbonica grain x given four times daily on the advent of the earliest symptoms and before pus formation—also a good iron tonic is indicated in those of the quinsy habit, this to be given at such times as the patient complains of unusual weariness or sensitiveness of the throat. There are other excellent preventive measures, such as the wearing of proper clothing and the use of some means of keeping the feet dry in wet weather.

Finally, the wisdom of amputation of the uvula is often a question for decision.

The symptoms requiring this procedure are hacking cough often worse when reclining, and sometimes suffocating coughing

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spells. If in such cases the uvula is found to drag on the base of the tongue it is good practice to amputate.

The only instruments necessary are a pair of long uterine forceps and a long handled pair of scissors curved on the flat. After cocainization the uvula is seized with the forceps, then amputated with the scissors in such a way as to leave the raw surface to approximate to the posterior wall of the pharynx in deglutition. It is only necessary to amputate about two-thirds of the uvula, and occasionally less. A soothing after treatment is a gargle of aqueous hamamelis x to water x.

All of these operations may be performed by the general practitioner without the necessity of extensive paraphernalia and with benefit to the patient and physician.

223 State street.

SOME COMPARISON IN CALCAREA.*

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THE object of this paper is to point out some of the uses and differences of three of the most useful preparations of calcarea, viz., calcarea carb., calcarea phos., and calcarea fluoride, not desiring however to leave the impression that the other preparations of calcarea or calcarea acetica and calcarea iodatum are not more or less useful, but having had but little experience with them I have not compared them in this paper. Calcarea carb. is the only one of the family that was introduced in our materia medica by the Master Hahnemann, and is placed in the second volume of his "Chronic Diseases," and said by him to be one of the most powerful antipsorics, and to act a long while. It is adapted to persons of a mild disposition, with blue eyes and fair skin, with a large full abdomen; if the patient is a child the abdomen may be hard and shaped like a saucer with the bottom side out; the head will be large with open fontanelles. Calcarea phos. differs from calcarea carb., in that it is suitable to persons who are more active, with dark hair and dark complexion, and dark eyes. The abdomen, instead of being full and large, is shrunken, seemingly, almost to the backbone. If the patient is a child it will have an old appearance, skin dry and shriveled; both have the open fontanelles and slow bone

*Read before the Indiana Institute of Homeopathy.

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development in children; also slow in learning to talk and walk. According to Hahnemann calarea carb. does not act directly upon any one organ, but upon different systems. It acts favorably upon the glandular system, the serous system, and the reproductive system, while calcarea phos. exercises considerable influence over the mucous surfaces, the glandular system, the muscular system and the air passages. Calcarea fluoride is the last of the three to be introduced as a curative agent in disease. It was brought forward mainly by the advocates of the tissue remedies, and to them we are indebted for the literature we have upon this priceless remedy. It exercises a strong influence over the glandular system, the surface of the bones, the hair and nails, the enamel of the teeth, the skin, the vascular system and the reproductive system. It has been my experience that it acts most favorably upon middle aged and elderly people. The biochemist says, and we presume, believes honestly, that it acts by supplying the deficiency of the cell salt to the diseased tissue or system; while the homeopaths say and believe and have good reason to believe that it acts and cures according to the law of similars. So much for the different systems and organs upon which these different remedies act. Next we will notice the different diseases or conditions to which these remedies are curative. In diseases of the stomach and bowels, especially indigestion, calcarea carb. and calcarea phos. are both useful. Where there is an acid condition of the stomach and bowels the patient will say they have a sour stomach, the food passes through the alimentary canal, undigested; if the patient is a child it will throw up curdled milk or it passes through the bowels in the same condition; the stools are watery and have a sour odor, the child's head sweats, especially when asleep; teething is slow and hard, and the child is slow in learning to talk and walk. Calcarea carb. is the remedy. But if your patient complains of feeling too full and of being bloated so to speak, and there seems to be gas incarcerated in the stomach and bowels, or the food lays like a lump in the stomach; all food causes pain, yet your patient has a craving appetite, the stools are greenish or slimy and gas discharges with them; all symptoms are worse at night, calcarea phos. will do the work completely. In diseases of the female breast calcarea carb. and calcarea fluoride are both useful remedies. In young mothers where there is not sufficient milk to support the child calcarea carb. is said by some authors to give brilliant results. I have used it in one or two cases where it produced fine results and did the work completely; but in another the result was not at all satisfactory, but as the patient was not a calcarea carb. patient

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I gave calcarea phos., but with the same results. In enlarged lacteal glands calcarea carb. and calcarea fluoride are both useful. If the enlargement is soft and compressible and the patient complains of a dull, heavy pain calcarea carb. will do you good service; but if the enlargement is hard and nodulated, pains are more severe, more like neuralgia, the enlargement may be discharging a thin serous fluid, calcarea fluoride is the remedy par excellence. I have used it in a number of cases of this kind with fine results. One case that I now remember, is that of an elderly lady who had two enlargements on her breast, hard and nodulated, one about the size of the end of a man's thumb, the other somewhat smaller, the larger one discharging a thin, serous fluid, with some odor, with severe pains coming and going. After examining it, she asked me if I thought it was a cancer? I replied in the negative. Do you think you can cure it? I replied in the affirmative. She then told me that my friend Dr. B., across the street, had pronounced it a cancer and he could remove it for $50.00. A two and one-half months' treatment with calcarea fluoride 3x cured the case entirely, and now 5 years have elapsed, and the patient remains well. In membranous dysmenorrhea calcarea carb. is a valuable remedy. One case that I now remember, is that of a middle-aged lady, who was despondent, would complain on retiring of an all-gone feeling; had a light discharge all the time, menstruation was painful and too often, with no regularity; during the menstrual period, she would pass flakes of membrane as large as a man's thumb nail. Calcarea carb. brought away a number of large pieces of the membrane and cured the dysmenorrhea; but the head continued to ache. At the menopause when the patient is despondent, and fears she will lose her mind, has vertigo, the menses are too often and profuse, the discharge is thin and light colored, calcarea carb. 30 or 200 will give brilliant results. Neither one of the other remedies, to my knowledge, will do any good at this period. In prolapsus uteri where there seems to be no strength to the womb, and there is a thin, acrid discharge, calcarea fluoride will give fine results. In retarded labor where there seems to be a lack of energy or power in the womb, the pains come with a dash and leave suddenly, calcarea fluoride will often give fine results and bring the labor to a speedy and satisfactory termination. I will relate one case of recent date. I was called on the fifth of this month (May) at 5 p.m., to a case of labor I found the os uteri dilated to about the size of a 25-cent piece, pains coming every 10 to 15 minutes, but weak and short, and seemed to have but little power, only a slight pressure downward, and as the pains left the fœtus would retract.

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I gave pulsatilla and waited two and one-half hours; but the conditions still remained the same. I then gave calcarea fluoride and in 15 minutes I was able to see a decided change every way for the better, and in 45 minutes the child was born. And another favorable feature was the womb contracted rapidly and the placenta was easily removed. I have verified this in a number of other similar cases with the same results. Neither one of the others so far as I know has any action of this kind. In varicose veins and ulcers, calcarea fluoride gives fine results and, to my mind, has no equal. One case that I will mention is a farmer, whose weight was 220 pounds. The veins of the lower limbs were enlarged and protruded from the surface about the size of a lead pencil, and were hard, nodulated and painful whenever he was on his feet. Calcarea fluoride rendered a cure in six weeks. In certain disorders of the skin calcarea phos. and calcarea fluoride are both useful, while calcarea carb. has but little if any action in this direction. When there are small pimples on the surface, especially on the face, and the skin presents a dirty sallow appearance, the pimples are filled with an albuminous fluid, calcarea phos. 30 or 200 will give fine results and clear up the skin greatly to the satisfaction of your patient, especially if she is a young society lady. The conditions for calcarea fluoride are hands and fingers will crack and present a brand-like appearance. Finger nails will crack; the teeth are brittle.

Another condition where calcarea phos. is useful and that is in traumatism, where fractured bones are slow in uniting; the temperature is slightly elevated; the patient complains of a dull pain, the fracture seems weak and not firmly united, or if it has been a flesh wound, and the wound has healed, but continues tender and sensitive, calcarea phos. will do good service. Something over a year ago I had a patient come to me whose arm had been mangled in a corn shredder. The surgeon seemed to have done his work well; the wound was entirely healed, but the arm was tender and weak, and continued to give him pain, and according to his own statement, he could use it but little; the surface was covered with pimples as large as a pin head, and some larger, part of which was filled with an albuminous fluid, pain at night so severe that he would get up at times and walk the floor. Calcarea phos. 3 cleansed the surface and relieved the pain greatly, so much so that he rests well at night and does a fair day's work.

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VERSION.*

By Joseph Lewis, M.D.,
Milwaukee, Wis.

If my observation is correct, the average obstetrician ignores the operation of version in many cases in which it might be of ready service. Aside from the cases in which he finds a hand protruding or a shoulder presenting, I judge that turning rarely occurs to him in the interest of mother or child. He goes ready primed to use his forceps in protracted cases of labor, in many cases of which, I am persuaded, turning would be much more practicable and satisfactory.

In the early days of my work it was my fortune, or misfortune, to light on a number of neglected transverse presentations, in which the waters had drained away, and long-continued expulsive pains had wedged the fœtus firmly into the pelvic cavity; and in a number of instances, forcible turning resulted disastrously to both mother and child. Looking at version, as I did at this time, as a dernier resort, these experiences led me to avoid it as often as possible; but a successful turning, after the forceps had been tried ineffectively for the greater part of two hours, led me to change my views somewhat. Latterly I have come to look upon turning in suitable cases as the mildest and most practical expedient, if *done early,* not late as in the unsuccessful cases noted.

My last 15 cases of turning have resulted in the loss of 2 children only—all the mothers living. They included: 1 case of placenta previa—manual dilatation and delivery by podalic version at 8 months, child living; 2 cases of manual dilatation and delivery, at about 8 months for eclampsia—1 child living and 1 dead; 1 case of prolapse of funis—podalic version—child living; 2 cases of cephalic version in transverse presentation at full term by external manipulation. These were discovered early, before the water broke. One of them was delivered with forceps soon after; the other was left to natural forces over night, but no tendency being shown to engage, chloroform was administered with the intention of using forceps; but finding that I could reach a foot, I drew it down and delivered immediately. No chloroform was given during the *external version.* I explained to each of the mothers what I desired to accomplish and told her to let me know if I hurt her unduly. A few minutes of gentle pressure in each case was rewarded by sinking of the head toward the pelvis and rising of the breach. It may be

* Read before the Homeopathic Medical Society of the State of Wisconsin.

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noted in passing that I was led in each of these cases to examine abdomen externally because of inability to reach the presenting part through the vagina, and one of the women complained that "the child was coming out through the side"; 1 case was of a face presentation—chin posterior; the other death of child was in a case of turning after unsuccessful use of forceps.

If after a reasonable time I find the os dilated or easily dilatable, with failure to engage from nearly any cause, if the hand slips readily by the head of the child, I usually deliver at once by podalic version. I prefer to have an assistant to give chloroform and to aid occasionally by pressing upward, externally, on the head. If the woman objects to chloroform, I do it without. A single recent case will illustrate sufficiently:

Mrs. B. had had three large children previously, all of whom I had delivered with forceps after prolonged traction; all living at birth, but the third died soon after—probably from injury to the cord, as the canal was somewhat narrowed by an overhanging promontory causing the head to engage transversely. I concluded not to wait long the fourth time, and as there seemed to be little evidence of progress, I sent for a neighboring physician to give chloroform, and finding the head easily pushed aside, I seized a foot, and, turning readily, was surprised at the ease of delivery, although the child was fully as large as the others. Further, the mother, in place of being exhausted as in former labors, had a normal getting up in every way.

Version is *indicated* in eclampsia, placenta previa, concealed hemorrhage, prolapse of cord that cannot be readily replaced, transverse presentation, some cases of face presentation with chin posterior, occasionally in occipito posterior; in anteroposterior flattening of the pelvis (said to be oftener found in women of foreign birth or parentage than in America), and in general when the head fails to engage unless the forceps are easily applied.

Turning differs from forceps cases in that while in general cases demanding forceps get more favorable by waiting, the head becoming molded so long as the mother is not exhausted, the conditions calling for turning grow *less* favorable the longer we wait,—that is after dilatation has taken place.

It is my practice to seize one foot (the first I reach), leaving the other flexed on the body to prepare the way for the after coming head which I deliver as rapidly as possible.

There is nothing new in this. Long ago Barnes in his "Obstetric Operations" said: "If we were restricted to one operation in mid-

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wifery as our sole resource, I think the choice must fall upon turning. Probably no other operation is capable of extricating patient and practitioner from so many and varied difficulties." This being the case we may well give it more consideration in labor, than I think has been customary.

Two points I have desired to emphasize:

1st. The *value* of *turning* to the accoucheur.

2d. In case *turning* is advisable, the *importance* of *doing* it

That expedition should go hand in hand with gentleness, goes without saying.

The New York Homeopathic Medical College.—The Forty-third annual announcement of the New York college contains a full outline of the work purposed to be accomplished by the recently reorganized faculty. It certainly must be a matter of pride that so thorough a course of medical instruction is offered in an institution under homeopathic management, and we feel sure that all the alumni will have added interest in their alma mater's welfare when they see what provision has been made for prospective students. There has been a tendency among some critics of the New York college to fail to take into account some incidents in its history. When the college moved into its present location, it became practically a new institution, with clinical facilities to be worked up, and it is only within the past year or two that such facilities have been adequate for an up-to-date college. With such hospital alliances as the catalogue announces, there is no homeopathic college that can offer better; and the faculty shows its determination to use its advantages to the full. Perhaps critics should be reminded, too, that the size of the graduating class is no criterion of the standing of the college. It must be borne in mind that the requirements for the medical student's certificate in New York State are in advance of those under which other homeopathic colleges operate; and these latter institutions receive quite a number of students who cannot meet these high requirements.

The newer therapeutics is to receive full attention in the New York college: Electro-therapeutics, suggestive therapeutics, hydro-therapeutics, mechano-therapeutics, the Roentgen and actinic ray—all are to receive adequate attention from the faculty.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TODD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

PRELIMINARY LIGATION OF ARTERIES IN THE REMOVAL OF MALIGNANT GROWTHS.*

BY WM. FRANCIS HONAN, M.D.,
Surgeon to Metropolitan and Hahnemann Hospitals.

ANY procedure which may be in the least helpful, or any experience which sheds whatsoever little light upon that dread scourge of mankind known as cancer, will, I am sure, be welcomed by the medical profession, notwithstanding the many promising hopes which have been held out for its cure or eradication. In spite of the inspirations of earnest workers in the domain of modern pathology who oftentimes find the solution of the vexed problem almost within their grasp, nevertheless, cancer is today the worst plague of civilized life. While preventative medicine, quarantine, and a better understanding of the laws of health have done so much to mitigate disease and rob it of some of its terrors, statistics show that, notwithstanding advanced science and higher thought, cancer is on the increase.

Modern medicine is confounded, watches weakly at its progress and destruction, but lives in the hope that the next decade at least will bring forth relief. So it is that drugs, serums, therapeutic applications, application of bacteria or their modified products—organo-therapy—each in its turn has had its day, some possessing apparent defects, but all, more or less, soon to be relegated to past and unprofitable experience. In the long list, only the knife and caustic agents hold out any promise of a cure.

Cancer is a growth originating in epithelium and characterized by continuous and more or less rapid growth, which, invading the lymphatics, spreads to neighboring organs. Under certain favorable circumstances the growth is very rapid, the involvement considerable and tasermia an early symptom. When recurrence takes place after operation it is due perhaps to some cells left behind, insufficient eradication of the primary focus and of adjacent infected areas.

* Presented at meeting of the Homeopathic Medical Society of the State of New York.

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More careful and radical surgery which contemplates extensive dissection into healthy tissue, shows fewer or, at least, longer deferred recurrences. The actual cautery, chemical caustics, and X-ray show oftentimes good results, for the reason that if infiltration has not taken place beyond the point of primary focus, the mouths of the lymphatics are sealed by the eschar, which, when it separates, leaves a clean and often uninfected base of granulating tissue. The itinerant or advertising "Cancer Specialist" has by such means often accomplished more than his scientific medical brother. From the standpoint of general surgery, the early and complete removal of the part affected, including, where possible, an amount of healthy tissue, and the rendering of the remaining adjacent parts unfit for a recurrence of the growth, is our present purpose. Some years ago the writer became convinced that nature had many resources for gradual restoration of circulation in parts where main blood channels had been ligated. This was shown in a case of recurrent carcinoma of the breast. The recurrence was mainly in the axilla. It became necessary not only to ligate the lower large arterial branches, but also resect the axillary vein, which became very intimately involved in the secondary process. The condition of pronounced edema which followed was somewhat alarming; but equilibrium of circulation was re-established, the patient made a good recovery and lived some years afterwards.

Some time after that a case of epithehoma of the tongue came into my service at the Metropolitan Hospital. The growth occupied principally the left side and anterior portion of the tongue. In this case it was decided to do a preliminary trachectomy, a useful procedure at times, no doubt, but unnecessary and unsurgical in my opinion. It was further decided to ligate the lingual arteries, assuming that would sufficiently control the circulation, then through a Whitehead gag the tongue could be cut off with a scissors, a few stitches placed in the stump to approximate the cut edges, and the operation would be complete. The linguals were ligated easily enough; they were recognized by several members of the attending staff who happened to be present. The tongue was removed as per programme with practically no loss of blood at the time. All went well until the patient began to recover from the anesthetic. when a severe vomiting spell produced a hemorrhage through the mouth. The house surgeon and his assistants were unable to control the flow of blood and the patient succumbed. Post mortem examination showed proper ligation of the linguals; but an accessory branch at the root of the tongue, evidently from another source, produced the

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fatal hemorrhage. This case very thoroughly impressed me with the idea that ligation of linguals was not a certain procedure, and reference to medical literature showed that this unfortunate accident, as above described, had happened in several instances. The next case of this character was one of sarcoma of the left superior maxilla involving the eye and the hard palate on that side. The patient was a man, age about 50 years, who had been affected about one year. External examination showed that the disease was deep-seated, and to accomplish anything of value, the operation must be decidedly radical. One of the troublesome features of such a case is, of course, hemorrhage, which not only obscures the field of operation, but endangers the life of the patient by strangulation if the blood enters the trachea, or, if he escapes that calamity, leaves him to run great risk from the subsequent development of an aspiration pneumonia from the septic clots. Accordingly, the common carotid artery of the affected side was ligated. An incision was made from near the external angular process of the orbit to the inner canthus of the eye, thence along the nose around the nostril through the furrow of the upper lip. This flap was dissected back and the bony growth exposed. With a chisel and heavy forceps the articulations were severed, leaving the division of hard and soft palates until the last. There was very little hemorrhage, some oozing was promptly stopped by the application of the actual cautery, and the wound packed with gauze. Great care was exercised lest any blood should enter the larynx. This was avoided by the use of the Trendelenburg position and careful sponging. Partial anesthesia is the rule in such cases. There is a nice point between loss of pain and the continued presence of sufficient reflex to enable the patient to cough. This is the sanctioned surgical procedure in operations about the face, tongue and jaws.

This patient did well, the large cavernous wound granulated nicely; but as the disease had involved the brain through the base of the skull, we were unable to determine whether his death some months later was due to shutting off the circulation by ligation of the common carotid, or to the effect of the primary disease. This vessel has been frequently ligated, and, so far as is known, without bad results; but there is a strong probability of cerebral softening following the interruption of the blood current. Crile (Annals of Surgery) reports 19 operations about the face, tongue, jaws, neck, where in a majority of instances both common carotids were temporarily ligated for 48 hours. This is accomplished by a small clip with parallel blades covered with rubber tubing, regulated by a set screw.

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The trunk of the artery is isolated; one blade of the clip is slipped under the vessel and by means of the screw the blades are approximated until the blood stream is checked, but no damage done to the coats of the artery. This procedure answered the purpose that Crile intended; that is, making a bloodless operation. According to J. B. Murphy, clinical experience and observations on animals have shown that if the vessel be included with a plug of gauze in a large silk temporary ligature with only sufficient pressure to stay the blood current and not to fracture the interior, there will be no danger of thrombosis; and this is much to be preferred to permanent ligation.

A case of recurrent carcinoma of the eyelid came next into my hands. This patient, a woman about 68 years old, had been operated on by Prof. Knapp, and now presented enlarged, indurated glands in the cheek and neck. In this case it occurred to me to ligate the external carotid artery on the affected side. The glands were removed and the operation practically bloodless. At this time I was unaware of Dawbarn's experiments along the same line; so that portion of the operation was done on independent lines. After my experience with this case I became acquainted with Dr. Dawbarn's method of starvation in malignant growths, which was to tie off the large arteries, then resect them and allow the parts to slough. The resection of the artery became necessary because he found that collateral circulation was very quickly established. He advised great care in these operations, to handle the veins as little as possible so as not to promote the formation of clots in them, to avoid dividing them, so that the circulation away from the part would be sufficient to produce decided local anemia.

Another case of epithelioma of the tongue came under my observation and was presented at Flower Hospital on "Alumni Day." The patient, a man aged about 55, had tuberculosis pulmonalis as well. In this instance I proposed to modify Dawbarn's procedure; that is, to ligate the external carotids, not resect them, but remove the tongue. Accordingly chloroform and oxygen were administered, first the right and then the left external carotid was ligated with silk, a gag inserted, two teeth drawn so as to get at the attachments to the inferior maxilla, and about two-thirds of the tongue cut off with scissors. This was done with the head lowered and under partial anesthesia—practically a bloodless operation. The tongue was sutured with some heavy silk sutures to minimize the granulating space, one ligature left long and tied over the ear to prevent the tongue from falling back in the throat and producing asphyxiation. The wounds in the neck were then closed with interrupted sutures

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and the patient put to bed. It might be pardonable—merely to show what can be done with a fair practical knowledge of anatomy and occasion for haste—to state that the time was limited and it was necessary to complete the operation as quickly as consistent with safety to the patient; and I was informed afterwards that the actual working time was eighteen minutes in this case: that is, ligation of both carotids, removal and suture of the tongue, and approximation of the wounds in the neck—apparently reckless haste. This patient made a good recovery and was doing well when I saw him two months ago. This last case demonstrated that both carotids could be ligated and the tongue removed, and that the operation was both easy and satisfactory. It remained now for another opportunity to ligate and resect the artery and then remove the offending parts. This opportunity came with an invitation from my confrere Dr. E. Tuttle to assist him in a case of epitheloma of the tongue operation last June. This patient was a male, about 52 years of age, growth occupied about one-third of the distal end of the right side of the tongue. Briefly, both external carotids were secured with double ligatures and the arteries cut between and allowd to retract, then the tongue was removed and the stump carefully sutured. The patient bore the operation very well, it was practically bloodless; and he spoke to us within an hour after the operation. A small slough appeared on the stump of the tongue on the affected side which came away and microscopical examination showed it free from cancer elements; and now after four months Dr. Tuttle tells me there is no sign of return. The man can speak; and he is in every way satisfied with the result. This last I beg to offer as the culmination of the previous experiences above related. I believe it to be the procedure for malignant diseases of the tongue, jaws, or face. It can be made thorough, can be done quickly or leisurely; there is practically no danger from aspiration of blood into the trachea; and the growth is thoroughly removed, and whatever benefit is to be derived from the starvation process, it is applied to adjacent tissues which, of course, are, to an extent, always more or less infected, and the subsequent slough should leave an almost healthy base. My plan is to prepare these cases carefully, have the teeth polished, tartar removed, mouth rinsed frequently with antiseptic and deodorizing solutions and so prevent the development of bacteria in the mouth, all nourishment should be given by the rectum several days before the operation.

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Editorial Department.

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ASSOCIATES,
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Contributions, Exchanges, Books for Review and all other Communications relating to the Editorial Department of the NORTH AMERICAN should be addressed to the Editor, 181 West 73d Street. It is understood that manuscripts sent for consideration have not been previously published, and that after notice of acceptance has been given will not appear elsewhere except in abstract and with credit to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous or discourteous communications will be printed. The Editor is not responsible for the views of contributors.

TIMOTHY FIELD ALLEN.

"ASHES to ashes"—as the secret springs of memory are touched how vivid the picture of the amphitheatre in the old New York Homeopathic Medical College. 'Twas nearly a quarter of a century ago. The ancient benches rising tier on tier were packed by eager students, and as the hour struck, the doors rolled back and Professor Allen appeared, the applause was deafening and prolonged. Somewhat spare in figure, eager, alert and mobile in expression, tense and terse in diction, quick and nervous in manner, interesting always, and eloquent upon occasion, resourceful and combative, with an air of frankness and candor that invited confidence, he stood before his student audience the very personification and authoritative embodiment of Homeopathy. He had reached the meridian of his years.

"Dust to dust." The solemn and impressive notes of the organ die away, and the intervening years, like tales that are told, pass in review. His work for the Ophthalmic Hospital, his continued and successful Deanship of the N. Y. Homeopathic Medical College and Hospital, the establishment of both the Laura Franklin and the Flower Hospitals, his work on materia medica, his labors

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as a botanist, his entire devotion to his chosen profession form but a part of the record. He stood then upon the high plateau of middle life.

Timothy Field Allen, M.D., LL.D., was born in Westminster, Vermont, April 24, 1837. He graduated from Amherst College in 1858, received the degree of M.D. in 1861 from the Medical Department of the University of New York, and from 1862-4 was acting assistant-surgeon U. S. A. In 1865 he received the degree of M.D. from the University of the State of New York and the Hahnemann Medical College of Philadelphia. Upon his return to New York from his service in the army he formed a partnership with the late Dr. Carroll Dunham and began active work in his profession. So closely are the two intertwined that the detailed history of Dr. Allen would be in great measure the history of the homeopathic school in New York City. The value of his services to Homeopathy are almost incalculable. It was due to his influence, persistency and energy that the Ophthalmic Hospital became under homeopathic control one of the noted institutions of New York and demonstrated to the world at large that there was something in Homeopathy worth investigating. From an unknown and obscure institution it became one of the most famous, and throngs of patients of every nationality, from near and far, attended its clinics. When a little later he was elected to the Deanship of the New York Homeopathic Medical College and Hospital, although already burdened by duties, he cheerfully added to his responsibilities and began the remarkably successful administrative career that, giving to the institution splendid new buildings, finely equipped hospitals and generous endowments, placed it in the front rank of American medical colleges. To Dr. Allen's enthusiasm and tireless persistence is almost entirely due the establishment of these now noted hospitals —"The Laura Franklin Free Hospital For Children" and the "Flower Hospital." But while the work accomplished in these fields was notable, his fame in the profession at home and abroad rested mainly upon his great work, "The Encyclopedia of Pure Materia Medica," which has long been a standard in the homeopathic school. He was also the author of numerous other volumes

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and a frequent contributor to periodicals. In scientific circles he was renowned as a botanist. His studies and researches in this branch of science extended over forty years and in the later years of his life he presented to the New York Botanical Garden and Museum his famous collection of over five thousand specimens of the plants known as chavaceæ or "Brittle Worts." This great collection has been arranged in a fire-proof building and is very attractive to students and visitors. Dr. Allen's genius burned with a brilliant but intermittent flame. His upward career had been through adversities and contentions borne of medical prejudices and bigotry, that would have appalled a fainter spirit. But while he was given at times to meditation and introspection, that true mark of power, his temperament was palestric. He was combative and intellectually pugnacious, a true polemic and controversialist. He often seemed to attack positions simply because they were maintained. This habit made his orbit erratic. But his advocacy of any cause was fearless, and he accepted calmly any conclusions that he reached without inquiring whether they were politic or expedient. His were not the arts of the diplomat; his method was the charge and the onset. Timothy Field Allen! the great student, the magnetic teacher, the famous author, the distinguished physician, the renowned leader! When the summons came he awaited the inevitable and went to the undiscovered country.

FOR 1903.

THE NORTH AMERICAN for the new year will be of exceptional value and interest. Practical and timely papers have been arranged for, from some of the best known writers of the school. These articles will deal with both medical and surgical topics and will be fully illustrated whenever necessary to make the text more clear. All that is new and worthy of mention both in treatment or in operative procedure will be fully discussed and detailed.

During the year the department of "Materia Medica" will appear every month and be one of the features of the JOURNAL.

"Electro-Therapeutics," the new department last year, has been

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very popular and will be continued regularly. Dr. William H. King of New York will contribute a number of his valuable papers to this department during the year.

"Pediatrics" will be in charge of Dr. W. S. Mills and will present in concise but clear manner, progress in this specialty.

The "Correspondence" of the NORTH AMERICAN during the year will be notable and varied. A large staff of able writers will send to the JOURNAL their opinions and impressions concerning things medical as they see and interpret them.

"Current Events," the newsy department of the JOURNAL, will continue to give its full monthly budget of the latest and most important medical news.

The Editorial departments will take note as heretofore of the trend of medical affairs. Nothing of importance to the homeopathic profession or in the general field of medicine will be overlooked.

Special papers upon various subjects of general interest, with numerous illustrations will also appear during the year.

It is with much pleasure that we announce to our readers the accession of Dr. George F. Laidlaw to the editorial staff. His ability as a writer and teacher is too well known to need extended comment. His contributions to the JOURNAL will be of great value to our readers.

The January number is printed on paper made especially for the JOURNAL and from new type. It contains many important articles of prime interest. In "Correspondence" may be found the interesting letter of Dr. Cartier giving the latest French news and Dr. King's breezy epistle telling about matters medical at the nation's capital, including ex-Speaker Reed's case. A fine half-tone of Dr. T. F. Allen will be found as a frontispiece.

The NORTH AMERICAN will not print *all* that is "fit to print" but it will print the best of what is worth presenting. The growth of the JOURNAL is most gratifying. It goes to almost every country on the globe and to every State and Territory in the United States.

The NORTH AMERICAN extends a most cordial greeting to its many friends and readers and wishes them all most heartily a very Merry Christmas and a most Happy and Prosperous New Year.

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THE BOSTON MEETING.

THE American Institute of Homeopathy will meet in Boston, June 22-27, 1903, with the Hotel Somerset as headquarters. The reasons given by the executive committee, in the official circular recently issued, for this selection of place of meeting are in the main, most excellent. But although the wisdom and propriety of the committee's decision may seem to be justified by the facts set forth in the circular, to the great majority of the members of the Institute the announcement that a city has again been selected for the annual session, will be a very distinct disappointment. It was hoped that Nantasket Beach would prove available and it was largely because of that hope that the Institute voted so readily for "Boston or vicinity."

There can be no question, however, but that in the selection of Boston the wisest possible choice has been made. Nantasket Beach was difficult of access, lacking in suitable hotel accommodations, and totally unable to provide adequate meeting rooms or halls for sectional or general work. For these reasons, which it must be confessed are somewhat forcible, it was decided that it was impossible to properly arrange for a meeting at Nantasket Beach. The alternative was Boston.

At Nantasket the location was ideal but accommodations were lacking. In Boston the accommodations are all that might be desired, and the location, for a city, is exceptionally fine. Besides the large hall of the Somerset where general meetings may be held, there are six other rooms suitable for sectional or committee work and immediately adjoining the hotel is a public building with several available halls and where the exhibits may be placed. The hotel accommodations offered are sufficient to provide very comfortably for all who may attend and the rates quoted are varied to suit both tastes and purses. It was very natural and perhaps inevitable that the Hotel Somerset should be selected as headquarters—if, indeed, it is always necessary to have an hotel "headquarters." Yet the rate at the Somerset is the highest of all the hotels. Five dollars and a quarter a day for a room and three meals may not be

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an extravagant price for a first-class American hotel to charge, but it is more than the average member of the Institute cares to pay. If we must have "headquarters" at a hotel it would seem that it should be so arranged the majority of members could afford to stop there, for most would prefer to be with the crowd.

But we have not the slightest desire to criticise the carefully arranged plan of meeting. The committee under the wise and efficient leadership of Dr. Cobb has insured the success of the next meeting of the Institute by its well considered program. It found it must take the Institute to Boston and having so decided it has so planned the Boston meeting that it promises to be one of the most successful in the history of the Institute.

SOME PITFALLS IN HOMEOPATHIC PRACTICE.

THE homeopathic prescription is a much more complicated affair than that made use of by the other schools. The complexity arises, not from the number of its ingredients; for the true homeopathic prescription, of course, calls for one drug and one alone. This fact undoubtedly tells in favor of the homeopath; for he does not have to burden his mind with compatibles and incompatibles, as does his old school brother. Yet even this advantage is being evened up, since the single remedy or the use of a proprietary remedy or ready-made combination of drugs is becoming increasingly common in allopathic ranks. The homeopathic prescription owes its complexity to the factors that enter into its making,—the selection of the right drug, the choice of the best potency, and the determination of the frequency of the dose. If each of these points receives its due consideration, the prescription involves a greater expenditure of brain energy than that usually put by our old school brother into his prescription.

In the first place, in selecting a remedy we have an embarrassment of riches. If we were prescribing physiologically, we should simplify our work by determining the class of remedy we want to use, whether alterative, sedative, antiseptic, etc.; and the choice is at

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once brought down to one of half a dozen drugs—one might almost say three drugs. Certainly the number of drugs whose physiological action has to be borne in mind hardly exceeds thirty. Compare this with the number of drugs whose general and finer indications form part of the necessary stock in trade of the homeopathic physician. The constant temptation in the latter case is to simplify matters by grouping the drugs, not so much according to their physiological action, but according to the part affected. Thus we try to keep in mind a certain group of headache remedies, of liver remedies, of uterine remedies, etc. The trouble with this is that we never know when our group is going to fail us. We get so used to relying upon a certain number of drugs in a given condition, that we either do not consider the possibility of the right remedy for a particular case lying outside of the group, or we hestiate to accept such a suggestion; and it sometimes happens that we try all of the group, one after the other, before we admit that our horizon was too restricted in the first place. Of course, the trouble with us here really is that we are prescribing for the disease and not for the patient. And this brings us back to the proposition that in a large number of cases we do not take the case properly. The average patient knows nothing of the value of what we may call "finer symptoms;" and we are content to let him narrate his general symptoms, with, perhaps, just enough questioning on our part to enable us to make a correct diagnosis; but we often stop far short of getting a complete drug picture. To remember the peculiar symptoms of every drug is out of the question; so that it seems of necessity to reduce itself to making a repertory a more-frequently-called-upon consultant in selecting our drug than the majority of homeopathic physicians are wont to make it.

The question of potency is often a dangerous topic. With our modern liberalizing tendencies we are wont to say that the potency makes no difference, that given symptoms produced by the drug similar to those seen in the patient, and the treatment will be homeopathic whether the dose be five or ten drops of the mother tincture or a powder of the hundred thousandth potency taken dry on the tongue. And to a certain extent this is true. Yet there is undoubtedly a rule governing the selection of the right potency.

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The choice of potency is of interest and importance because we can trace a connection between it and another pitfall in homeopathic practice. Presuming we have taken the case thoroughly, and by diligent searching have found what we think to be the similimum: What if it fails to remove the symptoms? If they are aggravated, we are apt to be satisfied and say that everything will come out all right as soon as the drug aggravation has worn itself out. But if there is no marked aggravation, and the case remains in statu quo the great tendency is to think that our remedy is at fault, and to make a change; whereas a change will not be called for unless some entirely new symptoms have arisen that are not in the proving of the drug prescribed. Then it is time to look for a new remedy; otherwise, it is the potency that wants changing; the case may need a lower or a higher potency, the latter, probably, if the disease is chronic and deep-seated.

How often should the remedy be given? That must depend upon the particular case, and not upon the calendar and the clock. The tendency at present is undoubtedly to crowd the medicine too fast in ordinary cases. In an acute case under the care of a nurse able to make a fair estimate of the condition of the patient, the frequency of the dosage could almost be left to her judgment, the idea, of course, being to lengthen out the interval as improvement advances. In diseases like entero-colitis, the remedy is perhaps best given after every movement of the bowels. In chronic diseases, especially when one of the diatheses or dyscrasias are at the bottom of the trouble, we can afford to take our time and not repeat so long as improvement is made. Of course, the patient's mind can be occupied with some sac lac if necessary.

Few of us are letting homeopathy win the laurels it might. We are like the Athenians of old, ever looking for some new thing, neglecting a tried and proved system of prescribing, the depths of which the great majority have not thoroughly sounded.

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Notes and Comments.

A Medico-Legal Finding.—A supreme court jury has decided that a physician who took a case in a Summer resort is not under obligations to continue treatment after his return to the city for the same rate of payment.

Drunkenness Not a Disease but a Sin.—Sir Thomas Barlow, one of King Edward's physicians, has no use for drugs as cures for drunkenness, which he believes, ought to be treated as a sin and not as a disease. The doctor strongly advocates moral therapeutics.

The Army Canteen.—The evidence submitted by the War Department argues strongly in favor of the re-establishment of the army canteen; and it is to be hoped that, in the interest of public morals, the would-be reformers who caused its banishment, will cease from meddling in a matter of which the military authorities are perforce the best judges.

The Sanitary Conference of the American Republics met recently in Washington, and devoted its time quite largely to the discussion of the part played by mosquitoes in yellow fever. An International Sanitary Bureau was organized to have its permanent headquarters in Washington. The next conference will be held in Santiago de Chile during March, 1904.

A Compliment to Homeopathy.—The tuberculous poor of New York City needing hospital care are received into a pavilion on Blackwell's Island. This is the only consumptive hospital belonging to the city; and it is a matter of gratification to us to know that it under the staff of Metropolitan Hospital, and that the patients will receive homeopathic treatment.

Vivisection as an Aid To Surgery.—Surgeon Keen of Philadelphia has addressed an open letter to Senator Gallinger, one of the most uncompromising opponents of vivisection, pointing out that in a concrete instance (the case of Naval Cadet Aiken who was injured in a football game), the knowledge gained by experimentation upon living animals was the only thing that saved the patient from death.

Serum Therapy.—Still another serum has been added to the list, and again it is of European origin. This time the streptococcus present in a fatal case of scarlet fever is made to furnish an universal remedy for the disease. It is interesting to know that all the while that new serums are being brought forth with more or less extravagant claims, the older ones are falling into disfavor. Serum therapy hardly seems to have come to stay.

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The Regents' Examinations and the Health of the Examinees.—Dr. DeWitt G. Wilcox, of Buffalo, has sent to every physician in New York state a list of questions with respect to any observations made that would connect the Regents' examinations in the public schools with increased sickness among children. At the risk of being accused of flippancy, we suggest that a similar inquiry be made as to the effect of state board examinations upon medical practitioners.

Transportation of the Sick and Injured.—The firemen in Chicago are instructed in the best methods of caring for the sick and injured at a big fire. As a rule firemen's efforts will be confined to rescuing them from burning buildings, leaving the care of them after that to police and ambulance surgeons. The best means of transportation of the sick and wounded are thoroughly taught in the army medical service; and the ordinary trained nurse could learn much from an army orderly.

Total Abstinence as Affecting Life Insurance.—An effort is being made abroad to get insurance companies to accept healthy total abstainers as "super-standard" risks, with reduced premiums. There is no doubt that abstainers as a class are a heathier and longer-lived set of men than even moderate drinkers; and the companies will do well to recognize the fact in a substantial way, not only as a matter of justice to the insured, but as an object lesson to society as to the commercial value of total abstinence.

The Chironian.—The first number of Vol. XIX of the Chironian, the official organ of the students of the New York Homeopathic Medical College, brings with it an entirely new form and a vastly improved make up. Great credit is due to Editor Reuel A. Benson, and his staff of assistants for producing so readable a number. The Chironian is certainly worthy of the patronage of the alumni of "the most advanced medical college in the world"—that is how Editor Benson speaks of the institution that is within a few months to be his alma mater.

The Plague in San Francisco.—The bubonic plague still has its victims in San Francisco, and the disease is now to be found in other parts of the city than Chinatown. The state and city authorities continue arrayed against the federal government as to the means to be taken to stamp out the disease; and in the meantime there is no knowing how soon it may spread throughout the country. The local authorities are pursuing a very short-sighted policy in minimizing the present condition in San Francisco and the possible danger to the rest of the country.

Some interesting public lectures on scientific subjects are being given on Wednesdays at five o'clock at the College of Physicians and Surgeons, New York. Among the subjects particularly interesting to medical men may be mentioned: The Phenomena of Cell Division in Relation to Some Problems of

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Biology and Medicine; The Relation of Botany to Materia Medica; Nervous and Mental Diseases among Savage Races; and The Weather Phenomena of the Eastern United States in their Relation to Bodily Health.

American Scientific Investigations at a Discount.—The eminent Dr. Koch does not have a very high opinion of American scientific investigators. At the recent Berlin Tuberculosis Congress, at which he reiterated his belief in the non-transmissibility of tuberculosis from cattle to human beings, he declared that the evidence brought forward in America to disprove his theory was of little value, since the experiments were hasty, and not sufficient time had elapsed to draw conclusions. American literature on the subject was one-sided and often couched in terms such as might be used by a lawyer whose busines it was to suppress all points telling against his client.

Physician Heal Thyself.—Much has been said about the advisability of unity in the medical profession, by the term unity being understood some sort of an amalgamation of all the schools; but before any such harmony can be brought about, however desirable it may be, we have got to have a nearer approach to harmony in the individual schools. Among ourselves the International Hahnemannian Association ought in some way to be made one with the American Institute; and in New York state at least, our brethren of the old school must settle the differences between the New York State Medical Association and the Medical Society of New York State before overtures can be acceptably and appropriately made to us.

The Abuse of Digestive Ferments.—In an admirable article in the Medical News (June 7, 1902), Dr. John C. Hemmeter calls attention to the use and abuse of digestive ferments. The substance of his paper is that the use of ferments is very limited indeed, the abuse of them very wide spread. This abuse arises from lack of knowledge and failure to exercise judgment on the part of the physician, and the persistency of the meat-producing syndicates who have found a use for their by-products. The doctor protests against providing nature with crutches for more than the most temporary use. According to his view pepsin is never indicated, and pancreatin only occasionally in a case of atrophic gastritis.

A Chinese Hospital in New York.—According to newspaper reports, New York is to have a Chinese hospital, in which the poorer members of the pig-tailed colony can have their ailments treated in strictly orthodox oriental fashion. It is not stated whether the trustees contemplate throwing the clinics open to un-queued medical men and students. We wonder how the Chinese staff will manage to comply with the laws governing the practice of medicine in New York State. Will they elect to take their examinations of the allopathic, the homeopathic, or

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eclectic board? From what little we know of Chinese medicine, the school of medicine selected will have a doubtful compliment paid it, if it is to be assumed that its system is most like that obtaining in the flowery kingdom .

The Women's College.—The New York Medical College and Hospital for Women has entered evidently upon an era of prosperity. The entering class is much increased in size showing the increased influence and reputation of the College and its Faculty. The new Hospital in connection with the College is practically completed and although not the largest in the city is one of the most completely equipped. The College has many friends and none more so than the members of the Hospital Guild. At the November meeting of the Guild Mr. William Zeigler stated that he would give $7,000 if before the first of January, 1903, the Guild would raise the balance of $14,000. It will gratify those interested in the college to know that this has been done. The last meeting of the Guild was held at Dr. A. R. McMichael's.

An Old Trick.—The Pacific Coast Journal of Homeopathy complains that in the Medical Brief for November marked "written for the Medical Brief" in the N. E. medical number for November and in several other journals there appeared an article entitled "Septicæmia and the Curette," by a Dr. H. Plympton of Brooklyn, N. Y. The thing that troubles our esteemed contemporary is that the same article also appears in its own November issue. The ingenious Plympton did not forget the NORTH AMERICAN in his lavish distribution of Mss, but we shall hardly venture to publish until all of the medical journals in the United States and perhaps a few abroad have had opportunity to print. It is unnecessary to characterize this attempt to secure notoriety. Like some other things it speaks for itself. But the name of Plympton, M.D., will glow with a somber radiance in several editorial sanctums.

A French League Against Sea Sickness.—We learn from the Lancet that France has a league against sea sickness! The league's president, a Dr. Mardeuf, has started a journal called Le Mal de Mer, and has also written and published a book on the subject which professes to be a complete hygienic guide for those who travel by water. Americans cross the herring pond in great numbers; and doubtless many doctors are asked about seasickness. Here are some sources of original information. When they have read chapter I of the book they will be convinced that there is such a thing as seasickness (if they did not know it before they opened the volume to find out how to cure it). One hardly knows whether to take the book seriously or not. Many of its statements and suggestions are almost ludicrous. The league is seeking evidence on the symptoms, causes, treatment, and complications of seasickness, and with this end in view asks all who are interested to answer a long list of questions, some of which are quite complicated.

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Book Reviews.

Diseases of the Skin.—Their Symptomatology, Etiology and Diagnosis, with Special Reference to Methods of Treatment, Including Full Indications for Drug Remedies. By Henry M. Dearborn, M.D., Professor of Dermatology, New York Homeopathic Medical College; Professor of Principles of Medicine and Clinical Professor of Dermatology, New York Medical College and Hospital for Women; Visiting Physician Metropolitan Hospital, etc., etc., etc. Illustrated. Boericke & Runyon: New York, 1903. $5.50, pp. 834.

A book that is the genuine product of experience and continued study is rare. Many books are written or rather compiled not because the author had any special message to deliver but because he felt that a book was needed to bolster his reputation. Real books grow—they are not compilations—and to this select class belongs Dr. Dearborn's volume. The homeopathic school has long needed a text-book on skin diseases that should be authorative, up-to-date, and present the essential facts in a clear and systematic manner. Dr. Dearborn's wide practice, his hospital clinics, and his extended experience in teaching combined to preeminently fit him to produce a volume which should freely satisfy the demands of the profession. The classification adopted is new. Instead of choosing pathological anatomy as the basis of classification, he has given great prominence to the etiological element. The plan is therefore "a simple re-arrangement designed to show as far as possible, the general pathogenesis without losing the value of the anatomico-pathological system commonly in vogue." The division into classes is as follows: Class I. Diseases of the Cutaneous Appendages. Class II. Idiopathic Affections. Class III. Diathetic Affections. Class IV. Neuropathic Affections. Class V. Parasitic Affections. Class VI. New Growths. Throughout the work etiology, symptomatology and diagnosis have been given much prominence. Besides this the important feature of the work is the space given to special therapeutics at the close of each section. All this makes the volume of great value to the general practitioner. The book is well planned and well written. The descriptions of diseased conditions are clear and the information concerning treatment may not be found elsewhere. Both Dr. Dearborn and the homeopathic profession are to be congratulated on the appearance of this handsome volume.

A Guide to the Clinical Examination of the Blood for Diagnostic Purposes.—By Richard C. Cabot, M.D., with colored plates and engravings. Fourth revised edition. New York: 1902. William Wood & Co., pp. 494.

Each succeeding edition of this book becomes more valuable because, with each issue, the observations on which it is based become more numerous. In the present volume twenty-eight hundred observations in one thousand cases of typhoid fever will serve as an example of the wealth of data on which conclusions are based.

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The text has been almost virtually re-written. The section of serum diagnosis has been abridged and the table of contents abbreviated so that in spite of many pages of new matter, the book is not much increased in size. The most excessive changes are in the sections on pernicious anemia, leukemia, typhoid fever and the diseases due to animal parasites.

The Roentgen Rays in Medicine and Surgery, as an Aid in Diagnosis and as a Therapeutic Agent. Designed for the use of practitioners and students. By Francis H. Williams, M.D., with three hundred and ninety-one illustrations. New York: The MacMillan Company, 1901. $6.00, pp. 658.

This is a timely volume not only in subject, but in manner of presentation. It does not claim to be possessed of full and final authority, but endeavors to give as briefly yet as completely as possible, the present progress of the subject. Some of the topics treated are: "Nature and Properties of the X-Rays," "X-Ray Equipment," "Methods for Making X-Ray Examinations and X-Ray Photographs," "Introduction of Thorax." Then follows an account of the examination of the heart and lungs when variously affected. The esophagus, abdomen, and pelvis are next taken up and thoroughly treated, some remaining important types are "Therapeutic Uses of the X-Ray," "Fractures and Dislocations," "Foreign Bodies," "Diseases of Bones and Joints," "Calculi," "X-Ray in Life Insurance," and "Examination of Food and Drugs." It is a most practical and interesting volume and will be of great value to the active physician.

Valid Objections to So-called Christian Science.—By Rev. Andrew F. Underhill, Rector of St. John's church, Yonkers, N. Y. Edwin S. Gorham, 4th avenue and 22d street, New York. 1902. pp. 49.

It would be a most desirable thing to have this little volume read by every adult citizen of the United States. It presents in a concise but cogent fashion the sophistries, fallicies and illusions of Christian Science and succeeds in doing so in a cool and dispassionate manner. The substance of the book was originally contained in two discourses delivered on the subject of Christian Science but the attention attracted and the numerous requests for their publication induced the author to put them in book form.

Writing of hysterical patients Dr. Underhill says: "It is the patients suffering from this class of diseases where cases have been misapprehended by the doctor (for our medical men are sometimes fallible), who make the chief capital in trade for the Christian Scientists. One cure of a hysteric will outweigh a hundred failures of their mummery in organic disease; and people flock to the quack because of the wonder of his miraculous power."

The Ready Reference Hand-book of Diseases of the Skin.—By George Thomas Jackson, M.D., Chief of Clinic and Instructor of Dermatology, College of Physicians and Surgeons, N. Y. City, etc., with 80 illustrations and 3 plates. Fourth edition, thoroughly revised. Lea Brothers & Co., 12 mo., $2.75. pp. 617.

Examination shows this book to be actually a ready reference volume. It is of convenient size and admirable arrangement. The

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treatment is full and explicit. The great number of prescriptions both in the body of the work and in the appendix will be of much value to busy practitioners. Many new sections have been added, but the book has not been increased in size. Some new illustrations appear and the text has been carefully revised. So many editions in so short a time show the popularity of the book.

International Clinics.—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Medicine and Surgery, etc. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D. Volume I, twelfth series, 1902. Philadelphia: J. B. Lippincott Company, 1902. pp. 306.

A very good idea of the scope of the volume will be given by the following titles of contributions selected at random. They show a wide range of subjects.

"The Use of Opium in Daily Practise," by Arthur V. Meigs, M.D.; "Habitual Constipation," by I. Boas, M.D.; "The Treatment of Acne," by Professor H. Hallopean; "Dilatation of the Stomach," by Alexander McPhedran, M.D.; "Gastro-Intestinal Autointoxication," by John C. Hemmeter, M.D., Ph.D.; "Coxa Vara," by John Marnoch, M.A., M.B.; "The Surgical Treatment of Infantile Palsy," by James K. Young, M.D. and James Kelley, M.D.; and "A Review of the Progress of Medicine During the Year 1901," by Edward W. Watson, M.D.

The volume contains a number of excellent plates and many figures. The articles are practical in character and should be of great assistance to physicians.

Protoplasm: Its Origin Varieties and Functions.—By John W. Haywood, M.D. Bristol: John Wright & Co., 1902. pp. 51.

The distinguished author of this interesting booklet states that the substance of the essay formed a paper on "The Origin and Nature of Matter and Force and Life and Mind," read before the Literary and Scientific Society of Birkenhead, November, 1901. The ideas advanced by the writer are original and will prove of much interest to professional men. We cordially commend it to our readers.

Diseases of the Lungs.—By A. L. Blackwood, M.D., Professor of General Medicine and Senior Professor of Physiology in the Hahnemann Medical College, Chicago, etc., etc. Halsey Bros. Co., Chicago, 1902. pp. 338.

In presenting his book to the profession Dr. Blackwood has done it a valuable service. There may be found no verbose discussions of doubtful points, but the volume throughout is brief, clear and eminently practical. Special attention has been given to the treatment and general management of cases, while the indications for the various remedies are excellent. The diagnostic tables are numerous and very valuable.

Cats.—How to Care for Them in Health and Treat Them When Ill. By Edith K. Neel. Philadelphia: Boericke & Tafel, 1902. pp. 48, $0.50.

This little book will be valued by lovers of cats. In plain and simple fashion it treats of cat troubles and tells how to care for them in health and disease.

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Correspondence.

A LETTER FROM PARIS.

(From Our Regular Correspondent.)

DEAR NORTH AMERICAN:

While sending to the dear NORTH AMERICAN Christmas wishes of success and prosperity, I take equal pleasure in giving it some news from France. Homeopathic news is unhappily scanty; but as it is often said: "Happy are the people who have no history," I think French homeopaths ought to be very happy.

However, there is an item that I give to the NORTH AMERICAN with satisfaction; it is the enlargement of two of our French hospitals. At Lyons, St. Luke's Hospital, enjoying great prosperity, thought the time ripe to build a new ward for sick children: the addition was opened last March. The increase in the medical work of the hospital made it necessary to add another physician, Dr. Vadon, to the staff.

At the hospital of St. Jacques, in Paris, the managing board has decided to markedly increase the surgical service, already quite large. The necessary funds have been voted, and in 1903 the work of adding another story to part of the buildings will be commenced. The increase in the number of patients will necessitate the addition of a third interne. Two distinguished surgeons, Drs. Le Bec and Manson, have for a long time had charge of the operative service.

There is also quite a marked tendency toward the enlargement of homeopathic hospitals in other parts of Europe. At Barcelona, in Spain, has been started the hospital *del niño Dios,* and at Bale, in Switzerland, a devoted disciple of Hahnemann, has just left a legacy of 750,000 francs ($150,000) for the construction of a homeopathic hospital.

As to literature, I do not know of any new books that have appeared in France in 1902.

Some interesting discussions have enlivened the French Homeopathic Society. Dr. Jousset, père, has sought in the laboratory of St. Jacques' hospital a method of demonstrating the action of infinitesimal doses, and has found sure proof in the action of silver upon the development of a seaweed, the *aspergillus niger.* He has noticed that argentum metallicum, 6c. affects the aspergillus, proving the material presence of our homeopathic drugs in the 6c. trituration.

One of our Parisian homeopathic pharmacists, M. Ecalle, obtained during the year the highest title conferred by the official, that is to say, the allopathic School of Pharmacy, that of Doctor of Pharmacy, given him for a remarkable thesis, which he sustained at the School, on a "New Method of Dosage of the Alkaloids, and Particularly of Aconitine." This honor has been keenly appreciated by his homeopathic medical and pharmacal confreres in Paris.

The year 1902 was not very favorable as regards increase in

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the number of the disciples of Hahnemann; if there were a few deaths, there were also a few recruits. At Lille, in the north of France, we have lost Dr. Hubert du Peux, and, recently, there has come to me from French Switzerland, the news of the death of Dr. Beck, at the age of 80, who distinguished himself by establishing the indications for mercurius cyanatus in diphtheria.

Hahnemann's tomb, in the cemetery of Pere Lachaise, continues to be the object of a number of visits. Every homeopathic American who comes to France (and they are many) wants to see this monument, which counts among the sights of the capital. Touching the history of this great man, there is still another remarkable souvenir of the master which Paris possesses: it is an authentic bust, carved by the celebrated sculptor, David d' Angers, which serves as a copy for other statuettes. But no reproduction can attain the value of this bust whose finish and expression make it a veritable masterpiece. All who really wish to have an idea of the figure of Hahnemann, will not regret, whenever they happen to be in Paris, going to the vestibule of St. Jaques' Hospital, 37 Rue des Volontaires, where the bust can be seen. My distinguished confrere and friend, Dr. J. H. McClelland, of Pittsburgh, was so struck with the work during his stay in Paris this year, that he asked me to procure a photographic reproduction for the volume which is going to be distributed to the subscribers to Hahnemann's monument at Washington. I trust that the photographs will arrive in time for their insertion in the book, where the fineness of the marble and the remarkable expression of the savant can be noted.

DR. FRANCOIS CARTIER,
1st December, 1902. Paris, France.

CORRESPONDENCE.

OUR WASHINGTON LETTER.

(From Our Regular Correspondent.)

DEAR NORTH AMERICAN:

Various things have been occurring in the National Capital in the past month, not only politically but in the medical world as well. Congress is again in our midst, starting the final session of the 57th Congress, and hard at work shaping National legislation so that all may be in proper shape by March 4th when this short session must close and the 57th Congress die. Whether we shall have a special session of the new Congress called by Mr. Roosevelt is still a question, but events may shape themselves so that such special session may be a necessity.

The Washington Homeopathic Medical and Surgical Club held its monthly meeting in November as usual and was the guest of Dr. C. F. Goodell of Frederick, Md., who is one of the charter members of this, the first medical club organized in Washington. The meeting was most enjoyable, both from the standpoint of professional work presented as well as for its sociability. Dr. S. S. Stearns read

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the paper of the evening on "Chelidonium Majus; Its Sphere." This was followed by the report of clinical cases by several of the members, all of which was interspersed with the usual spirited discussion. A late supper was greatly enjoyed and it was made memorable by a mess of Maryland quail from Frederick County, which were most deliciously roasted; this requiring that the host be most heartily toasted.

Dr. Ralph Jenkins was conspicuous by his absence and the Club is fearful that we are soon to lose his genial presence forever as a member of this popular Club. He has resigned from his position as Orthopedic Surgeon on the Hospital Staff and we understand is to sever his connection with every organization distinctly medical and that he has taken in his professional shingle to swing to the breeze a sign associating him with Real Estate Brokerage. We are sorry to record this loss to the homeopathic medical profession of Washington as Dr. Jenkins has always been in the van in the efforts to place Homeopathy at the head of things medical. We are glad to record that he still retains his position as President of the Board of Trustees of the National Homeopathic Hospital and trust that our school may ever have his support, from the side lines at least.

The annual meeting of the National Homeopathic Hospital Association was held at the New Willard Hotel on the evening of Nov. 18th. Reports of the various officers, committees and subsidary guilds and societies were read and the status of affairs was found to be satisfactory. Officers for the ensuing year were elected as follows: President, Mr. Wm. B. Hibbs; 1st Vice-President, Dr. Wm. R. King; 2nd Vice President, Mrs. A. R. Quaiffe; Secretary, Mr. Henry Wells. The Treasurer is selected by the Board of Trustees and the Board has reelected Mr. Charles Lyman to that office. Three members of the Board of Trustees were elected to fill vacancies owing to terms of service expiring. The Board of Trustees in annual meeting reelected upon the staff Drs. Swormstedt, King and Bliss to succeed themselves, their terms of service to expire Jan. 1, 1906. The withdrawal of Dr. Jenkins from staff membership made it necessary to fill his place, and Dr. F. A. Swartwout was selected to take the position of Orthopedic Surgeon and Junior General Surgeon to the Hospital. He will have care of all orthopedic cases, as well as fractures and dislocations and will succeed Dr. McDonald in the general surgical work for six months of the year. We are of the opinion that this will keep Dr. Swartwout somewhat busy.

On Dec. 10th a conference was held at the New Willard Hotel between Dr. J. B. G. Cusis, Chairman Board of Medical Supervisors, together with his colleague Dr. McLean, the Chairman of the old School Board of Medical Examiners on the one hand and the officers of the old school Medical Examining Board of Maryland on the other, regarding reciprocity between Maryland and the District of Columbia in the matter of exchanging licenses. For some time there has been a stir among our colleagues of the other school regarding this interchange of courtesy. As our law is one which recognizes all schools on a practical plane and as our organizations center in the

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Board of Medical Supervisors which consists of the Chairman of each of the three Boards of Examiners together with two laymen of the legal profession therefore it was necessary to consult the representative of our school, who at present is President of the aforesaid Board of Supervisors, before the matter could properly be presented to Congress for an amendment of the present existing law. We are led to believe that only partial progress was made along the lines leading to reciprocity, as Dr. Custis discovered a seeming serious leak in the Maryland law which might readily make Maryland a gateway by which a man might get a license to practice here more easily than he could by undergoing the proper and legal examination. However we are of the opinion that these matters will soon be straightened out and that an interchange of courtesy based on a fair arrangement will be consummated between Maryland and the District of Columbia.

The annual meeting of the Washington Homeopathic Medical Society was held at the Arlington Hotel on Friday and Saturday evenings, Dec. 5th and 6th.

In connection with this annual meeting it may be interesting to state that Dr. Sayre Hasbrouck of Providence, Rhode Island, was present and at the meeting presented to the attention of members several novelties of his own design and invention including atomizers, powder blowers, eye irrigators, ear plugs for shutting off sound in testing hearing of opposite ear or for use in the case of nervous insomniacs. Dr. Hasbrouck also invited any of the members who might be interested in the subject of pneumo-massage as applied to the eye, ear, nose or throat to meet him on Monday evening at the office of Dr, Wm. R. King, where he had set up a pump of his own invention which he felt sure would present new and practical ideas along the lines of massage to any who might care to investigate it. The instrument is most ingenious and unlike most of its kind is not patented and will be given openly to the profession.

And poor old Verdi is no more. Those who knew him best will cease for a moment in the active cares of our professional life and will cast back a thought or two to the old days when we were more or less intimately associated with this man. Expatriate that he was, a product of old Italy transplanted to new America, he became a complete republican, jealous of his rights and protecting his position as actively and energetically as one to the manor born. A graduate of Hahnemann of Philadelphia in the year '56, he soon rose to high rank when Homeopaths were few and he rose because of the battles he fought. All honor to one of the pioneers who has just gone to meet his colleagues in the great beyond.

In our midst most suddenly and tragically has passed away a shining light of American statescraft. Thomas Bracket Reed of Maine, Member of Congress for a number of terms and Speaker for some two or three terms, came to Washington upon business for the Supreme Court on Sunday, Nov. 30th, and was carried away on his bier on the following Sunday, Dec. 7th. He was striken on Monday afternoon at the capital while talking with a newspaper correspondent and declining with regret an invitation to the Gridiron Club dinner

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on the next Saturday night when he became pallid and quite ill and was supported to a sofa. His condition was then thought to be quite serious but he rallied and was taken to the Arlington Hotel and Dr. F. A. Gardner was summoned. The doctor found him nauseated, vomiting, and partially collapsed with much pain in the region of the appendix. After he was quieted Bryonia was prescribed and ice bags placed over the appendicular region. Later Dr. T. L. Macdonald was called in consultation with the possibility of the necessity of an operation in view. This was at the time determined as unnecessary and ill advised and later the appendix symptoms steadily and rapidly subsided but they were replaced by the gravest nephritic symptoms, almost complete suppresion of the urinary secretion ensued and the urea dropped from 14 grs. to the ounce to 3 grs. to the ounce. Cuprum arsenicosum was prescribed; later this was associated with infusions of digitalis. Dr. Goodno was in consultation twice during the week and all that modern medical science could do was attempted including finally the intravenous injection of the normal salt solution. This rallied the patient for a time but the poison was too subtle and the patient in no condition to stand up against it and thus went out the light of the greatest debater and parliamentarian of this great United States. He passed away just as the banquet of the Gridiron Club was terminating in the dining room of the same hotel and where many of his old associates in Congress were guests. All present on this festive occasion where he had often been an honored guest were his friends and the dinner ended most unusually with one of the Club members singing the old favorite song of Reed's "The Song that Reached My Heart," and the members all furtively brushing away a truant tear.

Materia Medica.

J. B. Gregg Custis, M.D., CONDUCTED BY AND J. Perry Seward, M.D.

Ignatia in Prolapsus Ani.—F. Kopp reports in the *Hom. World* this ignatia case:—In this case the specific action of *ignatia amara* in the treatment of prolapsus ani was clearly shown and proved. The patient was a young man about twenty-two years of age, dark in complexion, and of sedentary habits. The symptoms were: Straining and frequent ineffectual urging to stool. There was present difficult passage of the feces, itching of the anus and prolapsus of the bowel. The bowel protruded every time he went to stool, and was with difficulty replaced. The symptoms pointed to *ignatia amara,* and he was given two minims of the 1x dilution every four hours for three days, and afterwards a dose morning and night. The protruded portion of the bowel was replaced with the forefinger, previously lubricated with *olive oil,* and carried beyond the sphincter muscle of the anus. The treatment was highly successful, as at the termination of a week's treatment he was perfectly cured of the com-

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plaint, and has had no return of the trouble, although it is now over fifteen years since he discontinued the medicine.

Conium for Tumors.—W. E. Dewey says: If I am positive of any one thing in medicine it is the power of conium 30th to cure certain lumps in the female breast. It has been my experience repeatedly to see tumors of a suspicious nature in the mammæ disappear by the use of conium in this potency. Of course the indications must present themselves here as with any other remedy; these are piercing pains, a tender gland with a fugitive stitching here and there in it. More especially is it indicated if the lump dates to some injury, 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 advanced time may be lost to the detriment of the patient; of this I am aware, but in most cases in the early stage of mammary tumors the waiting of a few weeks will not injure 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.

Phosphorus in Syphilitic Skin Lesions.—Mr. C., æt. thirty, came to the Hahnemann College June 1, 1898, and gave the following history: Ten years ago he contracted syphilis which yielded to treatment promptly. He persisted in this treatment for about eight months and thought himself cured, until two months ago when there appeared a scaly papular rash on his wrists and some on his legs. That on his wrists was a dry, rough, scaly and cracking flat papular rash, while that on his legs was similar; but also tended to ulcerate. His general health was run down and his nervous system evidently suffering from the effects of the specific poison.

A diagnosis of syphilis was made and the patient put on phosphorus 2x three times a day. No local treatment whatever. An uninterrupted recovery in two months was effected, but the treatment was continued for a much longer period.

Phos. is often one of our greatest remedies in syphilis. It applies most often to the chronic or tertiary stage, having both skin lesions and nervous debility. Phos. is rarely ever useful during the secondary stage.—Geo. F. Shears in *The Clinique.*

Leucocytosis in Lead-Workers.—Anæmia has been long observed and italicized as a symptom of Plumbum. The precise nature of it may be learned from the study of L. N. Boston, M.D., in the Philadelphia Med. Jour., 9/27, '02. Dr. Boston observed 24 cases, including painters, plumbers, and workers in paint or lead works, who had been exposed to the lead for 6 weeks to 12 years. Most of them were affected in from four to nine months. Dr. Boston says that a leucocytosis is produced, and makes the following observations:

Three of the cases gave a leucocyte count below ten thousand and were 4,000, 7,200 and 8,000 respectively. The remainder gave counts varying between ten thousand and twenty-five thou-

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sand five hundred. The number of red cells and the percentage of hemoglobin bore no constant relation to the number of leucocytes present. In the case showing 7,200 leucocytes the patient had been under treatment for several weeks. In the other cases, in which the leucocyte count was below 10,000, the history gave that of lead poisoning some months or years before, which suggests the possibility that leucocytosis may develop in connection with the primary condition only.

R. C. Cabot, in the study of fifteen cases with eighteen blood examinations, gives an average leucocyte count of 12,922, the maximum number being 23,400, the minimum 4,500. In my series the average number of leucocytes was 12,600; the greatest number being 25,500, the smallest 4,000.

A moderate reduction in the number of erythrocytes to 3,500,000 is the rule, yet in severe cases they may fall below this number. One of my series gave a count of 2,700,000. In a few instances, however, the red cells are found to be above the normal, as was observed in four cases of my series which showed 4,760,000, 5,090,000, 4,940,000, 5,500,000 cells per cmm. respectively.

The hemoglobin was found to fluctuate between 32 and 85 per cent. No constant ratio was found to exist between the number of red cells and the percentage of hemoglobin, as is shown in the four cases of polycythemia above cited, in which the respective amounts of hemoglobin were 46, 32, 79, and 85 per cent. In the latter case the exposure to lead had been of short duration and the symptoms mild; the line about the teeth, however, was fairly distinct.

Smears made from the different cases, and fixed by heat, were alike in displaying a rather high grade of poikilocytosis, the erythrocytes staining feebly in many instances; many appearing as mere shadows, while in others certain cells stained irregularly. Overstained cells were uncommon, macrocytes and microcytes numerous and nucleated red cells an occasional finding; of these, normoblasts were the commoner.

Department of Pediatry.

CONDUCTED BY . . . . . WALTER SANDS MILLS, M.D.

Recurrent Vomiting in Children, with Report of Four Cases.—Dr. H. L. K. Shaw, of Albany, New York, has a paper with the above title in *Archives of Pediatrics* for Nov., 1902. It is characterized by the sudden onset of persistent vomiting without other gastro-intestinal symptoms. Other names for the disease are "fitful vomiting," "recurring vomiting," "cyclic vomiting," "nervous vomiting," "periodic vomiting." It is comparitively rare. The four cases that Shaw presents are quite typical. Case I.—Three years of age, child of nervous parents. For more than

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a year has had attacks of vomiting which came on suddenly. There was frequent vomiting continuously for several hours. This child was constipated. There was no fever, the tongue was only slightly coated. Next day the child was well. Case II was 3½ years of age, also of nervous antecedents. She had had several attacks that lasted only a few hours. The one reported lasted three days. Her temperature rose to 100°. Case III was a child aged 3 years, of nervous parentage. For two years she had had these attacks of vomiting, which were of brief duration. The one reported lasted a week, and there have been recurrences since. The temperature got up to 103⅕°. Case IV was 8 years old. Her mother is insane. She has what the family call "bilious" attacks. She was seen in attacks in June, 1901, January, 1902, and in the latter part of May. The highest temperature reached was 102°. It was six days before nourishment could be retained.

Shaw states that the treatment is unsatisfactory because it cannot be checked. He recommends morphine hypodermatically or choral per rectum. Other measures recommended are hygienic.

It has been the fortune of the editor of this department to see one case of "cyclic vomiting" in two attacks. The child was 8 years old, daughter of an old school physician. The child had been attended at various times by Holt, Kerley, and other well known pediatrists but the results of treatment were not satisfactory. They agreed as to the diagnosis. The treatment recommended was nutrient enemas of peptonized milk and water containing 3 drops tincture of opium. Previous attacks had come for two or three years at intervals of a month or six weeks. They were all alike—first headache and a feeling of malaise, then sudden frequent vomiting preceded by waves of acute pain about the umbilical region. Nothing could be retained on the stomach. The second day the enemas were begun and repeated every four hours. The vomiting always lasted seventy-two hours, after that the symptoms gradually subsided. There was always considerable fever. The attacks had grown to be a veritable nightmare to the family and to the child. The father was very frank in stating that he did not believe in Homeopathy, that he knew nothing about it; but he had exhausted the resources of himself and colleagues and his wife wanted him to try Homeopathy.

December 7, 1901, the child was seen. She was a decided blond, thin and nervous. Ipecac 6x on pellets was given every hour, dry on the tongue as even water was vomited. Temperature 100⅕°, tongue slightly coated. The stomach was empty. The epigastrium sensitive and tender. Nausea and retching came on in waves at intervals of a few minutes. Vomited at 6 P.M.—only once after a morning visit. Was able to take and retain water. Next day temperature 99°. Had slept three hours and vomited only once. Waves of pain less frequent and less severe. Next day she was practically well. No enemas were

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permitted. This was the shortest attack so far. The child did not have another attack until November 4, 1902. The longest interval she had ever had since the beginning of her trouble. On November 3, temperature 102⅗, pulse 140, respiration 36. Pulsatilla 6x given. Vomited the following morning at 4 A.M. and a number times thereafter till 8 A.M. Temperature 99⅗, pulse 122, respiration 30. Vomited several times through the day. The father gave an enema of peptonized milk and opium 3 drops. At night the remedy was changed to ipecac 6x. There was but one attack of vomiting after that. Next day the child was well.

Goat's Milk.—Barbellion (*Bull. de l'Acad. de Med.,* Paris, March, 1902) has for years been an ardent advocate of the introduction of goat's milk for infant and invalid diet. He describes tests which show that the coagulum is soft and very soluble, like that of human and asses milk, while the coagulum from cow's milk is much more compact and difficult to digest. Comparative tests with gasterin showed that while cow's milk was scarcely affected by it during twenty-four hours, human, goat and asses' milk was completely digested. He reports a number of cases showing the remarkable manner in which infants thrive on goat's milk. The Académie voted in favor of his conclusions as to the advisability of establishing numerous goat milk depots throughout the city. One of the principal advantages of the goat for this purpose is that it is refractory to tuberculosis.—*Journal of the American Medical Association.*

Pet Animals and Children's Diseases: An Editorial in the Archives of Pediatrics for September sounds a note of warning in regard to the association of pet animals with children. The writer states that cats suffer from diphtheria and scarlet fever, and possibly from other infections, and that they may also carry infections in their fur. Dogs are not less dangerous. Diphtheria has been transmitted by dogs, also probably scarlatina, measles and whooping cough. In Europe it is believed whooping cough is frequently carried by dogs. It has been shown that dogs frequently suffer from tuberculosis, not always in the lungs. Often there are tubercular sinuses from bones of the face to the nose. In these tubercular bacilli swarm in the nasal discharge. The dog is also the host of the well-known hydatid cysts which are becoming much more frequent throughout the civilized world. Ozena is another disease that may come from dogs. The dog's filthy habit of sticking his nose in all sorts of animal matter makes him especially nasty. The writer says: "If we are insisting on special precautions with regard to food contamination by flies because of the habits of these domestic pests with regard to excrementitious material, it is almost more important that dogs should not be allowed to become distributors in the household of at least as dangerous material in considerably large quantities." Birds also may distribute disease. Parrots suffer from psittacosis—a disease that is intensely contagious for human beings. In an epidemic of over fifty cases in

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Paris in 1897 more than half were fatal. Chickens are liable to tuberculosis.

The writer says more care should be exercised by parents and guardians in protecting children from contamination by pet animals. The abstractor thoroughly agrees with him. Animals should be rigidly excluded from houses. Their place is outside.

Lumbar Puncture in Meningitis.—Dr. Hand read a paper at the May meeting of the Philadelphia Pediatric Society on "Positive Diagnosis of Meningitis, Particularly Tuberculous, by Lumbar Puncture." Dr. Hand reported thirty specimens of cerebro-spinal fluid examined, of which twenty-one contained tubercle bacilli, two of pneumococcic meningitis, one of cerebro-spinal fever that recovered, one of normal fluid, one of suspect brain tumor, one of serous meningitis, three of undetermined origin, but probably septic.

The technic of the examination is of the highest importance, that used by the writer being the following: The fluid should be collected in a sterile test-tube plugged with cotton, and allowed to stand until a strand of fibrin has formed; this usually forms in from two to six hours, and settles in the bottom. A straight platinum needle—not a loop—is touched to one edge of the fibrin, which is then transferred to a slide, care being taken to tip the test-tube so that the fibrin constantly floats in fluid. The excess of fluid is then drained off from the slide, and the remainder evaporated by gentle heat; it being not only unnecessary, but usually fatal to the success of the examination, to press the fibrin between two slides. The film is fixed by heat, stained in the usual manner, and then carefully gone over with a mechanical stage. Since adopting this method, the writer believes he has been successful in 100 per cent. of the tuberculous cases.

In the discussion that followed it seemed to be the impression that the type of cell or other substances found in the cerebro-spinal fluid did not necessarily mean tubercular meningitis, unless the tubercle bacilli were also demonstrated. It was claimed by several that lumbar puncture had a beneficent effect on the case, probably by relieving pressure. Griffith stated that he had never seen permanent relief follow lumbar puncture, but it gave temporary relief and should always be resorted to for palliative effects in desperate cases.

Infant Mortality.—A paper read before the Section of Public Medicine of the British Medical Association, by Dr. J. Milsen Rhodes, of Lancaster, gave some startling figures. Of 927,062 children born in Great Britain in 1900, there were 142,912 dead before they reached the age of one year. This is approximately 15 per cent. He says notwithstanding the progress of sanitation, which has reduced the average death rate in fifty years from 22.0 to 18.2 per 1,000, there has been no improvement in infant mortality. In 1900 the mortality in Great Britain among infants under one year of age was 163 per 1,000, the highest on record in the Registrar-General's office.—*British Medical Journal.*

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Medical Progress.

CONDUCTED BY
J. T. O'Connor, M.D., Ph.D., AND Walter Sands Mills, M.D.

Anesthesia of the Drum Membrane.—Dr. G. B. McAuliffe of New York (*New England Medical Monthly*), pursues the following method. First he uses hydrozone to cleanse the ear. This is then mopped out with absorbent cotton. This is followed by filling the canal with a solution of 5 to 20 per cent. of cocaine in equal parts of absolute alcohol and aniline oil. Anesthesia results in 10 to 15 minutes.

Early Diagnosis of the Typhoid Bacilli.—Polacco and Gemelli found typhoid bacilli regularly in the roseola on fifty patients in the early stages of typhoid fever. The bacilli are so scanty that they require a liquid medium for further growth. "Vaccinostyle Marechal" was used for the culture medium and the differentiation of the culture was possible in twelve to sixteen hours.—*Journal American Medical Association.*

Anemia Due to Small Hemorrhages.—In certain instances the daily loss of even small amounts of blood may produce very severe anemias. J. B. Herrick (*Jour. Am. Med. Assoc.*, September 27, 1902) has found that bleeding hemorrhoids may, often cause this condition, and that recovery is almost certain after the proper remedial measures have been undertaken. He reports five cases which exmplified this condition, the anemia being of the pernicious variety, and recommends that when a blood examination shows a chlorotic or secondary type immediate operative measures for checking the hemorrhage should be instituted.

Treatment of Spastic Aphonia.—In the case described by Wicherek, the patient was a healthy young soldier who had been unable to utter a sound for eight months after a scuffle with a comrade who had slapped him in the face and choked him. The traumatism was slight and exclusion of other causes suggested the possibility of hysteria, although no stigmata could be discovered. Faradization of the throat muscles, systematic exercises in speaking and chloroform narcosis all proved ineffectual. The mucosa of the pharynx and larynx was then swabbed with a 20 per cent. solution of cocain, while the tongue was pulled out and held. The patient was then instructed to utter the vowel sound of A, repeating it after another person. After great effort he was able to accomplish this, and repeat it until he could say it fluently. Other vowel sounds were then taught him in the same way, while he put his fingers on the larynx of the person instructing him. Short words and sentences were then tried. At the end of an hour of this exercise he was so exhausted that he had to go to bed. It was repeated again every day, and by the fourth, his aphonia had been entirely conquered.—*Journal American Medical Association.*

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

Original Articles in Medicine.

A NEW METHOD OF OUTLINING THE SEPARATE CAVITIES OF THE HEART.*

BY GEORGE F. LAIDLAW, M.D.,
New York.

THE method which I shall recommend is not new in the sense of being newly discovered, but it is new in the sense of being little known in this country and not widely accepted in any other.

Bianchi and Bozzi devised the phonendoscope in 1896, and the instrument made its way quickly over the world as a substitute for the ordinary stethoscope in auscultation; but Bianchi's method of outlining the internal organs by scratching the skin is still largely ignored. It is a refined variety of the old auscultatory percussion.

In 1900, at the Congress fur Innere Medicin, at Wiesbaden, Dr. A. Smith, of Marburg am Bodensee, reported his observations confirming the value of the Bianchi method as applied to the heart. He also pointed out several defects in the method, described an improved technique, and an improved phonendoscope by which the most exact measurements could be made during life, not only of the heart as a whole, but also of the auricles and ventricles separately, a thing never attempted by any other method of examination.

After a thorough trial of this method at the Metropolitan Hospital in New York, I can recommend it strongly to your attention as one of the most useful methods of examining the heart which has been devised since the adoption of auscultation itself. In proof of this statement, I ask you to look at these outlines of hearts which were drawn on the skin of the patients' chests and compare them with

* Read before the Homeopathic Medical Society of the State of New York.

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the hearts themselves which were subsequently removed at autopsy. The outlines were made on the dead body immediately before the autopsy so that there should be no possibility of change in size or position before they could be verified. These outlines are the original direct impressions. By comparing the measurements of the hearts and even of the separate auricles and ventricles, you will see how accurately the work was done.

(Exhibition of the hearts and outlines.)

The method by which this work was done is simple and the instruments are inexpensive, a phonendoscope, a bristle brush and a pencil for marking the skin. These are the imported pencils, called dermatographs; but this ordinary indelible pencil gives better prints. This is the bristle brush devised by Smith, but as an interne of the Hospital suggested, a mucilage brush will do as well. It should be stiff.

The rod of the phonendoscope is placed over the right ventricle, which can be found in the fourth intercostal space at the left of the sternum. With a stiff brush or the finger tip, the skin of the chest is stroked firmly downward toward the lower border of the heart. A brushing noise is heard. When the border of the heart is passed, the sound changes abruptly. This point is marked with the pencil and, placing the rod of the instrument above the mark, the border is verified by careful stroking. This border determined, the rod is held at the same point, just above the lower border and the brush is stroked outward to determine the left border, then upward, and then to the right around to the starting place. By marking the places where the sound changes, an outline of the right ventricle is drawn on the chest wall.

Placing the rod in an intercostal space above the margin of the right ventricle, the left ventricle is mapped out in the same manner.

Placing the rod at the right of the right ventricle, the right auricle and above this the left auricle are mapped out.

The left auricle is more difficult to outline than the other cavities both because it lies deeper in the chest, and because most of it lies behind the sternum, and the resonance of the bone is confused with that of the auricle. To overcome this difficulty, Wallach, of Cassel, Germany, devised this improved phonendoscope. The improvements consist in the valve, the opening of which makes the brushing noise more distinct, and in the hollowing of the rod.

This particular instrument is not a necessity. Some of these outlines that I have exhibited were not all made with the phonendoscope but with a cheap imitation of it which I now show you. It

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is called Simal's stethoscope and is also made in Germany. It has a hollow rod, but no valve. The Bowles stethoscope, which I show for comparison, is not so convenient for this work on account of the large size of the bell, but it can be used if necessary. In fact the ordinary binaural or even the single tube stethoscope will give accurate outlines of the ventricles; but the outlining of the auricles requires the more delicate instruments. After a trial of all the more recent forms of stethoscope, I have concluded that the improved phonendoscope with the hollow rod and the valve are really the best for this method of examining the heart.

At this point, one is led to the reflection that this procedure may be very pretty and very striking; but is it of any use?

Let us consider that our ideas of diseases of the heart have undergone great changes during the past ten years. Formerly, valvular lesions and fatty hearts were the chief points in cardiac pathology. Now, the center of interest has shifted from the valvular lesion to a consideration of the diseases of the heart wall. These diseases are myocarditis and the degenerations.

In 1900, at the meeting of the American Medical Association, Dr. Solis-Cohen asserted that "the exact site and nature of the valvular lesion were of less importance therapeutically and prognostically than the state of the cardiac muscle." In the discussion which followed, this view was endorsed by all the speakers and contradicted by none.*

In the *Boston Medical and Surgical Journal* (Sept. 16, 1901), Dr. Robert T. Edes pleads for more recognition of the diseases of the myocardium as more important than the precise localization of valvular lesions.

In the *British Medical Journal* (Jan. 15, 1901), Dr. Lees describes the acute dilatation of the heart that occurs in diphtheria, influenza and rheumatic fever, with its important bearing on treatment and prognosis, and deplores the general neglect of the practice of outlining the heart by percussion.

In the *American Journal of the Medical Sciences* (Aug., 1901), Professors Hare, Stengel, Finney, and Mayo, in a series of papers on the effects of anesthetics and surgical operations on the heart, lay great stress on the fact that the dangerous element is the condition of the heart muscle and that valvular lesions are of secondary importance. In fact, in patients on whom operations are contemplated, any valvular defects present have usually been compensated.

* Journal of the American Medical Association, Jan. 12, 1901, p. 83, The Relative Importance of the Valvular and the Muscular Elements in Diseases of the Heart.

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Our own colleague, Dr. VanDen Burg, recently emphasized the need of watching the myocardium during acute diseases*

These selections are made from recent literature at random. There are many others. I present them in corroboration of my own views.

The point of this matter of myocarditis and mycardial degeneration lies in the fact that while they are recognized partly by the character of the pulse and the general prostration, the most positive diagnostic sign is the dilatation of one or several of the cavities of the heart. That this condition of cardiac dilatation is much more frequent and extreme than was formerly supposed to be possible is readily shown by reference to recent literature. It abounds in articles like that of Dr. Lees already quoted, showing the frequency of acute dilatation in influenza, diphtheria, typhoid fever, scarlet fever and in fact, all infectious fevers, pneumonia, inflammatory rheumatism, especially in children, hot baths, physical exhaustion, alcoholism and mental emotion.

We know that that frequent termination of so many acute diseases, heart failure, is preceded by dilatation of the cavities of the heart, one by one, with a longer or shorter period of compensation during which the pulse may be good and the only sign of a failing heart may be the dilatation of the right or left ventricle.

The detection of this dilatation, then, is a matter of importance in diagnosis, prognosis and treatment, but we lack a convenient method of estimating the early degrees of cardiac dilatation. We cannot carry an X-ray outfit to the bedside, and the ordinary method of percussion is not satisfactory in the hands of the physician of average experience. Indeed, in the hands of experienced physicians, it is far from satisfactory. In the ordinary method of percussion, we recognize two outlines over the heart, the areas of superficial and of deep cardiac dulness. The area of superficial dulness is not worth much in the diagnosis of cardiac disease, as it merely indicates the extent to which the pericardium is uncovered by the lungs but not the size of the heart itself. The area of deep cardiac dulness or cardiac flatness, indicates the true side of the heart, but the correct outlining of this area is difficult. At least, R. C. Cabot, who has tried to teach it to a great many students, says that "it needs a trained ear and long practice to percuss out accurately the borders of the heart itself, especially the right and upper border."† On page 148, "It is much more difficult to be certain of enlargement of the right

* North American Journal of Homeopathy, Sept., 1901.
† Physical Diagnosis of Diseases of the Chest, 1900.

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ventricle than the left," and in a foot-note, "Hypertrophy of the left ventricle is often found post-mortem despite the absence of the above signs during life." On page 149, "Epigastric pulsation gives no evidence of hypertrophy of the right ventricle, despite the contrary statements of many text-books."

Sansom, in his comprehensive work, The Diagnosis of Diseases of the Heart (1892, p. 154), says: "The satisfactory determination of the area of deep cardiac dulness by finger percussion only is not easy."

Dr. Musser, in his Practical Treatise on Medical Diagnosis (1899, third edition, pp. 615-618), says: "The lower border of cardiac dulness is ascertained with difficulty because of its close apposition to the liver." In the use of the pleximeter: "Vibrations over the liver and over the right ventricle are difficult to distinguish." Again, "The lower border and rounded apex of an enlarged heart cannot be defined if the stomach contains food or fluid."

The American System of Practical Medicine, edited by the late Professor A. L. Loomis and Professor Gilman Thompson, (1897, Vol. II, p. 336) states: "The lower border of the heart cannot be outlined except when, with gentle percussion, the tympanitic resonance of the stomach is detected through the left lobe of the liver. As a rule, we are forced to draw an imaginary line from the edge of the sternum to the apex." Page 339, "It is impossible to map out the areas of cardiac dulness when a flat region depending on a pathological process immediately adjoins them. In complete solidification of the upper lobe of the left lung, from pneumonia, the upper and left border of cardiac flatness cannot be determined." "The same is true of consolidations of the right lung and also in phthisis."

To Cabot's note of the frequent overlooking of hypertrophy of the left ventricle, add Senator's estimate that most of the cases of cardiac hypertrophy of parenchymatous nephritis remain undiscovered during life;* the statement of Grote, of Nauheim, who ridicules the Bianchi method and advocates simple percussion, that, on outlining the heart on eleven bodies by simple percussion, he missed the left border (the easy border) in the first five of them;† the fact that Professor Stengel, in his study of The Immediate and Remote Effects of Athletics on the Heart,‡ confuses the area of superficial dulness with the size of the heart and repeatedly speaks of the right border of the heart extending to the right of the sternum as evidence of hypertro-

* Nothnagel's Specielle Pathologie und Therapie, Band XIX, 1. S. 222.
† Deutsche medicinische Wochenschrift, Mar. 27, 1902.
‡ American Journal of the Medical Sciences, Nov., 1899.

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phy of the right ventricle, whereas all autopsies and all anatomy books show that it extends there normally; the fact that Stengel, in the same paper, Darling, in his studies of the heart changes in Harvard athletes, during their contests,* and Schott, in his elaborate study of The Influence of Acute Over-Straining of the Heart on Blood-Pressure,† can give us nothing more precise than an increase in the breadth of cardiac dulness, when you consider that these men are not general practitioners picked up at random, but experts, teachers in our best universities, you will agree with my statement that the practice of percussion, in spite of Ebstein's cardio-hepatic triangle, up to the present time, has not been an exact and reliable procedure. There is small wonder that, in examining the heart, the general practitioner, feeling uncertain of his ability to learn anything by percussion, usually contents himself with feeling the pulse, listening for a murmur and locating the apex beat.

This Bianchi method, however, makes him master of the situation. By giving him a simple and accurate method of measuring the heart, it enables him to study the heart practically in that best of all schools, his own practice, and enables him to estimate for himself the effect of different drugs or plans of treatment.

I am aware that the Bianchi method of examining the heart has recently undergone severe criticism by several prominent German clinicians. Grote‡ attacks it and the analagous methods of Reichmann, Buch, and Aufrecht. Ewald attacks it. Sahli says that the noise is too loud for his ears.§

The chief criticism is that the resonance heard with the phonendoscope does not come from the underlying organ, but merely from the skin, and that it varies, not with the shape of the organ, but the degree of stretching of the skin and the proximity of the brush to the phonendoscope. This is a half truth. In using the Bianchi method, any one of you can recognize the fact that the resonance increases as the brush or finger approaches the instrument and decreases as you move away from it; and also that the resonance varies with the stretching of the skin. I am confident that you can also recognize, as my ear certainly does, another sound that does not vary with the stretching of the skin or the proximity of the brush

* Boston Medical and Surgical Journal, June and August, 1901.

† New York Medical Journal, April, 1902. Also Verhandl. des Congr. für Innere Med., 1900. Influenza und chr. Herzkrankheiten.

‡ Wie Orientiren wir uns am besten ueber die wahren Herzgrenzen? Deutsche med. Woch., Mar. 27, 1902. Answer of Reichmann, ibid, May 15. Ewald, May 15. Also Grote in the discussion of Smith's paper, Verhandl. des Cong. fur Innere Medicin., 1900.

§ Lehrbuch der Klinischen Untersuchungs methoden, 1902, p. 210.

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to the phonendoscope, but which corresponds precisely to the anatomical outline of the underlying viscus.

Where the viscus is covered by a bone, as the sternum or ribs or spinal column, more care is required. The bone has a resonance of its own. By placing the phonendoscope on a rib, you can follow that rib around the chest by its resonance alone, without looking at it. For this reason, in outlining the heart, it is well to place the phonendoscope on an intercostal space, where practicable, and where it must be placed on a bone, to note the character and limits of the resonance of the bone before drawing the hasty conclusion that any change of resonance indicates the border of the heart.

In moving from the chest to the abdomen and vice versa, there is an abrupt change of resonance at the lower border of the ribs. When you know this, you will not confuse it with the lower border of the heart or liver.

With these precautions in mind, a very little practice will enable any one of you to outline a heart, watch its change from day to day and make tracings for comparison. At least, my assistant, a second-year medical student, after a few trials, could outline a heart as well as I could, and his outlines too were verified by autopsy.

A very good organ for practice is the liver, as its outlines are easily determined and the differences in resonance caused by the ribs are easily appreciated. Besides scratching or brushing the skin, I have found that a light, quick tap with a lead pencil, held as a drummer holds his drumstick, will bring out clear resonance and is useful to verify the outlines obtained by brushing.

I sum up my paper, then, in three sentences.

First. We are coming more and more to the belief that the condition of the heart and especially the dilatation of its cavities, is an important factor in many prevalent diseases, and there is therefore a need for a simple and accurate method of determining the size of the heart.

Second. Ordinary percussion is unsatisfactory for this purpose.

Third. The Bianchi method, especially with the Wallach improved phonendoscope and the bristle brush of Smith, fully satisfies these requirements. To those who have not employed this method of examining the heart, its results are a revelation.

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AN ANATOMICAL FACTOR IN MENTAL AND NERVOUS DISEASES.*

By Arthur Palen Powelson, M.D.,
New York City.

EVER since the creation of Adam the prepuce has been an appendage of man. The cry of the Christian nations is now, and ever has been, against the sacrifice of this worthless piece of integument. They claim that the foreskin is a physiological adjunct to man and fulfils certain purposes in the human economy for which it was intended, and believe because God bequeathed it, it is a sacred, necessary and indispensable portion of man's anatomy, and are, therefore, very pronounced in their objections to its removal, rarely acceding except in pathological conditions when surgical interference is imperative and advised. It does not dawn upon them that conditions have changed in the human race since its advent; that things useful and necessary at that time have become worn out or replaced by more modern and improved ones.

During the primeval days of man, before clothing was introduced, when the fig-leaf was not sufficient to ward off the bites of venomous insects or the scratches of thistles or briars, it was then that the prepuce had its province (if at all) as a protection to the glans from irritation and injury; but with the strides of civilization and the adoption of suitable clothing and hygienic measures, the foreskin has long since outlived its usefulness and merely remains an exile, a relic of antiquity which is usually over-developed and disproportionate to the glans which it ensconces. Like the vermiform appendix, its only function seems to be to make trouble for man, and I believe at least fifty per cent. suffer either directly or indirectly from its presence.

The introduction of circumcision is clouded in obscurity and many are the theories advanced for its origin. Historians differ as to the date of its beginning: some claim it was introduced 600 years before Christ. The records of Herodotus and Diodorus verify

* Read before the Homeopathic Medical Society of the State of New York.

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the antiquity of the rite, for during the exploration of the Egyptian tombs mummies were discovered bearing marks of the operation. Donnelly claims that it dates back to the first days of the Phœnicians, Egyptians and Cushites, and believes it was "invented" 10,000 years ago. He says, in his book, "Atlantis": "It was probably resorted to in Atlantean days and imposed as a religious duty to arrest one of the most dreadful scourges of the human race—a scourge which continued to decimate the people of America, arrested their growth and paralyzed their civilization." He undoubtedly refers to syphilis, for he further says: "The colonies that went over to Europe carried the practice but not the disease out of which it originated with them (the Atlanteans having stamped it out). And it was not until Columbus reopened communication with the infected people of the West Indian Islands that the scourge crossed the Atlantic and turned Europe, as one has expressed it, 'into a charnel house.'"

The institution of circumcision, as practiced by the Jews of today, is directly traceable to Abraham. The Bible says God made a covenant with Abraham and required as a sign of their compact that he, Abraham, should be circumcised; also his sons, his male slaves and their seed forever (see Genesis, Ch. XVII.) Since that time it has been held in strict obedience by the Hebrews as a religious ordinance.

At different periods of the world's history circumcision was employed for other purposes than that of religion. Some tribes used it to brand their slaves; others claimed it was an evidence of manhood and performed it on their adolescent sons; some considered it an act of national or political distinction, while the warriors of some barbaric tribes scalped the penis to exhibit as trophies of their valor.

It was not employed as an hygienic measure until 600 years before Christ, when the Egyptians first recognized its sanitary import (Remondino). Donnelly says, however, that it was used hygienically from the first and cites the case of the Atlantean king, Curanos, who, in time of a plague, compelled his entire army, together with the armies of his allies, to undergo the operation. It is a well-known fact that particles of foreign matter in the nostrils and respiratory tract will produce irritation, inflammation and give rise to reflex acts, such as coughing and sneezing, the cause for which is easily found. Likewise is it similar with the prepuce. The imprisoned smegma, aided by heat and moisture and the constriction about the glans, produces irritation, followed by inflammation, pain and swelling, and sometimes by a purulent discharge; this condition is just as readily recognized as the former on account of its

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local symptoms, but when the irritation is so slight that attention is not called to that organ, many parents and physicians are at a loss to account for the numerous reflex neuroses which it often produces, and in such cases protracted suffering ensues before the seat of trouble is finally located. Why, then, should not circumcision be universally employed as a prophylaxis against such conditions? Such a proposition would hardly be entertained or countenanced for a moment; it would be received with ridicule and laughter. The idea of Christian nations aping the Jew would be considered preposterous and intolerable. Notwithstanding, however, the fact that the Hebrews have been scoffed at, insulted, ridiculed, persecuted, and even massacred, they have stuck to their religious beliefs with bulldog tenacity and stand together to-day stronger than ever before, freer from disease than their Christian neighbors and the inheritors of a greater longevity than any other race. Well and profitably, as a medical measure, might we emulate their example.

What, then, are the benefits that can be offered to suffering humanity through circumcision? In setting forth its advantages, I naturally turn to the Hebrew as the unit of comparison. The great and incontrovertible argument in its favor is readily shown by the records of vital statistics in all countries, the Jew having by far the largest balance on the ledger of life. It is also a matter of interest and of fact that the Hebrews are not so prone to sickness and show much more resistance to epidemic and contagious disease. The lessened mortality, especially of their children, stands in marked contrast to those of other nationalities living near them. Mayer reports he found in Fürth that children from one to five years of age died in the proportion of ten per cent. among the Jewish and fourteen per cent. among the Christian population. Lombrose claims that of every 1,000 Jewish born, 217 die before the age of seven, while 453 Christians, double the number, die within the same period. Neufille estimates that the average length of life of the Hebrew is 46 years, 9 months, as against 36 years and 11 months of the Christian.

Richardson, in his "Diseases of Modern Life" says the Hebrews escaped the great epidemics more readily than the other races with whom they lived and claims the mortality from cholera amongst them was so small that the very fact of its occurrence was disputed.

Frederick L. Hoffmann in his articles, "The Jew as a Life Risk," published in *The Spectator,* a journal devoted to life insurance interests, in November, 1895, gives some very interesting and valuable information concerning the longevity of the Jews in the Hebrew

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ghettos in New York City. He gives the death rate per 100,000 of the population of the 7th, 10th, and 13th wards as follows:

Cause of Death	Total	U. S.	Ireland	Germany	Russian and Polish Jews
Diseases of Urinary System.....	137.40	121.42	350.50	129.02	45.03
Scarlet Fever.....	22.38	31.95	20.42	8.80	28.35
Typhoid Fever.....	12.43	12.78	6.81	20.53	10.01
Diphtheria.....	79.58	55.62	51.04	67.44	60.04
Diarrheal Fever.....	293.45	683.79	217.78	225.78	251.83
Consumption.....	328.89	268.40	752.03	372.39	106.74
Pneumonia	381.11	498.47	704.39	284.42	220.14
Diseases of Liver	25.49	12.78	71.46	32.25	5.00
Diseases of Nervous System.....	192.11	364.26	268.83	134.38	115.08

A glance at this table shows the smallest general death rate to be among the Jew and proves that the Hebrew has the greatest immunity from consumption and pneumonia, the dreaded diseases which are responsible for the greatest proportion of fatality among the American population.

To show death rates in same districts with distinctions of certain groups of ages and nativity, I quote again one of Mr. Hoffmann's tables:

Ages	Total	U. S.	Ireland	Germany	Russian and Polish Jews
Total.....	26.25	45.78	36.04	22.14	16.71
Under 15 years.....	41.28	62.25	40.71	30.38	32.31
15 to 25 years.....	7.35	9.43	15.15	7.14	2.53
25 to 65 years.....	21.64	25.92	39.51	21.20	7.99
65 years and over....	104.72	105.96	120.92	88.51	84.51

As most applications for insurance are made between the ages of 25 and 65 years, the Jew stands, according to these figures, as the best of risks.

The majority of intelligent people who have looked into the matter and have become acquainted with the fact that a Hebrew is longer-lived, suffers less from disease and has a greater resistance for it, will not give circumcision the credit of having anything to do with the greater endurance of the Jewish race. They claim the temperate life of the Jew, the restriction of certain kinds of food and the careful attention to sanitary conditions accounts for the tenacity of life shown by the Jews; and yet they will not count circumcision as a factor among them.

Among the better classes these arguments might stand unassailed for years to come because it would be well nigh impossible to secure necessary data; these statistics however were not taken

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from among them, but rather from the poorest classes of aliens, handicapped by the environment of another climate, herded together in tenements, where the living room answers the purpose of parlor, workshop and bed-room; where the sanitary conditions are foul and where small opportunity, on account of their poverty, can be given for the selection of healthful foods. The majority of these Russian, German and Polish Jews earn their livelihood as tailors and work indefatigably bent over in the sweat shops of the metropolis for twelve or sixteen hours each day, in a dark and vitiated atmosphere, conditions which would exterminate any other race through tuberculosis, and yet they are comparatively free from it.

The records of the New York State Hospitals show the commonest form of insanity found among the male Jewish inmates to be general paresis, with overwork and worry and sexual excesses as the predominating exciting causes. This, then, although the Jews may be less addicted to alcoholic intemperance than other races, refutes the common belief that he is not intemperate. His fatiguing hours of work and excessive indulgence in venery prove him to be no less abstemious than those of other nationalities.

It frequently happens in other races than the Hebrew that children are born without a prepuce, thus exploding the theory that the foreskin is a necessary attribute to normal and healthy man, for we cannot call these children deformed.

A question often asked is: Why are not all Jewish males born without a prepuce? It is true that only a small percentage of children are born with the glans exposed, but 95 per cent. of them are found among the Hebrews, showing conclusively that acquired characteristics are transmitted, and it is reasonable to suppose its frequency will increase as time goes on. The fact that the male alone is circumcised would not lead us to expect very pronounced results, as the female and heredity exert the greatest influence in the moulding of the offspring. Dr. Bauer, who operated 3,400 Jewish boys, found the prepuce absent in 3½ per cent. of cases; Cohen, with 10,000 circumcisions, found prepuces wanting in 500, partially developed in 300, and slightly developed in 2,200.

Dr. George Lockwood, of New York, has shown that acquired characteristics can be transmitted. White mice were selected for the experiment because they breed once a month. He bred them for thirty-six generations, destroyed the weak ones, and selected a stronger pair than the original ones. These he allowed to breed and clipped the tails of their young. In the seventh generation he discovered some tailless mice and finally obtained a tailless breed.

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Let us consider some of the diseases which accompany the prepuce in its phimotic state. Probably the most frequent is difficult urination, which in its turn, is likely to be followed by inflammation, balanitis, cystitis, by hydrocele and various other ailments. Dr. Schmid reports he found phimosis to exist in 10 out of 100 boys who had hydrocele; which he claims was due to the straining exerted to evacuate the bladder. Dr. Friedbergh, in this connection, is of the opinion that phimosis leads to abdominal rupture and Willard reports cases of goitre and hernia from such a cause. Bryant cites thirty-one cases of inguinal hernia, five double inguinal and a number of umbilical hernia observed by him in 50 consecutive cases of congenital phimosis. Nocturnal enuresis is a frequent accompaniment of both retractible and non-retractible foreskins, produced by the irritations from sebaceous secretions and preputial adhesions. I have had a number of such cases, which, after operation, quickly and permanently subsided. Cancer of the penis is often found with phimosis. Dr. Hay reports nine cases out of twelve who had cancer associated with it; Roux and Collier found it to exist in the same proportion. It is, therefore, not improbable that phimosis is directly responsible for the development of cancer; it, however, to say the least, promotes its growth by the continuous irritation it produces. Travers claims cancer of the penis has never been observed among the Hebrews. The sexual sphere is also disturbed by phimosis. Coition is painful, and often impossible and, in numerous instances, impregnation has failed to occur on account of the obstruction to the flow of semen. Phimosis promotes the infection of syphilis, on account of the tissues being easily torn during coitus and it naturally follows that persons adorned with prepuces, whether they be phimosed or not, are more prone to venereal diseases than in those where they are absent.

The gravest results of phimosis manifest themselves through nervous disturbances, and range all the way from stupidity, perversion of temperament, nervousness, disorders of digestion, chorea and fright to hypochondriasis, epilepsy, paralysis and insanity.

In this connection I wish to briefly report a few cases where the nervous system was involved.

Case No. 1. Child, 8 years of age; family history good; up to 5 years of age he was apparently as bright as other boys and had a kind and cheerful disposition. From that time on his temperament slowly changed and he became irritable and cross and hard to manage. He was sent to school, but took such little interest in his books and surroundings that he soon dropped behind the boys of his own

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age. When his father brought him to see me, he was pale and anemic, and presented a dull and stupid appearance. He had been wetting the bed for two weeks previous, and was afraid to play with his companions. Examination revealed a long and tight, but retractible, foreskin. He was operated upon and began to improve immediately; the nocturnal eneuris soon disappeared and in six months' time he had caught up in his studies to boys of his own age, and became the brightest boy in the family and one of the very brightest in his class.

Case No. 2. Four years ago, the head attendant in the epileptic ward of the Middletown State Hospital asked me to see his boy, four years of age, who had had three epileptic convulsions which he believed were caused by a tight foreskin. The prepuce I found to be in a state of complete phimosis, having only a pin-sized opening for the escape of urine, which pained him so at times that he cried out. I operated and found the mucous membrane bound down by adhesions in over two-thirds of its circumference. The cure was complete and permanent; the child never had another convulsion and is strong and hearty to-day.

Case No. 3. Young man, aged 23. German parentage and excellent family history; occupation, barber; habits exemplary; denied masturbation. He came to me two years ago last November in a very depressed state of mind; said he had been under an old-school physician's care for stomach trouble for nine months without improvement and now thought he would never be well again. Said he was so nervous that he was unable to rest well at night; his sleep being greatly disturbed by his great restlessness. He awakened between four and five every morning with a severe frontal headache which lasted most of the day, and would be unable to fall asleep again. He was anemic in appearance, had lost a great deal in weight, and complained of great distress in his stomach after meals. At frequent intervals during the day, while shaving customers, in his employer's shop, would suddenly become siezed with such tremor and jerking in his wrist that he could not go on. These nervous spells were accompanied with trembling in all his limbs and a sudden weakness of the body and lightning-like alternating currents of heat and cold coursing up his legs and spine. Physical examination showed him to be only fairly well nourished; prepuce covered the glans and was retracted without difficulty. I put him upon a carefully selected diet, prescribed plenty of out-door exercise and the indicated remedy from time to time. He did not improve any in the first six weeks except that his stomach became less intoler-

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ant. His depression increased, he became fearful he would lose his position and was fast becoming a hypochondriac from worry. I suspected masturbation, and, notwithstanding his continued protestations of innocence, decided to circumcise him, if only for the moral effect. He began to pick up right away. Two weeks after the operation he showed decided signs of improvement. He went four days in that week without being obliged to stop his work, and began to rest easier at night. Two months later his nervous spells had about left him, having only one on an average of once a week and he was able to sleep soundly until six A.M. With this marked improvement his spirits began to revive and he continued steadily to improve until May, when I discharged him recovered.

I have never seen cases of paralysis due to phimosis, although numerous cases have been reported. Dr. Sayre, of New York, observed in a number of cases paralysis of the lower extremities, associated with phimosis and priapism which led him to write a paper for the American Medical Association on "Partial Paralysis from Reflex Irritation Caused by Congenital Phimosis and Adherent Prepuce."

These are not all the ailments traceable to the prepuce, but they will suffice to show the baleful effects due to its presence. The object of this paper is to bring out, as fully as possible, the relation of the prepuce to mental disease; but before doing so, I wish to call attention to the normal or retractible prepuce,—the prepuce which is generally considered necessary and without which it is believed by many humanity suffers much misery through masturbation and nervous irritation.

I have never been able to understand upon what grounds the opponents of circumcision base their belief that the prepuce tends to prevent, rather than to increase, the tendency to onanism and nervous disturbances. Such claims are made, however, without the advancement of reliable or tangible proof.

After circumcision the glans and tissue adjoining become hardened and somewhat indurated, thereby deadening its sensibility to such a degree that the friction produced by clothing is scarcely ever recognized; while, as has been shown, the irritation from the secretions and constriction about the glans from the prepuce causes numerous reflex nervous conditions.

I do not mean to convey the idea that circumcision produces immunity from masturbation in those circumcised, although it decreases the tendency thereto, for the causes of onanism, the evil instruction of depraved companions, the inheritance of a weak and neurotic

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constitution, consanguineous marriages and the reading of vulgar and salacious literature, grasp their victims regardless of race, religious creed or social standing. One of the not infrequent causes of masturbation, which the Jews escape, is a tight or elongated foreskin; in the case of the former, a sense of discomfort and irritation is felt, while in the latter the loose folds rubbing against glans produce a more or less sexual erythism; these two conditions call the person's attention to that organ, the habit, in numerous instances, resulting. It is argued that if the prepuce was washed out everyday and the penis kept in a state of cleanliness circumcision would not be necessary, as the irritation which causes masturbation would be removed. This argument is not without error because the too frequent handling of the genitals and rubbing of the sensitive mucous membrane while cleaning produces sexual excitement which is likely to be, and has been, followed by masturbation. This rule of enforced cleanliness is not received with favor among the young and is a failure in nine cases out of ten on account of the inconvenience and discomfort associated with it. Besides being the cause of masturbation, epilepsy and various nervous disturbances, and acting as a receptacle and culture for the germs of gonorrhea, syphilis and cancer, the normal or natural prepuce is often the seat of edema, balanoposthitis, gonorrheal balanoposthitis and diphtheritic balanoposthitis, herpes progenitalis and preputialis, elephantiasis preputii, etc., conditions which could not exist in the absence of the foreskin.

It is undoubtedly true that a relationship exists between the prepuce and insanity, and although it may occur only in a small percentage of cases, its existence may not be denied.

The prepuce has been known to have caused masturbation and masturbation caused insanity. It is, therefore, necessary to associate the two to determine their relation to each other. In my paper on Onanism and its Relation to Insanity (*Hahnemannian Monthly,* May, 1899), I reported that onanism was the cause of insanity in 6 per cent. of the cases admitted to the Middletown State Homeopathic Hospital, and investigation showed, in nearly every case, that the prepuce was present. Since then I have made inquiries, from time to time, from those patients who were able to answer intelligently as to the causes of this habit and learned, in a few cases, that the foreskin was the exciting cause. One told me that the itching and burning from underneath the prepuce started him in this practice, while another, of an inquisitive and investigating turn of mind, said he drew back the prepuce to find how things looked underneath it, and rapidly succumbed to the habit. There are, no doubt, many other in-

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stances like these on record which can not be obtained from this class of patients, who, as a rule, have no regard for the truth and are ashamed to speak it. Even in those insane from other causes the prepuce exerts a baleful influence on the course of the disease. While Assistant Physician at the Middletown State Hospital, I circumcised over 100 cases irrespective of the form of insanity, ranging in age from 16 to 80 years. These cases I watched carefully for over two years and found that in acute cases recovery, as a rule, was greatly augmented. In the chronic insane, although no recoveries ensued, the outbreaks and duration of maniacal excitement were much modified and masturbation evidenced to a far less degree.

An interesting case of melancholia, age 38, was admitted to the Middletown State Hospital in May, 1875; number of attack 1st; duration three years; lawyer by occupation; temperate in the use of alcoholic stimulants; admitted excessive indulgence in masturbation and venery. He suffered a great deal from depressing delusions, having the common one of committing the unpardonable sin. He remained but a few days, when his friends came and took him out. Three years afterward, he was readmitted, having spent the interim in hospitals in Rhode Island and Connecticut. In addition to his previous delusions he had a number of an erotic type and was greatly annoyed by frequent seminal emissions which greatly weakened him. Three months after his admission, by his own request, he was operated upon for partial phimosis. Immediately after the operation he began to improve and was discharged recovered ten months later, after having been insane a period of over thirteen years.

A no less remarkable case is on record at the same institution. A boy, an imbecile, eleven years of age, suffering with mania and epilepsy was admitted in January, 1889. He had a history of periods of excitement, at frequent intervals, for five years previous to admission, when he would become ugly, destructive, and violent. Two years after these outbreaks he developed epilepsy and has had a convulsion on an average of once a week ever since. In April he was circumcised. Shortly afterwards the fits became more infrequent and his mind began slowly to clear up. The improvement continued gradually for two years, when he was taken out and put in the Rome Custodial Asylum. He presented no especial symptoms at that time save those of mental enfeeblement, the mania and epilepsy having left him. He was afterwards discharged from the Custodial Asylum and taken home, where he has been ever since. A letter from his folks two years ago stated that he had never had a return of the convulsions or outbreaks of excitement and was enjoying as good health as he did previous to the attack.

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When we note the good effects of this operation upon the insane, we cannot help but believe, had circumcision been performed early in life, the predisposition to insanity in some of the cases might have been removed or at least the severity of the symptoms modified.

Through the courtesy of the superintendents of the New York State Hospitals for the Insane, in 1900 I was able to ascertain the number of Hebrews undergoing treatment. Out of the 22,658 inmates, 790 were found to be Jews. Taking 7,000,000 as the population of New York State and 600,000 the Jewish World's estimate of the number of Hebrews in Greater New York, claimed to be a conservative and minimum estimate, we find that one in every 759 Hebrews go insane, while one out of 292 of other creeds have mental disease. This ratio is not absolutely correct and errs on the side of the non-Jew because only the Hebrew population of New York City is taken as a basis for comparison. When we add to this the fact that 98 per cent. of the Jewish inmates of our State Institutions come from the poorer sections of New York City, a vast majority of these from tenement districts, while those of other races are received from different parts of the state and various walks of life, the contrast becomes most marked and clearly shows the greater resistance of the Hebrews to mental disease.

Circumcision, as performed by many Jewish Mohels (operators), needs many radical changes. The operation, to say the least, is barbarous and unscientific, little attention being paid to aseptic or antiseptic methods. I have seen operations where the operator neither washed his hands nor cleaned his nails or the penis to be operated upon. The method employed among them was to draw the foreskin out until the tissues became tense, and, without clamping or marking out the portion to be removed, cut with a sweep of the knife the already extended prepuce. Then with their thumb nails which had been allowed to grow long and cut to a sharp point, they lift up the mucous membrane and either roll or tear it until it is brought back of the corona. This is a very painful procedure, as the only anesthetic the child receives is a rag filled with sugar water, made in the form of a nipple, to suck on. The operation was completed by an antiseptic dressing. If hemorrhage ensues, it is supposed to be controlled by suction from the operator's mouth through a hollow glass tube made to fit over the penis. We occasionally hear of serious complications and sometimes death resulting from these operations. While taking a course in the Broome Street Dispensary, New York City, in 1893, I learned of the death of a Hebrew child

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from having the glans severed. A prominent Hebrew in New York City told me one of his sons nearly died from post operative hemorrhage; since then he has been a strong opponent to the Jewish rite. The *Medical Record* (Oct. 1900) cites a case of mortality, the result of ignorance of the Mohel. Many similar cases I have no doubt exist which do not come under the eyes of reporters. The attention of the state should be called to the criminal way in which some of the Jewish operators perform circumcision and proper laws enacted governing its performance. It is just as necessary that the lives of innocent babes be protected by legislation as women from the fatal influences of unskilled midwives. The feeling among a few eminent rabbis and a number of intelligent Hebrews is against the operation of circumcision. They say it, as practiced by the average Mohel, is too bloody and painful and too often followed by serious results. I know of a number of Jewish families who refused to allow their sons to be circumcised on account of the foregoing facts and am told this sentiment is increasing in the race. It is a pity that an integral factor of the greatest law of the universe—self-preservation—is beginning to retrograde, and yet with the expression of such a growing sentiment a decrease in the Abrahamitic rite must result. Even now proselytes are admitted into the Jewish church without undergoing the rite of circumcision (Report Central Conference Rabbis, 1892). I trust before any serious opposition is raised to circumcision, the Hebrew church will assert itself and sanction an operation performed only by licensed physicians. The Israelites, through a Divine Command, stumbled upon one of the greatest boons humanity has ever known and should they now relegate it to the limbo of lost and unregretted things, they would again barter a priceless heritage—health and longevity—for a debatable mess of red pottage. Should proselytism swell their ranks to any great extent, there is danger that the resistance to disease and death shown by them will decrease in no small proportion.

I do not claim circumcision is a panacea for all ills, although its benefits are manifold. It is, however, a trivial and harmless operation and should be more universally employed by physicians than it is to-day.

Taking all points into consideration, I firmly believe circumcision exerts the strongest influence for hardiness in the Jewish race. If it be not so, can some one satisfactorily eliminate it as a factor and gainsay the fact that if any other race had practiced circumcision from the beginning as religiously as the Hebrew, it would not enjoy the same benefits to-day?

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THE DYSPEPTIC WOMAN.*

By J. Torrington Black, M.D.,
New London, Conn.

DYSPEPSIA is looked upon as an insignificant disease and yet it is one of the most perplexing and discouraging we have to treat, especially in women.

As is well known there are innumerable causes and many forms of dyspepsia. Nine-tenths of the cases can be traced to dissipation and abuse of the stomach and body in general. In this rapid age it is a wonder that we are not all dyspeptics.

This disease predominates in women; and there are various reasons for this, among them being the fact that they are less methodical and less regular in their habits than men; they practically live an indoor life; their appetites are more capricious; and, as a class, they have a more delicate and susceptible nervous organism. It is this last element that makes dyspepsia in women peculiarly difficult to handle.

The variety of symptoms these patients present is sometimes surprising,—some are real; some, imaginary. The worthy symptoms, with a careful and thorough examination of the case, will enable a diagnosis to be made.

If the trouble depends primarily upon an anatomical lesion, or upon trouble in a remote organ, treatment must be directed accordingly; but this procedure alone will rarely cure a case, no matter how carefully followed out. Almost as much attention must be directed to the patient's physical and psychical condition. In fact, all cases require the same *general* care and treatment as does the purely nervous dyspeptic. This is where the physician must employ all the tact and ingenuity at his command. He must gain his patient's confidence, and then cut loose from her ideas and whims, and think and act positively. By this is not meant that he shall ridicule her pet symptoms; but he must formulate in his own mind a line of treatment that will enable her to forget her favorite pains and aches. It is rarely that you are the first physician that she has consulted. Her various medical attendants have subjected her to a variety of treatments; and it will be found that she has a remarkable memory in

* Read before the Connecticut Homeopathic Medical Society.

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regard to what these physicians have said regarding her case. Much of this superfluous knowledge must be met or combatted; and, in order to maintain full control of the patient, it is well to keep a detailed record of all her symptoms, and of the advice and treatment that is laid down for her. Nothing will win the confidence of a patient of this kind more quickly than to impress her that you remember every symptom and detail of her case. Besides, symptoms which she has forgotten and you have remembered, will be accepted as evidences of improvement.

Dieting in nervous dyspeptics has done much harm, for the reason that patients are too explicit in following the physician's inexplicit directions. For instance, he tells a patient that too much meat aggravates a trouble, and, unless he cautions her, she will forever abstain absolutely. The body requires a variety of food; and, except in rare cases, it is harmful to deprive it of any one kind of food for any length of time. The digestive apparatus is one complete system. If any one portion is overtaxed with one kind of food, another portion lies idle; the equilibrium of the whole is disturbed and various reflex and actual disturbances may result, and the primary trouble eventually be aggravated.

A case has been brought to my attention of a well-to-do woman suffering from scurvy as a result of prolonged dieting. Restoration to a full diet with Natrum mur. 30 cured the case. And another case which showed marked effects of dieting was as follows: A decidedly neurotic woman reported as having suffered with dyspepsia for three years. She was on a liquid diet. Headaches, constipation, etc., were complained of, she had lost 40 pounds, and was gradually getting worse. A careful examination of the case gave ground for the belief that there was, or had been some amylaceous indigestion; otherwise, the case was one of neurasthenia and starvation. Strychnine 1-100 gr. occasionally, was ordered as a stomachic tonic, Arsenicum 3x was given symptomatically and systematically. Pepsin gum was ordered for twenty minutes after each meal to promote secretion of saliva and thereby to meet the starchy indigestion, and also for a sedative effect. It was to be to her like the after-dinner smoke is to the man. A full diet was ordered, notoriously indigestible articles, of course, being excluded. It was hard to convince the patient that it was not foolishness to chew gum, and a most rash procedure to attempt a full diet; but she did, and the result was surprising to the patient, and to the physician as well. In three months time she had gained forty-five pounds; and her general health and digestion have been good ever since.

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To recapitulate: Dyspepsia is more common in women. It has, as a rule, a decided neurotic element. Excessive dieting should be avoided; and to be successful the disease must be handled with as much care and precision as more grave disorders.

DISCUSSION.

B. H. CHENEY, M.D.—The doctor has mentioned amylaceous dyspepsia; may I be pardoned if I say here that in cases of amylaceous dyspepsia I have made use of Taka Diastase with very gratifying results. While I was still a student, I saw a case of dyspepsia that did not thrive on any of the diets prescribed by her physician; but as soon as she ate the cold slaw and wild green grapes she surreptitiously got hold of, she got well. Since that time I have hesitated in curbing the natural appetites of my patients.

C. H. COLGROVE, M.D.—It seems to me that the doctor's idea in requesting his patient to chew gum was a good one. We are a nation of dyspeptics; and it is very largely because we do not take time to properly masticate our food. Consequently, there is not the proper admixture of saliva. Now, if the patient will chew gum after the meal, the saliva will be swallowed and will mix with the food in the stomach.

CONJUNCTIVITIS.*

BY L. W. DEAN, M.D.,
Utica, N. Y.

I SHALL not hope in this paper, on so time-worn a topic, to present any new truths in the etiology or pathology of this disease, nor yet anything especially new in the treatment of it. But I wish to speak a word in favor of internal treatment by medicine, which seems to be largely neglected by the majority of physicians. Local treatment is of itself very valuable, but the combination of internal medicine, and local treatment is much more so. In no book of the older school, to which I have had access, have I seen an intimation of the good, or the necessity, of internal medication in pathological conditions of the conjunctiva. The external parts of the eye seem to be wholly ignored as a part of the body. This being the case with the major part of the profession, it is not to be wondered at that the laity follow very largely in the line of this teaching, and smile broadly when they are offered some medicine to take for an inflamed eye.

*Read before the Homeopathic Medical Society of the State of New York.

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As illustrative of this, I cite a case, and a little of the conversation, the most of which would not do to report in polite society or Sunday school. The patient—a large, coarse man—presented himself, suffering from a severe traumatic conjunctivitis. After careful examination and not finding the offending cause, I prescribed aconite and ice-water bathing. When given the medicine, he remarked: "What the hell's the good of taking medicine for a sore eye. I want some medicine to put in my eye to cure that. I'm not sick." I prevailed on him to try this course, as he would find his eye as much a part of his system as his lungs or stomach, if not quite so large.

Some months after he came again for other ailments, and remarked that he had a hell of a lot of confidence in me, since I had cured his eye with those little pills. And permit me to say as an aside that my experience is that if we can only get people within the influence of those little pills, we can usually give them a good deal of confidence. In my observations in the old school clinics in New York, I have never seen a medicine prescribed internally for any form of conjunctival disease. I think it can be safely stated, that any of the milder forms of conjunctivitis can be cured by internal medicine alone. This being the case, then the combined local and internal treatment must hasten the cure, and be better and more logical treatment than local applications only.

The conjunctiva, the delicate mucous membrane lining the lids covering the sclera and joined at the back by the loose folds known as the fornix, is very richly supplied with nerves and blood vessels. Hence any irritation causes more or less pain and a greater or less degree of hyperemia. This hyperemic condition, if severe enough, progresses to inflammation and exudation, or conjunctivitis.

What are the causes which lead to hyperemia and the milder forms of conjunctival troubles? Living in badly ventilated houses, working in foul air, as in the crowded sweat-shops of the large cities; in barrooms, where much smoking is going on; smoky and dust-laden atmospheres.

It has been reported frequently that in New York a great increase in conjunctivitis was observed this summer, attributable to the use of soft coal; and it is certain that nearly all the inhabitants past middle life in large cities have chronic conjunctivitis from the dust which is always being whirled about the streets. Foreign bodies, drafts of very cold or very hot air. Hay fever or any acute form of rhinitis; uncorrected errors of refraction, working in too strong lights, as under the arc light or the white light of the Welsbach mantle, especially if reflected by too strong a reflector. The

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exanthemata are usually accompanied also by a mild conjunctivitis. The first symptoms of this trouble are dryness and heat of the eyes—unless from traumatism—increased redness of the palpebral conjunctiva, later spreading to the bulbar conjunctiva. A feeling as of sand under the lids, with smarting and tiredness of the eyes, and photophobia more or less marked. Succeeding this condition, comes lachrymation, with exudation of mucus, and later, possibly, mucopus. Blurring of vision, with dark spots before the eyes, caused by flakes of mucus floating over the pupil, now takes place.

Treatment of the above conditions, first of all, requires the removal of the cause if possible. But this is not easy to do always, nor is it always possible in the large cities, where people eat, work and sleep in foul air and live on food, to put it mildly, none of the best. All errors of refraction should be corrected, imbalance of eye muscles improved, and if due to the white glare of strong lights, pale colored glasses should be worn.

Aconite is the first remedy to be thought of for conjunctivitis from foreign bodies, as also for the earliest stages of any of the forms of conjunctival trouble. Even in an acute exacerbation of an old trachoma it has wonderful effect. Rhus. Euphrasia, Allium Cepa, Dulcamara, Puls. Chamomilla, Merc., Ars. Alb., Hepar Sulp., Arg. Nit. are each serviceable in its own way; but a careful study of the case may lead to the selection of a remedy much more suitable than any of these.

As a local application ice packs are probably more efficacious than any other. Ice packs are simply cloths squeezed out of ice water or laid on chunks of ice and applied to the eye, changing very frequently to keep the parts as cold as possible. A solution of Adrenalin Chloride, 1-5000 in boric ac. sol., will give immediate relief to the hyperemic conditions, and if dropped in every two or three hours, will hasten a cure very much. Sol. boric ac., 18 grs. to i℥ of distilled water or zinc sulph., grs. i to i℥, to either of which may be added one dram tincture opium. Cocaine, one per cent. sol. in boric ac. solution, makes a good local application in cases where pain is a marked feature; and especially in cases where foreign bodies have been removed from the cornea it gives great relief.

Patients should be warned as to the use of towels, wash cloths, etc., that where there is a discharge from the eyes, the disease may be contagious, and that great care must be exercised not to spread the disease. This is true of all acute forms, and especially so of the purulent conditions.

The follicular variety of conjunctivitis is often mistaken for tra-

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choma, and, indeed, both forms are occasionally found in the same eye. Usually, the location of the disease is a good guide as to the variety: follicular conjunctivitis being found first in the fornix of the lower lid, trachoma almost invariably in the palpebral conjunctiva of the upper lid. The appearance of the follicular variety is peculiar, in that the follicles are distended, and lie along the fornix in rows like little rolls of sausages, parallel to the edge of the lid. It may extend to the upper lid, where the same sausage-like rolls will be found in the fornix. This disease is of slow growth and may extend over years; but when it finally disappears it leaves no bad effects on the lids as does trachoma. Follicular conjunctivitis is not considered to be contagious. There is little disturbance of vision, very slight discharge, if any, no pain, and but little photophobia.

It results from vitiated air and bad hygienic surroundings, and is therefore very prevalent in overcrowded institutions, as charity schools, orphan asylums, etc.

Treatment consists, first of all, in plenty of fresh air and wholesome food. Nat. Mur. is perhaps the best remedy for this trouble. Sepia also does good in some cases. Any remedy, which the constitution of the child may seem to require, is the proper remedy, however. Scrubbing the lids with bichloride of merc., 1-5,000, after an application of 4 per cent. cocaine each time, is a most excellent local treatment. But the quickest results are obtained by expressing the contents of the swollen follicles with Knapp's roller forceps. This may be done in most cases, under 10 per cent. cocaine solution dropped in the eyes a few minutes before the operation. In some cases an anesthetic will have to be given. The after treatment consists in ice packs to the eyes for twenty-four hours, and aconite internally. The ice treatment, however, seems not always to be necessary, as in a great many cases treated by the roller method at the Five Points House of Industry, by Dr. J. B. Palmer and myself, no after treatment was used, and every case made a quick recovery, and the results were good in all cases so treated.

Purulent conjunctivitis is exceedingly contagious, and is, with the exception of trachoma, the most dangerous of all the common forms of acute conjunctivitis. This disease is classified under two heads, viz. Ophthalmia neonatorum and Ophthalmia gonorrhoica, but is essentially the same in each case, only that the former is found only in the new born, and the latter form later in life. It is confined to no age, as can be demonstrated almost any day, in the clinics of any large city.

Ophthalmia neonatorum comes usually from the secretions of the

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maternal canal during birth, and shows itself from the third to the fifth day. If after the fifth day, the eyes have been infected from cloths used in washing, and it is therefore due to the uncleanly habits of the attendant.

Crede introduced the plan of dropping into the eyes of every child at birth, a solution of arg. nit., 10 grs. to the ounce of water. By so doing he reduced the percentage of cases of disease from this source to one-half of one per cent. in his hospital. This plan is not, however, needed in the rural districts, as the cases where it would be needed are few indeed. Personally, in ten years of general practice, I have never seen a case of this disease outside of the hospital clinics.

Children of all ages in New York have gonorrhea, and in their play they infect each other, and cases of gonorrheal ophthalmia are very frequent among children from this cause, and also from the carelessness of parents. In the adult, it is usually due to the untidy habits of the individual. It is often also contracted from towels used in common by workmen. Another very common source of contagion in New York is the public baths for the poor. Those with, and without, gonorrhea go for a bath. The virus from the unclean person floats out upon the water, and is splashed into the eyes of the would-be clean. The gonococcus has had his bath, too, and though somewhat weakened in constitution thereby, is still able to do business in the old way. What shall the harvest be, is easily told at various eye clinics.

The first symptoms of this form of disease do not differ, except in intensity, from those of simple conjunctivitis; but it speedily passes this stage. Great lachrymation starts in, and in a few hours, mucopus is secreted in such quantities that it runs down over the face in ropes. Intense photophobia is now a very marked symptom. The lids become swollen, tense, and of a deep angry red. Complete ptosis takes place, and, often, the upper lid lies over the lower one. The conjunctiva becomes greatly infiltrated and swollen, so that the cornea sometimes looks like a sunken spot in the anterior part of the eye. No one, not having followed up these cases, can have an adequate idea of the amount of pus one small eye can secrete, hour by hour, and day by day. To say that it does so by the spoonful, is not exaggeration.

The great danger in this disease is from the involvement of the cornea, either from maceration by the pus, or from nutrition being shut off by reason of the intense chemosis, or by direct action of the gonococcus in the tissues of the cornea itself. The period of incuba-

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tion lasts from a few hours to three days. The more recent and virulent the gonorrhea, the more fierce will be the disease in the eye. If seen early, a strong solution of arg. nit., 20 or 30 grs. to the ounce, brushed on the lids and carefully applied in the fornix, then neutralized with salt solution, may abort or cut short the attack. If only one eye is involved, the good eye must be carefully washed, and also the surrounding parts, with a bichlor. solution, 1-5,000, and a few drops of a 2-per-cent. sol. arg. nit. dropped in, and then hermedically sealed with a watch glass and adhesive plaster.

The patient must be put to bed, and ice packs kept constantly on the diseased eye, always keeping careful watch of the cornea; and at the first sign of haziness, or infiltration, the ice packs discontinued. The eye must be kept as free as possible from secretions, and this, and the ice packs, which have to be changed every minute, will fully occupy the time of a good, trained attendant. The cleansing of the eye requires great care in the doing. The muco-pus cannot be washed out, and must, therefore, be wiped out with cotton, and in doing this, if the attendant does not use every care, the cornea will be abraided, and then infection is sure to take place in the cornea, with probable loss of the eye.

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 of care and treatment will be from three to six weeks.

Aurum.—Dr. Younan contributes an illustration of the influence of gold on the testicles in boys confirmatory of Dr. Burnett's recommendation. The organs were still undescended at 12, and their owner was more girlish than he should be. The cure, which was decided, was effected with drop doses of a first centesimal solution of the chloride of gold and sodium.—*Calcutta Journ. of Med.*, December, 1900.

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WHAT WE NEED IN MATERIA MEDICA TO-DAY.*

By M. W. Van Denburg, A.M., M.D.,
Mount Vernon, N. Y.

IT is pretty clearly demonstrated that neither this generation nor the next will reap much benefit from the reproving of drugs.

At the present time we are caught on the flood tide of surgery and hygiene, and are swept along by a resistless current. After a time the tide will reach its highest point, and after the ebb, a new tide will follow, the tide of drug therapeutics.

What shall we do meantime to make such progress as we may?

There seems to me but one course for us to follow: the course of *symptom confirmation.* The basis of drug-cure in the future, is just as certain to be the conclusions drawn from the physiological action of the drug compared with its curative action, as any scientific deduction that can be named. The results of this comparison have been foreshadowed long. They lie just beneath the surface of every reliable book on drug therapeutics. Drugs will cure, and *always do cure,* if a cure be possible, when administered in small dose according to the rule, or law of similars. The fact is too patent to need argument, and its demonstration is found in every reliable medical therapeutics of every school. This phase needs reiteration for the sake of the ignorant and the prejudiced; but it is as fixed as the central position of the sun in the solar system, or the influence of the moon on the tides.

What is needed, is not renewed demonstration of the physiological action, but a sifting of alleged physiological effects by the bedside. Materia medica is large enough already, too large. No man can use well and accurately one-third of the drugs already fairly well known. In our present materia medica is a gold mine. But like the terrestrial auriferous deposits, all lodes do not produce equal grades of paying dirt. Some are rich as one could wish: others have scant value. Where is the best paying lode, and how shall the deposits be worked to the best advantage? This is the question of questions in drug therapeutics.

There is but one test, that is the one already mentioned, the clin-

* Presented to the N. Y. State Hom. Med. Society.

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ical test, the empirical proof. Grains of gold are being sifted out by thousands upon thousands of workers every day. We all own gold fields equal in extent. But we do not all know how to work them equally well. We can learn by the experience of others where to look for a sure nugget, and how to distinguish the true metal from fool's gold. It is this experience, so valuable to every worker, of which we are so reckless, so prodigal. To gather all these reliable experiences into one safe book-storehouse, is the real business of present day drug-therapeutics. Let me illustrate by one or two small grains.

Did you know that the unmarked little line in Hering's Guiding Symptoms, in the pathogenesis of actea racemosa, or cimicifuga as it is also called ; "Dry spot in the throat causes cough," is pure gold? That taken with the next line which is double leaded: "Night cough, dry, constant short," and the next line which is single leaded, "Cough at every attempt to speak," is as reliable as the sun in heaven? Well, take it home with you; and when you meet that condition in your patient give the 3x, and go away conscience free.

Do you know the value of that short line under "13 Throat" in gelsemium, single leaded in the text, "Swallowing causes shooting in the ear," and its iteration near the bottom of the page, "Shooting pain in the ear when swallowing?" It is again reiterated on the top of the next page. "Inflammation of upper part of throat, and shooting pain into ear when swallowing; hardness of hearing." If you have a patient with "pains all over," especially in the back and limbs, some frontal headache, great prostration, inflamed throat, with agonizing, shooting pains from tonsils into the ear when swallowing, in short if you have a case of incipient suppurative tonsilitis, from cold, from infection, from malaria, from anything bacteriological, or infectious, or the central nervous system, give gelsemium tincture in two or three drop doses, ten minutes to half an hour, until the head swims, and you will rout the enemies' hosts foot and horse. Never mind how or why; whether the "nidus is destroyed," the "culture media changed," or the "bug" paralyzed; all the same if you get after him or his hosts early enough, he will take French leave, and you will wonder how he could have folded his tent so quickly and stolen away so silently.

Have you a case of earache in a child; turn under this same drug, gelsemium, to "6. Hearing and Ears." Read a more prolix statement. "Earache from cold" single leaded, and following immediately, "Catarrhal inflammation, *at the beginning;* cold in head

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and closure of Eustachian tube: tense, dull, bound, giddy sensation in head, with chilliness; stupor, drowsiness." This is the ear side of the same picture whose throat expression we were noting just before.

Do you know where the biggest nugget lies in this prolix recital? It is in two words, "*at beginning.*" These are worth more to the aural therapeutist than all the knives and nostrums ever invented,—if he gets his case "*at beginning.*"

Give your little patient the 1x or the 2x, in one, two, or three drop doses in water every ten minutes to half hour. Go home; go to bed: you won't be called up in the night, and you won't have suppuration of the middle ear. Neither will you have deafness following an attack of catarrhal inflammation of the middle ear.

Now my medical brother, there are no doubt grains of gold that you have found for yourself. They have long lain in the mines of every homeopathic practitioner. Of course, many others have found them, but many have not. You have found many grains in other mines, that I have not yet found. Suppose we establish a medical exchange, and you bring your wares and I bring mine. I don't want any of your "fool wares." I can generalize the materia medica for my own purposes just as well as you can. I don't want any lectures on the "genius of the drug;" that is too cloudy. What I want, and what you want, is a definite symptom laid down in the books, or that you can lay down if it is not in the books, upon which you and I can rely when it is clearly understood. This will, in the aggregate, constitute the materia medica of the future.

It is not etiology, it is not pathology, it is not bacteriology, that is going to cure the patient. In preventive medicine these are useful, they are more, they are indispensable. But in the actual sick room they are often negligible quantities; in treatment they are generally useless. Prognosis is useful in a way, but prognosis is often at fault. He who can upset an unfavorable prognosis with his sling of experience, and his smooth round stone of the right remedy, will win in many a seemingly hopeless contest.

Finally, how shall we gather in the scattered grains of gold and make them useful to every one? How shall we rouse an interest in this work befitting its importance?

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CHRONIC ARTERITIS.*

By C. A. Williams, M.D.,
New London, Conn.

UNTIL a few years ago our text books on practice devoted very little attention to the diseases of the arteries.

When we take into consideration the large mortality yearly from these causes, it is gratifying to note that the subject is receiving more attention, and being more thoroughly studied.

Delafield and Prudden in their "Pathological Anatomy" give a very clear and succinct description of chronic arteritis. By many the arterial changes have been looked upon merely as an evidence of advancing years, and natural decay. Of course they occur as one of the regular senile changes, but many persons under fifty years show marked symptoms of arterial degeneration, and the disease is also occasionally seen in youth.

According to Delafield and Prudden the disease consists of a chronic productive inflammation of the walls of the arteries, which involves principally the inner and middle coats, and is often accompanied by degeneration, and there is often chronic productive inflammation of one or more of the viscera. The causes that are supposed to induce this condition are lead poisoning, alcohol, gout and syphilis; and the disposition to the disease seems to be hereditary in some families. The patient may have this disease in a marked degree, and be unconscious of its existence. On the other hand, he may have distressing symptoms continually.

Troma and others believe that the changes in the walls of the arteries are due to slowing of the blood current. They teach: First, that every long continued slowing of the blood current causes contraction of the middle coat of the aorta, and if this is not sufficient to accelerate the blood current, a growth of connective tissue takes place in the intima. Second, primary diffuse and nodular arterosclerosis depends upon the weakening of the wall of the blood vessel due to constitutional conditions. This is followed by dilatation of the vessel, slowing of the blood stream and then the growth of connective tissue in the intima.

Pathology.—The arteries are thickened, tortuous, rigid and

* Read before the Connecticut Homeopathic Medical Society.

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roughened from the deposition of calcareous material. In some of the post-mortem examinations small spots of necrosis are found with the formation of minute abscesses. More or less fatty degeneration of the internal and middle coats is shown by microscopic examination. Then the growth of connective tissue is a marked feature.

Symptoms.—As has just been stated, the disease may exist for a long time without any very definite symptoms. The first knowledge we may have of this condition may be a cerebral hemorrhage, the arteries being weakened by this overgrowth of connective tissue and fatty degeneration, give way when some exciting cause is brought into play, for example, violent exercise, rapid hill-climbing, heavy lifting, excessive vomiting, and in fact anything that produces a great rise in the blood pressure.

The picture we may first see is as follows: We are called to a person who has been pretty well, and we learn that he was suddenly attacked with a marked dyspnea, with the radial pulse very full and tense. If the urine is examined we may find albumen. Many cases of arteritis are associated with chronic nephritis and it is often difficult to determine which was the primary trouble, the arteritis or nephritis; when nervousness and sleeplessness are continually present, it is always well to look into the condition of the arteries as a probable cause. Many of these persons suffer from the irregular distribution of blood to different organs and tissues, and from frequent attacks of contraction of their arteries. If the cerebral vessels are principally the seat of the disease, persistent dizziness, headache, tinnitus aurium, and sometimes attacks of syncope, are the symptoms of which they complain. When the brain is not properly nourished symptoms of anemia are present. In other cases too much blood is carried to portions of the cerebrum, and they have symptoms of cerebral hyperemia, and this hyperemia may be active or passive.

If the disease is most pronounced in the coronary arteries of the heart, or aorta, then they are prone to attacks of angina pectoris, precordial pain, pain extending down one or both arms, and a great deal of constriction through the chest.

In other cases the first symptoms that will be brought to the physician's notice may be gangrene of an extremity, the blood supply being cut off by the obstructed arteries, the tissues not receiving enough nourishment die. It can be readily seen that the symptoms may be varied, and the true diseased condition may manifest itself in a variety of ways, and we may not be able to diagnose arteritis until one or more of these sequelæ manifests.

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Prognosis.—As to cure, unfavorable; treatment may modify the condition and prolong life.

We now come to that part which is of most interest to the physician.—

Treatment.—It is a recognized fact that two-thirds of the sick people over fifty years of age suffer from some form of chronic productive inflammation. As we, as yet, do not know what irritants or substances are at work to cause the inflammation, it must be treated from the results of clinical experience, empirically, or by the law *Similia Similibus Curantur.* Experience has shown that a temperate life, lived in the open air as much as possible, the avoidance of alcohol and rich food, plenty of pure water drank, close attention to the excretory organs, bowels, kidneys, skin, etc., all tend to favorably modify the trouble.

As most pathologists agree that there is fatty degeneration going on in the walls of the vessels, I have repeatedly followed the advice of the late Dr. Richard Hughes, and administered phosphorus in different dilutions, during the past five years with considerable degree of success. As phosphorus causes fatty degeneration, our law of practice suggests that this remedy be administered. The more perfect the totality of the symptoms are covered by the drug, the more we should expect from its employment. When the kidneys show an overgrowth of connective tissue, symptoms of chronic interstitial nephritis, plumbum should be considered. It will be remembered that lead poisoning was supposed to be one of the etiological factors, and we, who use drugs for their similar effects, immediately think of plumbum for this complication of arteritis.

If there is a clear history of syphilis, the iodide of potash should be given in material doses, and by many physicians the iodide of potash or soda is considered of undoubted benefit in cases of non-syphilitic origin. Others pin their faith to the chloride of gold and soda. Some use the iodide of arsenic in these cases, also the bromide of soda and potash are given together.

When the cerebral vessels are principally involved, the following remedies have been found useful by the writer:

Belladonna for cerebral hyperemia, dizziness, red face, throbbing of vessels in the neck and pulsating pain in the head, especially on the right side, great hyperesthesia of special senses; every little sound startles, eyes sensitive to light and lachrymate; bending forward or stooping over aggravates, and amelioration follows propping up in bed.

Glonoine is given for symptoms similar to these of belladonna, but

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more acute in character. The throbbing is more intense, and there is more general arterial tension.

Gelsemium for passive congestion. Cases with occipital pain, drawing in nape of neck, trembling of hands, weak legs and knees particularly, with drooping of eyelids make up a picture that this remedy paints.

Baryta carb. seems of undoubted benefit when the brain does not act nor receive the proper nourishment, marked signs of senility, loss of memory, etc.

Zincum met. for cases that show signs of cerebral anemia; the brain is sluggish, with a dull, apathetic look; the characteristic fidgety condition of feet may be present, or pressure symptoms, as paralysis from effusion of serum into the ventricles.

For the cases that manifest angina pectoris as a prominent symptom, amyl nitrite pearls containing two drops of the drug, broken on a handkerchief, relieve the suffering of severe attacks. Chloroform inhalations answer the same purpose. When the attacks are often repeated, glonoine in the 2d or 3d x dilution should be administered daily, especially where spasm is the principal feature of the case. In the cases where pain is a marked symptom spigelia often benefits. Some cases, however, require some preparation of opium to relieve.

Cactus helps the cases that complain of a sense of constriction about the heart, or when fainting is a prominent symptom.

In advanced cases, when the heart weakens and the compensation fails, shown by weak, irregular pulse, diffuse apex beat, venous congestion of the viscera, mucous membranes and skin, with edema of feet and ankles, and scanty urine, the cardiac stimulants are indicated.

Digitalis tincture, of ix dilution is indicated in cases that present these symptoms.

Convallaria maj., is indicated in cases that show hypostatic congestion of the lungs; the right side of the heart seems to be principally affected.

Strychnine sulph., is useful when the nervous system is depressed, sluggish, and the heart lacks force. There is a regular pulse, but it is poor in quality.

By following out the above outline of treatment the lives of many have seemed to have been prolonged and made comfortable.

I will cite three cases that have been under my care, as follows:

CASE I.—Woman of eighty years, with good general health. When called to see her she complained of pain and throbbing in left

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foot. Foot was red, swollen and hot. Suspected gangrene. Examined urine for sugar with negative results. Symptoms pointed strongly to belladonna and it was prescribed in 2d x dil., in water every two hours. Symptoms rapidly increased in severity; foot and ankle became purple and covered with blisters. It was now evident that there was gangrene, and it was decided to amputate, and Steven Smith's operation was performed at the knee joint. Experience in these cases shows that where disarticulation can be performed, the shock is very much less, and the chances of recovery are more probable; and Dr. Moulin of Dublin has proved that old people stand such an operation fully as well as younger. The knee healed perfectly without any suppuration and left a fairly good stump. This happened over six years ago, and this patient is enjoying fairly good health to-day, except occasional slight attacks of angina pectoris, induced by the chronic arteritis which was responsible for the gangrene. On examining the stump after the operation it was found that the popliteal artery was as stiff as a stick of macaroni, and the lumen of the vessel almost occluded.

The remedies which I found beneficial in this case for the occasional symptoms since the operation, were arsenicum, cactus, glonoine, phosphorus, and strychnine.

CASE 2.—A woman, age fifty-six, symptoms of gangrene appeared similar to Case 1, and leg was amputated at middle third of tibia, and she died from shock two days later. Evidently the gangrene in this case resulted from a chronic arteritis.

CASE 3.—A man sixty-one years of age, has cerebral arteritis very marked. There is much throbbing in head, vertigo greater part of the time, staggers when he walks, and at times has weakness of legs in a marked degree. Sometimes pain is most severe in occipital region. The retinæ show where hemorrhages have occurred from the diseased condition of the retinal arteries, with impairment of sight. Belladonna and gelsemium have helped this patient much, and although he has employed empirical treatment from several sources he has learned that these two remedies, homeopathically administered, relieve him best. At present he is quite comfortable and attending to his regular occupation, which is clerical in its character.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TODD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

INTUSSUSCEPTION INVOLVING THE COLON AND A PORTION OF THE ILEUM.*

BY HENRY EDWIN SPALDING, M.D.,
Boston, Mass.

J. L. was a healthy robust child of eight months. July 1, 1901, there commenced a profuse, green, offensive vomiting accompanied by slimy, bloody discharges. Nevertheless, he nursed well. The child was taken from the seashore to the office of a Boston physician. The disease was diagnosed dysentery and astringents prescribed. Periodical profuse vomitings continued. After these attacks several hours would elapse without any vomiting. There were frequent small discharges of mucus, pink or brownish in color, with much straining. About the fifth day the mother noticed a protrusion of bowel from the anus. Another Boston physician was called to the child. Without examining the rectum, he advised the mother that the prolapse was of little moment, since it was the result of straining incident to dysentery, and prescribed pepsine and bismuth for indigestion.

Not improving, a local physician was called, who accepted the diagnosis of his predecessors and gave, as he told me, a compound rhubarb cathartic to relieve a supposed fecal obstruction. The next day there were at least two discharges of fecal matter blackened by the bismuth previously taken. The relief was only partial and that but temporary. The vomitings recurred at intervals of a few hours, while the distress and straining came usually every few minutes, the prolapse recurring with each effort. The mother could easily return the protruding mass but it soon came down again. Oil and other soothing injections were used. July 13 the physician for the first time examined the rectum and discovered the true condition, an intussusception, and advised immediate surgical interference.

The parents hesitated and summoned Dr. Rotch, the well-known

* Written especially for the NORTH AMERICAN.

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Boston specialist in children's diseases, from Bar Harbor. At the same time they called me to the case.

I found the child's condition remarkably good for a case of intussusception of even short duration, and this was one of nearly or quite two weeks' standing. There had been no vomiting since the night before, when it was very profuse and frequent for the greater part of the night. The child was restless, frequently straining, which would cause the gut to protrude fully one and one half inches. The intestinal opening pointed forward and was not as large or as round as is usual in rectal prolapse. Passing the finger into the rectum an intussusception, instead of a prolapse, was readily diagnosed. Immediate operation was advised, but the parents chose to delay until Dr. Rotch should see the child the next morning. The child passed a restless night, with frequent tenesmus but with little vomiting. Not much food had been taken; the abdomen was more distended and the general condition not as good as it was the night before. Some gas and small quantities of brownish mucus had come away but no fecal matter. Hydrostatic pressure, by filling the rectum with water and elevating the hips, was tried without results. Dr. Rotch approved of abdominal section at the earliest hour possible. The parents objected to hospital care, hence, several hours elapsed before nurses could be obtained and necessary arrangements made for the operation. Meantime the condition had continued to grow worse. Circulation was at times poor and collapse threatened. One one-hundred-and-twentieth of a grain of strychnia sulph. was given subcutaneously. Assisted by Drs. J. E. Briggs, H. O. Spalding, Charles Howard and Sturgiss, I opened the abdomen over the descending colon at a point where palpation seemed to indicate that the prolapse began. It was found, however, that it was higher up, and the opening was slightly increased. Then by drawing the colon down the point of commencing invagination was easily reached, and, contrary to the condition usually found, the finger was with little difficulty introduced into the invaginating sheath. The adhesions between the entering gut and the sheath were very slight and easily broken down, giving little more than a stain of blood. The coapted surfaces were carefully separated as far as the finger could reach and gentle traction made to reduce the prolapse but without avail. An assistant then introduced his finger into the rectum and carried the prolapsed gut up to a point easily reached when the remaining adhesions were readily broken up, and, by commencing to first reduce the portion of gut last invaginated, reduction was gradually and almost accomplished when slight traction made it complete.

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At the same time the appendix came into view. The part that had protruded from the anus was the cecum, and the opening, as noted peculiar in shape and looking forwards, was the ilio-cacal. The entering layer was a portion of the ilium; the returning layer was the ascending and a large part of the transverse colon; the sheath was the remaining part of the transverse and the descending colon. The color of the gut was good and the adhesions had been so slight as to be barely noticeable. The gut was placed in normal position and the wound closed. Before the dressing was completed, the distension of the abdomen was perceptibly lessened. Within an hour there were discharged small quantities of dark mucus with particles of fecal matter. The general condition was as good as could be expected. There was no vomiting. Water was retained, and, during the night, brandy and small quantities of breast milk. Gas was passed freely and much mucus and some feces. Evidently the intestinal canal was unobstructed and peristalsis was active. There was, however, great restlessness. The rectal temperature varied during the night from 105° to 107°. Symptoms of collapse were marked ten hours after operation. The usual means for maintaining vitality were tried, but without avail. Death took place from surgical shock fifteen hours after operation.

This case is of special interest on account of the length of time the true condition remained undiscovered; the amount of intestine involved and that obstruction was not complete.

To the delay in discovering the intussusception and promptly interfering surgically the life was doubtless sacrificed. Let me here say that when hydrostatic treatment does not promptly reduce the intussusception, abdominal section should not be delayed. The conditions found will then indicate whether reduction shall be attempted, there shall be excision or anastamosis, or relief shall be obtained from a coloctomy hoping that the invaginated gut may slough away and thus nature perfect a cure as she sometimes does in these cases. Certainly one should not think of returning the protruding gut within the rectum and keeping it there by means of a candle or other substance plugging the anus, as has been done by surgeons of repute. That the obstruction was not complete is readily accounted for by the fact that the sheath, composed of the colon, was of so large calibre as to cause no appreciable pressure upon the smaller invaginated gut, the ilium.

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SURGICAL FEATURES OF OBSTETRICS.*

By Benjamin Harvey Ogden, M.D.,
St. Paul, Minnesota.

THE art of midwifery is like an obelisk. It has many different view points. There are the therapeutic, physiological, mechanical and surgical aspects. It would be extremely foolish for one to stand before any one of these sides and extol its advantages to the exclusion of the others. There is danger that the exclusive surgeon may place too little value upon therapeutic measures, and there is equal danger that the general practitioner will ask an impossible task of his remedies because he fails to appreciate the value of mechanical and surgical assistance. Inasmuch as midwifery is conducted mostly by general practitioners, it seems to me the latter is the greater danger. At our last annual meeting we listened to an excellent paper upon the uses of drugs in obstetrics; to-day I wish to stand before the other view points and emphasize, as strongly as I can, the importance of a thorough knowledge of and training in surgical technique and mechanics as of paramount value in the successful conduct of labor. I am the more anxious to do this because every little while someone writes an article ridiculing and belittling the painstaking methods now advised, and pointing with pride to a large number of cases conducted successfully without them. It is undoubtedly true, and fortunately so, that the majority of labors will terminate themselves without assistance of any kind, mechanical, surgical or medicinal, but such cases cannot be said to reflect any particular credit upon the physician unless it be his wisdom and tact in remaining "masterly inactive."

It is when he anticipates, prevents or corrects a condition threatening the life of mother or child, through his knowledge of symptoms of renal insufficiency, or of pelvimetry or of manipulation and mechanical assistance in malpositions, or of aseptic technique, or of control of hemorrhage, or lastly, and by no means least, by his ability to diminish suffering and lessen the hours of nerve and body strain which unaided nature would cause—it is the successful conduct of such cases that may properly make him proud of his calling—masterly inactivity up to a certain point; but beyond that the most masterly activity. This is no place for Laissez Faire doctrines; and

* Read before the Minnesota State Homeopathic Institute.

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the saying "leave the case to nature" often covers a weakness of the attendant. If this paper were prepared for specialists in surgery I would need to emphasize more the value of remedies in obstetrics; but prospective mothers go to the family physician, and rightfully so, for counsel and help in their travail, and for such it seems to me the emphasis should be placed upon the mechanical or surgical features of the obstetric science. Let me briefly consider some of the most common phases of obstetrics for which such knowledge and training are essential.

1st. The prevention and treatment of infection.

2d. Cases requiring mechanical interference such as eclampsia, pelvic deformities and abnormal or unfavorable positions and presentations.

3d. Treatment of hemorrhage and lacerations.

4th. Involution or the restoration of the uterus to its normal size and position.

It is pretty generally understood by the physician and to a large extent by the laity that the maintenance of asepsis is the guarantee of the best results in obstetrics. For the surgeon with abundance of assistants, this is almost a second nature; but for the average practitioner who contends often with unfavorable surroundings, poor and untrained assistants, or often none at all, it is a different matter. There is danger that these very difficulties may make him careless and thus fail to do the best he could, unless he holds before himself an ideal technique and follows to a large extent a routine method. To take up this subject in detail would make a paper in itself. I only wish to emphasize the value of habit. Cultivate the aseptic habit. Make it a part of your being. Do not scoff at, but study, the painstaking methods of the surgeon; make them your own, and you will have acquired a habit whose value cannot be measured when dealing, not only with obstetrical cases, but with all classes of troubles.

He who follows rigid aseptic methods will seldom have to deal with cases of septic infection during the puerperium from his own practice; but, from other sources, and occasionally from his own, such cases will come for treatment. Here again there is an increasing belief in which I fully concur, that the most important part of the treatment is surgical. Dr. Danforth, in a most excellent paper upon puerperal sepsis read at the American Institute of Homeopathy, says of treatment: "It is mainly surgical." This in italics. Intra-uterine douching; curetting and packing of the uterus; opening through the mucous membrane of the post-vaginal fornix into the lymph spaces of the cul-de-sac and packing with iodo-

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form gauze, thus draining away the poisonous lymph; in very profound cases intravenous injections of normal salt solution; opening of pelvic abscesses and occasionally complete hysterectomy are some of the procedures which may be found necessary, any one of which will require considerable surgical skill and dexterity.

Again the numerous deviations from the normal position are to be overcome by mechanical means, and are therefore surgical in nature. A prolapsed arm or cord, transverse or face presentations, occiput posterior positions, in fact, almost any cause of dystocia, are to be overcome or treated by mechanical assistance; and he only is qualified to meet these conditions, who has a thorough knowledge of mechanics, and can make for himself an accurate mental picture of the relation of the child to the parturient canal in any given position, and the evolutions necessary for birth.

Advance in obstetric surgery has been such that it is now an open question whether one is ever justified in deliberately destroying the life of a viable fetus to secure its delivery. The induction of premature labor in moderately contracted pelves, symphyseotomy or the performance of Cesarean section, not only saves the life of the child, but gives equally as good chances for the mother. Even eclampsia, for which remedies are indispensable, finds most valuable assistance from emptying the uterus as rapidly as possible, and possibly blood letting and intravenous injection of the normal saline solution.

Hemorrhage is one of the serious and dangerous complications liable to occur at any labor, and at almost any period of gestation. Ectopic gestation, placenta prævia, uterine inertia, and severe lacerations are conditions which demand quick diagnosis, calm, cool judgment, and masterly activity. I am strong in my belief that the immediate control of hemorrhage in all of these conditions is mechanical and surgical, and that remedies, whether in high potency or dram doses, are of little value. Now do not misunderstand me. You will note I emphasize the word immediate. In dealing with hemorrhage incident to ruptured tubal pregnancy, or of placenta previa, there can be no question regarding this statement; only the most prompt and skilful surgery can save lives in such cases; but with reference to post-partem hemorrhage, there will, no doubt, be those who differ from me. Hemorrhage from the uterus results from failure of the uterine muscle to contract and shut up its sinuses. Ergot induces uterine contraction, but even when given hypodermatically, requires from twenty to thirty minutes in which to act. Belladonna, ipecacuanha, china and sabina are polychrests whose

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value no one would doubt or gainsay; but I do not believe these, or any other, are equal to the task of immediate control. This, I repeat, is a mechanical process, and is accomplished mainly by compression. With one hand grasping the uterine fundus through the abdominal wall, and pushing downward and forward against the symphysis pubis, and two fingers of the other hand placed in the posterior vaginal fornix pushing the cervix upward, the uterus is bent upon itself and a compression secured which rarely fails to stop hemorrhage until muscular contractility is restored by natural means or the administration of the indicated remedy. In more desperate cases, the contraction may be stimulated locally by the use of very hot douches, or the bipolar faradic electrode, and, finally, the more lasting compression of gauze packing may be resorted to.

Hemorrhage is not always from the uterine sinuses, but may come from a badly torn cervix or vagina. Within a month I have attended a case in which bleeding continued profusely in spite of a firmly contracted uterus, and was found to come from a deep rent in the side of the upper vagina, the tissues having simply burst open from the tension caused by a large head. A few sutures sufficed to stop the hemorrhage, and at the same time made certain a good repair of the vagina. Not all lacerations cause much hemorrhage, but their repair is an important factor in securing a good recovery from confinement. It should be the routine habit of everyone who attends such cases to examine carefully for, and repair immediately in a scientific manner, all vaginal and perineal laceration, though it is yet an open question whether this duty extends to cervical tears.

The physician's duties are not completed with the third stage of labor, or even with the safe conduct of the woman through the first week following. He should see that the generative organs are restored to their normal positions and proportions. This is of vital importance for the future comfort and happiness of the mother, as well as the enduring reputation of the physician. Here, indeed, is a grand field for therapeutics; but there most also be a thorough knowledge of the mechanism of uterine support and the processes of involution. We must consider such subjects as posture in bed, condition of the bowels, proper dress and exercise, at times the use of vaginal tampons and, perhaps, temporarily, a pessary.

In writing upon such a subject as this there is always danger of being misunderstood. I have the utmost confidence in the proper use of the indicated remedy. It is this very esteem which makes me unwilling to bring it into disrepute by asking of it impossibilities —things for which it was never intended. We would not think

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of asking a Kentucky thoroughbred to do the work of a draft horse. Should failure result from such efforts, not the horse, but the misdirected effort, is at fault. I know of no higher ground than that occupied by him who "adds to his knowledge of medicine," in the broad use of the word, "a special knowledge and practice of the law of similars" or of homeopathic therapeutics. Let us guard against bringing this law into disrepute by failing to properly understand the field of therapeutics and its limitations, thereby asking of it the work which belongs to the various fields of chemistry, hygiene, mechanics, surgery or even to a limited extent, of palliation.

Cratægus.—Dr. Dyce Brown says that, in the cases in which he has employed this drug, the results have been most satisfactory. He mentioned the case of a lady of 70, of a nervous temperament, who had from various causes got into a weak state. Her heart had been examined some time before, and was healthy. At this time Dr. Brown found a loud aortic as well as a mitral bruit, and the heart was markedly dilated, the apex beating considerably outside the normal line. Under cratægus, in a fortnight's time there was a marked improvement in the symptoms, and the bruits were less distinct. A month more of the medicine completely removed all the distressing symptoms; the bruits were practically gone, and the heart had regained its normal size and position. (Dr. Edward Madden spoke of having had similar favorable experience with the drug.)—*Monthly Hom. Review,* November, p. 655.

Cataract.—The *Indian Homeopathic Review* reports the case of a young man, of robust constitution and health, who, early in October, 1899, hurt his right eye. The inflammation which set in subsided, but the sight was not restored. The oculist of the Calcutta Medical College Hospital said he had traumatic cataract, which would have to be operated on. Dr. Salzer prescribed naphthalin 6x morning and evening. A week later he seemed somewhat better. The medicine was stopped for three days, and taken again for six days, once daily. He continued thus with the remedy for two months, when the cataract was considered perfectly cured and his sight restored.—*Hom. World,* January, p. 14.

Tinnitus Aurium.—In a discussion on the treatment of this trouble at the Société Française d'Homeopathie, Dr. Tessier spoke strongly in favor of aconitine, which he gives in the 3x trituration; and mentions that Davasse highly esteemed coceulus. Dr. Edmund Picdvache mentions that in Russia monkshood is a popular remedy for noises in the ears.—*Revue hom. Française,* Jan.

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THE VISIT OF PROFESSOR LORENZ.

THE recent visit of Professor Adolph Lorenz to this country has about it many facts that are well worthy of our attention. The Professor came to America under peculiar circumstances, which (fortunately, in this case!) tempted the lay press, especially that of the yellow variety, into doing a really creditable thing for Professor Lorenz and the medical profession.

The press did not in the first instance herald the coming of a great but modest specialist out of pure appreciation of his work, nor yet to develop for him and the surgical profession a well-deserved interest in great accomplishments in a narrow field. The intention was, more probably, to fill up space and cater to that morbid interest in the private affairs of prominent or wealthy people, which the public is ever so ready to bestow.

Had the object of his visit been the presentation of a scientific paper upon congenital dislocation of the hip at a medical meeting and had he held, at the request of orthopedic surgeons, precisely the same clinic which he has held in the various cities, how different it would have been! In that case, it would doubtless have been difficult for the press committee to have secured so much as a one-column notice, without illustrations.

Coming as he did, however, to attend a rare case in a prominent and wealthy family, his visit was a great plum for the journalists—

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a fact which we cannot regret since it was, incidentally, the means of bringing into prominence a somewhat obscure specialty, a comparatively infrequent deformity and a great, patient, plodding German surgeon, whom we are only too glad to see receiving richly deserved honors. It might not be inappropriate, at the same time, to congratulate the lay press upon the good fortune which steered its pen toward a subject so entirely worthy.

Professor Lorenz's career should be an encouragement to all patient workers who, having drifted into difficult special fields, have set about accomplishment of the tasks before them and devoted years to the service of the poor, in the effort to perfect methods which promised little remuneration for a lifetime of patient endeavor.

Congenital dislocation of the hip is a comparatively rare condition. Few physicians in general practice are likely to see one case in a lifetime. As compared with hip disease, Pott's disease and many other deformities and deformity producing diseases, it is dangerous neither to life nor to limb, nor is it a very bad deformity. From a scientific point of view, it is an interesting condition because of its rarity, its peculiar and doubtful etiology, its difficult treatment and its former practical incurability.

Lorenz, by devoting the best efforts of a lifetime to the study and treatment of this deformity, has evolved a method of great promise and we all rejoice over his results. No one who knows the life of the patient, painstaking German professor engaged in original research and spending his days in the Vienna clinic, can feel anything but pleasure that he should have the relaxation of a few weeks of fetes and large fees, with a generous share of that lionizing which the American people usually reserve for princes, but occasionally lavish upon any old title.

Professor Lorenz is a surgeon, a scholar and an artist and his work is a great boon to a few somewhat crippled children scattered here and there about the world. But there is another side to the question and in our admiration of his skill and originality we should not lose sight of the fact that, weighed in the balance of practical utility, his operation has accomplished much less for the masses than has the work of those surgeons who have opened new fields in pelvic

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surgery, surgery of the ureters, kidneys, biliary passages, hernia, the appendix, hip disease, Pott's disease, talipes and a great many other conditions common to a large number of people. Many of these surgeons have received very little recognition—and some, none whatever—from the public and that portion of the profession not directly interested in their specialty.

The blame for this neglect falls more heavily upon the profession than upon the press; for internal dissension, professional jealousy, fear of competition and a thousand unworthy motives constantly stand between the originator of ideas and methods and that appreciation which, in other professions, seems to come quite spontaneously.

As a profession, we are quite willing to accord recognition to the confrere across the Atlantic or to him whose voice has been forever stilled: but our neighbor, our competitor and even our friend, only too often fails to receive at our hands that encouragement which his achievements merit. May the visit of Professor Lorenz introduce a new custom and set for us a good example, to be earnestly followed.

A NEGLECTED PROFESSION.

THE past twenty years have witnessed great strides in the attention paid by physicians and lay people generally to the problems of hygiene, and the modifications of sanitation, public and private, called for by this constantly increasing sentiment for better things have given rise to the sanitary engineer supposedly prepared to solve the problems as they arise. But though there be sanitary engineers not a few, if we may judge them by their fruits, the majority are of very mediocre calibre, and those who are entitled to be called experts are very hard to find. It seems to be a profession without leaders.

In the meantime there are large questions of public sanitation calling for solution. Amateur work in this direction is a very costly article, as witness the expense incurred by the city of Chicago in constructing a drainage canal to carry the city's sewage to the Mississippi instead of allowing it to flow into Lake Michigan, whence the supply of drinking water is taken. Yet Michigan water is still

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contaminated, and typhoid fever claims almost as many victims as before the inception of the great work that was confidently expected to remove the cause of the disease; and the conclusion has about been reached that until every city near the lakeside stops emptying its sewage into this receptacle that lies so temptingly handy, Chicago will reap no benefit from its costly enterprise, and that present necessity calls for the construction of filtration beds.

Fresh air is a vital necessity to health, and ventilation of public conveyances is not as yet satisfactorily provided. Within a short time the city of New York will be transporting great numbers of its workers through underground ways. It is to be hoped that the journeying to and fro in these tunnels will not mean a process of slow poisoning for the unfortunate travelers. The London "tubes," which are of comparatively recent construction, are far from perfect in this respect. Air on the streets of London near the Central London Railway was recently found to contain 2.83 parts of carbon dioxide in 10,000. The average of a series of tests shows the carbonic acid in 10,000 volumes of air on the railway system to be as follows: On platforms, morning, 4.23; early evening, 11.04; in cars during light travel, 4.83; during rush hours, 16.60. Authorities claim that six parts of carbon dioxide in 10,000 is the danger line. Culture experiments showed considerable bacterial contamination of the air. These results are a warning beforehand to those intrusted with the sanitary details of the work now under construction in New York.

Altogether there are many practical questions touching public health waiting for solution: have we the men to solve them?

OUR DUTY TO THE TUBERCULOUS.

IT is a fact now well established that tuberculosis—we refer particularly to the pulmonary form—is a curable disease if taken in time; after that time, nothing but palliation can be offered to the patient. The making of an early diagnosis is therefore of paramount importance; and the diagnosis made, the physician must risk the mental shock to the patient and his friends and announce the fact in order that he may receive the co-operation of all in instituting

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those measures which experience has proved will combat the disease. In establishing a diagnosis it must be borne in mind that to wait until bacilli are found in the sputa is to wait until there is active degeneration in the lung. Persistent slight cough, loss of flesh, constant lassitude and general weakness, with a rise in temperature in the afternoon of one-half to three-quarters of a degree, point to incipient tuberculosis; and it is dangerous to wait until physicial examination reveals changes in the lung. Careful investigators have claimed that the X-rays will reveal tubercular lesions before they are discovered by auscultation or percussion; and with the symptoms given above it would be well to secure the opinion of an expert fluoroscopist. With regard to microscopical examination of the sputum, it must be borne in mind that while the finding of the tubercle bacillus is proof positive of what is going on in the lungs, its absence is of no absolute significance.

In the presence of suspicious symptoms, when it is hard to determine the exact condition of the lungs, the benefit of the doubt is really given to the patient when he is treated as if he were without question tuberculous, and he should be sent to some sanatorium, or treated by the open-air method at home if this is not feasible.

The importance of such active measures does not seem to be realized by the profession. Dr. Trudeau, of the Adirondack Cottage Sanitarium, says that "70 per cent. of applicants give histories which make it evident that some symptoms of tuberculosis have been present from one to three years before they were advised to apply for admission." According to the same authority, about 60 per cent. of the cases that apply at the Massachusetts State Hospital for the Treatment of Tuberculosis are refused admission because the disease is too far advanced; and it is the rule at this institution to take cases, not in the order of application, but according to their physical condition, the most favorable cases for treatment being taken first. Dr. Trudeau says that at the Berlin Congress, "Dr. Weicker, stated that, at his sanatorium near Goebersdorf, of the cases which he classes as 'in initial state,' and which were discharged as cured in 1896-97-98, 97 per cent. were still at work on January 1, 1899, while, on the same date, of those who when they entered the sanatorium, were classed as 'advanced phthisis with destructive process,' and discharged during the same years, 77 per cent. were dead."

The establishment of state sanatoria for the treatment of tuberculosis owes its initiative to the medical profession; but the institutions will fail of their full purpose unless physicians learn to send their patients at a time when the best results can be obtained.

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Notes and Comments.

The Registration of Nurses.—It seems to be an age of boards, examinations and licenses. Medicine, Theology and Law no longer rejoice alone in the possession of supervisory bodies; but every trade and every specialty deftly subtracted from the main branch, now clamors loudly for boards, all, of course, designed to serve the general good, and incidentally sometimes those most clamorous for reform. The New York State Nurses Association, organized a little over a year ago, has already formulated a bill providing for the examination of nurses, and the creation of a board of examiners clothed with all the usual and some unusual and apparently uncalled for powers. To say that only nurses "holding a diploma from a legally incorporated training school for nurses connected with a general hospital or a hospital for the insane, giving a satisfactory course of at least two years and registered by the Regents as maintaining proper standards" shall be known as Registered Nurses, not only is to arbitrarily and without reason, debar from proper recognition a great number of educated nurses, but also with equal lack of sound judgment it puts under the ban many very excellent training schools for nurses. What is a "general" hospital? and why should training schools for nurses connected with insane hospitals be accepted without demur, as up to the standard? and what, pray, is the standard? and what is to become of the very excellent training schools for nurses now connected with hospitals, where a full course of lectures for two years or more is given by a competent staff? If this bill should become a law, all these questions and some others equally important would be decided by a board of three nurses, recommended by the State nurses and appointed by the Regents. While we are in full sympathy with the nurses in their endeavor to prevent unfit persons acting the part of trained nurses, it hardly seems proper that so much power over persons and institutions should be placed in their untried and somewhat irresponsible hands. There are some other people interested in training schools for nurses and in the hospitals connected with them, besides the nurses of the State Association. The people who gave the money to establish and perpetuate these institutions, and the physicians who gave their time, talks and skill, and who taught the nurses—might, it would seem, be profitably consulted in this matter. The bill as it stands merits nothing but condemnation. It is loose in construction, vicious in grammar, and vague in statement. If properly drawn, with decent limitations, it would doubtless receive the support of the profession.

Bushrod W. James, M.D.—Bushrod Washington James was

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born in Somerton, a suburb of Philadelphia, on August 25, 1836; he died in Philadelphia January 6, 1903. Dr. James was stricken with pneumonia last August and lay between life and death for many weeks. While he recovered sufficiently to return to Philadelphia, he never regained his strength, anemia having followed the attack of pneumonia.

He was an active and prominent member of the American Institute of Homeopathy, and presided as President at the Niagara meeting in 1883. Dr. James had written several books, some of which were quite widely circulated. Among them may be noted "Alaska: Its Neglected Part: Its Brilliant Future;" "American Health Resorts and Climates," and "Dawn of a New Era." He was engaged upon a history of the American Institute of Homeopathy at the time of his death. Dr. James was of a kindly and charitable disposition, considerate of others, and will be greatly missed by the profession and his many friends.

The New Head of Bellevue.—Dr. William Madon, the new Superintendent of Bellevue and allied hospitals, is an alienist of established reputation. He is a broad-minded, liberally educated gentleman, and will doubtless fill his new position with great credit to himself. He is at present Superintendent of the St. Lawrence State Hospital, at Ogdensburgh.

Dr. Madon was graduated from the Bellevue Medical College in 1881, and entered the service of the State in 1887, being appointed assistant physician at the Utica State Hospital for the Insane. In October, 1895, when the Willard State Hospital was in need of reorganization, Dr. Madon was appointed Medical Superintendent. A year later he was asked by the managers of the St. Lawrence State Hospital to accept the superintendency of that institution, to succeed Dr. Wise, who had become President of the State Commission on Lunacy.

In addition to his executive duties at Bellevue Dr. Madon will act as consulting physician at the pavilion for the insane connected with the hospital.

The State Hospitals.—The benefits of the new method of caring for the insane of the State of New York, as detailed in the Governor's Message, are not impressive. In fact, it is only by painful effort that any benefits can be even claimed. To say that a saving has been made by limiting the cost of new buildings to $450 is erroneous. The law has for ten years or more fixed the cost of new buildings. The managers had absolutely nothing to do with it, and if $20,000 have been saved by making the Superintendents act as Treasurers, and so removing the last check on the bookkeeping of the Lunacy Commission, why is not a similar enthusiasm displayed on getting rid of the attorneys for each asylum now provided by law, an absolutely useless provision put on for purposes of patronage and kept there for the same purpose. Why not save the State $20,000 more?

Dr. Tullio de Suzzasa-Verdi.—Dr. Verdi died in Milan, Italy,

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where he went seven years ago, on November 26, 1902. He was prominent in Washington, both socially and professionally, and was president of the District Board of Health during President Grant's administration, and was commissioned by him to study the hygienic laws of Europe. Dr. Verdi was also one of the founders and a member of the Metropolitan Club, and was at one time on the staff of the National Homeopathic Hospital. He was a writer of medical books and was decorated as cavalier by King Humbert.

Dr. Verdi was a member of an old noble Italian family, and came to America in 1848, when he was but nineteen years of age, as an exile from his native land, because it was said that he was implicated in a revolution.

Progress at the N. Y. Homeopathic Medical College.—The success of our public institutions is of interest to the whole profession; and we therefore record with pleasure evidences of increasing prosperity at the New York Homeopathic Medical College. Three important movements are on foot. An architect has been instructed to draw plans for a building to connect the medical and surgical hospitals, part of the added structure being intended for an amphitheatre for medical clinics. Another improvement which will give the institution an unique advantage is the contemplated building of dormitories for the students upon a parcel of land close by the college. This will enable the members of the senior class to be called promptly to any accident case brought into the hospital out of lecture hours; while at the same time it will offer accommodations far better than those to be found in neighboring boarding houses. The idea is to install a caterer who shall be under the control of the trustees. The erection of such a building may pave the way for still another improvement, viz., an electric light plant to supply current to both hospitals, the college building and the dormitory.

We understand that the faculty are planning to offer a short post-graduate course toward the end of the college term.

Nothing New.—The enterprising editor of the voluminous Sunday edition of a New York daily has devoted considerable space in one or two recent numbers to graphically written accounts of the treatment of inflammatory rheumatism by bee stings. Of course, it is an entirely new therapeutic procedure, new in principle and new in the details of its application. And to add to the novelty, this strange and very successful treatment was discovered quite by accident. For a good "write up" of the sensational therapeutic infant it was necessary to get expert opinion as to the relation of cause to effect or of the rationale of the treatment. Newspapers have very little difficulty in getting expert opinions from members of the medical profession with the outlay of a minimum by way of honorarium; and it was scientifically explained to the interested reader as being due to the presence of formic acid in the poison of the honey bee. Of course, homeopathic physicians are notoriously unscientific, and the newsgatherer had no time to

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waste on any such; had he done so he would have learned that apis mellifica is not unknown as a remedy for inflammatory rheumatism, and some of the wind would have been taken out of the sails of the space filler.

A Challenge to Homeopathy.—At the Saratoga meeting of the A. M. A., Dr. E. Fletcher Ingals, of Chicago, read a paper on the Prognosis and Treatment of Croupous Pneumonia, in which he said that out of 338 cases treated in Cook County Hospital (Chicago), during the fifteen months ending April 1, 1902, 123 died. This is 36 per cent.; or if we take out the 13 cases that died on the day of admission, the mortality was 32.5 per cent.! During the discussion that followed the paper, Dr. William Osler, of Baltimore, said: "I am sorry Dr. Ingals did not tell us of the mortality on the homeopathic side of the Cook County Hospital—whether it was lower than the mortality on the side of the regular practitioners. Homeopathy taught us a good lesson in the treatment of pneumonia; it led to the abandonment of bleeding, sweating, the use of tartar emetic and other depressing agents." This is a challenge that must be taken up, and we call upon our brethren on the homeopathic staff of Cook County Hospital to furnish us with statistics for the period covered by Dr. Ingals' paper. We confidently expect to see a much lower mortality; but whatever the records show, let us publish them in the NORTH AMERICAN.

A Questionable Defence in a Suit for X-Ray Burn.—Prof. Samuel Lloyd of the Post Graduate Hospital has been sued for $50,000 damages for an X-ray burn. It appears that the plaintiff was warned of the possibility of a "burn," but allowed two radiographs to be taken. An operation for appendicitis was advised, but before it was performed the patient complained of a "burn" from the rays. The defense contends that the dermatitis resulted from the antiseptic preparations for the operation for appendicitis. It seems to us that Prof. Lloyd has made a mistake in setting up this plea. In the first place, to make it means to impute blame to a professional brother in order to save his own skin; and, in the second place, so long as the patient was warned of the possible occurrence of a dermatitis, and consented to the radiography, we do not believe that any court would allow the plaintiff to collect damages, particularly when our present knowledge of the use of the X-rays is not sufficient to protect even the most expert from accidents.

A Lowered Death Rate in New York.—The Board of Health of Greater New York has the satisfaction of reporting a death rate for last year lower than the city has ever known. The rate for 1902 was 18.74 per 1,000 as against 20.4 per 1,000 in 1901 and 25.97 in 1900. Not the least gratifying feature of Commissioner Lederle's statistics is a noted decrease in deaths from consumption in spite of the normal increase in population.

An Opening for the Unscrupulous Lawyer.—A New York waiter, earning nine dollars a week, recently brought suit against

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a phvsician on behalf of his eight months' old son. It was set up that the doctor's negligence caused destruction of the child's right eye. The plaintiff's lawyer secured an order allowing him to sue for a poor patient, such orders being issued in behalf of plaintiffs worth less than $100, and carrying with them release from such obligations as fees and costs. Here is a menace to the medical profession. A lawyer with no reputation to lose has it in his power to secure the cooperation of some poor patient, and with no outlay and no risk, endeavor to levy blackmail from an unfortunate doctor.

Hydrotherapy and Massage for Vocal Strain.—Writing for the *Medical Brief,* Dr. Wilson-Prevost speaks highly of the use of a cold water (10° to 12° C.) cravate followed by massage, in singers and others whose vocal cords have been overtaxed. The cravate is applied for about five minutes, and is followed by light stroking and manipulating of the skin of the neck and throat from above downwards. Then the tongue can be lightly shaken, and gentle transverse tractions made upon it, the treatment finishing by light shaking with the finger tips behind the ramus of the jaw.

Skill Required of Physicians.—The Court of Appeals of Kentucky has decided, in the case of Burk vs. Foster, that the skill required of a physician in treating a patient is not to be measured by that exercised by "ordinary skillful and prudent physicians in that (particular) vicinity in treating a like injury," but by such as is exercised generally by physicians of ordinary care and skill in similar communities. The court further held that the mere fact that the result of a patient's treatment "is as good as is usually obtained in like cases similarly situated" will not preclude a recovery by the patient against the physician for negligence and lack of skill, the patient being entitled to the chance for the better results which might come from proper treatment.

Hemorrhoids Among the Filipinos.—According to T. H. Weisenburg, M.D., who served for a time as army surgeon in our new eastern possessions, hemorrhoids are as scarce among the Filipinos as snakes in Ireland. The doctor attributes this immunity to the immediate response to the calls of nature, the simple character of the food (mainly rice and fish), and the use of water directly on the parts after defecation.

The X-rays in Acne.—Acne is a disease that is often of so chronic a type that any satisfactory method of hastening cures will be welcomed. Dr. R. P. Campbell, of Chicago, reports to the *Jour. A. M. A.,* fifteen cases treated with marked success by the X-rays. Exposures were of about ten minutes' duration, and were given two or three times a week; a medium vacuum tube was used; and it was held from 10 to 15 cm. from the face. The number of exposures varied from 10 to over 30; but absolute cures were obtained in the majority of cases. No other treatment was given at the same time.

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Correspondence.

ENGLISH NOTES AND NEWS.

[From Our Regular Correspondent.]

DEAR NORTH AMERICAN:

I must plead guilty to a charge of neglecting my duties to your most valuable Journal, which I receive regularly and read irregularly—in the brief intervals of my very busy days. The stress of work is added to by our present epidemic of smallpox, confined as yet to the working-classes, but added to and spread by tramps and by men who land here from your side, coming over on the "tramp" steamboats. The form of the disease is mild, thank God, but the inconvenience and loss of work, besides the vague uneasiness felt by the passengers in our electric trams, etc., are drawbacks to our enjoyments of life—and especially at this festive Christmas season.

Well, you ask about Homeopathy, and accuse us of "conservatism." I hope we in Great Britain shall always "*conserve*" the great medical truths enunciated by Hahnemann. But there is need of "backbone" here in our small body, to resist the too numerous concessions to "our friends the enemy," which some of our leading homeopaths are willing to make, without demanding corresponding advances from the other side. The N. A. J. is aware of Dr. Hayward, Sr.'s, recent circular letter to his fellow-homeopaths, putting to them four queries relative to our attitude towards the general body of the profession. These questions were as follows: 1. Can we modify our conduct in any way? 2. Would it be wise to test the feeling of the profession at large by application for membership of the profession's societies? 3. Would it be wise to make less parade of the name "homeopathy?" 4. Would it be wise to drop the name? To this circular no reply was received from many. Of those who answered Dr. Hayward states that 21 were in favor of "dropping the name 'Homeopathy;' "and 47 agreed with Dr. Richard Hughes's statement on p. 181 of his new book, "The Principles and Practice of Homeopathy," which is too long to quote at full length here. I refer your readers to the work itself which *ought to be in the library of every homeopath.* We indeed are the freest of all medical practitioners, for we include the use of drugs in every strength and in all doses used on the principle of "Similibus," whereas the dominant school boycott all such employment of drugs, and are loudly declaring that they recognize no law of therapeutics whatever. In fact, the "regulars" may be fairly termed the Anarchists of Medicine.

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Now, what is the attitude of the homeopathic body in Great Britain towards this important question of "dropping the name?" I cannot state positively whether the compromisers or the independents are in the majority. We shall, I hope, fully discuss the matter in the British Homeopathic Congress to be held in Oxford in July, 1903, after which some *corporate* expression of opinion will be given. For my own part I am heartily for *keeping* the honorable name, now a century old, and certainly as respectable as the name "Quaker" or "Radical," while at the same time, claiming the full liberty of an educated qualified physician. I adhere to the *excellent* definition formulated by the editor of the NORTH AMERICAN and adopted by your Institute of Homeopathy and strongly endorsed by Dr. James C. Wood in his altogether admirable recent Presidential Address, which has been reprinted verbatim in our *Monthly Homeopathic Review* for November and December, 1902: "A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right."

Meantime our own societies are meeting regularly and doing good work. Several new members have been elected during the winter session into the British Homeopathic Society, and its latest quarterly journal is full of interest. We shall all miss Dr. Richard Hughes's editorial work, although Dr. Goldsbrough is very efficient and industrious. The pathological and diagnostic elements in the papers read at our societies are prominent features, and are always up to date. Clinical evenings are held both in the metropolis and in Liverpool, with considerable advantage both to practitioner and patient.

Wishing the NORTH AMERICAN JOURNAL OF HOMEOPATHY a very prosperous New Year, I am yours fraternally, M.D.

Liverpool, England, Dec. 22, 1902.

OUR BOSTON LETTER.

[From Our Regular Correspondent.]

DEAR NORTH AMERICAN:

It is perhaps time that your readers should be again informed of the medical doings in this part of the world and one of the more recent events of interest to the profession is the meeting of the Surgical and Gynecological Society which occurred at the Nottingham Dec. 10 and was universally voted a marked success throughout. Dr. Amanda Bray of Worcester was Chairman of the reporting bureau of this meeting. After a long and exhaustive review of the progress in gynecology for the year by the chairman, Dr. Amelia Burroughs read a paper on the Treatment of Leucorrhea in Girls Under 20 Years. This was followed by a paper by Dr. T. M. Strong on

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The Relation of Lesion in the Nose to Uterine Disorders. A paper by Dr. Bell on the Davidson suture and one by one of your own noted women on Gonorrhea in Women filled the program. These papers filled the session with their discussion, and one of the especially interesting features of this Society has always been the discussions. Often these have been of as much or more value than the papers.

Then followed dinner and a novel after dinner experience in that the toastmaster and all the speakers were women, each representing a different profession. The law, medicine, theology and fencing, each through their representative briefly, pointedly and wittily spoke some things and the many laughs must have banished indigestion The next semi-annual meeting in June will be omitted as the entire interest of the members will be engaged in the Institute meeting of that month and it is hoped and expected that Boston will enjoy a very successful meeting at that time.

Speaking of the Institute reminds me that the local committees are named and all are getting to work already and the result of this effort can be best seen later and in any case your correspondent is not a prophet. There is one thing, however, which may be mentioned and that is the fact that politics have thus early appeared on the scene, and it seems that some legitimate energy may be lost in this itching for place.

The Boston Society at its December meeting had a very interesting program and two bureaux, the Medico-legal and the Sanitary Science and Public Health, reporting. A Harvard Law School lecturer gave an interesting paper, and a talk on Municipal Gymnasia was followed by one on the Dangers of Waste Gas. This last paper was flippantly discussed by Prof. Calder, who had failed to grasp the gravity of the situation, and so lost one opportunity to favorably impress some intelligent laymen who were present. The public interest in the gas question is growing and yet, as Dr. Durgin, Chairman of the Boston Board of Health, said recently, the profession is only half awake to the dangers of waste gas.

The Hospital is more than ever busy, and with a capacity of 225, a recent daily census of 219 was reported. It is a serious and important question what is to be done to meet the demand for growth, and thus far it has hardly been considered.

Some other topics shall be our text next time.

OUR CHICAGO LETTER.

[From Our Regular Correspondent.]

DEAR NORTH AMERICAN:

Chicago sends New Year greetings. The homeopaths of Chicago are happy and contented. I know they are contented because they are indifferent. They are indifferent to public duties but are attending closely to private affairs.

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Dr. Howard Roy Chislett is away on a six weeks' vacation.

Dr. E. S. Bailey is spending part of the holidays in New York.

Dr. Wm. O. Forbes of Hot Springs, Ark., spent the holidays in Chicago.

Dr. L. A. Miller of Waucoma, Iowa, spent several days with us recently.

Dr. O. L. Smith, Professor of Rhinology and Laryngology in Hahnemann Medical College of Chicago has moved to Lexington, Ky., on account of his family's health.

Chicago is just emerging from an epidemic of water-born diseases. For some time high east winds have stirred the lake to the bottom even out to a distance of four miles. The result was that the water has not been worse in years, notwithstanding the good offices of the drainage canal. A considerable amount of old sewage still remains deposited along the shore and will remain as a source of contamination for some years to come.

Tonsilitis is almost epidemic at the present time. The cases are severe, recurrent and more or less rheumatic in their nature.

The Homeopathic Medical Society of Chicago has been having good meetings this winter. This society was organized on June 6, 1894, and has held seventy-one meetings since that time. It is a society for all the homeopathic physicians of the city irrespective of college connections. While the majority of the homeopaths are indifferent there are a considerable number of public spirited men who are always faithful to the organization. One or two of the early meetings this season were wasted in discussing mental science about which doctors know almost nothing, instead of presenting actual, material, clinical experience about which we know something. The last two meetings have brought out papers which were actual contributions to medical science. A copy of a new law or rather of a proposed new law has been sent to all the doctors of the state. It is a law to regulate and protect the profession of Trained Nurses. It is modeled rather closely after some of the medical practice acts. It is similar in that it requires a license before practising, it requires an examination as well as a dploma to secure a license; it requires registration and, of course, the organizing of an examining board. The examination for license covers the following subjects: Materia medica (kind not stated), physiology, anatomy, chemistry, obstetrics, urinalysis, children's diseases, sanitation, hygiene, dietetics and practical care of patients, viz., baths, massage, bandaging. I have no exclamation points at hand, but I would like to know why surgery is omitted from the list.

Your correspondent is heartily in favor of the registration of nurses, but he is not in favor of a bill which embodies nearly all the bad features of the old medical laws. To examine a candidate on all these medical branches and call it an examination for trained nursing is a reductio ad absurdum. It examines her on everything except the important part of her training. Why not examine the training schools and refuse or accept their training? Another law which is interesting doctors and homeopaths in particular is a new bill which is to be introduced during the coming session of the

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legislature. It is a new medical practice set. It creates a new Board of Medical Examiners. It was originally prepared by the legislative committee of the State Medical Association. It has been carefully gone over by the legislative committee of the Illinois Homeopathic Medical Association and some important amendments proposed. The first most important of these proposes that no one shall be eligible to appointment to the new examining board unless he has been practising medicine in Illinois for at least ten years. Another important clause reads as follows: "At no time shall a *majority* of the members of said board consist of representatives of any one school or system of medicine."

The bill as drafted by the old school committee proposed to cut out the examination in materia medica and therapeutics. The homeopathic committee believes that if this is allowed to become a law, it would soon be pointed out that since there is no examination on those branches on which the schools differ it would not be necessary to have homeopaths on the board, consequently they (the homeopaths) have added these two subjects to the list. The proposed new law is the product of considerable study and is without doubt a good one. A new set of rules for the regulating of medical education has been promoted by the present state Board of Health. These rules go into effect Jan. 1, 1903. If the above bill becomes a law it will become operative Jan. 1, 1904. Medical legislation is fairly lively in this state.

There is one advantage in the creation of this new board which should not be overlooked. It will create seven new offices. Under the present system the business of licensing and examining is done by the State Board of Health. The new law will give us another state board.

W. H. W.

CHICAGO, Jan. 2, 1903.

Book Reviews.

An American Text-book of Pathology: For the Use of Students and Practitioners of Medicine and Surgery. Edited by Ludwig Hektoen, M.D., Professor of Pathology in Rush Medical College, Chicago, and David Riesman, M.D., Professor of Clinical Medicine, Philadelphia Polyclinic, etc., with 443 illustrations, 66 of them in color. Philadelphia and London: W. B. Saunders & Company. $7.50 cloth; $8.50 sheep. pp. 1245, 1902.

The importance of the part taken by the science of pathology in the recent wonderful advances in practical medicine are now generally recognized. It is everywhere conceded that he who would be a good diagnostician and therapist must understand disease—must know pathology. The present work is the most representative treatise on the subject that has appeared in English. It furnishes practitioners and students with a comprehensive text-book on the essential principles and facts in General Pathology and Pathologic Anatomy, with especial emphasis on the relations of the latter to

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practical medicine. Each section is treated by a specialist thoroughly familiar with his particular subject. The illustrations are nearly all original, and form a complete atlas of pathologic anatomy and histology.

American Edition of Nothnagel's Encyclopedia: Diphtheria.—By Wm. P. Northrup, M.D., of New York. Measles, Scarlet Fever, and German Measles. By Professor Dr. Th. von Jurgensen, Professor of Medicine in the University of Tubingen. Edited, with additions, by William P. Northrup, M.D., Professor of Pediatrics in the University and Bellevue Medical College, New York. Handsome octavo, 672 pages, illustrated, including 24 full-page plates, 3 of them in colors. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; half Morocco, $6.00 net.

This volume, the third in the series of English translations of the "Nothnagel System of Practical Medicine," needs no recommendation. Professor Jurgensen and Dr. Northrup are too well known for us to expect anything but the best. The articles on Diphtheria, entirely original wtih the editor is fully in keeping with the high standard set by the German articles which comprise the work. Dr. Northrup, having been associated with Dr. O'Dwyer at every step in the perfection of intubation tubes, is particularly fitted to describe this aspect of the treatment of diphtheria.

Professor Jurgensen's monograph on Measles unquestionably is the most comprehensive contribution on that infection that has appeared, bringing out so fully the valuable Danish records of the Faroe Islands epidemic. His exposition of Scarlatina is unrivaled both for richness of clinical detail and exactness and clearness of statement. The book is profusely illustrated, containing, besides a large number of text cuts, twenty-four full-page plates, three of which are in colors.

Saunders' Medical Hand-atlases, Atlas and Epitome of Operative Surgery. By Dr. Otto Zuckerkandl, Privatdocent in the University of Vienna. From the Second Revised and Enlarged German Edition. Edited, with additions, by J. Chalmers DaCosta, M.D., Professor of the Principals of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Second Edition, Thoroughly Revised and Greatly Enlarged. With 40 colored plates, 278 text illustrations, and 410 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.50 net.

This excellent work, one of Saunders' well-known Medical Hand-Atlases, needs no further recommendation to English-speaking readers than its author's name—Dr. Zuckerkandl. The rules and methods of surgical procedure are stated with the clearness that springs from definite knowledge and the emphasis born of conviction. The operations of modern surgery are described lucidly and tersely, making the book a worthy guide alike to the student and the practicing surgeon. The verbal descriptions are most accurately reinforced and illuminated by a large number of original colored lithographic plates and text cuts.

In this new edition the work has been brought precisely down to date. The revision has not been casual, but thorough and exhaustive, the entire text having been subjected to a careful scrutiny, and many improvements and additions made. A number of chapters

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have been practically re-written, and of the newer operations, all those of special value have been described. The number of illustrations has also been materially increased. Sixteen valuable lithographic plates in colors and sixty-one text figures have been added, thus greatly enhancing the value of the work. There is no doubt that the volume in its new edition will still maintain its leading position as a substitute for clinical instruction.

Saunders' Medical Hand-atlases.—Atlas and Principles of Bacteriology and Text-book of Special Bacteriologic Diagnosis by Prof. Dr. K. B. Lehmann, Director of the Hygienic Institute in Würzburg, and R. O. Neumann, Dr. Phil. and Med., authorized translation from the second enlarged and revised German edition. Edited by George H. Weaver, M.D., Asst. Prof. of Pathology, Rush College, Chicago. Part II. Text. W. B. Saunders & Co., Philadelphia and London.

The text of this volume is divided into two parts, one of which is general, prepared by Dr. Lehmann, and a special part written by Dr. Neumann. The general part furnishes a condensed survey of the principal properties of bacteria so far as they are of practical value, and especially so far as they are of diagnostic aid. The special part gives, so far as possible in a natural botanical arrangement, a complete description of the important varieties, with reference to less important ones which are worthy of notice. In this edition the text has been thoroughly revised. In the general part the discussion upon the causes of disease, disposition and immunity is substantially extended. More new plates are also introduced. The work has had a large sale—editions in French, Russian and English being rapidly exhausted.

Practical Dietetics, with Special Reference to Diet in Disease.—By W. Gilman Thompson, M.D., Professor of Medicine in the Cornell University Medical College in New York City, etc., etc. Second edition, enlarged and thoroughly revised. New York. D. Appleton & Co., 1902. Pp. 828.

Books on dietetics that are of value are rare. Most of them are theoretical but not practical. They are but little aid to the physician who wants to know the best foods for the sick. This volume is one of the few that repays study. It is practical and presents in attractive form the latest available information concerning foods and feeding. The book is divided into nine parts, with an appendix. Perhaps the titles of these sections will give a better idea of the work than a more labored description. Part I.—Foods and Food Preparations; Part II.—Stimulants, Beverages, Condiments; Part III.—Cooking, Food Preparation and Preservation: the Quantity of Food Required; Part IV.—Foods Required for Special Conditions; Part V.—Food Digestion: Conditions which Especially Affect Digestion; Part VI.—The General Relation of Food to Special Diseases; Part VII.—Administration of Food for the Sick; Part VIII.—Diet in Disease; Part IX.—Rations—Dietaries, Appendix, Recipes for Invalid Food and Beverages. Such a table of contents gives good promise of something worth trying and reading.

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Materia Medica.

CONDUCTED BY
J. B. Gregg Custis, M.D., AND J. Perry Seward, M.D.

Carbo Vegetabilis.—J. C. Guernsey (*Hahnemannian Monthly*) in an analysis of Carbo veg. says: "We may more briefly condense its leading indications as follows:

a. The sense of weight, as in the head (occiput), eyes and eyelids, before the ears, in the stomach, and elsewhere in the body;

b. Putrid (septic) condition of all its affections, coupled with a burning sensation;

c. Coldness of surface of the body, especially legs and knees;

d. Foul and offensive odor of all its discharges, from any part of the body, including flatus and breath;

e. Quantities of flatulence (distention of stomach, abdomen, etc.);

f. Venous congestion or sluggish circulation of the veins.

Drawing to a still finer point, we come to the symptoms of its greatest sphere of use—those indicating *collapse!* Here our remedy plays the *rôle* of Life-saver—and it is at this very point that all too often the faint-hearted or the ignorant follower of Hahnemann, turning his back on the art he professes to practice; deserting the standard under which he is enlisted; distrusting the principle by which he assumes to be guided, flies to the hypodermic syringe,—to mechanical measures and mechanically-acting drugs, utterly oblivious of the fact that the curative principle of similia similibus is just as potent in one condition of diseased life as in another; that the similimum remedy will, according to the laws of nature, more promptly, more potently and more permanently re-establish an equilibrium of health than any other known means."

Dr. Charles Mohr, in discussion, gave the following differentiations of remedies comparable with Carbo. veg. in shock:

Aconite.—Shock from fright; restlessness from anxiety or fear of death; thready but tense pulse; arterial hemorrhage; chilliness when uncovering; fever of reaction, if high.

Arsenicum.—Collapse or shock with dry skin, though cold and livid; pulse thready; thirst for water constant, but drinks little at one time, otherwise would vomit it; cannot bear the least cold air.

Nux Vomica.—Shock, with cold sweat, anguish, and dread of least motion or of uncovering.

Phosphorus.—Almost lifeless from shock or collapse; only occasional convulsive muscular movements; thirst, but vomits water as soon as warmed in stomach; greenish vomit; cadaverous face.

Secale.—Great prostration; pulse small and slow; moans a great deal; thirst for acid drinks; wants to be uncovered, cannot bear heat.

Tabacum.—Deathly nausea as result of shock to nervous centres;

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body cold, especially legs; cold sweat; pulse irregular, slow and feeble.

Veratrum Album.—Aggravated cases. Maniacal furor suddenly develops; thready pulse; hiccoughs; abdomen feels cold; chilliness induced by drinking water, though the thirst for cold water is great.

Arum Triphyllum and the Temporo-maxillary Joint.—Dr. A. Midgley Cash, in the *Mo. Hom. Review,* narrates the case of Lady C., aged 94, seen in August, complaining of pain of a high degree of intensity (not otherwise easily described) in the right temporo-maxillary joint. Felt on chewing or speaking, but coming at any time without often any apparent cause. There was no inflammation or tenderness about the joint. Constitution gouty, and liable to chronic bladder troubles. She was wearing a plate which fitted her mouth comfortably, but whenever she removed it a severe attack of pain would occur. The pain had lasted off and on for six months, and latterly had become more frequent and more severe, often apparently affecting the ear also. She got Belladonna and Causticum, which gave her relief for about a week. At the end of that time the pain returned severely in the jaw, together with pain on swallowing, and a sense as if the throat was obstructed.

Arum Triphyl. 3x was now prescribed, 2 drops every two hours. The next day she could report marked relief to pain, and the discomfort in the throat was gone. The pain continued to diminish, though for some days it would offer to return when moving the jaw, as in speaking. The arum was continued for three weeks, at the end of which time the pain was entirely gone, nor has there been any return since it was discontinued five weeks ago.

In this case Arum acted very satisfactorily—removing a well-defined, distressing pain of six months' duration (of an obstinate nature) in a very old and feeble patient.

In Allen's *Handbook of Materia Medica* under "Face" is given: "Sprained pain in lower articulation of jaw when swallowing." This, though not at all the symptom of my case, is yet the nearest thing to it I have found in the repertoires. Under "Maxillary Joint" in the cypher repertory I do not find Arum given, neither is it in Lippe's repertory, though from this work I got the indication for Belladonna, which at the first, in conjunction with Causticum (also a maxillary joint medicine), gave temporary relief. However, Arum is worthy of notice in acute pain in the temporo-maxillary joint, and from my experience of it I shall keep it in mind in any similar future case.

Acute Thyroiditis Excited by Iodide of Potassium.—Acute thyroiditis is usually a bacillary and metastatic process. We know of thyroiditis following typhoid fever, pneumonia, streptococcic infection and syphilis. The case related by M. Sellei has a less commonplace etiology.

He tells of a woman of 24 years, who had contracted syphilis. After thirty mercurial inunctions, the author prescribed a 5-per-cent. solution of iodide of potassium. The patient had taken but two spoonfuls of the solution when, feeling very ill, she was forced to

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summon the physician. M. Sellei found the symptoms of a very severe iodism (coryza, headache, fever); besides, he observed an enlargement of the thyroid region, caused by a swelling of the two lobes of the thyroid gland, over which the skin was very much stretched. The tumor followed the movements of the larynx in deglutition and respiration; it was not very sensitive to pressure.

By stopping the iodine treatment and using antiphlogistic means they soon abated the thyroid swelling and the other symptoms of iodism; the fever alone lasted eight days.

This woman having never had goitre we may admit the hypothesis of acute thyroiditis. We might suppose that the inflammation was caused by syphilis, but it was so closely associated with the other symptoms of iodism that the diagnosis of Mr. Sellei—acute thyroiditis excited by iodine treatment—will appear more reasonable.

The thyroid is not the only gland exposed to inflammation under the influence of iodism. M. Furth has recently cited a case where two spoonfuls of a solution of iodide of potassium 5-150, caused inflammation of the parotid gland. (*Semaine médicale,* Oct. 15.)

Poisoning by Hydrastis.—Dr. Friedeberg reports in *Centralbl. f. innere Medicin,* October 18, 1902, the following case. A woman, 22 years old, suffering from uterine hemorrhage, was ordered fluid extract of hydrastis, 25 drops, 3 times daily. After 48 hours' use, the effect not satisfying the patient, she took the remainder of the medicine, amounting to 9 gm. (about 140 grains). She suffered promptly with burning pain in the stomach, then nausea, dizziness and short unconsciousness. During the night she was very restless, and had headache, with hallucinations, oppression in the cardiac region, dyspnea and toward morning frequent vomiting of dark green, stringy fluid. At noon the physician found facial pallor, cyanotic lips, marked weakness, rigors, weak voice and coated tongue. The respiration was shallow, pulse 46 per minute, weak and irregular. The heart sounds were soft, and a light murmur was heard over the aorta. The lungs were normal. There was some bleeding from the vagina. The uterus was enlarged and sensitive, and the os but slightly open. The other abdominal organs were normal. Reflexes were abolished, the pupils were dilated but reacted. The urine was normal. The treatment was injection of 6 gm. of oil of camphor (1 to 4), and also of warm water. She was wrapped in warm clothes and strong coffee and light wine were administered. By evening the strength had improved, the pulse was 60 per minute, the temperature normal, the breathing stronger. There was slight diarrhea and bleeding from the vagina. The patient now confessed that she had suffered an abortion. The next day she was still better, and the uterus was curetted. She was discharged cured on the fifth day after the poisoning.—(Abstracted by *Phil. Med. J.*)

Aconite in Neurasthenia.—F. F. Laird in the *Clinique* directs attention to "the almost countless 'phobias'" of the neurasthenic wherein aconite stands pre-eminent. Fear is the ruling element in its

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mental condition, always present in every case calling for aconite, *i.e.,* predicts the day of death, afraid to go out, to go where there is excitement, to cross busy streets, of an incurable disease, of death, etc., etc.

Astraphobia (phos.), agarophobia, topophobia, anthrophobia, monophobia, pathophobia, photophobia, mysophobia, and even siderodromophobia, may all frequently find their similimum in aconite. "These morbid fears," writes Beard (nervous exhaustion) "are symptomatic of *functional,* never or rarely, of organic disease;" and every tyro in homeopathy knows that aconite no longer chases the bird after it alights. Compare the proving with the symptoms of neurasthenia as given by Beard and see how perfectly aconite pictures, not only the *groundless fears* but also a host of concomitant sufferings. In this remedy, mental anxiety, worry, fear is expressed in the face, actuates every movement and *accompanies the most trivial ailment.*

In nervous states with much fear, accompanied by weakness and want of appetite; great *fear;* afraid to go out of the house; fear of a crowd; fear that he will not recover and predicts the expected day of death, is very characteristic. It has much sensitive irritability and sadness with fear. Fitful moods; now very cheerful and happy, singing, laughing and talking in great glee; then sadness and fear, despondency and gloom. Complaints caused by fright and the fear remains (opium).—*Guernsey.*

Ideas haunt him, cannot get rid of them. Ratiocination almost impossible; lively imagination.

Desire to be alone; *shuns people.*

Moaning, anxious lamentations; reproaches from trifling causes.

Cannot continue long at one thing. Dislikes to talk; answers laconically, yes or no.

Extreme timidity, especially after a fright; afraid in the dark. Fear of ghosts.

Vexed at trifles; takes every joke in bad part. Ailments from vexation, with fear or vehemence. Spasms in stomach ("nervous dyspepsia") following any excitement or emotion *with fear of responsibility.*

In short, Aconite has almost marvelous power in the apparently robust, vigorous patient whose life is made miserable by a legion of *graundless fears.*

Clinical Medicine.

CONDUCTED BY

JOHN L. MOFFAT, M.D., AND JOHN B. GARRISON, M.D.

Threatening Uremia after Abdominal Operations.—Apis, scanty urine; abdomino-ureteral pains. Cimic, backache. Cinchona or lyc., flatulence. Ant., tart., bry., effects of the anesthetic.

Deposits on Cardiac Valves have apparently disappeared during the administration of lith. carb.

The Volatile Salts, gases, mineral acids and the vegetable

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remedies acting on nerve tissue are quickly acting remedies; their doses must be frequently repeated.

The Minerals and Metals effect tissue changes slowly; their doses should be given at longer intervals.

Their Compounds form a medium class.

Of any remedy the dose should be large enough to act.

It is Just in the Severe Surgical Cases that homeopathy scores success.

Give Hypericum for Wounds in Parts Rich in Nerves.—For hyperesthesia, nervous depression from pain of the wound, irritable wounds, when a nerve has been included in a ligature or contracting cicatrix. Hyperic. serves to prevent tetanus—helping the system to combat the bacillus. Use it internally and externally for a smashed finger or toe. It should be an everyday remedy in surgical practice.

When Hypericum Fails in such cases, try allium cepa O, especially for neuralgic pains.

Staphysagria for Pains after Abdominal Operations, irritability of fibre, colic after operation for stone in the bladder.

Arnica's Especial Field is injuries to the capillaries. Contused wounds with hot hard and shiny swelling. After eye operations Grauvogl gave arn.[3] before and after every bloody operation. Arnica prevents or delays suppuration in infected wounds. After fractures the limbs jerk with great soreness, sensitiveness to touch, or a bruised sensation.

Ledum for Punctured Wounds.—Touch the tincture to mosquito "bites."

Rhus tox has a special affinity for the lymphatics and glands, as well as for ligaments. Its pathogenesis presents a picture of blood poisoning, sepsis. It is wonderful in the treatment of dislocations and of purulent infiltration. It is the only remedy that has saved eyes that would otherwise have been lost by purulent panophthalmitis.

Arsenic is to be given for pyemia with great prostration. Aggravation after midnight. Thirst after loss of blood (China). Carbuncle (Tarant. cub.)

Lachesis, sepsis, purplish, burning, unhealthy wound, with sensitiveness. Traumatic gangrene.

Phosphorus (or China) for Bleeding after Operation, especially in a worn-out system, averts secondary hemorrhage.

Accumulation of Pus. Merc., hepar, sil.

Calc. Phos. for Fractures. Hering obviated an operation for non-union of the femur with this drug; five doses of 1/5 grain developed a callus which could be felt in ten days.

Symphytum for Irritability at the seat of fracture; it is for bone what hypericum is to superficial wounds.

For Caries study hecla, strontia, stillingia, asa., aurum.

Conium has Undoubtedly Checked if not Cured Cancer of lip, stomach and breast—when indicated: fugitive stitches, tender glands which are indurated, especially if there be history of a blow; the cancerous, scrofulous, or tubercular diathesis.

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Hydrastis has Cured Tumors of the Stomach, pylorus, with great debility, emaciation, and the cancerous cachexia. Study hydr. for early scirrhus in or near a gland.

Give a Tumor as Long a Time to be cured by medicine as it took in growing.

Electro-Therapeutics.

CONDUCTED BY WILLIAM H DIEFFENBACH, M.D.

The X-ray as an Analgesic.—We have recently employed the X-ray as an analgesic with marked success in several cases of neuralgia and would suggest a more general application of this agent for the purpose of relieving pain. Its use was particularly gratifying in a case of persistent intercostal neuralgia, the relief being immediate and lasting. A low vacuum tube was employed, raying the parts affected for 10 minutes with the tube 8 inches from the body. One application sufficed to relieve the pain, but two more radiations were given to make sure of results. Remedies, hot fomentations, baths and dietary prescriptions had, in this case, proven of no benefit, and until the X-ray was applied no lasting cessation of pain had been secured. The patient had previously been in old school hands, and had tested the virtues of salol, phenacetine, anti-kamnia, sal-codeia, pheno-bromate and morphine—all these measures had but a transitory effect. The relief of pain in cancer first suggested the use of the X-ray in several neuritic conditions, and since employing it, most gratifying results have been obtained in facial neuralgia, odontalgia, irritable spine, tabes dorsalis and sciatica. We advise our readers to keep the analgesic action of the X-ray in mind whenever confronted with the symptom "pain."

The X-ray in the Removal of Superfluous Hair.—Electro-therapeutists usually find the removal of superfluous hair by means of the negative pole of the galvanic needle to be a very laborious and exhausting procedure—not only to the operator, but to the patient as well. The hair can be removed, but it takes much time and many séances before a hirsute portion remains perfectly clear of hair. The large hairs may be destroyed, but often the blood-supply from these are diverted to the downy hairs surrounding them, and these are given increased impetus and growth. We have, therefore, for the past six months, added X-radiation to the galvanic electrolysis, and as far as observed, have noticed more rapid epilation than under the usual method. The patient is first subjected to 6 minutes' radiation from a low tube; 12 inches from the parts—the rest of the face (or body) being protected by the improved "Allen" shield. Small sections are rayed at a time until the whole surface is covered, when the patient is placed in the operating chair and has the larger and darker hairs removed by negative electrolysis, which must,

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of course, be performed lege artis. The recurring growths from this treatment are fewer and grow less and less as the treatment is repeated. The first séances are given weekly, followed by semi-monthly treatments.

Coley (*Medical Record,* Jan. 10, '03) **Gives His Views Regarding the Limitations of the X-ray in the Treatment of Cancer.** —From 75 cases treated during 1902, including 27 sarcomata and 20 mammary carcinomata, he concludes that the X-ray should be employed only in inoperable cases, as the percentage of cures of operative cases is more favorable under surgical measures than with the X-ray treatment. He reports having "entirely cured" five cases of round-cell sarcoma, and in recurrent inoperable mammary cancers has had success in removing the nodules—which, however, showed a tendency to recurrence. This showed that *while the X-ray exerted a marked influence on malignant disease,* there was a tendency to speedy recurrence. We believe that Dr. Coley's surgical tendencies do not permit him to have full faith in the efficacy of the X-ray. The quotation which we italicize is admission of the value of X-radiation in cancer, not only in inoperable but more so in all operable cases. If the X-ray does good work in these desperate inoperable cases, how much more readily will it be successful in cases where vitality is still excellent and the growth circumscribed! If Dr. Coley had adopted the rule to keep on treating his cases of secondary cancer for a long time, even after disappearance of the nodules, we suspect that his recurrences would have been fewer. A commendable and rational procedure in cancerous affections now being adopted by many surgeons is to remove the cancer with the knife whenever possible, and then to give post-operative X-ray treatments to destroy possible glandular metastasis and to prevent recurrences. This procedure seems particularly desirable whenever the cancer is large and deeply situated as toxemia from absorbed, destroyed or necrotic tissue (sometimes following X-ray treatments) can thus be obviated.

A Review of the Meeting of the American Roentgen Ray Society, held at Chicago during the past month, is very interesting, showing the increasing utility of the X-ray as a therapeutic measure. The following are among the papers read and discussed:

"X-ray Physics," T. P. Hall, M.D.

"Equal Potential Surfaces in the X-ray Field, with Exhibition of a Spark-gap Device for Increasing the Intensity of the X-ray," J. C. Pitkin, M.D.

"Skiagraphy as an Art," J. Rudis Jicinsky, M.D.

"Results and Technic in Treating Epithelioma with the X-rays," E. H. Grubbé, M.D.

"The Roentgen Ray as a Therapeutic Force from a Clinical Standpoint," J. B. Murphy, M.D.

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"The Technic of Treatment of Malignant Growths," J. N. Scott, M.D.

"Radio-therapy in Pulmonary Tuberculosis," G. G. Burdick, M.D.

"X-ray Treatment in Intra-abdominal and Other Deeply Located Malignant Growths," C. E. Skinner, M.D.

These papers are reported in the December *X-ray Journal,* and are worthy of perusal by those interested in the new therapeutic measure.

Ulcer of the cornea has been reported cured by means of the high frequency current applied with the glass vacuum electrodes. Several treatments sufficed for a complete cessation of the discharge.

By alternating the treatments with the high frequency currents and the X-ray in cases of *Lupus Vulgaris* quicker restoration has been secured than with either treatment singly.

Chorea.—A girl, aged 10, had for three weeks choreic movements, tossing and twisting; the right arm and right leg were almost useless, so that she could neither write nor sew, nor use her hand when eating. When walking the right arm hung loosely down, and the right leg dragged. She got first gelsemium and then zincum, but after six weeks there was no improvement. She then got calc. carb. 6x every four hours. Improvement soon followed, and after continuing the medicine she was quite cured.—Mossa, *A. h. z.,* cxliii., 206.

Adenoids.—"The recurrence of adenoids is a fertile source of disappointment to parents whose children are so unfortunate as to suffer from these growths. The operation for their removal may be carried out with perfect success, but the predisposition remains. Adenoid tissue grows quickly, and the original condition is soon reproduced if reliance is placed too entirely upon operative measures. . . There is a growing disinclination amongst the more observant mothers to submit their children to operation."—D'Arcy Power, *Lancet,* December 22, 1900.

Lachnanthes.—*A propos* of the late discussion as to the virtues of lachnanthes in phthisis, the *British Medical Journal* appositely recalls the statements contained in Darwin's "Origin of Species" (6th ed., p. 9), that pigs which eat the root of this plant have their bones colored pink and their hoofs drop off; but that this latter consequence does not happen when the pig is of the black variety.—*Hom. World,* November, p. 490.

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North American Journal of Homœopathy.

Original Articles in Medicine.

URANIUM NITRICUM IN DISEASES OF THE LIVER.

By Francois Cartier, M.D.,
Paris, France.

ACCORDING to the provings made by the homeopathic school, the nitrate of uranium is chiefly called for in diabetes and glycosuria, which it produces during intoxication, and in certain cases ulcerous lesions of the stomach and duodenum, according to Dr. Edward Blake, who has in the course of experiment met with ulcerations in these regions.

I have learned that the Materia Medica Society of New York, took up the nitrate of uranium; but to my very great regret I have not been able to find in any journal an account of its transactions.

With regard to the ulcerations being found located preferably at the pylorus and duodenum, I can say by my own findings and those of Woroschilsky, of Dorpat, Russia, which agree with mine, that the nitrate of uranium has no marked preference for the stomach and duodenum. Ecchymotic ulcerations are abundant throughout the length of the small intestine, which always presents an intense vascular arborisation; sometimes the rectum is congested and ulcerated. In the glomeruli of the kidneys there are numerous hemorrhagic ruptures; one also finds sub-pericardiac and sub-endocardiac ecchymoses. Sometimes I have found ulcerations disseminated somewhat freely, with absolute integrity of the stomach.

These ecchymoses and ulcerations are the result of a serious general condition whose principal lesions are to be found in the liver and the kidneys; these are the two organs that are really seriously affected. I shall not dwell upon the lesions of the kidney,

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but shall content myself with saying that, as in the case of cantharides, the nitrate of uranium produces a severe acute nephritis. I wish particularly to lay emphasis upon the changes in the liver.

* * *

PATHOLOGICAL ANATOMY OF THE LIVER IN POISONING BY NITRATE OF URANIUM.

The characteristic lesion of uranium nitrate is seen particularly in the rabbit; it is not as easily produced in the dog, which shows a preference for the paralytic phenomena. In the rabbit is found an alteration in the cells produced by the development of hyaline corpuscles. These corpuscles, to the number of two, three, four, and even six in a single cell, end by serrating the nucleus of the cell, giving it strange shapes, as of a segment of the moon or a star, and finally bring about the complete destruction of the cell and the disappearance of the nucleus. Sometimes these hyaline corpuscles are replaced by fatty corpuscles, which are recognized by their black staining by osmic acid. Finally, in one particular case, we found that these corpuscles did not contain glycogen. This special lesion of the liver, characterized by the production of hyaline corpuscles which destroy the nucleus and kill the hepatic cell, was described in my thesis for the Doctorate of Medicine in 1891, in the course of experiments made for the Faculty of Medicine in Paris, under the auspices of Professor Gilbert.

* * *

A POISON THAT KILLS THE HEPATIC CELL IS WORTHY OF TRIAL HOMEOPATHICALLY IN DISEASES OF THE LIVER.

The first opportunity among my patients presented itself in the person of a diabetic with considerable hepatic hypertrophy; the inferior border reached the umbilicus. Uranium nitrate seemed to me particularly indicated for his glycosuria; but I was astonished when, at the end of a month, I noticed that the sugar had but slightly diminished (51 gms. per litre instead of 58). On the other hand, the size of the liver was already appreciably reduced, the inferior border being two fingers' breadth above the umbilicus. Having at first given the uranium nitricum in the sixth centesimal, I now prescribed the same remedy in the second centesimal. I saw my patient again at the end of the second month, and the size of the liver was again noticeably reduced; but, paradoxically, the sugar stood at 72 gms. per litre. The patient finally underwent a Vichy cure, which not only markedly modified the diabetes, but also maintained the diminution of the liver started by the uranium.

Another case of hypertrophy of the liver was my second obser-

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vation. The patient, Mme. F., was not diabetic, and there was no history of syphilis, alcoholism, or intermittent fever. The disease began 15 years before with jaundice, heaviness and pain in the liver, slow digestion and loss of appetite. When she came to me the patient presented a marked icteric color in the eyes and on the skin, mahogany colored urine and itching; the right lobe of the liver was enormous, it almost touched the umbilicus. I prescribed uranium nitricum, 6 c. one drop morning and evening. I saw Mme. F. again 40 days after the daily administration of the remedy, and I noticed a great diminution of the icterus, the urine was slightly colored, the itching had almost entirely disappeared, the appetite and strength were returning. I prescribed uranium nitricum, 3 c. two drops morning and evening, and saw my patient a month later. At the end of 70 days of constant use of the nitrate of uranium the icterus of eyes and skin had entirely disappeared, the urine was normal, no itching, appetite and strength excellent. As for the liver, it was slightly diminished, but still far from its normal size.

I have prescribed uranium in two cases of cancer of the liver. In both, the course of the disease was ended by death; but I was able to obtain some relief from the remedy as far as icterus and digestive disturbances were concerned.

Hepatic fever, such as is described in our books, is rarely seen in France; but one sometimes meets with an attack of chills, fever, and sweat, followed the following day by headache, which is liable to be mistaken for intermittent fever. In two such cases, the liver was quite small, and little bile was secreted; the scarcity of bile necessarily produced toxic intestinal fermentation, bringing about symptoms identical with those of marsh fever. During the crises, a remedy that always succeeded very well was eupatorium perfoliatum; the attacks were shortened, less intense; but yet the drug could not stop the return of the crises. To give the remedies that I tried to prevent the onset of these attacks would take too long; at length the idea came to me to try uranium nitricum with one of the patients. One of the first results of the remedy was to restore the normal color to the stools which had formerly always been grayish. I gave uranium to the second patient who presented the same symptoms of severe febrile chills every six, eight, or 12 days. With the second patient also, the grayish appearance of the stools gave way to the normal color, and the attacks became less frequent in both until they finally disappeared, after 11 months in the case of one, and after seven months in the other case. I warned my patients to begin using uranium whenever the stools showed a tendency to be-

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come discolored; and in this way I have brought about the cessation of the crises, which were probably due to alimentary intoxication.

Finally, I recently prescribed it with success in a case of alcoholic constipation—one of the most frequent causes of constipation, by the way. These constipations are accompanied with much gas and bloating during digestion. In this case also the nitrate of uranium brought back the color to the stools and diminished fermentation; but at my last visit the patient was still obliged to aid evacuation slightly by a natural method much less drastic than he had formerly used.

In conclusion, uranium nitricum is homeopathic to diseases of the liver, since it produces destruction of the hepatic cells by hyaline or fatty corpuscles. The law of similars is clearly shown in its clinical application, and the nitrate of uranium deserves to be reckoned in the list of liver remedies, even without diabetes or glycosuria.

HOMEOPATHY AND THE OPPOSITION.*

By W. J. Shrewsbury, M.D.,
Brooklyn, N. Y.

IT is the custom of thoughtful people to stop now and then in the humdrum pursuit of their affairs and ascertain their attitude to the rest of mankind. This is necessary, for nothing is complete or at a standstill. Knowledge increases by leaps and bounds, and material changes compel new adjustments. The man who will not move from his old place when the finger of truth beckons him forward will either be pushed ahead against his will or be left behind to perish of the dry rot; while, on the other hand, he who dances after every phantom which masquerades as truth will be nothing but a jumping-jack all the days of his life.

Homeopathy, or the idea for which we stand in the treatment of disease, has been overhauled and dusted before. Nevertheless, we make no apology for going over the ground again. Reduced to its basis it rests upon the fact that like cures like. Whatever may have been the teaching or belief of Hahnemann, whom we reverence as one of the greatest men that ever lived, we conceive that this maxim is the eternal principle of the system. Proving pure drugs on the healthy is really included in this; for how can any one prescribe like for like unless he has a clear picture of the drug as well as of the

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disease? And this picture can be obtained by no other means than Hahnemann's method of proving.

It is the destiny of all things to gather dust and cobwebs, and the human spider is an inveterate spinner. No sooner is a great truth set firmly down than theories are spun around and over it till it is partly or wholly hidden. Fortunately the truths which bear continually on life and happiness are so much in use that dust and cobwebs cannot remain long upon them.

It is not our purpose to go into the history of homeopathy; neither is it to compare the present with the earlier views. All this has already been most admirably done. We wish to consider certain practical matters and to express an opinion here and there modestly and yet with frankness. If any stand we take be wrong no one can be more conscious of fallibility than ourselves and none more willing to be set right. And we hope it will be profitable to contrast our beliefs and doings with those of other honest workers in the healing art who do not agree with us and are antagonistic to us as a school or sect of medicine.

It has been repeatedly pointed out that homeopathy is applicable only to such conditions as can be cured by the administration of drugs or medicines. It is absurd and unfair for out critics to ignore this position, which we have consistently held, but they do it. Neither the founder of our school nor his followers have made any ambiguous or unreasonable assertions on this score. The charge of inconsistency and the harsher one of hypocrisy have never been either truthful or sincere. They are really nothing but straw men set up by the critics for their own amusement and target practice.

We surely may take it for granted that the homeopathic doctor, like any other doctor, considers himself in the business of curing sick people when he can and palliating their sufferings when he cannot cure. This is his profession. We have no patience with any man, if such there be, who considers it his business to bolster up the word "homeopathy," or any other word or theory. It is his business to be a doctor first and a homeopath second. Bigotry and intolerance help nothing. They are peculiarly out of place among scientific men who earnestly wish at all hazards to find the truth if it can be found.

Every sick person cannot get well. We believe there are many patients who are stamped with inevitable death from the very moment they fall sick. That no matter what may be done for them, nor how many doctors they have, they are going to die. Not that we believe in fatalism nor that we are in sympathy with that wretched nihilism which asserts that medical treatment is a farce and a failure.

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Far from it. Our meaning is simply that in certain cases the equilibrium of life is so disturbed that it cannot be recovered. Further, we believe that most patients are assisted back to health by medical skill and the proper use of medicines, who would have died without such help. Still further, we hold that a considerable proportion of sick people die from injudicious medical treatment and drugging who would have recovered if left to fight their battle with disease alone or simply by the aid of nature.

Another patient who cannot be made whole may have life prolonged indefinitely and in comfort. Sometimes prescribing according to Similia will accomplish this end. When it does not it becomes us to seek relief for him from every point of the compass. If we can get it from any other school or from the untutored savage it is our duty to ourselves and to the man who confides his sorrow to our care to seize upon it and employ it after solicitous investigation and the exercise of our best judgment. No jumping at the statements of every advertiser in the medical journals, for many of these appear to be as ignorant and impudent in their blatant assertions as the creatures who in the columns of the daily press promise health and long life to the afflicted who will buy and swallow their nostrums. But we may and should in such case investigate what other serious and faithful men are doing for their patients in like conditions. We are free to say and bound to say that, except in occasional instances where temporary palliation is urgently required, homeopathy will do more for our patient than anything else. We cannot afford to forget that temporary palliation is often followed by future disaster.

Again, take the patient whose complaint has been cured in innumerable instances by homeopathic medication and whom we expect to cure. Suppose him to be suffering intense pain, which alone may be sufficient to reduce his vital force to the point of danger. Shall we in such a case refuse to use a palliative to that pain while our remedies are working the cure? Here we surely have to choose between two evils, and it has been truly observed that a choice between evils is the only thing left to human wisdom.

No doubt many in our ranks hold similar views and live up to them. Nor is there the slightest reason to be ashamed for so doing. No doubt also many of the allopathic school look to our methods for help when their own fail them. So far as we can see these things are as they should be.

We declare sincerely that no man believes more in Similia than we do. Even to such an extent that without it we would not practice medicine at all. While we recognize that homeopathy is by far the

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richest field in practical medicine, we cannot admit that it is the whole farm; nor shall we submit to be cut off from every other field of medical knowledge. There has been a good deal said about pure homeopathy, and much of it is sheer nonsense, while some of it has been bitter and uncharitable. If to be a pure homeopath means that we are to walk around the surface of the earth and see nothing but materia medica, we are free to say we are not a pure homeopath, have never been one and have no ambition to be one. Certain authors of our school have written as if they almost believed our remedies would cure every abnormal thing from a decayed tooth to a uterine fibroid. Such a writer reminds us of nothing so much as a hopeless fanatic we read of in a book on curious religious beliefs. It appears there was and perhaps is a sect whose central doctrine held that the soul inhabits the stomach. The priests and devotees of this religion spent most of their waking hours in wrapt contemplation of their abdomens. We can believe that such a person was an almost superhuman authority on the contour of the abdomen, that he was a perfect Solomon on the mysterious rumblings and sensations of that eccentric cavity, but we respectfully submit that the human abdomen is not the only worthy object of contemplation on this fair and glowing earth.

It is possible for *Similia similibus curantur* to be a universal law. We do not affirm it to be so, but it may be. Some things cannot be demonstrated and yet may be rendered so probable by what we actually know and by analogy that they are received by the reason as true, or at least highly probable. We know no better instance of this than the law of gravitation. It is known to be a universal law upon the earth by actual observation. Our tides and other phenomena demonstrate that this force prevails on our neighbor, the moon. Calculations show that it operates through the whole solar system. Beyond this region it is incapable of demonstration. Yet who doubts that through the whole realm of space the unnumbered bodies from the mightiest suns to the minutest meteors are fixed or revolve or oscillate or dash themselves with violence to pieces, all in obedience to the silent and unceasing force of gravity?

We know that the curable condition is not always removed by the similar drug. But until we know the why and wherefore of everything we are not at liberty to say that there is no universal and inexorable law governing the action of a drug. It is highly probable that there is. We may look again at gravitation for an analogy to show what we mean. Suppose a piece of iron to weigh one ounce. If it be dropped it will, of course, come to the earth. If it be suspend-

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ed by a cord with a tensile strength of five ounces it will not come to the earth. Gravitation still acts on it unceasingly with the force of one ounce, but the law of cohesion in the cord interferes with the result. A magnet with an attractive power of five ounces may be hidden from view and made to support this same piece of iron and baffle gravitation, which still acts unceasingly with the force of one ounce. In the case of the cord, the reason why we get no result is plainly seen; in the case of the magnet it is not. Now, when we consider how inscrutable and how many are the mysteries of the living organism it ceases to be a wonder that we fail sometimes to get the results we expect. We may prescribe the correct drug and it may operate according to a universal law without our getting a cure.

The relation of homeopathy to zymotic diseases is of great importance, for if we exclude the mortality from accident and old age it is extremely probable that the majority of deaths are caused directly or indirectly by micro-organisms. Therefore a few moments may well be spent in considering what is true and what is probable about them, and whether our law has any bearing on them and their effects.

By a zymotic disease we understand one which is caused by the implantation and growth of a microscopic germ, whether it be vegetable or animal, in the human body. With regard to some of these infections—notably diphtheria and tuberculosis—it has been amply demonstrated that they hold the precise relation to their respective disorders that grass seed does to a lawn. No more and no less. And the just inference is that this is true of every infection. The diphtheria bacillus and the grass seed before they produce diphtheria or the lawn require each a proper soil and climate. By soil we mean a suitable place and food; by climate we mean particularly correct temperature and moisture. The living human body always furnishes the proper climate for the bacillus of diphtheria. Whenever, therefore, we find the germs of this disease in a human throat without diphtheria the only possible conclusion is that the individual does not at that time provide the soil. Four children go into a room where a patient is ill with diphtheria. Two of them come down with the disease in a few days; the other two do not. With our present knowledge why should anyone pretend to say that because it does not develop in two of the children the germ has not been planted and grown in the other two? It is precisely in such cases that a positive result proves a great deal while a negative proves nothing.

We have carried the argument so far because it appears that there are some who still hold that the bacillus of diphtheria or the bacillus

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of tuberculosis are mere accidental occurrences or mere coincidences of disease. A very short while back such a doubting opinion might have done; to-day it has not a leg to stand upon. A man may shake grass seed upon a house carpet and ask triumphantly "if grass seed is the cause of the lawn, there is the grass seed; why don't we have the lawn?" The answer is simple. Though grass seed is a factor the soil has not been provided. Again throw this seed upon the rich earth in January. The result is no lawn, for the climate is wrong. The new growth of everything, vegetable or animal, requires these same three factors—the ancestral slip or seed, the soil, the climate, and there is not the slightest evidence that any living thing ever produced progeny except of its own kind. Nor do we forget the thoughts and words and collection of facts of the mighty Darwin. Evolution has shown only that interminable ages, with changing surroundings, may modify the anatomy of a horse or the form and plumage of a pigeon, but never has it proved that during the whole age of the earth a horse can become the progenitor of a cat or a parrot be hatched from the egg of a turkey. All we know of generation and reproduction shows nature's unvarying regulation that everything from the bacillus to the man shall come from its own kind; shall produce its own kind and no other kind.

Another similarity between the growth of plants and these diseases is both striking and instructive. The seeds of. the flower Cosmos when planted will show themselves out of the ground in three or four days. This corresponds to what we know of the diphtheria bacillus. Seeds of the Portulacca or the Japanese morning glory require from ten days to fourteen before their leaves shoot through. They correspond to scarlet fever and measles. A gentleman, whose business is the raising of plants, has told us that the seeds of certain palms never show a sign above the ground till they have been planted several months. This is the nature of the tubercle bacillus, which may be planted in the patient months or a year before we get unmistakable evidence of the disease.

This rapid picture of the zymotic process enables us to consider what our remedies may be good for in its regulation and control. No remedies swallowed into the stomach will kill the germs. None will alter the climate. Our only hope is to change the soil, and here we believe homeopathic remedies do have a decided effect. Why should they not? They act profoundly on the nervous system, on the circulation, on the secretions and excretions, on digestion and assimilation, and from our observation we have long ago concluded that they are capable of modifying and controlling these diseases

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like others, and that their use often decides whether the patient shall recover or die. We must bear in mind also that the symptoms of disease and death are not caused by the mere presence and growth of germs, but by the absorption of poisons which they create in the process of development.

Whoever arises in meeting to say anything on the subject of potencies may be excused for feeling some trembling in the knees from the certainty that he can never carry the whole congregation with him. If he hold forth in favor of "low" some will call him a "rank allopath." If he is for "high" others will dub him a "high potency crank." If he be foxy enough to "sound the loud timbrel" for both high and low he will please nobody in particular.

We ask the forbearance of every member for speaking an opinion on the subject, even though we do so earnestly and in straightforward language. If a statement is true it will stand, for truth only is immortal. If it be error it should be demolished, and we will give a cheerful hand in its destruction when its fallacy shall be shown.

We may as well take the cold plunge at once by declaring that we consider the 30th trituration of arsenic to be simply sugar of milk, and the 200th dilution of mercurius to be absolutely nothing but dilute alcohol. Many great men, many men of high intelligence, some of our best personal friends are firm believers in high potencies —believe them to be more effectual than low potencies or tinctures. What then? Why, a great man may be wrong; an intelligent man may err; our best friend may be mistaken. We have not a word or a thought against the intelligence or the sincerity of any one. But, come now, and let us reason together. What shadow of reason have we for believing that a high potency has any medicinal value? The theory upon which the high potency stands, as far as we know, is this: That a crude drug triturated with sugar of milk imparts its qualities to the sugar; that a portion of this trituration added to more sugar imparts its qualities again, and so on indefinitely. There is nothing in the whole realm of nature which justifies such a belief. Like Noah's dove, it returns to the ark, for there is in the whole world no rest for the soles of its feet. In living things the 200th generation will show the qualities of the first; but calcarea is not a living thing. The magnet may impart its quality to a piece of dormant iron; but phosphorus is not a magnet, nor can sugar of milk become a magnet. Trituration is a mechanical procedure for breaking up any substance. It is not peculiar to homeopathy, being many centuries old.

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If there is any idea that the high potency contains enough of the drug whose name it bears to produce a medicinal effect we would call attention to a simple calculation in round numbers which shows where we land. If we were to take one grain of crude arsenic and triturate it all up to the thirtieth we should require this quantity of sugar of milk—63 quintillions 775 quadrillions 510 trillions 204 billions 081 millions 632 thousand and 653 decillions 061 nonillions 224 octillions 489 septillions, 795 sextillions 918 quintillions 367 quadrillions 346 trillions 938 billions 775 millions 510 thousand 204 tons. These are not the stingy, short tons which the coal man gives us either. They are long tons avoirdupois of 2,240 pounds each. The 200th would require nearly seven times as much.

Finally, if a doctor goes to the bedroom of a patient and drops into a glass of hydrant water his single remedy of the 200th he has then and there by that simple act knocked out his own theory and exploded his consistency. For that innocent-looking water is no harmless medium in which to administer such a preparation. It has travelled for miles along the stream beds of Long Island triturating and dissolving a hundred drugs, animal, vegetable and mineral. It has further succussed them through the conduits and city pipes. It is no inert vehicle for his purpose. Compared with the 200th it is a blooming fluid extract of multitudinous and unknown remedies.

We have made bold to speak thus plainly because we feel that the high potency idea, both in theory and practice is a mistake, a delusion, an infatuation; because we are a homeopath full of belief in the past and future of our system, and because nothing has so retarded the general acceptance of homeopathy and brought so much ridicule and derision on its followers as this same high potency business—a derision which is just, a ridicule which is deserved.

If these considerations and reasonings can be overthrown we are satisfied. Let them go. If they can be we will instantly recant what we hold and have said. We ask not an exact demonstration; but give us some reasonable argument, some analogy in nature to which the trembling fingers of faith may cling.

"OUR FRIENDS THE ENEMY."

Our day happily is a poor one for the bigot. His pernicious activity is muzzled and chained by law, and little is left him to do but to rattle his chain and sneer through his muzzle. All wars between churchmen, politicians and medicine men are now conducted on a purely Pickwickian basis, and we roar as gently as any sucking dove.

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The homeopathic and the allopathic schools, which divide the world of scientific medicine, conduct their warfare on the same genial plan. We are on friendly terms with several allopathic doctors, and so far have observed no undue ferocity. Now and then we find one who gives his nose an upward turn when he sees a homeopath or hears homeopathy mentioned. We do not take this to be a sign of a bloodthirsty disposition, but just a reflex action from a poor, cheap quality of gray matter. Occasionally we find a poor creature who either from ignorance or hypocrisy still grinds out the old tunes of falsehood and misrepresentation.

Old school, regular school, rational school, allopathic school—these are some of the aliases under which they labor. They can choose any name they please, but the allopathic school of to-day is not an old school. What used to be the old school was demolished by Hahnemann, and the difference between them and us is that our temple of cure is built of new and lasting material while they have used for the foundations of their temple many false fragments of the old ruin. But they are no older than we are. By the grace of governmental aid they deserve credit for advances in many allied branches—physiology, pathology, surgery, bacteriology, etc.—but in the domain of cure have discovered little that is reliable; next to nothing stable. Abundance of experiment, masses of hypothesis, volumes of assertion. Their most promising trees, with expensive and laborious culture, have borne no fruit—nothing but leaves. Their prodigious pharmacopeia is a storehouse of information chiefly as to what amount of this or that drug a patient may take without danger to life, a volume to which their brightest minds turn with a hopeless sadness not unmixed with sarcasm. The futility of their system or want of system is clearly shown by the avidity with which they pick up the crumbs which fall from the table of homeopathy; by the hysterical seizure of every product and assertion of the chemist and the drug dealer, like mad creatures at the bargain counter. They may claim that serum-therapy is a contradiction of such a general statement. But it is not. The only curative serum which has gained a respectable place is the antitoxin of diphtheria, and this is being vigorously assailed every day in the house of its friends; not with mulish denials, but with good strong reasoning and considerable proof. Anyway, serum-therapy, whatever it may be worth, is isopathy—first cousin to homeopathy. Vaccination is a kind of homeopathy, and therefore a true and abiding measure.

So far as our wandering friends have any plan of administering drugs at all it is the plan of Contrary. This itself is a sort of clumsy

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and dangerous homeopathy, for we know that drugs have a contradictory action, or more properly, an action and reaction. Opium will make a person sleep or cause him to be wakeful and excited. Belladonna will cause wild delirium and also quietude. Such paradoxes can only be explained on the theory that in physiological doses a drug swings the pendulum of life or health, so to speak, in one direction and it has to swing to the opposite extreme before settling to the point of rest. Contraria gives the vital force a violent push and we get a series of oscillations and upheavals; similia steadies it gently and leads it quietly to repose. Contraria and similia are opposite extremes, but the proverb says "extremes meet," so that we may be very near the whole truth if we consider that in a way similia is a safe and gentle contraria, and contraria an unsafe and brutal similia. These adverse actions are seen in external applications. For appendicitis one man will apply a hot poultice; another an ice bag, and patients have recovered with either application. The poultice is similia, the ice is contraria.

Another patient is treated by what may be called their roundabout method. He receives opiates for pain or sleeplessness; tonics —vague and transient benefits—for that tired feeling; cathartics to unload the bowels, etc., etc., till indignant nature gets rebellious and summons all her resistance to eliminate the senseless and injurious abuse. If possible she places the patient on his legs once more, a sadder, a weaker and a thinner man, but not always a wiser.

Homeopathy sent into perpetual banishment the barbarous cruelties of the past, which stood for medical treatment, and for this the world owes a debt of unspeakable gratitude to Samuel Hahnemann. His revolution brought to mankind the greatest benefit it has ever received next to Christianity. The old heroic treatment never can be revived, but we have to-day other forms of heroic treatment. During the last twenty-odd years the treacherous anti-pyretics and the deadly alkaloids have been the fashion, and in the usual doses are they not heroic? Many a man and woman have they sent under the ground. Their effects may not be as cruel as the old ways, but in careless hands they are just as ruinous. It can make little difference to a dead or injured man whether he gets his damage from an old-fashioned blunderbuss or an up-to-date rifle! The general practitioners of the allopathic school are like the men of Athens, who, having no satisfactory religion, fell into the practice of worshiping every god they ever heard of, and in the extremity of their confusion even maintained an altar "to the unknown god."

The unknown god to-day is serum-therapy, and before this

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impossible and unfathomable idol bow the chief priests and wise men of the allopathic school. It needs no prophet to foresee that the manifest destiny of this graven image is eventually to be discarded and cast out upon the mountainous junk heap of medical delusions. But who can look down the vista of the coming fifty years without a pitying eye, which sees the army of the multilated and the slain—the multitude of men, women and children who will yet be offered up in the cause of pseudo science before the wretched, ugly Moloch of serum-therapy shall have been appeased!

As a sample of the unrest and uncertainty of these, our brethren who yet wander in the wilderness and play the game of "Where are we at?" look at the advertising pages of their journals, crowded with the most frantic combinations, whose effects are for the most part utterly unknown and frequently injurious or even dangerous. Look at the procession of these abominations which passes before our eyes continually, each one howling for recognition, that the manufacturer may get a profit on his investment. There is more falsehood and humbug, there is ten times more injury and death lurking in those same advertisements than there is in Christian science and all the other kindred drivels that the world ever saw.

We are not here to say that none of these preparations are ever useful. But who knows what most of them are good for? And do we not have in many of them the ring of the blessed patent medicine ad. and the jubilant note of the circus poster? Pity the doctor who leans upon the drug merchant for instruction as to what he should give his patient! Pity the patient of such a doctor! For "if the blind lead the blind, both shall fall into the ditch." Ye who may be tempted to waver in allegiance to homeopathy, what see ye in the other thing?

Three men became dissatisfied with their homes and walked off into the woods. Mr. A. was followed by a friend, who expostulated with him and induced him to return home on the third day. Mr. B. wandered about for two weeks, and concluding that he was a foolish man, returned home of his own accord. Mr. C. had a strenuous and rampant wife, who sent a well-developed policeman after him with orders to bring him back alive or dead. After many fights and scuffles with the policeman Mr. C. was run into his home on the tenth day covered with contusions. This short allegory is a rough conception of the three ordinary means of recovery in vogue at the present day. Mr. A. was treated homeopathically, Mr. B. got well without treatment and Mr. C., unfortunate man, had an allopathic doctor.

What shall the future be? We believe the two schools will gradu-

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ally come closer together with the rolling years; that the homeopath will learn from his traditional foe the art of judicious palliation, and the allopath from him the art of curing. In the meanwhile we see no reason why earnest doctors of both schools should not respect each other and learn of each other, letting the childish and quarrelsome wrangle to their hearts content.

It was a pleasing and poetic fancy of the ancients that when one of their heroes had finished his labors and departed he became immortal and took his place among the constellations of the sky. Even so may every faithful doctor look upward into the medical firmament with gratitude and pride and see the giants and heroes of the healing art shining in immortal glory. Hippocrates, the Polestar, the apparent centre of revolution—not the real—for as the polestar of the universe is not the real centre, but itself revolves around an unseen point, so we may be sure that before Hippocrates there were others, all unknown to us, who touched at human pain, had sought to find some balm, some mitigation for the evil. Algol, who in the early Christian era gathered and extended the learning of his day. Altair, of the ligature, who first tied the artery and saved the crimson tide of life. Rastaban, of the obstetric forceps—his light veiled in the mist of sordid selfishness. Capella, who discovered the circulation of the blood. Alioth, the liberal, whose light shone on fevers and on dropsy. Rigel, who with vaccination barred the march of the epidemic pustule. Sirius, the brightest of the fixed stars, whose transcendent genius knocked down the walls of ancient medicine, that barbaric edifice of superstition and stupidity, and built for us a purer, safer structure. Procyon, whose researches illuminated the typhoid scourge. Regulus, the star of the milder and the safer anesthetic ether; and Aldebaran, of the harsher, surer chloroform, whose bold hand first gave the priceless fluid to the laboring mother, and showed us that the women of our homes and hearts might safely pass in kind oblivion the horrid hour of parturition. Castor and Pollux, of gynecology, whose ingenuity repaired the damages of cruel nature, inflicted at the birth. Spica, whose keen intelligence, aided by the microscope, revealed the dangers of the microorganisms, and who penetrated the far-reaching secret of fermentation. That bright Arcturus of surgery, whose rays first turned upon the germ causation of the festering wound and led the way to keep that wound in health. Antares and Canopus, the stars of modern pathology. Vega, whose clear beams discovered how our mothers perished of puerperal fever from infection; and Achernar, who

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hunted to its lair the treacherous bacillus of the great white plague. Nor can we further stay to call the roll, for

"The skies are sprinkled with a thousand sparks.
They all are fire and every one doth shine."

But the sidereal picture would not be complete without a grateful glance at the galaxy of nurses—the milky way—that all-surrounding belt of gentle light, which from the immemorial days has thrown its soft and soothing radiance upon the bed of anguish.

Weighed in the coarse business scales of Shylock it may be a question whether the practice of medicine pays the doctor or not. But surely it is as noble and benevolent a work as ever occupied the talents and the energies of men through the whole course of time.

INFANTILE INSANITY.*

By John Hutchinson, M.D.,
New York.

THIS title may be looked upon as convenient to suggest what ails a good many children. Let us say the unhappy ones, yet those that are neither idiotic nor imbecile. When a *baby* has mania, however, we decide that the trouble is gastro-enteric; just as tradition tells us that a bad liver makes a crazy man. But while the latter sometimes recovers at the insane hospital, the baby may get well anywhere it can.

I once knew intimately a fine old physician who had the habit of referring to some of his juvenile patients in this style: "That child is half-idiot anyway!" Often the provocation was adequate, and it set one to thinking.

The adult patient is not entitled to a monopoly of mental diseases. If there is any advantage in maturity he has it. But the earliest period of life—the three years allotted to infancy—invites countless disorders. Functions are then easily disturbed, and progress in higher development is more or less halting. At first the baby struggles along with no intellect at all, and when the frail structure does appear its foundation is a nervous system of no stability worth mentioning.

Yet the infant has his personality—his individuality—and his prerogative is not to be ignored. He presides over his own little

* Read before the New York Homeopathic County Society, May 1902.

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realm, and wields his own sceptre. Beautiful theories of baby-farming vanish before the tiny despot who lays seige to his father's house. The admirable plan of giving the baby all the favorable conditions for quiet, healthy growth, analagous to those provided for the lower animals, is often thwarted by the essentially human element in the subject. All infants cannot be brought perfectly under the régime, though we modify the milk never so wisely.

But a positive degree of normality must be kept in view. Even the babe that Shakespeare mentions "in the nurse's arms" is conventional; and Milton wrote: "The babe yet lies in *smiling* infancy." In fact, everybody recognizes the normal ideal, not excepting the good physician, although meantime he attend strictly to his own affair of prescribing physic.

Since health is one and the same thing in either child or adult, departure from health may produce in either the same result. A simple definition will illustrate:

Insanity is a state of mental activity opposed to that which is normal; and the insane patient is consequently unable to maintain the human and psychological relations appropriate to his age and environment.

Whatever bearing this state has on that of the neurons, we assume that, conditions being equal, the child is no more immune to mental disorder than is the man.

Though it is somewhat rare to include in any class of mental invalids patients from the first decade of life, emotional aberration in children is frequent. Abnormal progress of intellectual development is common. The cerebral lymphatics are often implicated in disturbed mental function.

The following case has repaid study. The patient is now a little more than two years old. He is pleasant to look at, reasonably lively and is agreeably behaved. He can speak only a few words distinctly, but attempts to talk when interested. He eats and sleeps well. Sixteen teeth have erupted, and the right upper posterior molar is visible.

This wholly satisfactory state has existed but a few weeks. Formerly the boy exhibited as ungracious a general demeanor as can be imagined. I can describe it only as mania. Whenever I saw him I believed that his condition was clearly one of mental aberration.

I went carefully into family history, but with negative result. Heredity, syphilis, obstetric forceps, convulsions, adenoids, phimosis and the exanthemata were excluded. No Jadelot lines were discernible. The following were considered: Difficult and retarded

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birth; large head and small face, slightly suggesting hydrocephalic contour; imperfect nutrition; brief illnesses, coincident with dentition; anterior fontanelle persistent; backwardness in learning to talk; slight attacks of cervical adenitis.

This baby was the first, and was born in the tenth month of his parents' married life. He weighed ten pounds at birth, nursed at the breast, now weighs twenty-seven pounds, and his height is thirty-three inches.

He became my patient when cutting his first teeth, having then a diarrhœa in their honor. Immediate response to medicine was characteristic of this, as well as of acute attacks in general. I was in attendance over a period of eighteen months, in thirteen of which visits were made. There were fifty-four prescriptions in all, and eighteen different drugs were used. The remedies in order of use and number of times prescribed are as follows: Chamomilla, 16; magnesia, carb., 2; spongia, 1; pulsatilla, 4; lycopodium, 3; thuja, 1; ipecac, 1; calc. carb., 7; calc. ph., 3; apis, 2; belladonna, 4; cina, 2; sulphur, 1; mercurius, 3; antim. crud., 2; ferrum phos., 1; hyoscyamus, 1.

I am not proud of this long list, nor of its variety. A remedy was usually given in the thirtieth potency, and acted promptly in respect to fever, coryza, enteritis, or other acute disorder. In practically every instance the various complaints seemed to be associated with dentition. Between such attacks the patient appeared as healthy as anything could be while possessed of at least seven devils. Sleeping but little, this afflicted child filled in the time at whining, screaming, striking and kicking. His manifestations were not those of pain, but of sheer perversity, or, perhaps better, erratic nervous energy. The mother was in a state of chronic anxiety and exhaustion. The father declared that the child needed the rod, despite infancy. I repeatedly assured both parents that the child was ill, or he would not express such constant irritability.

I called to the case a specialist in diseases of children, who examined the patient and decided that malnutrition and a rhachitic phase were present. He advised in relation to diet, and recommended two remedies over a long period, calc. carb. and chamomilla, reversing as required. This plan was carried out for some weeks with resulting improvement in general health, but without effecting any change in temperament.

Then for over two months I did not see the patient. Early in winter a message that the child had croup summoned me. I found him with bronchitis established, and his behavior wilder than ever

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before. He was very ill for several weeks. He rapidly became thin, lost appetite and slept little. His violent ways were replaced by a dull, unhappy state, and he was comparatively quiet, though peevish.

But he outlived the bronchitis and a lymphadenitis that ensued, and later, when prescribing for another member of the family, I found the uncomfortable activity had returned. It recalled the words of Gowers in respect to irritation in brain disease: "Morbid increase of activity * * * an excessive, although abnormal liberation of energy * * * sudden, paroxysmal, or persistent."

A drug not hitherto administered was prescribed for a week. At the end of that time the father reported that his son was getting good-natured. Another supply of the same medicine was sent, probably unnecessarily. It was antim. crud., 6.

I have had only a very few such pleasant surprises as the one that awaited me when I called a fortnight afterward to vaccinate the little fellow. A former occasion came vividly to mind, when his protests amounted to frenzy before, during and after the operation, and which latter, though thoroughly accomplished, did not "take." In the present instance the little lad watched every step in technique with the best-humored, intelligent interest, and looked inquiry in a most captivating way. Normal vesiculation and scar followed this second vaccination, with no constitutional disturbance whatever.

The mother of the youngster now says that he does not seem like the same child. His disposition is as healthy and bright as a May morning.

Since beginning to write this report I have seen the boy several times and under a variety of conditions. His normality is manifestly established.

78 East Fifty-fifth Street.

DISCUSSION.

JOHN E. WILSON, M. D., New York.—The term is a large one, but marks out a group of children whose actions conform to no ordinary standards, and whose perturbations and vagaries of temper are the signs of a pathological condition which is generally traceable to hereditary influences. These children are, for short periods, as completely maniacs as those who inhabit the violent wards of asylums, and only their puny strength and the shortness of the attacks permits them to remain under the care of relatives and at home.

I am, of course, speaking of the more marked cases, as, naturally, all grades exist.

I have had the opportunity in the last eighteen years of seeing some of these cases progress from infancy into late childhood, and the dis-

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turbances have been varied from attacks of unreasoning rage, slight and infrequent, to periodical outbursts of mania of a high degree, although of short duration; and these cases have been subject to disciplinary treatment of the most severe description with but slight amelioration. When, however, they were considered to be cases of disease and treatment was instituted the results were generally satisfactory, and they were changed from a condition of constant struggle against authority to one of the ordinary happiness and carelessness of normal childhood.

The question then came to me, as it has to all of us, what can be the disease process going on, whence is its origin and what is its method of action?

All of these cases, so far as I can recall, were children of markedly neurotic or dissipated parents. In some instances tuberculous, and in one marked case this infection was from both the paternal and maternal side.

The pathology of these cases seems to me to be capable of discovery, and a knowledge of it valuable both for diagnosis and for successful treatment. The especial value and the transcendant reason for its early discovery rests upon the fact that the brain is in a formative stage. The cells are more than ordinarily fragile, and so especially susceptible to injury, but they are also in a condition of rapid evolution, and therefore recovery from derangement is more possible, and, if the cure is sufficiently early, certain of the developing tracts may never have been affected by disease.

The functional activity of the cerebral cells depends, of course, like those of the rest of the body, on a regular supply of food and an efficient removal of waste products of catabolism. The arterial system supplies the food, the lymphatic removes the waste. Now, this blood supply may be cut off totally, may be supplied too sparingly, or may be furnished in excess. The lymphatic drainage may be checked by lack of arterial pressure or dammed up by local accumulations, or by the congestion of lymph nodes, in its course to the thoracic or right lymphatic ducts. Probably the arterial supply, except in cases of new growths and easily ascertainable diseases, is less subject to irregularity than the removal of waste by the lymphatics, and therefore we will study more closely into the anatomy and the physiology of this lymphatic system.

As the brain lies in its bony case it is enveloped from without, inward, by the dura, the arachnoid and pial membranes. It may be considered that in reality the arachnoid is but a division between the dura and the pia; that upon the dural side, namely, the subdural space, we have a serous cavity lined with epithelium, while in the subarachnoid space, namely, between the arachnoid and the pia, we have a true lymphatic space lined with endothelium.

The layers on the interior surfaces of the dura contain small lymph spaces which drain into the sub-dural space, follow the external jugular veins, and, passing through the external lymph nodes in the neck, empty into the lymphatic ducts—right and thoracic. The sub-arachnoid space communicates with the cavities of the ven-

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tricles through the foramen of Monro in the roof of the fourth ventricle by means of the canal of Sylvius, and also downward with the spinal canal, thus affording a ready communication of the sub-arachnoid space with the ventricular cavities and also the cavity of the spinal column. The meshes of the pia are lymph spaces, which connect on the one side with the perivascular spaces (soon to be described) and the sub-arachnoid spaces.

By what are known as the Pacchionian bodies, which are projections of the arachnoid and pia into the dura, principally along the longitudinal sinus, there is a connection by transudation of this sub-arachnoid lymphatic fluid. These communicating reservoirs have to do with the general tension of the cerebral and spinal cavities, and empty by lymphatics going out through the foramen magnum and passing deeply in the neck through the internal chain of the cervical glands on the way to the great lymphatic ducts.

Each artery and vein, as it courses through the pia and cerebral substances, lies in a lymph-filled space, and underneath the adventitia of each artery is a smaller but connecting space called the Virchow-Robin space. This latter space is probably of slight importance, but the peri-vascular spaces follow the vascular system to its most delicate branches and connect with spaces in which lie every cortical cell.

Inplanted on the margin of these smallest spaces are the clubbed-shape bases of what are known as the pod-asteroid cells, which are neither ganglion nor glia cells, properly speaking, but may be termed scavenger cells.

We see now that the brain as a mass and the brain in its most minute and essential elements all lie in a lymphatic fluid. This lymphatic fluid has one marked peculiarity, when compared with the fluid in the blood vessels, and that is that while they contain a very minute percentage, one or two, of carbon-dioxide, the lymphatic fluid quite constantly contains 40 per cent. by volume of this gas. Now, it is known that in the process of metabolism the oxygen of the blood combines with the substances which are functionating, and the resulting combination gives rise to carbon-dioxide and water, and that the lymphatic fluid, loaded with this carbon-dioxide and water, is transmitted by the lymphatic ducts to the right heart. Once in the blood stream it is carried to the lungs, the moisture and the gas are thrown off, the cycle is completed, and the system is thus relieved from these particular waste products.

Now, this ganglion cell, which we have pictured lying in this lymph space, as a general rule may be described as a pyramidal body having two or more prolongations from the large end or base, pointing upward, and one very long and fine one going downward, which is termed an axone. These upward and double or triple prolongation are bushy, branching quickly and repeatedly, and studded with extremely small knobs which are called gemmules. This whole bushy mass is called a dendrite. Assuming as true, which may or may not be all fact, that there is an influence contact between sensory axones and motor dendrites, it has been alleged that these up-grow-

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ing motor dendrites have, when in health, an erectile power, and that a sensory one ends in a brush around the dendrites of a motor cell, but is not, and never is, in actual contact with them. When the sensory impulse is transmitted along the sensory axone toward the motor cell elongation by erection takes place between the terminal brush of the sensory axone and the dendrite of the motor cell, so they are brought appreciably nearer to one another, so near that it is supposed they are brought within the sphere of influence one upon the other. This process is asserted to be essential to cerebral action, and it is evidently dependent upon the functional integrity of the sensory brush and the motor dendrite, which in turn is only ensured by the healthy condition of the cells from which dendrite and axone are projected. The cortical cell is composed of a membraneous envelope containing a fine reticulum, in the meshes of which, but rather unevenly distributed through the cell, is the assimilative substance of the cell, called chromatin; in the midst of the cell lies its essential part, the nucleus, containing in its turn a nucleus.

It has been found that where we have reason, from motor failure, to appreciate that a motor tract is diseased we find the following changes in the cell. In the first place, the chromatin is heaped up on one side of the cell and is like a brown dust, some of which is also found in the surrounding lymph spaces; the nucleus is dislocated to one side and is shrunken, the dendrites are no longer regular in outline but clubbed and in some cases shortened, and the gemmules have disappeared. Going further, we also find that the pod-asteroid cells have suffered in much the same way, and that the peri-vascular lymph spaces are occluded and distorted.

As a matter of experience it has been found that a very great increase in arterial pressure tends to disorganize the lymphatic circulation generally throughout the brain, and that the lymph channels tend to appear much as above represented. Now, in such a case we should find that the cells would be exposed for a much longer time than usual, if not continually, to a fluid rich in that very carbon-dioxide which is known to be a nerve-cell poison. Therefore, if by any disturbance of the body economy we could predict a cerebral congestion we could also as certainly predict a disturbance of the functional perfection of the cerebral cells. Also, if we could ascertain that a toxic material was circulating in the blood and that it was especially toxic to cerebral cells we could predict that such a condition of impaired vitality, function disturbance or even destruction would take place after the manner above stated.

Now, we know that many of the hereditary dyscrasias show themselves upon the arteries in the pia which supply the cortical substance of the brain, and post-mortems in such cases usually show a periarteritis or endarteritis and patches and placques of degeneration, resulting therefrom, here and there in the pia.

In the abdomen are also found lesions which interfere with the circulation in that locality and form foci of irritation. It is equally well known that the intercranial blood supply is dependent upon the

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presence of a normal amount of blood in the abdominal cavity, and must be disturbed by such conditions.

The diseases and chronic ailments of childhood are very prone to be digestive, and the result of indigestion, aside from perversion of the normal amount of contained blood, is to pour into the vessels imperfectly digested foods and often active toxines. Such delicate children are also prone to exhibit enlarged glands in various parts of the body, and in no locality more frequently than in the cervical region. If the superficial cervical glands only are involved the lymph exit from the dura is alone involved, whereas if the deeper nodes are the seat of congestion the lymphatic drainage from the sub-arachnoid and pial spaces is blocked up. Now, the pia has no sensory nerve supply, and consequently we do not expect pain as a symptom in such cases. The dura has such a supply, and it would in those cases give us anatomical grounds for expecting the headache which we often find.

The dura and the pia in the spinal column and on the cranial nerves form the peri and epi-neurium which envelope the nerves as they emerge from the cranium and from the spinal canal. A lymph space is, however, preserved between these coatings and the nerves, and from the wide distribution of the spinal nerves in the abdomen they may be seen to form a direct channel for the transportation of toxines from that cavity through the spinal canal into the cerebral lymph spaces, and hence we may find an explanation for the sudden spread of intestinally-formed toxines. The cranial nerves, by virtue of the same peculiarity of structure, furnish an equally direct avenue for the infection of the cranial membranes when there are foci of disease in the ear, the face or the external surface of the skull. From this brief resumé of these well-known (but often half-forgotten) facts it is easily seen that a violent alteration in the amount of the blood supply, or an interference with the steady and adequate lymphatic drainage, or the presence of toxines in the blood are sufficient to cause disturbance of cell activity. We can see that these cells possess no immunity from infection, starvation or toxic drainage by reason of their isolation from avenues of possible infection. On the contrary, they are directly in the current, and their only safety lies in the comparatively feeble affinity that many of the general poisons have for these particular structures.

From these facts, then, we may understand the outbreaks of motor and intellectual excitement which we witness in these little patients, and appreciate them as the warning that cortical cells are being injuriously affected and may be destroyed. We may also read that if the glands are enlarged or if digestion is disturbed we may possibly have all the materials necessary to produce just such phenomena as we are witnessing. Therefore, we cannot feel that we are doing our duty or are beneficially affecting the patient unless we are reducing the congestion of the glands upon one hand, accelerating and improving the process of digestion on the other, and the experience of any one is sufficient to point out that only deep-acting, constitutional remedies can be of assistance to us.

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I would not lose sight of the beneficial and necessary requisites of proper hygiene and environment. I have never seen cases which could be in after years regarded with more pleasure than such cases if properly treated and fortunately situated. That the outcome is not solely the result of good care, good food, good surroundings, seems to me to be proven by cases which I have seen which have lasted for quite a number of years without amelioration, and in fact rather steadily progressing toward greater intensity. I do believe that with the observance of all the proper rules of health, with careful management, both moral and hygienic, cures are reasonably certain by the aid of sulphur, of the salts of lime, of hepar, of antimonium-crudum and remedies of that class. I think that stramonium, hyosciamus, belladonna, at times bryonia, may relieve the acute outbreaks and will conduce to, and occasionally be sufficient for a cure.

CARE OF THE PREGNANT WOMAN.*

By Geo. H. Earle, M.D.,
Boston, Mass.

THE physician in his daily work sees a variety of cases, prescribes a remedy and gives directions as to the care of the patient. His mission here is to heal, or assist in nature's efforts toward recovery.

The physician is seldom called until some member of the family is sick, very likely not until the second or third day of the illness, and his visits are discontinued as soon as recovery seems assured, or certainly when the patient is well.

A more nearly ideal way of doing, especially for the family physician, would be to guard his patients against disease; to act, in fact, as a teacher of hygiene.

It is said that in some so-called heathen countries the physician is paid as long as his patient continues in good health, but that his pay stops short the moment illness comes.

There are, of course, objections to such a course, but this leads me to the statement that in his care of a pregnant woman the physician comes very nearly fulfilling the ideal place. He must, if he faithfully and skillfully discharges his duty, guard her from many possible dangers.

The pregnant state borders so closely upon the pathological, and unfortunately there is so widespread a feeling that all or nearly all the ills that a pregnant woman is heir to, are incidental and unavoid-

* Read before the Mass. Hom. Med. Society.

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able, that we are in danger of overlooking, or not sufficiently considering very serious symptoms.

There is good reason to believe that the morning sickness so-called, the common nausea and vomiting of pregnancy, is an indication of that toxemia of pregnancy, which may be so baffling to the physician and so fatal to the patient.

There is always another consideration: We are not only guarding the life and health of the woman, but a mother and her child, two lives instead of one.

The day may come when a class of specialists will exist, known as obstetricians. There are many good reasons why, but that can only come when the obstetricians are not general practitioners, either of medicine or of surgery.

Obstetrics is legitimately a department of abdominal surgery, and obstetric cases should be conducted with that fact in mind.

The care of the pregnant woman, however, will remain for a much longer time, and always to a great extent in the hands of the general practitioner, the family physician, and this is my reason for bringing the subject before this general society for consideration. It is rather trite, but I know from sad experience that it is one which fails to receive the attention it merits from many.

Look for a moment at some of the profound changes going on from the moment a woman becomes pregnant. There is an abrupt cessation of menstruation; a constant congestion of pelvic organs; a rapidly growing pelvic tumor. Enough already, if it were not a strictly physiological condition to make the woman sick. Added to these things there are general changes: a change in the composition of the blood; an exalted nervous susceptibility; a necessary increase of the size and force of the heart, and especially in a primipara more or less mental disturbance.

In the later months, all of these things, and added the pressure upon the abdominal organs of the enlarged womb, and the unavoidable interference with the functions of the bowels and the kidneys.

The dangers which threaten a pregnant woman may perhaps be divided into constitutional and local; or they may be said to arise from either general causes or special causes.

Among the first may be mentioned toxemia, phthisis, cardiac disease and malignant disease.

Among the second or local causes, uterine displacements and inflammations, diseases of the tubes or ovaries, and deformed pelvis.

Advanced phthisis, cardiac or malignant disease is very likely to be promptly recognized. It declares itself and receives prompt

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attention, but it is not so in a case of toxemia. This is the greatest danger which threatens the average woman who is pregnant. The danger is great, not only because of the serious and often fatal results, but because of its insidious advance, and the difficulty many times in inducing the patient to realize the necessity of care.

This condition may be summed up in its manifestation as well as causes, in faulty elimination, and there is the key to its treatment.

Just why should so many women who are fairly well or even call themselves in perfect health, go through pregnancy with only average discomfort, and then with labor develop eclampsia; or what is of course much more common, why should a healthy woman, performing a physiological function, suffer in all degrees, from slight discomfort to actual torment, or even death, before pregnancy has advanced half way?

I believe that the word toxemia explains most if not all of it. The woman who has gradually accustomed herself to poor breathing, improper diet, undue excitement and all the numerous other things which make up life for average mortals, has become acclimated to this state of things and goes on, while she has only herself to support, but when she is suddenly called upon to support another being, to assimilate and eliminate for two instead of one, she has no reserve with which to meet the demand, and the result is a picture you are all familiar with.

This is borne out by the following fact: that eclampsia is more common in primipara than multipara and in multiple pregnancy. Who is the woman that any one of you dreads to confine? Is she not the stout, phlegmatic, sluggish primipara of 35 or 40? And it is not because of mechanical difficulties of labor said to be incident to old prim. That is a motion which fails to hold.

I would rather attend, so far as the labor is concerned, a primipara of 40 than one of 30. It is because of the greater danger of eclampsia, or that even more fatal thing, pernicious toxemia, without convulsions.

The older woman fails to adapt herself and her functions as the younger woman does, and hence her greater danger? What is the physician's duty in connection with this danger? It is to teach the woman explicitly how to live during this time. Regular habits, proper unstimulating diet, daily bath, good breathing, outdoor air, and proper attention to the bowels.

Now as to some of the other matters which should receive attention from the physician. He should ascertain by careful measurements the capacity and character of the pelvis. The major de-

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formities are easily recognized. It is the minor degrees of pelvic contraction which, if unrecognized, give rise to unexpected complications in labor. External palpation during the later months should never be neglected. These two faithfully practiced are absolutely devoid of risk to mother and child and fulfil the first indication in any case, viz., a diagnosis.

As to urinalysis: less than a decade ago the statement was made in this society that albumen in the urine of a pregnant woman was of no special significance, unless accompanied by casts. No mention was made of the proportion of urea, or of the total amount of solids. This statement was unchallenged and allowed to go. It was apparently agreed to by those present. We have certainly learned a little of this matter since then.

A careful urinalysis should be made once in four weeks, and at least once in two weeks during the last two months, and much oftener in cases which show a deviation from the normal.

During the latter part of pregnancy the breasts, or rather the nipples, should receive special attention. Throughout the period of gestation, but especially during the latter half, there is apt to be some secretion about the nipple, which may even form more or less of a crust. The careful and gentle removal of this secretion, and the protection of the nipple from friction or pressure, constitutes proper care. If retracted the nipple may be drawn out with a breast pump during the last week. The application of an astringent is absolutely faulty. Tanning and drying the skin is not the way to prepare it for subjection to the moisture and manipulation incident to nursing.

As to corsets. If they fit and really afford comfort, yes! This suggests another means of adding to the comfort of the pregnant woman. During the last few weeks a snug abdominal binder may be worn with the greatest relief. This is the time during which the binder may be of service in helping to preserve the figure. It also tends to a proper presentation and engagement of the head. It may be supplemented by the use of shoulder straps, which should cross in front instead of behind.

At about the eighth month, or a little later, there comes the tightening or settling, often accompanied by more or less pain and symptoms of labor. This is sometimes the cause of much anxiety and real mental suffering on the part of the mother, because of her faith in, and a fear of an old superstition, which says that "a seven months' child may live, but an eight months', never." It is worth your while to explain the fallacy of this notion, and that every week adds to the baby's chance of surviving.

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Maternal impressions, threatened abortion, cravings, and many other things, might be considered in detail, but the limits of this paper forbid.

One thing, however, there is, which has failed to receive the consideration which it deserves, and that is the matter of the prolongation of pregnancy. That is, should a woman be allowed to go two, three, or more weeks over the date on which labor is due? Of course, there are many sources of error in computing the date, but if the woman apparently is at term, and the head pretty well fills the brim, or is with difficulty pressed into it, we are not doing our duty if we do not consider the matter of bringing on the labor. If the woman is at term the danger to her and to her child increases each day.

All the dangers to a pregnant woman increase in rapid proportion and the difficulty of the labor also increases with delay, both from increase in size of the child and from the rapid hardening of the bones of the head. If done aseptically the risk of the procedure itself is nothing. If a mistake in reckoning has been made it is hardly likely to be more than two weeks, and what the child lacks in development it more than makes up in increased facility of the labor.

THERAPEUTICS VS. SURGERY.

By G. W. Bowen, M.D.,
Fort Wayne, Ind.

MR. H. was brought to me some years ago by a generous patron, who requested me to do what I could for him, and he would pay the expense.

My patient was about 55 years old, and his only means of locomotion was by crutches, on which he had depended for more than a year.

I found the left hip-joint partially ankylosed; and the least motion carried great distress. The knee-joint was immovable, and had been for more than six months. The femur on the outside was necrosed nearly its entire length. There was an exostosis on the inside of it over six inches in length and four inches wide. The hip-joint was very tender to touch, and along down the femur, but no trace of matter could be found to burrow or in pockets.

The leg had been opened by my predecessor, Dr. M., surgeon and ex-army surgeon), but close to the knee where the muscles blend

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into ligaments, no matter had ever discharged from it. Dr. M. decided that the only hope of saving the leg was to open it from the hip to the knee, chisel out the dead bone, and fill up the space by granulation, and later operate on the knee and hip.

On referring to my notes of the case made at the time, I find that I could not see him oftener than every two weeks, as he lived 10 miles away; so my treatment had to be made accordingly.

I gave him belladonna and bryonia first cent. on No. 30 globules, to be taken 10 at a time, three hours apart when awake, and to apply a towel wet with cold water over the hip at night, and leave it on until it got hot, or all night if he could, and to regulate his bowels, if needed, by diet alone, and in no other way.

In two weeks the hip was much better, not very tender, and motion nearly normal. I then gave him belladonna and adrenalin each the first cent. on globules, to be taken three hours apart in alternation, and to apply the cold wet towel down to the knee, and especially over the exostosis on the inside of the leg.

In two weeks the hip was apparently well and some discharges of spicules of bone had been forced out of the opening made by my predecessor.

I then gave him belladonna and silicia; bell. the first cent., silicia the sixth cent. on globules three hours apart, changing, and apply the cold wet towel around the knee and over the last of the exostosis. In two weeks the leg was nearly well; the enlargement gone, and no trace of tenderness of importance along the femur. I then broke loose the attached or adhered bones at the knee so as to give it a little motion, and told him to move it more every morning and night; but also to apply the towel to the knee at night. I gave him silicia, sixth cent., to be taken three times a day, and to lay aside his crutches and to depend upon a cane alone, but to be remarkably careful and not hurt the knee. In one week he returned and claimed his leg was as good as ever. I saw him lately and he has had no more trouble with his leg since then.

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Original Articles in Surgery.

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WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

ATYPICAL FORCEPS OPERATIONS.*

BY GEORGE R. SOUTHWICK, M.D.,

Boston, Mass.

MUNCHMEYER'S declaration that forceps was the most bloody of all obstetrical operations as compared with the dictum of the Berlin clinic that forceps was the safest and most beneficent of all operations, has led to renewed study and reports of the use and results of forceps in nearly all of the large Continental clinics. These reports of carefully observed cases since the introduction of asepsis are of special importance, as indicating the effect of the latter on the modern practice of obstetrics by the experts of Europe.

In a general way it may be said that the German school holds firmly to conservative lines, especially as regards the application of the forceps at the brim of the pelvis and very generally declares against them if the head is movable above the brim. The Paris obstetricians, influenced by the axis traction forceps, follow similar lines, but use the high forceps more freely. The English school resort to forceps earlier than either, and in America where uterine inertia alone is accepted by many physicians as sufficient reason for interference, the forceps is used still more freely. This tendency to what one will call the abuse of a safe instrument and another will term the humane use of the forceps, deserves serious consideration.

The results of experience are the final and most conclusive appeal to our judgment, and while it is not the writer's intention to quote details of statistics which can be found by those who are interested, a brief summary of the results obtained by the masters of the art is helpful in arriving at any conclusion.

The maternal mortality from the use of forceps does not include usually cases infected before operating or those where previously existing complications are likely to prove fatal, such as eclampsia, minor pelvic contraction excepted.

* Read before the American Institute of Homeopathy, Cleveland, June 1902.

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The infant mortality for the same reason applies only to infants which die during delivery or a few hours afterwards. Maternal morbidity, as shown by the rise of temperature above 100° F. in the puerperal state, with similar elimination of factors producing elevation of temperature independent of the mode of delivery, is more important in estimating results than mortality. A woman may finally recover in a crippled condition after a long illness, but those who recover without a rise of temperature above 100° will show much more accurately the character of the labor and delivery. The morbidity is not mentioned in all the reports, but as it is given in over 15,000 cases, it may be presumed to be fairly correct.

The statistics given here in a general way are founded on the reports of the maternities of Dresden, Prague, Vienna, Berlin, Halle, Bonn, Munich, Basel, Tubingen, Budapest, and several other cities.

The teaching of antisepsis produced remarkable results as early as 1885. At this time a report of 50,752 births in central Germany showed that the forceps were used once in 37.8 labors with 1.4 per cent. mortality for the mothers, and 9.8 per cent. for the children. The morbidity was not given.

The strict observance of modern asepsis in all maternities has improved later reports. Twelve representative clinics show 30,737 births with an average use of forceps in 3.54 per cent. of the cases or about once in 33 labors. The least frequent use of forceps was in the Dresden clinic, where it was used once in 50 cases with no mortality of the mothers. The morbidity of the mothers was 23 per cent., *i. e.*, only one woman in four had a temperature exceeding 100° F. during convalescence, and 12 per cent. of the infants perished. It is only fair to state that in this clinic the forceps is not applied to the head above the brim, version being the operation of election. The Basel clinic showed the largest proportion of forceps of the German clinics, but it is in a section of country containing a high percentage of contracted pelves. The forceps was used here once in 20 cases, or more than twice as frequently, with no mortality of the mothers, a morbidity rate of 24 per cent., and a mortality for the infants of 10 per cent. The average of the cases reported approximated closely to a morbidity rate of 17 per cent., which means that five out of six women delivered by forceps, have temperatures less than 100° F. during childbed. It is freely conceded that the use of forceps should have no mortality in uncomplicated cases. The average infant mortality in these 30,737 cases was 10 per cent.

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It should be remembered that the statistics quoted are from clinics where exhaustion of the mother and flagging pains, without other clinical evidence, is not accepted as an indication for forceps, and where it is a general rule not to apply forceps unless the head has remained stationary in the pelvis for two hours after it has failed to advance or recede after it. The American physician, true to his instincts and innate chivalry, takes a more humane position, and uses the forceps much more freely, while his English cousin occupies the middle ground and believes firmly in high forceps.

That prince of all instruments, the hand trained by experience and thorough familiarity with the mechanism of labor, occupies a higher place with us than elsewhere, and it is very natural that manu-dexterity should accompany Yankee ingenuity.

We gradually have recognized the fact that manual dexterity counts for much in rectifying abnormal positions and flexions of the head which very often are the real source of difficulty in effecting a safe delivery. The hand of the expert sometimes fails, but it not infrequently simplifies a severe case of dystocia, and aids materially in rescuing mother and child from a perilous position.

Abnormal positions of the head at the brim, or extension of the occiput can be corrected manually in many cases so as to allow the immediate application of forceps bi-parietally to secure the head in a new and favorable position, rather than to force immediate delivery which, on the contrary, should be performed slowly and carefully. This use of the hand in correcting brow, face, occipito-posterior positions and extension of the occiput in vertex positions, deserves wider application in connection with the use of forceps than has been given it. The success or failure of such manipulation is important in electing forceps at the brim or version, and if the effort is not successful the operator can proceed at once to either version or forceps without detriment to the mother. The secret of success in some cases lies in pushing the head back, rotating the body of the child by its shoulder with the aid of the external hand, then flexing the occiput with the fingers passed well over it and following this manipulation by applying the forceps at once to secure the flexion of the occiput anteriorly.

The election of high forceps or version must depend somewhat on the dexterity of the operator with the one or the other operation, and especially upon the skill of the assistant which he can obtain. It has been well said that the skill of the assistant in version should be equal to that of the operator. In the German clinics where such assistance is available to express the aftercoming head during ex-

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traction, version is almost invariably preferred to the application of the forceps to the presenting head above the pelvic brim. It is not unusual in England to apply the forceps in such conditions if the cervix is soft and two-thirds dilated with no disproportion between the head and the pelvis. Germany is very conservative in this operation, as her records show an infant mortality of 10 per cent. from high forceps, and the danger to the mother exceeds that of an ordinary abdominal section. The report of the first 1,000 cases delivered at the Johns Hopkins Hospital shows a better result, and is confirmatory of the English practice. If the conjugate at the brim measures 10 cm. or over, the forceps is applied tentatively, and if the head does not descend after two or three tractions, version is performed. There was no mortality from either forceps or version in these cases. The infant mortality after forceps in deformed pelves was 9.52 per cent., and after versions, 26.66 per cent. The latter is much more than the statistics given by Wolff for aseptic cases in which the maternal mortality is half of 1 per cent., and the infant mortality is 12.45 per cent.

The application of the forceps at the brim should be made as nearly as possible over the parietal bones, and requires no small degree of skill. It has been well said that high forceps is an operation for the expert, and version for the novice, when the two operations are considered.

It is hardly necessary to urge the value of some form of axis traction forceps in preference to the long forceps. The position of the patient may not seem important, if Walchers' position is not used, the writer much prefers to have the patient lie on her left side with the thighs well flexed and the hips over the edge of the bed.

Axis traction is thus performed more efficiently, and the head is grasped more readily by the forceps.

Walchers' position, which consists in placing the patient in the dorsal position with the hips over the edge of the table and allowing the legs to hang down, is very important for either forceps or the extraction of the head after version, as it increases the anteroposterior diameter of the brim one centimeter on the average.

One of the chief objections to the high forceps operation, apart from the fetal mortality, is the injury to the fascial attachments and support of the pelvic organs, independent of perineal laceration, which leads in after life to sagging of the uterus, bladder, and vagina, and to relaxation of the pelvic floor. Mere plastic operations on the cervix and perineum do not repair this kind of an injury which the early application of the high forceps is liable to produce.

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It is an ordinary clinical experience which should lead us to follow closely the conservatism of the German school. Cases of pronounced albuminuria are notable exceptions to such conservatism. The writer is convinced that when uterine inertia first appears and progress is slow the patient should be delivered if practicable. The extra pain and fatigue from dystocia favor the development of eclampsia.

Dystocia in the second stage of labor is often due to poor flexion and imperfect rotation of the head in either occipito-posterior or anterior positions of the vertex. The occipito-posterior positions often rotate forward when the floor of the pelvis is fairly reached and seemingly at the very last part of a prolonged labor. Conservatism seems eminently wise, but some cases must be delivered, and it is worth while to see what can be done by a hand, aided if necessary, by one or both blades of the forceps to flex the head and very carefully to rotate the occiput just anterior to the transverse diameter of the pelvis when the natural forces will complete the rotation. Flexion and rotation are the essentials for success. Push the head up a little to dislodge and flex it. Apply the forceps carefully over the parietal bones and by gentle rotation under the guidance of the hand and, remembering how easy it is for the forceps to slip over the head without turning it, bring the occiput forward and re-apply the forceps for the final delivery of the head.

It has been suggested to apply the forceps with the pelvic curve reversed to flex the head by pulling down the occiput, after which the forceps are removed and reapplied with rotation of the head. This should not be attempted except by an expert, and then only as a last resort.

Breech cases have been considered unsuitable for the use of forceps, but there are some cases with both legs extended over the body of the child where the ordinary means of delivery fail. A number of such cases have been delivered safely by forceps, and the operation seems justifiable when the child's life is at stake. A forceps should be selected where the tips of the blades do not approximate as closely as with the usual instrument. It is desirable to apply the blades over the trochanters and flexed thighs, rather than on the pelvis of the infant.

It may be asked why there should be so much discrepancy in maternity and private practice in the frequency with which forceps is used. It is not fair to ascribe it always to meddlesome midwifery or the convenience of the practitioner. It is more often due to the humanity of the physician who sees his patients recover without

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much trouble, as he is careful of his asepsis, but he may fail to watch a record of the night and morning temperature and miss the signs of traumatism which appear later in life in the form of various uterine disorders. How many of those who operate early in a series of 100 cases can show a record of no material mortality, better than 10 per cent. of infant mortality and five out of six patients without a temperature of 100° F. in the puerperal state. Until such results can be shown in a very considerable number of cases the writer is of the opinion that conservatism in the application of the forceps in the middle and superior straits of the pelvis should be the rule. We can hardly afford to ignore the results of thousands of cases which have been carefully observed and recorded.

The case is different when the head is already lodged low down on the pelvic floor. The abdominal muscles are the important if not the principal factors in expelling the head from the vulva. They are weakened often by overdistention or exhausted by previous contractions. In these cases the early use of short forceps to supplement the flagging forces rather than to perform a rapid extraction, deserves a far wider use than is given commonly to it. Such an operation will diminish infant mortality. It is without danger to the mother and will save her from much needless suffering. If the perineum is firm and unusually rigid, it is a question whether it is not better to make a deep lateral incision in the vagina and perineum, deliver the child, and sew up a clean, smooth cut than to repair a ragged perineum with retracted fascia.

In conclusion permit me to urge:

1. Conservatism in operating in the superior half of the cavity or above the brim of the pelvis, except in cases of albuminuria.

2. Forceps at the brim should be reserved for the expert. Version is safer for the novice, and deserves special consideration if an expert assistant is obtainable.

3. Manual reposition at the brim or in the cavity deserves more consideration than is given to it.

4. The importance of Walcher's position in minor contraction at the brim, and the axis traction forceps.

5. A more liberal use of the short forceps after the head is on the perineum.

31 Mass. Ave., Boston, Mass.

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Editorial Department.

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Contributions, Exchanges, Books for Review and all other Communications Relating to the Editorial Department of the NORTH AMERICAN should be addressed to the Editor, 181 West 73d Street. It is understood that manuscripts sent for consideration have not been previously published, and that after notice of acceptance has been given will not appear elsewhere except in abstract and with credit to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous or discourteous communications will be printed. The Editor is not responsible for the views of contributors.

CRYOSCOPY.

IN a recent examination of candidates for license to practice medicine in the State of California, it is reported that a ques- requiring the definition of two recent medical terms floored the entire list of applicants. These words were cryoscopy and pollakiuria. Most of the candidates were fresh from the medical schools, including such an advanced institution as Johns Hopkins.

This lack of information regarding cryoscopy, or examination by freezing, is not surprising; for, in this country, very little has been published about it that would enlighten or interest the physician; and, only last summer, in a tour of all the dealers in scientific apparatus in New York city, the writer found only two firms that had heard of the apparatus for cryoscopy, and only one of them had one in stock. This does not seem like the rapid assimilation of new ideas on which our countrymen pride themselves; for, the practice of cryoscopy in urinary diagnosis was introduced by Koranyi six years ago, and has been the subject of many experimental researches, which are reported in German and French literature. To us in New York, it is a matter of congratulation that the men in the New York Homeopathic Medical College and in the homeopathic hospitals were among the

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first in this city to investigate the freezing method of urinary diagnosis.

Cryoscopy is the estimation of the density of liquids by determining their freezing point. In medicine, it has been applied chiefly to the study of urine and blood serum. Its advantages are that with a very small amount of fluid, as blood serum or the results of catheterizing the ureters, an accurate comparative estimate of the contained solids can be made by ascertaining the freezing point of the liquid as compared with that of distilled water. This avoids the necessity of an elaborate chemical analysis, and, indeed, such analysis is often impossible with the small amount of fluid obtainable.

The conclusions drawn from the freezing-points of liquids are based on the laws formulated by Raoult (1882), and bearing his name. Briefly, these formulæ state that when substances are dissolved in a fluid capable of being frozen, the freezing-point of the mixture is lowered in exact proportion to the amount of substances dissolved.

As urine, blood serum and, in fact, all the fluids of the body, consist of watery solutions of salts and organic matter, their freezing-point is lower than that of water, and by determining the extent of this depression of freezing-point, the amount of the contained substances is calculated.

Koranyi, of Buda-Pesth, introduced cryoscopy in medical diagnosis to determine the functional efficiency of the kidneys, especially the ability of the kidneys to endure the shock and strain of anesthesia and surgical operations. While some of his earlier conclusions have been modified by further experience, the principle is sound and is being gradually adapted to the needs of clinical medicine by a host of earnest investigators.

Within the limits of an editorial article, it is impossible to discuss the theories that have been advanced to explain the results of cryoscopic examination. Many premature conclusions have been published. In the mass of experimental matter that has accumulated, there are two applications of cryoscopy to the urine which are of definite value. These are the estimation of the

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functional efficiency of the separate kidneys and the early diagnosis of chronic interstitial nephritis.

To the surgeon who contemplates operation on or removal of one kidney, the condition of the other kidney is of vital interest and many methods have been devised to determine it. The methylene blue test is fallacious, as is also the excretion of iodine and other drugs. The ability of the kidney to convert phloridzin into glucose is the most reliable chemical test, but the cryoscopic test has this advantage, that it determines the quantity of actual urinary ingredients that the kidney is excreting, whereas the drug tests deal with foreign substances,

The application of cryoscopy to the early diagnosis of chronic interstitial nephritis was first developed by Claude and Balthazard (Paris, 1901). By a series of observations which the writer has partially confirmed, they have demonstrated that in a normal twenty-four hours' urine, the freezing-point of the chlorides bears a definite relation to the freezing-point of the other urinary solids; and that in chronic interstitial nephritis, this relation changes so that there is a relatively enormous elimination of chlorides. This is explained by the increased flow of blood through such a kidney with more rapid flow of urine through the urinary tubules, allowing less time for absorption of the glomerular saline solution and its interchange with urea and other solids in the convoluted tubules. If a patient is not eating an excessive amount of chlorides in his food, the continuous excessive elimination of chlorides compared with the other urinary solids, as determined by their relative freezing-points, is a constant symptom of interstitial nephritis; and this symptom is often available before the albuminuria, hypertrophied heart and changes in the vessels.

The apparatus used is the Beckmann freezing machine, or modification of it. The ice and salt freezer is better than those affected with ether or carbon disulphid. The cost of the machine is about twenty-five dollars. The amount of fluid required is one-half ounce and the time required is about one-half hour.

Cryoscopy is not yet a method for the busy general practi-

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tioner. Apart from the expense and technical knowledge required, it takes too much time. At present, it is a study for hospitals and laboratories, where trained assistants are available.

LEGISLATION AT ALBANY.

THE present session of the New York Legislature has not as yet produced a very large number of bills affecting the medical profession. It is almost certain, however, that in a short time several bills will be presented that will arouse a lively interest. Among the measures already introduced is one entitled "An act relating to the care and treatment of female patients in hospitals and elsewhere." Its chief provisions are that "it shall be unlawful for any student, attendant, house physician and surgeon or anyone else to expose the person of any female patient in any hospital, medical college, or elsewhere in the State of New York for any purpose other than the performing of an operation," and when an operation is to be performed "the parents and sisters and brothers" shall be given 24 hours' notice and shall be present at the operation. Any violation of this act shall be deemed a felony. The idiocy of this bill is so apparent that it is unnecessary to waste time in discussing it. It will die in committee. The medical profession has often been accused at Albany of selfishness, because nothing was ever heard from the State medical societies in regard to legislative matters unless measures affecting the rights and privileges of the profession were introduced. While the accusation is too broad, there is some truth in it. We should take a more active and upward interest in bills that affect the public health. Two bills now before the Legislature deserve and should receive our immediate attention. One—the bill amending the child labor laws, should be heartily supported. The other—amending the present tenement house law should be as earnestly opposed. The laws of New York regulating child labor are in such a state that, as Governor Odell said in his message, "It is almost impossible to enforce them." The most serious defect is the lack of harmony between the provisions of the compulsory educa-

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tion law and the child labor laws. According to the child labor law a child may not begin work under the age of 14 years, except during the vacation of the public schools. But under the compulsory education law such a child need attend school only 80 days, and is left free to work for the rest of the school year. This inevitably leads to the securing of an employment certificate by means of a false affidavit regarding the age of the child. Besides this, many thousands of the youngest children are entirely beyond the pale of the present law. The amendments prepared will remedy these evils, and should be urged with vigor.

The proposed amendments to the present new tenement house law are vicious in every respect, and should be promptly defeated. The Marshall bill is a blow against comfort, cleanliness, light, fresh air, and morality. It favors vice, filth, immorality, and death. "Dark halls," "school sinks" and "windowless bedrooms" must be abolished, never to return. The present law is well devised to protect the health of the city, and to minimize the evils of over-crowding as far as possible. Its salient features should not be modified, but rather more stringent and more exacting provisions should be enacted.

A measure that is sure to be introduced is the Nurses bill, commented on last month in the North American. Unless the bill is very much changed in form and semblance, it merits nothing but condemnation.

Finally, it is stated on good authority, that the osteopaths will introduce their perennial bills giving them the right to practice medicine without their being obliged to know anything about it. We commend to the legislative committee of the Homeopathic Medical Society of the State of New York a prompt and effectual action in these matters. They should not be ignored.

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FORMALIN IN SEPTIC INFECTION.

WHENEVER a man partakes of a drug in poisonous doses the recognized indication is for a prompt and effectual antidote. The school of medicine favored by the practitioner into whose hands the case comes, counts for nothing in such an emergency; for he is confronted, not by a curable disease removable by one or more therapeutic or hygienic measures, but by the immediate and deadly results of the poison in the system which the natural forces of life are unable to cope with. This is universally recognized as the condition when a substance known to be poisonous is taken accidentally or intentionally into the system; and it is more and more generally conceded that the same holds good when the poison is a toxin of bacterial origin or arises from the faulty action of the vital processes. Blood poisoning is known to be due in a large number of cases to the presence of toxins in the blood produced by the introduction of streptococci in overwhelming numbers into the circulation. It is conceivable and almost certainly true that the leucocytes can take care of a certain number of these unwelcome guests, and therapeutic measures may increase the phagocytic operation to some extent; but when this point is passed, the most rational and the most desirable procedure is to make use of something that will destroy the excess of the invading bacteria, and give the leucocytes the opportunity of restoring a normal condition of things.

It would seem as though to America is coming the honor of discovering the best method of combating streptococcic infection along these lines. To Dr. Barrows, of the Bellevue Hospital staff came the happy thought of trying formalin as an antiseptic antidote, the occasion being a desperate case of puerperal septicemia; and by its use recovery ensued in what had been considered a hopelessly fatal case. Formalin is a 40-per-cent. solution of formaldehyde in water, and for hypodermic use a 1 to 5,000 solution was made, the first injection consisting of 500 cc., followed two or three days later by another of 750 cc. A repetition of the experiment was made with equally good re-

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sults at Hahnemann Hospital, New York, by Dr. Wm. Francis Honan, and others have followed in different institutions. In a case of sepsis brought about by a blow on the head, and complicated by a double pneumonia, a favorable result was not obtained by this procedure; but the nature of the test makes it impossible to consider it as arguing for or against the new treatment.

A physician has few stronger tests of his courage and ability than a well marked case of septicemia; and the profession will feel justified in giving Dr. Barrow's method of treatment a thorough trial. The first injection was made on Dec. 25 last; if thorough testing proves the worth of the treatment, it will prove a most valuable Christmas present to the medical profession.

THE PLAGUE SITUATION.

SO long ago as May, 1901, the NORTH AMERICAN contained an editorial on the plague as it existed at that time in San Francisco. For a time it was officially recognized as existing by the Marine Hospital Service. One of the best men in that department of the Government was sent to San Francisco, Surgeon J. J. Kinyoun, and he officially reported it present. This occurred in 1900.

Then the State authorities stepped in and a committee of commercially prominent citizens appeared at Washington. After that official recognition of plague ceased. All the local newspapers declared it did not exist. Meantime an occasional case cropped out elsewhere, one at Ann Arbor, one in Utah, several in different parts of California. One medical journal, however, the Occidental Medical Times, published at San Francisco, continued to assert that plague still existed.

On October 29, 1902, the conference of State and Provincial Boards of Health, at New Haven, Conn., took action on the matter, and requested a convention in Washington. One of the delegates declared that it was significant that while there were twenty-two cases of death from plague in California in 1900 and

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twenty-nine in 1901, there were forty-nine in 1902. If this condition should continue, he said, other States would be obliged to consider the establishment of quarantine against California.

The following clipping is from a despatch to the New York *Sun* of January 18:

It is pretty generally recognized in Washington that the situation in California has reached a serious stage, almost solely through the conspiracy on the part of California officials to suppress the facts and to ignore, for commercial reasons, the existence of danger. Despite all denials, the facts are that, although the death rate from the plague is not increasing in San Francisco at this time, the situation in that city has not improved, and the dreaded scourge has spread to other places on the coast and in the interior. It has been declared that this typically Oriental disease could not thrive in any climate found in the United States, but the fact is that it is here, has been here for a long time, and is not decreasing.

Nineteen State Boards of Health were represented at a conference in Washington, January 19.

The following resolutions were adopted by the conference:

The presence of plague in California is established beyond debate by:

1.—The investigations of Kellogg of the San Francisco Board of Health; Ryfkogel, for the California State Board of Health, and Kinyoun, for the United States Marine Hospital service.

2.—By the later investigations of Pillsbury for the State Board of Health, and by those of J. White, M. White, Flint, Currie, Carmichael, Blue and Glennen for the United States Marine Hospital service.

3.—By the findings of Flexner, Parker and Novy, composing a special committee acting under Federal authority.

4.—By the findings of independent and disinterested investigators, supplied with materials from autopsies made at San Francisco and working in San Francisco, Chicago, Boston, New York, Washington, Baltimore, Philadelphia and Ann Arbor.

5.—By the occurrence of a case of human plague in Ann Arbor, due to an accident in the manufacture of Haffkines prophylactic fluid with a culture of plague bacillus obtained in California.

6.—By the autopsy records of ninety cases of plague, now in the possession of the United States Marine Hospital service and of the San Francisco Board of Health, and published in part in the *Occidental Medical Times* of San Francisco.

The present danger to California and to the United States lies primarily in the persistence, during nearly three years, of definite nidus of plague infection in that part of San Francisco known as Chinatown; but the gravity of this circumstance is greatly increased by the gross neglect of official duty by the State Board of Health of California and the obstructive influence of the recent Governor of California, by the failure

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of the city Government of San Francisco to support its city Board of Health and by the obstacles opposed to the operations of the United States public health service.

The conference will consider the safety of the country sufficiently assured as soon as satisfied that a competent city Board of Health of San Francisco, and a competent State Board of Health, in coöperation with the United States public health service, will proceed under definite, harmonious, and effective laws and ordinances; that they are provided with ample funds, and that they are jointly and severally in the free exercise of their lawful powers

The press reports claim that the last death from plague in San Francisco occurred on December 11, 1902.

At Mazatlan, Mexico, plague appeared in the latter part of 1902, brought there, the authorities claim, from San Francisco. There were 165 deaths from it in January.

Notes and Comments.

The Hughes Memorial Fund.—This fund, amounting to about $4,000, has been closed and invested in the names of trustees, the income to be paid to Mrs. Hughes or her daughter. It is also provided that these beneficiaries may draw on the fund for special emergencies, not to exceed $1,500 in the aggregate, however. Upon the death of the beneficiaries the income is to be devoted to the perpetuation of Dr. Hughes' name in connection with homeopathy by means of scholarships, lectureships, etc.

The Public Press and Medical Topics.—In spite of the attempt of the lay press to show that the medical profession should take the public into its confidence and provide copy for the journalists by early announcement of the "new thing" that the modern Athenians are so anxious to hear about, we still believe that the best interests of the public will be served by allowing physicians to thoroughly test new methods and formulate rules for their employment before they are heralded broadcast, to raise hopes probably unwarranted by the facts, and to cast discredit upon the profession if they fall short of realization.

The Standing of "Absent Treatment" at Law.—A man doing a mail order business in absent treatments was debarred from the use of the United States mails on the ground that it was impossible for anyone who agreed to give fifteen minutes of concentrated thought on each individual case to treat more than

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96 cases in a day, whereas he accepted the fees (at $5 a head) of between 200 and 300 victims a day. This would seem to be a conclusion obvious to a beginner in arithmetic, but the Supreme Court paid no attention to figures and readmitted the man to the privilege of entering into partnership with Uncle Sam to gather in his manifestly ill-gotten gains on the ground that "since the mind of the human race is responsible for its ills and is a perceptible factor in the treating, curing, benefiting, and remedying thereof," the claims of the healer cannot be proved true or false. It deserves mention that Justices White and McKenna found themselves unable to agree with the majority of their brethren on the bench. In view of this remarkable pronouncement, it looks as if the regular practitioners of medicine are to enjoy the monopoly of malpractice suits.

Two New Institutions for the Tuberculous.—About a year ago Sir Ernest Cassel gave to King Edward VII a million dollars for charitable purposes; and it was decided that nothing was better or more needed than an institution for the care of the tuberculous poor. To avail themselves of the most modern opinions on the subject, essays were invited in competition for three prizes. The results of the competition were recently announced, three London physicians being the prize winners, each having had the assistance of architects in drawing plans for the proposed buildings. Immediately following the publication of these essays in the *Lancet* came the announcement that an American millionaire purposed to devote a million dollars for a hospital for the treatment of the tuberculous in this country, which is to be under the management or direction of Dr. Lawrence F. Flick, of Philadelphia. As would be expected, both these institutions will be planned and conducted upon the same general lines. As the *Lancet* puts it, they will "convince all thoughtful persons that the means of prophylaxis against tuberculosis are in no way different from those against other diseases. Pure air, sunlight, pure water, good food, and a healthy environment could, if procurable in a great city, banish most diseases or cause them to be as rare in this country as are leprosy, plague, and cholera."

An Emergency Hospital for Public School Children.—A thorough canvass of the school children of New York city, recently made by the School Medical Inspectors of the Health Department, developed the fact that in the schools in the poorest districts was a very large number of children who ought to be excluded in the interest of their fellows. The most prevalent disease was trachoma, and the little patients were sent in such numbers to the different eye dispensaries, that these institutions were unable to cope with the invasion. Realizing the necessity of making immediate provision for the treatment of the children thus debarred from attending school, the education and health departments combined to secure and operate the old Gouverneur Hospital Building, on the lower East Side, as an emergency hos-

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pital for the schools of New York. A long line of simple cases are treated daily, and from fifteen to twenty are operated upon under anesthesia.

How Not to Be Nervous.—In view of the fact that nervous prostration is so prevalent in this country as to be termed the "American disease," an address on "How Not to Be Nervous," given by Dr. Hugh T. Patrick, and printed in the *Journal of the A. M. A.*, is very timely. In the training of children the Doctor pointed out the error of leading a child into pleasures and duties beyond his years, and magnifying his importance in the family and society. A judicious toughening of the body and mind should be instituted, and those who come in contact with children should be very careful not to implant thoughts of fear. It is natural and wholesome that the child should have no regard for his organs, no knowledge of hygienic rules, no conception of the significance of pain. Adults should have a purpose in life and work for it, should play joyously and take proper time for sleep. "Strive not 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-centered, but love the good and thy neighbor as thyself."

Degeneracy in a New Environment.—It is interesting but painful to note how often people coming into this country from the pastoral regions of the old world, and especially from Scandinavia and Ireland, fail to maintain that ruggedness of health which was theirs, and is still that of their friends whom they have left behind, in the environment from which they came. In the old country the hardships of life are many, and the luxuries are few; yet the people are vigorous, well built and are capable of great endurance. In their new surroundings they lose this vigor, digestive disturbances and constipation supervene, and in the women and girls, anemia, dysmenorrhea and displacements of the womb. The young people are very susceptible to tuberculosis and the older ones to rheumatism, and the nervous system so often breaks down that we find the proportion of these people among the patients of our insane asylums very high. In the next generation, the children of the immigrants, we have an extreme prevalence of decaying teeth and the scrofulous diathesis; and tuberculosis probably causes the death of 25 per cent.

The Dissolution of Cicatricial Tissue.—Negative galvanism is probably regarded as the best means of breaking down the results of inflammatory action, and the removal of scar tissue; but the *Philadelphia Medical Journal* calls attention to the value of the internal administration of thiosinamine, derived from oil of horseradish or oil of mustard. It has been usefully employed in lupus, keloids, anchylosed joints, strictures and impaired hearing due to thickened drum membrane.

The Index Medicus to be Republished.—While the profes-

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sion in this country is undoubtedly very much overcrowded, the really scientific investigators are few, too few to properly sustain such a publication as an *Index Medicus,* which, however, is essential to thorough medical investigation. It is with pleasure, therefore, that we learn that the Carnegie Institution of Washington, is to renew the issue of this most valuable work, for which the subscription paid in advance will be five dollars.

Lymphoid Tissue of the Upper Respiratory Tract as a Means of Entrance of Disease Germs.—In a paper read before the American Laryngological Association, and published in the *Philadelphia Medical Journal,* Dr. Henry L. Swain, of New Haven, calls attention to the part the tonsils, not forgetting the third or pharyngeal tonsil, play in the causation of acute general infections. In young children inflammation of the pharyngeal tonsil is hard to determine, but should be suspected when there is fever, some stoppage of the nose with mouth breathing, bad breath, possible puffiness about the neck and more or less throat cough. Tonsillar inflammations are nature's attempts to ward off general infection by combating it in the lymphoid tissue before it becomes widespread by means of the lymph channels.

Prophylaxis for Influenza.—In view of the prevalence of influenza it is well to bear in mind that it is an infectious disease, and to warn patients against exposing themselves unnecessarily. Personal contact with a sufferer from the disease should be avoided as much as possible; but if an interview is unavoidable it should be followed by washing of the hands and face in a mild antiseptic solution, and the exposure of the outer clothing to air and sunlight. General health should be maintained by regular habits, plenty of exercise, and good, wholesome food. In view of the seriousness of many of the complications of the disease, a patient should summon his medical attendant upon the first signs of an attack. The rules for the disinfection of clothing and the fumigating of rooms, etc., commonly observed in other communicable diseases, should be carried out here. As a prophylactic remedy, arsenicum is well recommended; and those susceptible to the disease might do well to take an occasional dose of the drug.

The Teeth as a Factor in Diseases of the Nose, Throat and Ear.—Bearing in mind the various intercommunications in the nerve supply of the teeth, ear, nose and throat, a relation between disorders of the last three organs and dental faults may often be easily traced, and should always be looked for. Dr. Kate Baldwin pleaded before the American Medical Association for the inclusion of a competent dentist on the staff of all clinics for diseases of the ear, nose or throat, and recited numerous instances where earache was directly traceable to caries of the teeth or difficult eruption of a wisdom tooth.

The Determination of Glucose in Urine.—It is well to bear in

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mind that the urine of a person who has been under the continued administration of certain synthetic drugs may appear from its reactions to contain glucose. In patients who have taken senna, rhubarb or cascara sagrada, the picric acid test is unreliable. If formaldehyde has been added to preserve the specimen, it should be remembered that it is a powerful reducing agent; and it also interferes with fermentation. Quantitative tests based upon fermentation are liable to error, from the fact that the urine will hold a certain amount of carbonic acid gas in solution, so that the whole of that evolved by the action of the glucose and yeast does not appear in the space above the fluid. It may be said that no one test furnishes satisfactory evidence of the presence of sugar, and two or three different procedures should be adopted for confirmation, the picric acid, the copper, the phenylhydrazin and the fermentation tests are the best for the average physician.

The Women's College Clear of Debt.—The new $60,000 wing of the New York Medical College and Hospital for Women at Nos. 17 and 19 West 101st street, was formally opened Wednesday afternoon, Jan. 28, 1903, with a reception and a luncheon. The wing which adjoins the main building is a five-story structure. On the first floor are the rooms for clinics, offices and the electrical appliance room. The second floor is devoted to lecture rooms; on the third and fourth floors are the chemical and pathological laboratories. On the fifth floor is the surgical room. The college, owing to the untiring efforts of its friends, has grown rapidly during the past few years. The number of students in the college is steadily increasing and it will soon snap its fingers at "men's" colleges.

The New Syracuse Hospital.—After many trials and tribulations and a most ardous struggle for existence, the trustees of the Syracuse Homeopathic Hospital Association are rejoicing in the substantial beginning made toward the establishment of a new hospital. As the year 1902 drew to a close the old hospital was nearly defunct. Unless help came quickly, the end was at hand. At this juncture Mr. John Lyman and his wife offered to give a large plot of ground in Salena street for a site for a new hospital if certain conditions were complied with. The deed is dated Jan. 1, 1903, and contains the express provision that in case the hospital building is not completed within two years from date, the property shall revert to Mr. Lyman or his heirs. The value of the property is placed at about $14,000, and the plot is considered a most excellent one for hospital purposes. Great confidence is expressed that necessary funds will be speedily forthcoming, and building is expected to begin next May. We congratulate the trustees and staff of the hospital on their enterprise.

Epidemics of Typhoid Fever.—At Ithaca a typhoid fever epidemic of great severity is now slowly abating. Fortunately the

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number of deaths has been small. The contamination of the water supply is thought to be the direct cause of the outbreak. In Philadelphia last week 325 cases of typhoid fever were reported with 30 deaths, as compared with 294 cases and 35 deaths for the previous week. During the month of January there were reported 1,303 cases and 161 deaths. The outbreak has been attributed by physicians to a contamination of the Schuylkill water. The importance of a pure water supply cannot be too strongly emphasized. Lessons taught by epidemics should be heeded.

Mortality in New York State.—In the mortality bulletin for 1902, the State department of health gives some interesting statistics. The death rate for the maritime district which contains New York city is not so greatly increased over rural districts as is generally supposed. The death rate for the entire State is 17.5; for the maritime district, 18.6. The lowest death rate is for the Adirondack district with 13. The total death rate for the entire State was 1 per cent. less than in the preceding year, and the total number of deaths fell short of those of 1901 by 5,753. In the entire State acute respiratory diseases carried off the greatest number, 16,986. Diseases of the nervous system come second with 12,964, and diseases of the circulatory system third with 12,889. In pulmonary consumption 12,582 are credited, and cancer claimed 4,990.

Substitution and Adulteration.—The evils of drug substitution and adulteration have long been known to exist, but it needed some such startling disclosure as that just made by the health department of New York, to thoroughly convince the doubtful or indifferent. Very recently Commissioner Lederle started an investigation concerning the stuff commonly sold as phenacetin. Phenacetin powders were bought at 373 drug stores in Manhattan and Brooklyn. Among these samples only 58 were found to be pure phenacetin, while the rest, 315, were adulterated. The chief adulterant was found to be acetanilid, which is cheap and has somewhat similar effects to phenacetin. It is probable that the great majority of drugs are adulterated. It should be possible to stop this shameful practice, and we hope that Dr. Lederle will push his investigations until sufficient proof may be obtained to warrant the enactment of stringent pure drug laws.

Massage of the Heart in Collapse During Anesthesia.—A recent number of the *Lancet* reported a case of collapse under anesthesia during an appendectomy, which artificial respiration and tractions on the tongue failed to combat. The surgeon, Mr. W. A. Lane, then pushed his hand among the abdominal contents until he grasped the heart through the diaphragm, and gently squeezed it until he felt it begin to pulsate. The other measures for restoration were kept up, and the patient came out satisfactorily. This procedure is worth bearing in mind for use in an emergency during an abdominal operation.

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MEMORIAL MEETING.

UNVEILING OF PORTRAITS OF THE HON. ROSWELL PETTIBONE FLOWER, DR. TIMOTHY FIELD ALLEN, AND DR. WILLIAM TOD HELMUTH AT NEW YORK HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL.

For many years it was the custom of the late Dr. Helmuth to give a "Sunday Lecture" to the students of the New York Homeopathic Medical College and Hospital. The lecture was given under the auspices of the Hahnemannian Society. This year the Sunday exercises were in memory of the late Hon. Roswell Pettibone Flower, the largest single benefactor of the college; of Dr. Timothy Field Allen, and of Dr. William Tod Helmuth.

On Sunday afternoon, February 8, notwithstanding the wretched weather, a large audience assembled in the main lecture room of the college building to witness the unveiling of the portraits of Gov. Flower, Dr. Allen, and Dr. Helmuth. The Board of Trustees was there in a body. Scattered throughout the room were nearly all the members of the faculty, many of them accompanied by their wives. All of the students, and many graduates from New York and surrounding towns were also present.

The services were opened with prayer by the Rev. Dr. J. T. Lonsdale. This was followed by a solo by Miss Frances Miller.

The first portrait, that of the Hon. Roswell Pettibone Flower, was unveiled by the Hon. George W. Clark, of the Board of Trustees. It hangs at the end of the main lecture room, facing the entrance, and is the first object that strikes the eye as one enters the doors. This portrait was painted by Mr. Charles Frederick Naegle, and was presented to the college by the artist. Mr. Naegle was a warm admirer of ex-Gov. Flower and his painting was a work of love. He personally made a presentation speech, which was a testimony of his affection. He spoke of the many good qualities of his late friend, and in a few well-chosen words told of his pleasure in making the picture, and in giving it to the institution which was the care and pride of Mr. Flower.

Judge Rufus B. Cowing delivered a eulogy of Mr. Flower. When a new college building was projected and a site selected Mr. Flower came forward with substantial financial aid. He gave all the money for a new hospital building, and it was in his honor that it was named the Flower Hospital. During the time that he was Governor of this great State of New York he never lost interest in the institution, and up to the time of his death the hospital authorities were told to get whatever was needed when it was needed and send the bills to him.

To-day the Flower Hospital is known throughout the city as one of its best-equipped hospitals. Its ambulance district covers one of the most thickly populated portions of the town. Many serious cases are cared for every day. The results are superior to those of any hospital doing similar work, and the fame of

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Homeopathy is spread among the people as it could be in no other way.

Besides his one great charity, Mr. Flower was constantly aiding worthy persons of which others knew nothing. He was a man of large heart. One of his methods of help was to take charge of the savings of poor people and so invest them that they reaped much larger returns than they otherwise could.

The second portrait unveiled was that of Timothy Field Allen, A.M., M.D., LL.D., whose name is known wherever homeopathy has reached. The unveiling was done by Mr. Anson R. Flower, the President of the Board of Trustees, and brother of the late Governor Flower.

Dr. St. Clair Smith spoke of Dr. Allen's many sided accomplishments. As a writer on the Homeopathic Materia Medica he was the greatest authority of his day. He ranked Allen with Hahnemann, and with Hering, the greatest trio the Homeopathic school has so far produced.

To Dr. Allen, more than to any other one man, was due the founding of most of the homeopathic institutions of New York city. It was he who secured an endowment for the Ophthalmic Hospital and placed it on a sound and lasting basis. It was he who secured the Laura Franklin Free Hospital for Children. It was through Dr. Allen that Gov. Flower and others became interested in the New York Homeopathic Medical College and Hospital, and placed it on a sound financial footing. All this labor was given because of Dr. Allen's deep and abiding faith in Homeopathy.

Dr. Allen's life was a busy one. Besides attending to his immense practice and doing his literary and scientific work, he was for many years President of the Boards of Trustees of the Ophthalmic Hospital, and of the New York Homeopathic Medical College. He was also Dean of the latter institution from 1882 to 1893.

The program was varied at this point by a solo by Mr. S. W. Jamieson.

The third portrait, that of William Tod Helmuth, M.D., LL.D., was unveiled by Mr. Frederick W. De Voe, of the Board of Trustees. The eulogy was delivered by the present Dean of the Faculty, William Harvey King, M.D. Dr. King told an anecdote of Dr. Helmuth as a student. One day a surgical case presented at the clinic before the class, but no professor. Young Helmuth jumped down into the amphitheatre, called the class to order and proceeded to operate. For this escapade he was dismissed the college—Hahnemann, of Philadelphia—but through the influence of an uncle who was a member of the faculty, was reinstated. This feat, Dr. King said, illustrated one of Dr. Helmuth's leading characteristics, his self-confidence and his ability to decide quickly what was to be done.

After graduating at Philadelphia, Dr. Helmuth went to St. Louis, where he became Dean of the local Homeopathic Medical

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College, and built up one of the largest of practises. He became the pioneer and leading surgeon of the Homeopathic School. In 1869 his fame had so spread that the trustees of the New York Homeopathic Medical College invited him to come to New York. He did so and soon became one of the leading practitioners in the Metropolis, as he had been in St. Louis. He was the leading surgeon of the Homeopathic School and the peer of any surgeon in any school. From 1893 until his death Dr. Helmuth was Dean of the New York Homeopathic Medical College and Hospital. He was the most beloved member of the college faculty.

Dr. Helmuth had engaging social qualities. He was a connoisseur in art and in literature, and he was a famous after dinner speaker. Through these various pursuits he became well known to the public at large as well as to the profession to which he belonged.

The portraits of Dr. Allen and of Dr. Helmuth are hung at the front of the lecture room, one on either side of the central window. All three, Gov. Flower's, Dr. Allen's and Dr. Helmuth's, pictures are the work of Mr. Charles Frederick Naegle. All are life size, full length portraits. That of Gov. Flower is in the conventional frock coat. Those of Drs. Allen and Helmuth are in their academic robes. These two were presented to the college by the Board of Trustees.

All of the pictures are most excellent likenesses, but that of Dr. Helmuth is remarkably so. The artist has caught that characteristic expression we all know so well, who sat waiting for the rapid fire of questions that always began after Dr. Helmuth had looked us carefully over. As one looks at the portrait he almost expects it to begin to speak. It is wonderful.

Dr. Smith said he hoped that other portraits would adorn the lecture rooms where all would serve as inspirations to the students. Dean King said that the Faculty expected soon to have a portrait of Mr. Anson R. Flower, the President of the Board of Trustees to place opposite to that of Governor Flower. He also called attention to the portrait of the late Dr. J. W. Dowling Sr., who preceded Dr. Allen as Dean, and of the late Dr. Carrol Dunham who preceded Dr. Dowling. The portrait of Dr. Dowling showing the head and shoulders only was a gift of the Dowling family. The likeness is excellent. At present it hangs so close to the full length portrait of Dr. Allen that it appears dwarfed. The portrait of Dr. Dunham about the size of that of Dr. Dowling is such a poor piece of work that the less said about it the better.

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Book Reviews.

A Manual of Medicine.—Edited by W. H. Allchin, M.D., Lond., F.R.C.P., F.R.S.Ed., Senior Physician and Lecturer on Clinical Medicine, Westminster Hospital; late Examiner in Medicine in the University of London, for the Royal College of Physicians of London, and for the British and Indian Army Medical Services. Vol. IV. Diseases of the Respiratory and of the Circulatory Systems. New York. The Macmillan Company, 1902. Price, $2.

Vol. IV of this work is up to the high standard set by the other three. Diseases of the Heart and Blood-vessels are written of by Dr. J. Mitchell Bruce. Diseases of the Pleura by Dr. F. de H. Hall. Physiology of Respiration and of Circulation by Dr. Leonard Hill. Diseases of the Lower Respiratory Tract by Dr. Hector MacKenzie. Diseases of the Upper Respiratory Tract by Dr. Lewis Smith. Diseases of the Diaphragm and Dropsy by Dr. Allchin. As in preceding volumes, each subject is treated by an expert. The price, two dollars per volume, puts it in the reach of all.

Theory and Practice of Infant Feeding.—By Henry Dwight Chapin, A.M., M.D., Professor of Diseases of Children at the New York Post-Graduate Medical School and Hospital; Attending Physician to the Post-Graduate, Willard Parker, and Riverside Hospitals; Consulting Physician to the Randall's Island Hospital. With numerous illustrations. New York, William Wood & Company, 1902. Pp. 326.

Prof. Chapin divides his book into four parts: Part I, Underlying Principles of Nutrition. Part II, Raw Food Materials. Here the author treats particularly of milk, and of the various infant foods.

Part III is devoted to infant feeding. In this part Dr. Chapin speaks of the modification of cow's milk for infant feeding. Gives rules for the feeding of well and of sick babies, and of premature infants. He also has a chapter on constipation, another on diarrhea, and one on diet during the second year.

Part IV is devoted to growth and development of infants.

The book is clearly written and quite full. Dr. Chapin is a well-known authority on infant feeding, and his book is of value to all interested in that subject.

A Text-Book of Histology, Including Microscopic Technic.—By A. A. Bohm, M.D., and M. von Davidoff, M.D., of the Anatomical Institute of Munich. Edited with exercise additions to both text and illustrations by S. Carl Huber, M.D., Junior Professor of Anatomy, University of Michigan: Authorized Translation from the Second Revised German edition. By Herbert H. Cushing, M.D., Demonstrator of Histology and Embryology, Jefferson Medical College, Philadelphia, with 351 Illustrations. Philadelphia. W. B. Saunders & Company. Pp. 501.

This volume presents as fully as possible from both the theoretic and technical standpoints, the subject matter of the lectures and courses in histology given to students in the University of Munich.

In the preparation of the American edition the author has retained substantially all the subject matter and illustrations of the

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second German edition, and additions to the text have been freely made.

The sections on the motor and sensory nerve endings, and on the spinal and sympathetic ganglia have been greatly expanded, and the innervation of glands and organs has been considered much more fully than in the original. More than one hundred illustrations, most of them from original drawings, have been added. The translation of this work will undoubtedly meet with the approval of the profession.

The Surgery of the Rectum.—By Charles B. Kelsey, A.M., M.D., Late Professor of Pelvic and Abdominal Surgery at the New York Post-Graduate Hospital, etc., etc. Sixth edition. Illustrated by 215 engravings. New York. William Wood & Co., 1902. Pp. 402.

The numerous editions of this work testify to its worth and its appreciation by the profession. The author states that his aim is to produce a concise work adapted to the wants of those who desire to heal intelligently all rectal affections no matter what their complications may be. In this edition all matter not of practical value has been omitted, condensation has been carried as far as possible and the book has been entirely re-written. It is one of the best works on the subject it treats of, extant.

Essentials of Physiology.—Prepared especially for Students of Medicine; and arranged with questions following each chapter. By Sidney P. Budgett, M.D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16mo. volume of 233 pages, finely illustrated with many full-page half-tones. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $1.00 net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question-Compends. It aims to furnish material with which students may lay a broad foundation for later amplification, and to serve as an aid to an intelligent consultation of the more elaborate text-book. The subject of Physiology is covered completely, and, the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well-selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all the illustrations are full-page half-tones, and have been selected with especial thought of the student's needs. In every way the work is all that could be desired as a student's aid.

A Reference Handbook of The Medical Sciences, embracing the entire Range of Scientific and Practical Medicine and Allied Science. By various writers. A new edition completely revised and rewritten. Edited by Albert H. Buck, M.D. Volume V. Illustrated by chromolithographs and 576 half-tone and wood engravings. New York: William Wood & Co., 1903.

This volume is an especially valuable one. It contains a symposium of articles by the leading alienists of the country, constituting a really very complete treatise on the subject of insanity. The kidney diseases and liver diseases are similarly treated in groups: also the affections of the larynx, and a large proportion of the diseases

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affecting the lungs. The articles relating to diseases of the eye are scattered throughout the entire series of eight volumes, and the present volume contains several important ones. A large number of the leading laryngologists of the United States and Canada have taken part in the preparation of the articles relating to the larynx. This group taken in connection with the symposium of ear articles in volume four, and the similar collection of articles on the nasal cavities to appear in volume six, makes one of the most exhaustive treatises on the affections of the ear, nose and throat that has ever been published in the English language.

As regards the isolated articles, there are not a few which alone are good enough to make the reputation of the book. Among these may be mentioned Dr. Theodore Janeway's article on the Leukemias; Professor Ward's article on Mosquitoes in Relation to Human Pathology; Dr. Schauffler's very practical article on Malarial Diseases; Professor Osborn's article on Parasitic and Poisonous Insects; Professor Councilman's article on Inflammation; Dr. Robt. Lovett's article on Chronic Diseases of Joints; Dr. Benjamin Tilton's article on The Surgical Treatment of Diseases of the Liver; Dr. Oliver Ormsby's article on Leprosy; Dr. B. T. Brackett's article on Lateral Curvature of the Spine; Prof. Joseph W. Warren's article on The Physiology of the Reflexes; Dr. Arthur Shrady's article on Tuberculous Diseases of the Lungs; Dr. Dawbarn's article on the Starvation of Malignant Growths.

Very many of equal importance might be enumerated if space permitted. It is doubtful if any book published in this country or in Great Britain ever contained so much information useful to medical men of all sorts as does this Vol. V.

A Systematic, Alphabetic Repertory of Homeopathic Remedies.—By Dr. C. Von Bönninghausen, Imperial Prussian Counsellor, etc. Part I. Translated from the Second German Edition. By C. M. Boger, M.D. Philadelphia: Boericke & Tafel. $3.00, pp. 269. 1902.

Bonninghausen's Repertory is too well known to the homeopathic physician to need an introduction now. The volume is excellently arranged and printed and handsomely bound. It should be in the hands of every homeopathic physician.

The International Text-Book of Surgery. In two volumes. By American and British Authors. Edited by J. Collins Warren, M.D., LL.D., F.R.C.S. (Hon.), Professor of Surgery, Harvard Medical School; and A. Pearce Gould, M.S., F.R.C.S., of London, England. Second Edition, thoroughly revised and enlarged. Vol. I. General and Operative Surgery. Royal octavo of 965 pages, with 461 illustrations, and 9 full-page colored lithographic plates. Vol. II. Special or Regional Surgery. Royal octavo of 1122 pages, with 499 illustrations, and 8 full-page colored lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5 net; Sheep or Half Morocco, $6 net.

In planning this work the editors and co-workers have kept constantly in mind the needs of both student and practitioner. The result—a masterly exposition of the art and science of surgery, untrammeled by antiquated traditions. In its realization they have given to medical literature a text-book, embodying a clear but succinct statement of our present knowledge of surgical pathology,

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symptomatology and diagnosis, and such a detailed account of treatment as to form a reliable guide to modern practice. In this new edition the entire book has been carefully revised, and special effort has been made to bring the work down to the present day. The chapters on Military and Naval Surgery have been very scrupulously revised and extensively re-written in the light of the knowledge gained during the recent wars. The articles on the effect upon the human body of the various kinds of bullets, and the results of surgery in the field are based on the latest reports of the surgeons in the field.

The already numerous and beautiful illustrations have been greatly increased, constituting a valuable feature, especially so the seventeen colored lithographic plates. The work is excellent. It is clear, concise and up-to-date.

American Edition of Nothnagel's Practice: Diseases of the Bronchi.—By Dr. F. A. Hoffmann, of Leipsic. **Diseases of the Pleura.** By Dr. O. Rosenbach, of Berlin. **Pneumonia.** By Dr. F. Aufrecht, of Magdeburg. Edited, with additions, by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania. Handsome octavo volume of 1,030 pages, illustrated, including 7 full-page colored lithographic plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5 net; Half Morocco, $6 net.

This, the fourth volume to be issued of Saunders' American Edition of Nothnagel's Practice, fulfils all expectations. The eminent authors of the valuable monographs which comprise this volume had, by their breadth of learning, their exhaustive research, and extensive practical experience, made their essays almost complete as originally written. Nevertheless, the author in the light of recent research, has made numerous valuable additions, so that the American edition represents the present state of our knowledge on the subjects under discussion. Among other things, these additions include new matter on the anatomy and physiology of the bronchi; on foreign bodies in the tubes; on the pathology, bacteriology, and treatment of bronchitis, and the recent researches on bronchiectasis and on eosinophilia in asthma.

Much new matter has been incorporated into the section on pneumonia, including the recent work of Hutchinson and others on the blood and urine in that disease. In the pleurisy section will be found an account of the latest bacteriologic studies, and references to the work of Morse on the leucocytes in pleurisy, to that of Williams and others on X-ray diagnosis, and to the Litten phenomenon. The work in every particular is thoroughly up-to-date.

Diseases of the Anus, Rectum and Pelvic Colon.—By James P. Tuttle, A.M., M.D., Professor of Rectal Surgery, New York Polyclinic College and Hospital, etc., etc. With 8 colored plates and 338 illustrations in the text. New York: D. Appleton & Company. 1902. $6 Cloth; $6.50 Half Leather. pp. 961.

This work embraces the etiology, pathology, symptomatology, diagnosis and treatment of rectal diseases. Modern methods and improved instruments for diagnosis are carefully described and illustrated. Lines are laid down for the general practitioner to fol-

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low in the local treatment of his own cases, the accepted methods of other surgeons, as well as those of the author, are fully described.

This book is based upon broad views of the subject and does not deal in generalities. Great detail is used in describing operations, in order to make them clear.

There are 300 original illustrations, taken from actual clinical cases or dissections. Drawings are made to illustrate the text and not to exploit cases. The colored plates are all multiple and exemplify pathological conditions.

Dr. Tuttle has long been recognized as an authority upon this subject and as a clinical teacher of wide experience. His book will appeal to the student and busy practitioner, because of its clearness of statement, conciseness, and general practical tone, and, as near as possible, take the place of the living teacher.

A Text-Book of Materia Medica, Therapeutics, and Pharmacology.—By George F. Butler, Ph.G., M.D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago, Medical Department of the University of Illinois, etc. Fourth Edition, Thoroughly Revised. Handsome octavo volume of 896 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $4 net; Sheep or Half Morocco, $5 net.

The new edition of this commendable work is offered to the profession after a careful and complete revision.

In view of a larger experience, resulting in more definite conclusions, numerous modifications have been made in the expressions of opinion regarding the utility of certain drugs, notably the newer synthetics. The chapters on Organotherapy, Serum-therapy, and cognate subjects have been enlarged and carefully revised.

But perhaps the most important addition is the chapter on the newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added of the simpler relations of chemical structure to drug action. The profession will undoubtedly greet cordially this new fourth edition of a clear, concise and practical text-book.

The Medical Students' Manual of Chemistry.—By R. A. Witthaus, A.M., M.D., Professor of Chemstry, Physics and Toxicology in Cornell University Medical College, etc., etc. Fifth Edition. Revised and Enlarged. New York: William Wood & Co. 1903. pp. 678.

The principal changes in this standard text-book are as follows: The section of chemical physics has been sufficiently extended to include brief consideration of important results of physical investigation; the section on organic chemistry has been re-arranged, in great part re-written, and much extended; a new section on physiological chemistry has been added, and the section on laboratory technics has been omitted. The volume is thoroughly up to date, and is one of the best text-books on its subject in existence.

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Department of Pediatry.

CONDUCTED BY . . . . . WALTER SANDS MILLS, M.D.

Fractures in the Newborn.—Dr. W. Reynolds Wilson in the *Philadelphia Medical Journal* discusses this subject. Intrauterine fractures may be spontaneous or traumatic. In either case pathological tendency in bony formation exists. Fractures occurring during birth may result spontaneously or may be due to manipulation. When fracture results spontaneously there is probably an osteomalacia present, or there may be tuberculosis or syphilis. The newborn infant should be carefully examined for fractures, otherwise they may be overlooked. Wilson says: "In general, there are certain positive signs which should lead to the diagnosis of fracture; among these are the infant's cry indicative of pain, disability as to motion, dimpling of the overlying tissues, swelling of the soft parts and undue mobility. The evidence of displacement revealed by the radiograph is, of course, conclusive. On the other hand, the degree of displacement and the differentiation of fracture from dislocation is sometimes obscured by the presence of fat in overgrown children."

Regulation of Food in Childhood.—Although the infant presents most difficult problems to the physician in regard to the proper modification of milk in the early months, and although so much has been written about the feeding at this time, one should not forget the importance of an intelligent supervision over the subsequent change of diet from milk to a more general one. J. E. Winters (*Med. Rec.*, Jan. 25, 1902) shows that there are a rapid development and a marked functional activity of the glands which secrete the diastasic ferments from the seventh to the tenth month, depending upon the degree of development of the child and the advancement of dentition. This shows the need for more farinaceous food and among the most valuable of these is oatmeal, which contains a large percentage of iron, proteids, fat and mineral matters, the constituents most essential for the development of the child. On account of the cellulose present, oatmeal should be well cooked and drained, and a half ounce of oatmeal jelly may be added to each second feeding. At the end of the first year a soft-boiled or poached egg mixed with bread crumbs from stale bread may be added to the diet. The nuclein of the yolk is especially valuable on account of the iron and phosphorus. Only a small quantity twice a week should be given at first. A hard crust which will necessitate vigorous chewing is useful at this time. At the end of fifteen months a child should get whole milk, oatmeal or barley, soft-boiled eggs twice a week, crusts of bread twice a day and perhaps a little bread and milk. Cereals should be given without sugar, as the latter causes constipation by the large amount of water required to keep it in solution. Orange juice and prune pulp are the first fruits for a child and are especially good in cases of

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constipation. They are given one hour before meals. The growing child needs large quantities of mineral matter to build up the bony framework, but this must be in the form of organic combination with proteid substances. Raw milk, eggs, cereals and certain fresh vegetables furnish mineral salts in organic combination ready for assimilation. The mistake is often made of giving too much meat and meat extractives, which stimulate metabolism and really prevent laying on fat or muscle tissue, on account of their overstimulating action. Carbohydrates are easily oxidized and their oxidation serves to protect the proteids and fats from consumption. The shielding of these requisites for the growth and development of new structures is a matter of profound value and consequence to a growing child. During all the years of early childhood meat and its preparations should be given sparingly, for they also create a distaste for cereals, fats, and fresh vegetables, thus depriving the system of materials needed to shield the proteids from oxidation. To provide mineral constituents necessary for the growth of bone and muscle, vegetables which contain these substances fresh from the soil must be consumed in fairly liberal proportions.

Some Remote Diseases Arising from Tonsilar Infection.—At the American Pediatric Society meeting of 1902, Dr. Forcheimer, of Cincinnati, read a paper with the above title (*Archives of Pediatrics.*) After reviewing briefly the literature on infections entering by way of the tonsils, he reports two cases of his own. Case I, a boy of eleven years. Taken ill March 20 with tonsilar angina. March 22, A. M., temperature normal. Evening of that day the temperature ran up to 102° and the patient presented all the physical signs of appendicitis. The patient recovered without operation. Case II was more properly a series of five cases. Each of the five presented tonsilar angina. This was followed in three to ten days by jaundice. The jaundice lasted from three to five weeks. Forcheimer believes all of these cases to be infectious, entering the system by way of the tonsils.

Conclusions as to the Treatment of Tuberculous Peritonitis in Children.—Rotch, of Boston, reported to the American Pediatric Society on 69 cases of tuberculous peritonitis treated at the Children's Hospital between 1884 and 1902. He finds the disease to be rare in the first year. When it does occur so early it is almost invariably fatal. The most common age is from one and one-half to four years. Cases of tuberculous peritonitis may be divided into primary and secondary. The secondary cases are most frequently infected from the lungs, intestines, or mesenteric lymph nodes. In these the prognosis is that of general tuberculosis. Rotch believes that the only treatment for primary cases is laparotomy. He advocates it as soon as a probable diagnosis of tubercular peritonitis is made. He says the majority of cases do not recover without operation.

The paper aroused considerable discussion, most of the speakers recommending operation after other methods had failed. Dr. Jacobi, of New York, was not in favor of operation. He said he

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believed the percentage of cures was as great without operation as with. That being so he saw no advantage in the risk that an operation necessarily carries with it. Jacobi believed in hygienic treatment, good food, cod liver oil, iodides and arsenic. Iron he said was not well borne by patients running a temperature. (*Archives of Pediatrics.*)

Two Cases of Umbilical Fistulæ Due to Tuberculous Peritonitis were reported to the American Pediatric Society by Dr. George N. Acker, of Washington, D. C. Case I was a boy of fine, white, bottle fed on condensed milk. Tuberculous history on mother's side—both parents living and healthy. Child had ascites in summer and fall of 1901, followed by hard swollen mass in region of umbilicus. Had pertussis in winter. Rupture through the umbilicus occurred in March. Patient entered hospital April 4, 1902. Pus was discharging through umbilicus. Tubercle bacilli were found in the discharges. The feces were also discharged through the fistula. They were frequent, loose and digested. Child died on the April 10th. The necropsy showed general distributed tuberculosis. The umbilical fistula led to a large walled off cavity formed by adhesions. Case II was a colored girl aged eight. This child entered the hospital April 27, 1902. Parents living and healthy. Tubercular history on father's side. Child breast-fed. At age of four had adentitis. Operated, but cervical sinus persisted at time of entrance to hospital. Six weeks before had severe pains in abdomen, followed by ascites, diarrhea and progressive emaciation. April 20 umbilical fistula developed. There were also three cervical sinuses when child was admitted to hospital. A second fistula at umbilicus, a half inch from the first, appeared April 29. The child died May 8. Necropsy showed a cavity walled off by adhesions in this case also. A rupture of the middle portion of the small intestine allowed fecal matter to enter the cavity. Tuberculosis was generally distributed. (*Archives of Pediatrics.*)

Modern Methods in Infant Feeding.—Dr. C. Sigmund Raue has a paper with this title in the *Homeopathic Journal of Pediatrics.* He sums up the subject as follows:

"Infant feeding is based largely upon empiricism, scientific *a priori* deductions not always corresponding with the results following the application of the principles on which they were based.

"Every case must be approached from the standpoint of its own individual requirements and not merely as the integral part of a standard and accepted type.

"It is not possible to tell beforehand what a child will digest, and it may require repeated alterations in the food before the proper one is discovered.

"The size and requirements of the child are safer guides in determining the quantity of food for each feeding than standard tables arbitrarily devised.

"Slight variations in the composition of the food are of minor importance and mathematical accuracy in its preparation, although a triumph of chemistry, is of no practical value clinically.

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"Clinical indications for varying the proximate principles are the only ones deserving any attention.

"Pure, raw cow's milk, suitably modified, is the ideal substitute for the breast."

Inguinal Hernia in the Infant.—Hubbard, in *Annals of Surgery,* says that inguinal hernia can usually be cured in infants by application of the worsted truss. This is made from an ordinary skein of worsted applied over the affected part. The length of time necessary to effect a cure varies. The younger the infant the quicker the result. The truss should not be abandoned until tried for two years.

Stiles, in *American Medicine,* on the other hand, calls for early operation in the inguinal hernia of infants. He claims that owing to the anatomy of the rings in the infant operation is easier, and that the percentage of radical cures is greater than in adults. Of his first hundred cases, 14 were under six months of age, none were more than three years.

Modification of Cow's Milk—Effect of Various Substances Upon Attenuation of the Curd.—Dr. C. W. Simmons (Homeopathic *Journal of Pediatrics*) has an article on this subject. He used bottled milk, modified as shown below. Coagulation of the mixture was produced by heating to a temperature of 98° to 100° F., and adding sufficient hydrochloric acid to make an acidity of 2 per cent. Simmons states this to be the average acidity of gastric juice, and that the result obtained fairly represents the stomach contents one hour after feeding. The results are instructive:

Experiment No. 1—Cow's milk, 50 parts; water, 50 parts. Curds produced in this mixture were large, tough and cheesy; not easily broken by shaking.

Experiment No. 2—Cow's milk, 50 parts; fresh egg albumen, 10 parts; water, 40 parts. The curds in this case were finely divided and flocculent.

Experiment No. 3—Cow's milk, 50 parts; milk sugar, 5 parts; water, 45 parts. The curds tough, large and cheesy as No. 1, or in experiment with plain water.

Experiment No. 4—Cow's milk, 50 parts; cane sugar, 5 parts; water, 45 parts. Curds very large and tough, even coarser than in No. 1.

Experiment No. 5—Cow's milk, 50 parts; dextrine, 5 parts; water 45 parts. Curds large and tough, but slightly finer than in No. 1.

Experiment No. 6.—Cow's milk, 50 parts; decoction containing 2 per cent. of arrowroot starch, 50 parts. Curds very fine and flocculent, almost microscopic.

Experiment No. 7—Cow's milk, 50 parts; lime water, 50 parts. Coagulation tough, but curds not so large as in No. 1.

Infant Mortality and Artificial Feeding.—Strzhelbitski (*Medicinskoie Obozrenie*) has investigated infant mortality in Tul.

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Of 2,401 women in different walks of life, 10,418 children were born; of this number 4,334 died, 55.35 per cent. of them under one year of age. The majority of these deaths, Strzhelbitski believed to be due to artificial feeding. The most frequent excuse given for taking the child from the breast was "insufficient milk." Investigation showed that this was often erroneous. Strzhelbitski says the only way to be sure is by use of scales. [The editor of this department has a number of times proven to doubting mothers that their milk was all sufficient, by weighing their babies before and after feeding. An ordinary butcher's scale is sufficient. He also makes it a routine practise to have the baby weighed each day from birth until he quits the case, and as much longer as possible. After that a weighing once a week to the end of the first year.] The author lays stress on the thorough and regular emptying of the breast by the child. The sucking causes an irritation of the mammary gland which increases the secretion of milk. Finally, Strzhelbitski insists that mothers should be taught that it is to their interest as well as that of their children, that they should nurse their infants.

Rachitis.—It should be remembered that the malnutrition of rickets profoundly affects all the tissues, including the muscles, nerves and glands, not merely the bones; the sweating, the weakness, the bronchial and intestinal catarrh are evidences of a widespread nutritional vice which must be corrected. The blood must be enriched and the body generously nourished. Plenty of sunlight and fresh air, a nourishing diet, containing fresh milk, eggs, fresh meat or meat juice, gravy, digestible fats and fresh fruits are of the greatest importance. A change of air, especially a trip to the seashore and salt-water bathing are often of considerable value.

The earlier stigmata, and even the earlier deformities, such as the epiphyseal swellings, beaded ribs, square forehead, large fontanelles and protuberant abdomen, are often unnoticed or made light of by the parents, who may first be disturbed by marked deformities of the back or limbs, or by the child's weakness or inability to stand or walk at eighteen months or two years of age. This slowness in walking is to be encouraged, since walking could only result in a rapid increase of deformity.—H. L. Taylor, M.D., in *Jour. A. M. A.*

Typhoid Fever in Children.—Some interesting points in diagnosis of typhoid fever in children are brought out in an editorial in *Archives of Pediatrics* for November. The author says it runs, not infrequently, a very anomalous course. The Widal test has helped to straighten out some cases, but there is a 10-per-cent. error with this test in adults, and in children the error is even greater. He also says that the diazo reaction in the urine, which at first was hoped would be of great assistance in diagnosis, has now been found to probably have little pathognomonic value in typhoid fever. In summing up, the author says:

"It seems clear then that the diagnosis of typhoid fever in

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children must depend on the complete symptomatic picture presented, together with the history of the possibilities of the infection, the main dependence being on the Widal test and the leukocyte count."

Diphtheria Bacilli in the Healthy.—The Massachusetts Association of Boards of Health investigated this question (*American Medicine*) and found diphtheria bacilli present in perfectly well persons in from one to 22 per cent. of the cases examined.

Pneumonia in Children.—Dr. J. F. Barber, of Minneapolis, read a brief paper on the above title before the Minnesota State Medical Society in June, 1902 (*Archives of Pediatrics*, November). He says the text-books on Pediatrics make the mortality in pneumonia too high, because the authors quote from consultation and institutional practise. He believes the statistics from general practise to be much less. He says he has records of 165 cases of pneumonia in children under five years of age treated by himself in private practise. Of these 17 were labor pneumonia, with one death; and 148 were bronchopneumonia with 12 deaths —a mortality of 12.1 per cent. Nothing is said about the treatment.

Medical Progress.

CONDUCTED BY

J. T. O'CONNOR, M.D., PH.D., AND WALTER SANDS MILLS, M.D.

A Clinical Contribution to the Cheyne-Stokes Respiratory Rhythm and other Associated Phenomena.—By Dr. E. Grande. —The author reports the case of a man who had received numerous severe injuries to the head, and in whom the Cheyne-Stokes type of breathing was observed for some time before death. His chief symptoms were coma of a profound character, hemiparesis and hemianesthesia on the right side, disappearance of the cutaneous reflexes, myosis, and corneal insensibility. The Cheyne-Stokes respiration was observed in this case in its complete form, *i.e.*, with its two periods of dyspnea and apnea. During the latter period the thorax of the patient, as well as the rest of his body, remained completely immobile. His face was very pale and appeared like that of one dead. This period lasted about 40 seconds. The duration of the dyspnea was about 15 or 20 seconds. During the period of apnea there were no changes noted in the pupil and no movements of the eyeballs. The pulse gradually became irregular, small, and frequent, so that it was difficult to count. The author concludes that the Cheyne-Stokes phenomenon is of diagnostic importance only when accompanied by other symptoms, for it is observed in physiological states. The exact nature of the injuries in this case was revealed at the autopsy. They included hemorrhages in the left temporal and occipital regions of the cortex. The

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squamous portion of the left temporal bone was fractured. The medullary substance was found to be profoundly anemic and an accumulation of bloody serum was found in the ventricles.—*New York Medical Journal,* from *Riforma Medica.*

Urinalysis—A Neglected Diagnostic Measure.—Dr. Platt, *Hahnemannian Monthly,* December, writes of the great value of thorough urinalysis as a help in diagnosis. He says, and rightly, that it is too often neglected. He says it is not necessary in every case, but that it is a great help many times in cases of doubtful diagnosis. As a routine measure, he recommends that the urine of every regular patient ought to be examined once or twice a year. This is good advice, and the reviewer has carried it out in his own practice for several years. The writer goes on to say, "The urine truly, then, is something more than a kidney product, and its analysis has other uses than an investigation of the kidney condition . . . In obstetrical practice, in general surgery, and in ophthalmic practice, as well as in general medicine, the urine remains a most instructive fluid. Does the average physician appreciate its value? I think not, and I repeat that urine analysis to-day is the most neglected of diagnostic measures."

Nephritis in Smallpox Based Upon Analysis of Urine in 128 Cases.—Drs. W. M. Welch, J. F. Schamberg, H. C. Kirby, and R. R. Jones, in a joint paper (*Phil. Medical Journal,* Nov. 1, 1902,) report on nephritis as a complication of smallpox. They conclude it to be quite common, as it was found in 65 per cent. of their cases. Tube casts were found in 45 per cent. This condition was found in all classes of cases, severe and mild. This leads the authors to conclude that the smallpox poison itself causes the involvement of the kidneys. Casts were frequently found when albumen could not be detected. They argue that patients recovering from acute infectious diseases should have their urine carefully and repeatedly examined, and should be kept on a diet to prevent developing a chronic nephritis.

Tubercular peritonitis.—Dr. Yeo has treated tubercular peritonitis like tubercular meningitis, by iodoform internally and externally. He gives three cases of recovery under such medication.—*Lancet,* March 16, 1901.

Dystrophie orchidienne.—Atrophy of the testicles, when premature, is found to induce a condition somewhat similar to myxedema; and here, too, feeding with the defective gland has proved remedial.—*L'Art Médical,* July, p. 54.

Coca.—The power of this drug to cause tinnitus aurum has hardly been utilized therapeutically. A case is recorded where this was one feature of neurasthenia, with accompanying deafness, and both troubles yielded with fair rapidity to coca 3x.—*Hom. World.*

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Original Articles in Medicine.

RECENT THERAPEUTIC TENDENCIES.*

By Wm. H. Van den Burg, M.D.,
New York.

IN reviewing the meetings of the past twelve months, I find much disappointment in the amount of new knowledge concerning Materia Medica which has been presented. As the failure to bring out more of value in this direction has become each month more conspicuous, it has caused me much anxious thought in the effort to determine good and sufficient reasons for this state of affairs. Does it mean that Homeopathy has made no advances in the application of drugs to disease in the last few decades? Or does it mean that our efforts have not been sufficient or properly directed to attract this material for open discussion? Or does it mean that there have been other factors at work which have directed the thought of medical men into new channels?

Without attempting to answer these questions, I shall briefly review some thoughts which have come to me and which may possibly have some bearing on the solution of the question. *First.* What have our numerous and rapidly multiplying hospitals been doing to advance the knowledge of Materia Medica? It has long been recognized, and more forcibly so in recent years, that in order to arrive at the just value of any therapeutic measure we must have the results of treatment in a large number of cases. The greater the number, the more valuable the information.

In the early days of Homeopathy when there were no hospitals

* Presidential Address read before the Homeopathic Medical Society of the County of New York.

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using the method, the experiences of individuals were the only data available. These experiences compared most favorably with other methods then in use, so favorably, in fact, that in recent years homeopathic hospitals have been increased in number and in size throughout this country, for the purpose of giving the public the benefit of this form of medicine. But the material from these hospitals has not been investigated with sufficient care by those in charge to permit of drawing accurate conclusions as to the action of certain remedies on particular diseases. Diagnoses have been carelessly made and records inadequately kept, so that exact knowledge of the efficiency of our indicated remedies in disease has not been given us.

Where is the hospital under homeopathic administration which can show us records of 500 cases, yes, even 100 cases, of pneumonia, giving the duration of the disease and the number of deaths, together with the remedies used? Where is the hospital that can produce records of 500 cases of typhoid fever, treated homeopathically, and give us duration of illness and the number of deaths? Where are our figures to substantiate the claims for the superiority of our treatment in diphtheria?

This is a scientific age and we must conform to the methods of scientists to arrive at conclusions of any value. To-day, statistics alone will answer this purpose. Each one of us believes that certain diseases run a more favorable course and the death rate is much less under homeopathic treatment. But where are our statistics to demonstrate this to the world at large? Echo answers where?

Many years ago, when homeopathy was introduced into the hospital at Vienna, when drugging and blood letting was the practice in the treatment of pneumonia, the death rate promptly fell under the new treatment, and those statistics have often been used to demonstrate the efficacy of the practice. But what happened? A sceptic arose who had little faith in the infinitesimal dose, and who tried treating a certain number of cases with no medicine whatever, with the result that his death rate was practically identical with that under homeopathic administration. Thereupon the treatment of *no medicine* was substituted for the homeopathic, and continues with few modifications to the present day.

As I said before, you believe and I believe that in most medical diseases we can favorably influence their course by the careful selection of the indicated remedy. Again I ask you, Can we prove it? And again I answer, we have gathered no facts that will be accepted by a scientific body.

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The *Second Thought* which I wish to emphasize is: What has been the influence of the discoveries in Bacteriology and Pathology upon Materia Medica?

Is not some portion of this dearth of data concerning the clinical application of Materia Medica due, perhaps, to the development of modern medical thought, which has unconsciously carried the current of study into other channels? Let us look for a moment at the condition of medical knowledge early in the nineteenth century when the greater part of our Materia Medica was elaborated. When the recognized methods of treatment, without reference to the diseased conditions, were blood letting, blisters, cathartics, and emetics, it was heresy to advocate other methods. People who fell ill from disease often died because of the heroic measures employed to relieve them. Physicians soon began to feel that more patients would recover if Nature was allowed to fight the disease unaided. But the few who had the temerity to voice these sentiments suffered ostracism for their views. At this time the so-called systems dominated the practice of medicine. Every prominent man considered it incumbent upon himself to promulgate a complete personal theory of medicine, to which all facts must be culled to fit. One considered that diseases were due to the laxity or rigidity of the solids, and the acidity or alkalinity of the fluids of the body. Another made diseases dependent upon the motions and moving powers of the animal economy. Still another was the author of a system by which patients were treated with enormous doses of poisonous drugs. And so on, almost without end.

It was at this point, amidst these views and with the prevalence of such ideas, that homeopathy was born, and it was with no more knowledge of chemistry, physiology, pathology and anatomy than the age afforded that the provings of our Materia Medica were made. But they marked a most notable advance in medical thought, issuing, as they did, from the chaos of ideas then prevalent. What has taken place since? The whole mass of cellular pathology has been introduced, which has changed completely our views in reference to diseased process. All the vast developed and developing knowledge of bacteriology has come to us, giving us new light into the causes, history, and prognosis of so many diseased conditions. There is no department of clinical medicine which has not its relations to bacteriology. The whole subject has been revolutionized. Textbooks written even within the last five years are already out of date, since almost daily new discoveries are made of vast importance in the realm of this branch of science. Recently the researches of Erlich and others have thrown a dazzling new light upon the way

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in which Nature, unaided, handles infectious diseases by generating in cells and fluids of the body immunizing substances and anti-toxins which combine to repel the attack of the invading poisons.

What have these advances shown us and where have they led us in our thought? They have shown us first and, perhaps, foremost, through the work of Loeffler and Klebs, the specific cause of diphtheria. Following this line of work and the theories of immunization, it has given us a remedy for this dread disease which comes nearer to being a specific, if not actually one, than any remedy, for any disease, now at our command. Pfeiffer, through his researches in bacteriology, has shown us the cause of epidemic influenza, which devastated the world in 1889 and 1890. Through the same work, Koch has shown us the cause of tuberculosis, and through this knowledge, while no specific remedy has yet been found, doubtless thousands of lives have been saved by preventing the spread of the disease. Koch has also shown us the cause of Asiatic cholera and how to prevent it. Kitasota and Yersin have demonstrated the causes of bubonic plague, that scourge of the East. Others have shown the causes of relapsing fever, tetanus, anthrax, glanders, gonorrhea, dysentery, malaria, favus, thrush, meningitis, typhoid fever, pneumonia in its various phases, meat poisoning, and Malta fever, and have given us the means by which they can be prevented. By work along these lines the field of our knowledge in smallpox, yellow fever, whooping cough, syphilis, Weil's disease, hydrophobia, and malignant tumors, with their many complications, has been wonderfully enlarged. These discoveries, incomplete as they are at present, foreshadow greater ones which will eventually, by entirely new therapeutic methods, put the control of most of these diseases, if not all of them, into the hands of medical men. Has not the progress thus far turned medical thought from drug giving to methods of prevention?

The *Third Thought* which I wish to consider, is the influence of surgery upon Materia Medica.

Owing to the rapid developments of the knowledge of the causation of different maladies, which were formerly but little understood, and to the influence of asepsis upon operative technique, many morbid conditions are now relieved by the operating surgeons, which were heretofore the subject of medical treatment only. This tendency to operate for so many maladies has been carried to such an extent, even in the homeopathic school, that it has had a very marked influence upon the instruction given in the various medical schools. At present, in most of the colleges of our school, from one-third to one-half of the lecture time in the junior and senior years

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is devoted to the consideration of surgical subjects. This necessarily excites the enthusiasm of the young graduate for surgery, in which the immediate results are more striking, and often more radical. This is, unquestionably, a decided step in advance, for the results of modern, skilled, surgical practice, in its gradually increasing field of application, add innumerable lives, each year, to the list of those saved by science. It has been conclusively shown that a large number of maladies can only be relieved by mechanical methods, thus again removing the consideration of Materia Medica from another large portion of the domain of therapeutics.

The *Fourth Influence* at work upon modern therapeutics has been that of suggestion, which is typified in the public mind by the various cults known as Christian Scientists, Mental Healers, Magnetic healers, etc. The innumerable followers obtained by these institutions must demonstrate to all physicians that certain obscure maladies are relieved only by the proper appeal to the mental side of the patients. This rapidly spreading influence, together with the successes following operative measures, has made many people sceptical of any other measures of relief from disease.

The constant investigation into the causes of these maladies will eventually explain the now mysterious fact, that the proper form of suggestion is the only one which is efficacious. The extent of the influence of this tendency is best shown by the fact that the Christian Scientists in this country alone, number over 1,000,000 followers.

A *Fifth* powerful factor affecting therapeutics, is the development of hygiene and physiology. The growing interest in the chemistry of food products, together with the better understanding of the physiological processes of metabolism, have enabled many sufferers to find relief through the administration of suitable foods, and the proper adjustment of rest and exercise. In other words, many conditions are relieved by the substitution of hygienic methods of living for faulty ones.

What conclusions are we justified in drawing from this brief review of developing tendencies? It has shown, first, that many diseases are self-limited and, in certain instances, self-curable. That a large a large number of diseases are curable by hygienic methods, which establish in the system immunity against the specific poison. It has shown that numerous conditions are relievable only by mechanical methods. That vast numbers of suffering humanity can be restored to health and happiness by pure suggestion. That many morbid conditions respond when the proper chemical combinations of food are supplied. It has established the hope that in very many infectious diseases we shall be armed with specific antitoxins to

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combat them. It has shown, perhaps, above all, that the ideal medical treatment of to-day is the *prevention* of disease.

It is not my intention, by this review of modern tendencies, to in any way discourage the further study of Materia Medica, but rather to call attention, in a negative way, to the various lines along which study will be the most effective. Others will doubtless advance the boundaries of knowledge along the lines which I have discussed, but to the homeopathic school remains the noble task of developing the huge possibilities of Materia Medica in the future, as it has done in the past.

HEART REMEDIES.*

By John Prentice Rand, M.D.

THE heart is an organ of vital importance. Nobody was ever known to die while it continued to beat, and no one was ever known to survive for any great length of time when it stopped. I do not agree, however, with those who claim that the heart is a delicate organ, or one that is not, under ordinary conditions, amenable to medical treatment. My observations teach me that though the heart is the last organ in the body to be supplied with blood, it is practically the first to respond to the action of drugs, and that it will continue to respond long after its valves and muscular structure are crippled and broken down.

I do not think that the homeopathic law of cure is always applicable in cardiac therapeutics. In the inflammatory and functional disturbances undoubtedly it is so, but the most trying cases of heart disease we are called to treat are organic rather than functional, accompanied with more or less disintegration of the tissues themselves.

For convenience of expression, however, we will divide our pathological conditions into four classes: Inflammatory, Functional, Neuralgic and Organic, the result of congenital malformation, specific infection or physical decay.

Most of the inflammatory conditions of the heart are of traumatic or rheumatic origin, and it is here that our homeopathic remedies like Aconite, Bryonia, Spigelia, and Kalmia, serve us well. The mental symptoms of Aconite are almost sure to be present in every acute case of endocarditis or pericarditis, and these I think will be best relieved by the drug in the 2x or 3x potency. Bryonia I use

* Read before the Massachusetts Homeopathic Medical Society.

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in the lx and prescribe it for its well-known action upon serous membranes, though the characteristic aggravations and ameliorations must not be forgotten.

In fact, to the intelligent observer, symptoms point to the pathological condition as truly as our electric signals show the location of a fire. Neither is an infallible guide; the wires may get crossed, or the nerves distracted and throw us off the track; but in the absence of actual knowledge we can do no better than to follow them.

Other remedies are sometimes indicated. I remember a case of pericarditis which I attended, while a medical student, under the direction of the late Dr. Deschere. The child had a history of exposure to wet and cold which brought on the attack, and on that account Rhus Tox 30th was given. She made a rapid recovery.

Spigelia I use for the myalgic pains in the pericardial region, and the pseudo attacks of angina pectoris in hysterical young women. I do not believe Spigelia will have any especial influence upon the attacks of true angina which develop in later life. These attacks are exceedingly dangerous and must be considered neuralgic in character, whether due or not to sclerosis of the cardiac muscle.

For an attack of true angina, with its excruciating pain, its sense of suffocation and imminent death, I know of nothing so satisfactory to both physician and patient as the immediate use of the hypodermatic syringe. The indications are to stimulate the circulation, tone up the nervous system and relieve the pain. To accomplish these I believe the combined use of Nitroglycerine, Strychnia and Morphia will give the best results. I use at a single injection Nitroglycerine $^1/_{100}$ gr., Strychnia $^1/_{60}$ gr. and Morphia $^1/_6$ gr. I have seen patients unable to lie down, with flickering pulse, cold extremities, and presenting every indication of immediate dissolution, become wholly comfortable inside of a half hour. I have seen others die in less time than it takes me to tell it; but I never considered myself to blame for it.

To be sure I always carry the Nitrite of Amyl with me, which I use in cases of this kind; but I have never seen any very remarkable results. I have no doubt but it will relieve some attacks in their incipiency; but for those fully developed, I have much more confidence in the hypodermatic syringe. This would not prevent me from using Brandy and Aromatic Spirits of Ammonia by the stomach. In short, in a true case of Angina Pectoris no means of active stimulation should be neglected.

And speaking of hypodermatic medication reminds me that it is well worth a trial in those cases of simple palpitation associated with flatulent dyspepsia in elderly or middle-aged women. These cases

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are purely functional and the attacks are unaccompanied by pain or harassing fear. They are apt to come on when the patient has eaten too heavily, worked too hard and is dressed too tightly. The stomach fills up with gas and the unyielding corsets allow no room for expansion. It must go somewhere, and so it pushes up the diaphragm, like an inflated balloon, and presses directly upon the pericardium. The result is an ordinary attack of palpitation which may last from a few minutes to as many hours. Of course, the proper thing to do is to relieve the waist from restriction and put the patient in the horizontal position, but having done that, a hypodermatic injection of Strychnia, Nitroglycerine, or both, will give you very much quicker results than can be obtained from ordinary modes of medication.

We come now to our third class of cases which are neither inflammatory, neuralgic, or functional, but in which the heart substance has actually undergone tissue change. An ordinary result of inflammatory action is a roughening of the valves accompanied, or rather followed, by compensatory hypertrophy and still later by dilatation and degeneration of the heart muscle.

It is very rare that simple valvular trouble, after the acute inflammatory condition that produced it is passed, calls for any medical treatment whatever; surely not while compensatory enlargement exists. To give heart stimulants in cases of this kind means simply to hasten the dreaded stage of dilatation which sooner or later is bound to appear.

A crippled heart is not necessarily in need of medicine and so long as it does its work fairly should be let alone. There comes a time, however, when medicines are needed to brace up the flagging circulation, and I usually select them in about the following order. I do not claim that I use them according to the law of "Similars," I am positive I do not—but I am equally positive that I get results—good results—from treatment and those are what we are really after.

In a weakened condition of the heart, accompanied by disturbance of digestion and general asthenia, especially if there is a history of nervous fatigue behind it, I would prescribe the phosphate of Strychnia (2x) in one or two-grain doses four times a day. If in connection with this there was edema of the feet, a scanty excretion of urine and inability to lie down at night, I should reinforce the action of the Strychnia with small doses of Digitalis.

In the more aggravated cases of cardiac weakness, I should not use any alcoholic preparation of Digitalis whatever, but give teaspoonful doses of a freshly prepared infusion every four hours. The infusion is surely the best preparation of Digitalis as a diuretic.

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Potter makes this nice distinction for the selection of the different preparations of Digitalis: "When the cardiac action of Digitalis is desired the tincture should be employed, given on sugar or bread, prohibiting the ingestion of any aqueous fluid within twenty minutes either before or after taking. If the diuretic action is required the proper preparation is the infusion which contains a much larger proportion of Digitonin than the other principles. This agent acting on the renal apparatus and antagonizing the action of the other three is freely soluble in water, but sparingly so in alcohol. On the other hand Digitalin, to which the cardiac action of the drug is chiefly due, is almost insoluble in water, but readily so in alcohol, and Digitoxin the most active constituent, is insoluble in water, though somewhat soluble in alcohol. (Page 269.)

Next to Strychnia and Digitalis as a cardiac tonic, I would place Convalaria Maj., which I use in five to ten-drop doses of the tincture every two to four hours. This drug came into especial notice during my last year at the medical college, and one of my classmates made a thorough proving of its effects. I have always used it in material doses and with satisfactory results.

Next to Convalaria I would place the comparatively recent drug Crataegus Oxycantha, a synopsis of whose action was read by Dr. A. C. Cowperthwaite before the American Institute two years ago at Washington. My experience with the drug, though small, has been very satisfactory, and I use it for the same class of patients as I use Convalaria and in the same dose.

The next drug upon my list of heart tonics is Spartein Sulph., which I administer in bread in 1-10 grain doses. I have no very specific indications for its use, but perhaps those given by Dr. Wm. Boericke in his admirable little book would suit me as well as any: "Cases of albuminuria where Digitalis fails or is contra-indicated." It has a most pleasant effect upon the circulation, and I have observed a slight hypnotic effect upon the nervous system. At any rate, before resorting to opiates to relieve cardiac insomnia I would try what a dose of Spartein would do.

Two other drugs I wish to speak of in this connection which I frequently use: The first is Cactus, which I use homeopathically in the lx dilution, for the characteristic symptom of constriction which is so prominent in the provings. I have tried the drug in full doses of the tincture also its alkaloid under the proprietary name of "Cactina" without noticeable results. The second is Strophanthus, from which I have had some satisfaction. I am a little afraid to use it in the physiological dose. The first patient on whom I saw it tried

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died suddenly before morning, and I never see the drug without being reminded of it.

Two other drugs highly commended by some have been disappointing to me: Adonis Vernalis and Lycopus Virginicus. The former I have used in the tincture, the latter in the lx dilution, but with neither have I seen any real results. I presume the trouble was, that I did not use them in the right kind of cases, or that I waited until it was too late for any drug to do good before trying them.

I do not feel that I am a very good prescriber, and that is not the worst of it, I don't do as well as I know how. I believe, honestly believe—in the desirability of the single remedy—and I confess with humiliation that I don't always use it. The temptation to alternate and mix medicines at the bedside is demoralizing, but not half so much so as the insidious "combination tablet" that comes to us from the manufacturing chemists as an angel of light. Look at the list that is put out by the standard-bearers of Homeopathy and ask yourselves: Is the profession or the manufacturer more to blame?

Whatever may be our individual ideas of school, dose, or the dynamic action of drugs in this we must surely agree: There is nothing scientific or desirable about polypharmacy. It distracts our eyes when we ought to see the clearest, and makes what might have been a valuable medical experience comparatively worthless.

MEDICAL SCHOOL INSPECTION.*

By C. H. Wintsch, M.D.,
Medical School Inspector, Newark, N. J.

THE sanitary inspection of schools dates back a great many years; but a systematical inspection of schools is of recent date. At first this inspection only included the hygienic needs of schools, and the advisability of the same was shown. This inspection has gradually extended from the hygienic to the medical inspection of to-day, that is, the personal inspection of the pupils. It is the study of the child in relation to the schoolmates, and not the relation of the schoolhouse to the child as in former days. In a report made to the International Congress of Education held in Brussels in 1880, Dr. Jannsens said that prior to 1874 physicians

* Read before the New Jersey State Homeopathic Medical Society.

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visited the schools from time to time with meagre results, but in that year five sanitary physicians were employed to inspect the schools. Their duties included inspection of schoolhouses, as to construction, ventilation, light, etc., and the scholars as to their conditions of health and of disease. The sick children were to receive the attention of the physician-inspector. The transmissible diseases were under special regulations. Acute and chronic diseases were to be treated at the child's home by the family physician. The school being a favorable means of propagating eruptive fevers, diphtheria, pediculosis, etc., supervision at this point should be incessant. The inspectors made their visitations weekly, and they gave attention to size of classrooms, seats, windows, temperature and causes tending to vitiate the air, gymnastics, care of eyes, ears, teeth and time of study and made rigid regulations regarding infectious diseases, including vaccination and revaccination. The result was that the general health of the pupils improved, and there was no epidemic of infectious disease in Brussels after this although the rest of Europe suffered severely. Each physician was required to visit 64 classrooms a week. The good done by this inspection in Brussels started the work in nearly every country in Europe. The hygienic inspection of schools in Europe dates back to an early period of the nineteenth century; but the movement in Brussels was the first to be systematic. My father remembers well when he was a boy, attending the schools in Switzerland, Canton of Lausanne, that there was a careful medical inspection of schools. In 1874 Russia had school physicians who were to care for the pupils.

While staying in Lisbon, I met a medical school inspector who said that they had inspected the schools since 1866, but that he had just returned from Boston, and the American plan was being adopted throughout Europe with satisfactory results.

At a meeting of the American Social Science Association, held in Detroit, Mich., in 1875, the subject of the medical inspection of schools was considered. In Boston in 1876, it was discussed at a meeting of the committee on rules and regulations. It was urged that the inspector investigate regarding school and grounds and all circumstances that would appear to influence the health of the scholars and teachers, seek to trace the origin and mode of extension of epidemic diseases among the scholars of the schools, to indicate measures for the arrest and prevention of such diseases, and inform the proper authorities of his investigations and suggest what would be believed to be conducive to the improvement

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of the health of the scholars, and make an annual report. The agitation was kept up from time to time.

In 1890 the work was begun and met with successes and defeats until 1894, when it was begun systematically. The city was divided into 50 districts with an average of about 1,400 pupils to each district. Well qualified and discreet physicians were readily found to undertake the work. The report of the Health Department of Boston is as follows:

	1895	1896	1897	1898	1899
Number of children examined..	14,666	8,946	12,777	50,991	17.449
Number of children sent home..	1,745	1,156	2,781	7,896	2,583
Number of infectious diseases..	437	267	495	275	468

These children were in their seats spreading contagious diseases among other children. Nobody can tell the number of children saved from these diseases by the timely discovery and isolation of the sick ones.

Dr. C. F. Roberts in the annual report of the Board of Health of New York, in 1896, said that he believed that the greatest source of transmission of infectious and contagious diseases among children of that city was due to their contact with one another in the schools, and that this transmission could best be overcome by a daily examination of the school children by a medical inspector.

Dr. G. S. Lynde was appointed as medical inspector, and made a report in November, 1896, and found that many cases of diphtheria had not been recognized, and that thirteen cases of scarlet fever had occurred in one school which had not been reported to the health department, and that the epidemic would have continued if these cases had not been found out by the investigation he made. In view of these facts an appointment of one chief medical inspector and 150 medical school inspectors was made to serve during the school term of each year, September to July. In 1898 the number of inspectors was increased to 192, to inspect both the public and parochial schools in Greater New York.

	1898	1899
Number examined in New York.....	139,965	128,787
Number excluded	7,606	9,367
Cases of measles	253	278
" " diphtheria	118	119
" " scarlet fever	32	42
" " croup	25	20
" " whooping-cough	276	227
" " mumps	517	675
" " contagious eye diseases	1,627	1,894

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Cases of pediculosis capitis.....	3,502	4,498
" " chicken pox	380	474
" " skin diseases	703	988

Chicago adopted the system in 1896 and Philadelphia in 1898, the work of the medical inspectors proving very beneficial. In Chicago the Health Department also employed medical inspectors to visit the houses where there were contagious diseases, to see that proper isolation was enforced, and thus protected the neighborhood by notifying neighboring schools of existing diseases. There was a smaller number of deaths from diphtheria and scarlet fever for that year which was considered due to the inspections. The sanitary supervision of schools was brought to the attention of the local boards of health in New Jersey as early as 1882, and the daily inspection of schools was begun in Newark on Oct. 1, 1901, with the following results: Number of pupils examined from Oct. 1, 1901, to June 27, 1902, males, 4,674; females, 5,147; total, 9,821. Total number excluded, 2,424. Reasons for exclusions: Measles, 44; whooping cough, 45; diphtheria, 17; contagious eye disease, 433; scarlet fever, 6; suppurative ear disease, 44; croup, 11; St. Vitus's dance, 7; chicken pox, 64; skin diseases, 181; smallpox, 2; mumps, 72; vermin, 1,130; ringworm, 73; miscellaneous, 295.

From the above report we notice that 47 per cent of the number excluded were for the pediculosis capitis. In some schools it averages from 10 per cent. to 80 per cent. in most all cities. A great many of these children are sent home and never receive attention, and return to school only to be sent home again. I would suggest treatment at the worst schools by a matron and have the children thus afflicted wear white caps covering the entire scalp. This would also have a moral effect on the child for the notoriety given the child would tend to cleanliness. Or else I would have the children thus afflicted attend one school as also those suffering from ringworm; that is to say, if there were enough children with ringworm to fill a school, let them all go to one school forming a ringworm school.

It requires from ten to 60 minutes daily to examine the children who are to be selected by the teachers as not appearing to be in good health. The city was divided into twelve districts with an average of about 2,600 pupils to each district, and twelve medical inspectors appointed one for each school district, at a salary of $250 per annum. Appointments were made as follows: Application was made to the sanitary committee of the Board of Health

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and this committee selected two names for each district. This list was submitted to the sanitary committee of the Board of Education and they selected the twelve inspectors, their recommendation being accepted by the Board of Education. So that the inspectors were appointed by the Board of Education, but under the immediate direction and control of the Board of Health, the latter furnishing all necessary supplies upon requisition. The rules laid down for the teachers provide that at the time of the morning roll call they select from their classes any child who appears to be ailing, or any child who has been in contact with anyone ill with a contagious or infectious disease. These are sent to a room set apart for the medical inspector to be examined on his arrival. All pupils not excluded from school are returned at once to their classes after examination by the medical inspector. Whenever a pupil is excluded from school on account of a contagious disease, the desk and seat are washed with an antiseptic solution, and the classroom disinfected if necessary. On sufficient evidence that the exclusion of a pupil is immediately necessary, the principal may order the child home and notify the Board of Health of his action with reason for the same, giving name, age and address of the pupil so excluded.

The medical inspector visits all the schools in his district between the hours of 9 and 11 A. M. each school day.

They examine each child isolated by the teachers and cause to be excluded those showing symptoms of any contagious or infectious disease, especially scarlet fever, diphtheria, measles, croup, whooping cough, mumps, smallpox, chickenpox, contagious eye diseases, parasitic disease, St. Vitus's dance. Each child excluded is given a card addressed to the parent or guardian, on which is written the date, name of child, and school, diagnosis and number of inspector.

The children thus excluded are told to return to school when well, and are readmitted only after reinspection and approval by the inspector, Board of Health or the attending physician.

The inspector makes a daily report to the Health Officer which must be sent immediately upon leaving the last school visited, giving the name of district, date, names of schools, number examined and excluded and the name of the school and child in full, age, residence, and cause of exclusion of those children. On the last day of each week the inspector fills out a weekly report for each school giving the name of the school, date, number examined, total number excluded, reasons for exclusion and signature and sends this to the Board of

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Health, a duplicate report being sent at the same time to the Board of Education.

If for any reason an inspector is unable to visit the schools of his district, he must make arrangements with another inspector to take his place. Inspectors must not under any circumstances prescribe or suggest treatment or in any manner interfere with the attendance of the family physician.

The establishment of this inspection has given confidence and assurance to the public, and has led parents to send their children more readily to school. Whenever any sickness was reported among the classes, the fear of spreading contagion was expressed, and every one was clamoring to have his child taken from school or have the schools closed. This fear is gone, and there is now a feeling of security shared by everybody, the principal, teacher, children and parents. The examination is very popular with the parents, although many children felt mortified when found infected with pediculosis capitis. Parents do not object to having other children's heads examined, but when it happens to strike them, the inspector will sometimes receive a note the next day giving their opinion.

For instance: A boy was sent home for lice, the teacher saw the slip and told the boy to go home and put kerosene on his head. This note followed: "My boy has no bugs and kerosene is for my lamp, not for my boy's head." Another child sent home with tonsillitis came with the following note, next morning: "Mr.——Dear Sir: I do not see any necessity of keeping G.— home from school as she is in the best of health, I would like to know what kind of a sceime that is that you have, you must have quite a Doctor to let a child play such a trick on him, to go coasting I think he aught to look at her teeth and see if she hasn't smallpox or some contages disease hoping that this will be sadisfactory, I remain yours S.—"

We have no right to force children to go to school unless we protect them from infection from some of the deadly diseases. A school teacher had a sore throat. Her physician told her she might attend school. Within two weeks there were forty cases of diphtheria in the school, and five children died. This was traceable to the teacher as a source of infection. Medical inspection should include the principals, teachers, and janitor, as well as the pupils. The weak point has been that it has rested with the class teacher to pick out the children to be seen by the inspector, but finances will not allow the inspector to examine each pupil personally. One of the inspectors, passing through a class-room, found a child with chickenpox, and upon inquiry found that the child had been in the class

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three days, the teacher remarking she thought the child had scratched itself.

The inspector should be held responsible for the reporting of all unsanitary conditions about the school building, lighting, heating, ventilating, etc., and see that the school rooms are furnshed with proper furniture, so that the pupils can do good work without becoming round-shouldered. The system of the scientific examination of the eyes of the pupils for astigmatism, myopia, etc., done by a competent examiner from among the eye specialists should be inaugurated and the needed glasses prescribed. There was a girl in one of our schools whom the teacher said was stupid because she could not tell the time on the clock on the wall. It was later discovered that this girl could not even see the face of the clock, much less the hands.

The object of the present form of medical inspection is not to cure, but to prevent disease, considering the community in its relation to the school. The teachers have grown alert and skillful in detecting signs of something wrong, and parents have become more enlightened and vigilant. The spread of disease is prevented and the people are educated in preventing the origination of disease. The results of medical school inspection are also found to be the early detection of sickness, the early beginning of treatment, the checking of many diseases in the early stage, the lessening of chronic diseases, the limiting of epidemics, while school attendance is brought up.

The inspector should have the use of a suitable room, with ample daylight, running water and sink, a bottle of disinfectant, and clean towels, also a small table. In the examination of the children in school every facility should be extended to the doctor, so he can with the least delay or annoyance to any one reach a satisfactory conclusion. The thermometer is rarely needed, but each inspector should be supplied with a sufficient quantity of wooden tongue depressors 5½ x ½ inches. These are cheap and one can be used to examine each child's throat and then burned.

The inspector should be supplied with a list of contagious diseases reported during the previous twenty-four hours, handed to him every morning.

There are doctors who give certificates to children for readmission to school when the children are still in a condition to spread the disease. The medical inspector would send such a child home again and should be upheld by the Board.

The inspector should always have with him a diphtheria culture outfit. If several cases of contagious disease are found in a room

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every child in the room should be examined by the inspector. Children with tuberculosis should be excluded.

The inspectors are generally selected from the younger men in general practice, and they should reside near the schools to which they are assigned. Hospital internes should have the preference. Politics should not have anything to do with an appointment; and the inspector should be tactful, discreet and interested in the work. As they have nothing to do with therapeutics the homeopathic and eclectic physician has his place here also.

The inspectors should meet from time to time, presided over by the chairman of the Sanitary Committee of the Board of Health. The object of this association should be to make the inspectors acquainted with each other, to discuss methods, and secure uniformity of decision on questions.

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A FEW THOUGHTS CONCERNING HOMEOPATHY.

By A. R. McMichael, A.M., M.D.,
Clinical Professor of Physical Diagnosis, and Professor of Materia Medica and Therapeutics in the New York Medical College and Hospital for Women.

IN the consideration of this subject, I shall refer especially to several factors which have to do with the school as a homeopathic institution—the teaching as a primary requisite to the support of that institution, and the student to whom we must look in the future for whatever success we, as a distinct body, can hope for. In the first place, the school, as an independent and distinct body from all other schools of medicine, represents, in its name, a principle, scientific in its conception, practical in its application, wide in its scope, and reliable in its results—a statement which is borne out by the fact of its position to-day, after a century of ridicule, abuse and opposition from such a source as the dominant school of medicine, which, up to Hahnemann's time, claimed everything by birthright, tradition and experience. The law of similia, which is the controlling influence of our school, has possibilities, limited only by the knowledge of those who represent it. As a system of therapeutics, all will agree that

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it is not perfect, but its imperfections are mainly in the application of the law, not in the law itself. This system of therapeutics is not one of guess work, or empiricism, but one which is exact and positive in all of its details, and unless this one fact is recognized, and its details mastered, failure is the result. To accomplish this, a constant grind is necessary. We must be students in the fullest sense all our lives, and while I claim it is practical, it is only so to those who are willing to apply or interpret the law in the right sense. One error in the application of this law more often found than any other, and one which I believe the teacher is responsible for, although possibly an inheritance from the old school system is in making a diagnosis of a diseased condition, and prescribing a drug on the strength of that diagnosis. Should typhoid fever be the disease in question the chances are that Baptisia or Bryonia will be the prescription, no matter whether the besotted expression, the loss of appetite, the tired feeling, the headache with the feeling as if the head were too large, the offensive exhalations and discharges, symptoms which clearly call for Baptisia, be present, or the appetite condition, the white coated tongue, the headache with sensation of weight on vertex, the desire to be quiet, the irritable disposition, with the constipation of hard dry burnt stool of Bryonia. Simply because these drugs are often indicated in typhoid, is no excuse for their use, unless their indications are present. I believe many of the failures, if not the majority, can be accounted for from this method of prescribing. We should not look for success when the first principles in the application of a law are ignored.

The first and the most important consideration in the teaching of our students, is to convince them of the value of our system of therapeutics over all others, and this can be accomplished not by an argument of words, not by a mere statement of facts, not by four years of didactic instruction, but by clinical demonstration. This kind of instruction will serve a twofold purpose; first, the student becomes acquainted with disease as he must find it in practice, and secondly, the daily observation of results from prescribing according to the strict law of similia, would be a convincing proof of the power of homeopathic medication, which must appeal to any unbiased mind beyond question, and with greater force than any other argument. It would appeal to the student mind, and once the student is convinced of its truth, his faith would increase with his experience, and the constant grind and labor connected with it becomes a pleasure.

A question naturally arises just here, how should this instruction be given? In a college course of four years, very little time is devoted to clinical instruction. The didactic work, as a rule. extends

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over the complete course. It should cease with the third year. The fourth year should be given up entirely to clinical study. This requires large hospital facilities, bedside instruction, and abundant dispensary material. One year of this kind of instruction is little enough to equip the student with sufficient practical experience to meet the demand made upon him by the public, who have a right to expect much more from him than they ever receive.

When I look back on my first year of practice and recall not only the errors and blunders in diagnosis, but the many crude prescriptions, my greatest delight is the thought that so many lived in spite of my ignorance, and yet the young graduate of to-day goes through similar experiences, simply because the instruction he has received has been faulty. The theoretical teaching may have been sufficient, but the graduate requires something more than theory. In his first years of practice he often finds, when it is too late, that the stereotyped diagnosis of disease as taught him, is seldom found in practice.

Another important question to be answered here is, who should give instruction in homeopathic therapeutics? Should we rely on teachers who are pessimistic about the future of homeopathy who believe in an allopathic prescription to tide over an emergency, who openly advocate and practice allopathy in its most dangerous and offensive form? It is a well-known fact that in our faculties many such are to be found. Teachers who are guilty of this gross inconsistency cannot be depended upon to instruct our students in homeopathic therapeutics, without bringing discredit and permanent injury to our institutions. The standard of admission to our faculties should be raised to a higher level. A teacher's homeopathy should be the first consideration, all other qualities secondary. Until this rule is applied our school will be drifting, until it will be difficult to find where allopathy leaves off and homeopathy begins Students receiving such instruction should not be blamed for following in the paths opened up for them by such so-called homeopathic teachers. We, as teachers of homeopathy, have been too long on the defensive, the time has come when we must be on the offensive. We must have faithful aggressive teachers, those who are upholding the principles of our school, not those who are dragging it down,—teachers who are as fearless as our forefathers, who taught and practised homeopathy because they believed it. Those who advise all kinds of therapeutics being taught in our colleges are advising a dangerous practice; it is contrary to our principles, and we cannot profess one thing and teach another without sacrificing those principles. If students come to us for homeopathy, it is their right

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that they should receive it in its purity, without any apologies. If they go to allopathic institutions, they receive only what those institutions have to offer—empiricism in its real, true and untarnished form. I can find no excuse for volunteering instruction students do not ask for, and which we do not profess or promise to give. If there is anything in medicine out of the realm of homeopathy that students should know, it should be definitely stated in plain terms, so that students could not be misled as to the intent of teaching it, but when such instruction is given haphazard, under the guise of homeopathy, we are false to our students, false to our ourselves, and damaging to the cause we represent.

If homeopathy has failed in some points where allopathy has proved superior, let us know them that we may strengthen the weak points instead of smothering the truth. I believe the law of similia is capable for all demands if we but advance the principles, and improve on the methods of applying those principles which Hahnemann bequeathed to us.

Granting that our faculties, as a whole, believe and teach homeopathic therapeutics, their individual methods of presenting them are so entirely different, that the student gets a very vague idea as to the right and most practical method to be followed. The technic in prescribing is just as important to the student, as the technic of the surgeon in operating, and a thorough and complete training for either, should always be a prerequisite. The teaching of homeopathic Materia Medica and therapeutics to-day is not limited to one chair, but divided so that each chair in the college, even the surgeon, is allowed to dabble in this most important part of our work. It would be as reasonable for the Chair of Materia Medica to give the details of an operation, as for the surgeon to give the indications for the various drugs indicated in surgical diseases. The reference specialists make to drugs in their departments, is to emphasize the value of certain drugs in a general way in certain diseases, or the frequency with which they are called for. The clear cut indications for these drugs, and the comparison of drugs similar in their indications, are seldom referred to, consequently the student gets the idea that many drugs have a specific influence over certain diseases. This is wrong in principle and disappointing in practice. It is not a generalization of a drug in any diseased condition, the students should know, but the group of symptoms calling for it. Besides, such teaching is a loss of valuable time.

I believe Materia Medica and Therapeutics should be left entirely to one chair. The methods employed in prescribing for diseases of women, of the eye, ear, kidneys, or surgery, does not differ from

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the common ordinary ills—the entire range of diseased conditions is covered by this chair, from the most insignificant to the most malignant type of disease. The methods required for the study and choice of remedies for all diseased conditions are identical.

The benefits to be derived from teaching along these lines are first, one system of therapeutics is possible, its limits and methods involved in the teaching, would be entirely under the supervision and scrutiny of the college. Second, friction and conflicting theories as to the treatment of diseases represented by the various chairs, would be avoided, the student's faith in the law of similia strengthened instead of being shattered, and the future of our school placed on a better and safer foundation.

Much has been said of late about the two schools of medicine uniting. I cannot understand on what basis such a union can possibly take place. The principles of the two are directly opposed to each other—always have been, and always must be. Some so-called Homeopaths, who have had a leaning towards Allopathy, because they never understood the principles of Homeopathy, may think that the two schools are merging, but on what grounds can this union take place? We certainly cannot sacrifice our principles to that end, and no one believes that the allopathic school will ever accept them without a complete change of faith. A union can be accomplished only by their acceptance of a law which has a scientific basis for its existence.

I am one of those who believes that the future school of medicine will be based on the law of similia, but before that time arrives, much work is to be done. 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 is necessary. 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. 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. For this purpose a large sum of money is necessary. An endowed institution devoted en-

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tirely to this purpose would accomplish more in a few years' time than all the homeopathic medical schools, societies or individual effort, combined.

In addition to this work much can be done by the school as a whole. We must improve on our method of choosing the remedy. Our repertories are too complex and cumbersome. We need a more simple and direct method of arriving at the right remedy. Work in this direction would count for much, especially to the busy physician and to those who know little of repertorial work.

Let us devote more time to the improvement of our own therapeutics and less to the study of therapeutics that is ever changing, which to-day is popular, but to-morrow is cast aside. Let us study the indications our cases give us for the remedy that cures, not palliate with drugs from allopathic sources, which not only endanger the life of our patients, but take us farther away from the only system of medicine which stands for something better than empiricism.

SILICEA.

By J. C. Fahnestock, M.D.,
Piqua, Ohio.

THROUGH the kindness of the editor of this paper I am privileged to talk to you about our good old friend Silicea. I am afraid that some of us at times forget our old friends when making so many new ones.

Silicea is one of the remedies that demonstrate to any unprejudiced and truth-seeking mind, the wonderful law of homeopathy as formulated by Dr. Samuel Hahnemann, a law that accords with everything known to be true in medicine. Silicea is a remedy that if studied and properly applied will convince the most skeptical mind in reference to the dynamic action of medicine. Furthermore, it gives us one of the grandest lessons in the potentization of drugs. How beautifully can the action of the potencies in the varying degrees in which they operate on man's state, from the highest to the lowest, be demonstrated.

By using the different potencies we can learn the degrees of this seemingly inert and simple substance, and note their relation to different planes in the interior of the economy. This naturally brings forth a principle to the unprejudiced mind, (the prejudiced mind

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cannot see it, as prejudice is an indication of death), that a remedy to be curative must be potentized to a degree corresponding to which the individual is sick, so that the medicine can act curatively and restore harmony in the body. The body may be sick in the tissues, the nutritive plane, or as we term it, the outer plane. Those who are sick to the very depth of their being, and show no indications of recovery, but progress and indicate a very chronic state, a chronic disease, the inner plane.

To fully know and appreciate the beauties of Homeopathy, the true physician must not only be able to select the proper remedy, but he must be an artist in its application, capable of discerning all these finer shades of differences and similars. Again, if a remedy has been properly selected, and by his good judgment properly applied, and improvement is noted after giving one or more doses, it should be allowed to expend its action without a repetition of the dose, and the vital reaction should be noted. If this is not sufficient to restore the harmony in the economy, the repetition of the same remedy may be required, but used on a different plane or potency.

Before reporting the case which was cured by Silicea, I cannot refrain from quoting Section 13, found in the Organon.

"Therefore, disease (*that does not come within the province of manual surgery*) considered as it is by the Allopathists, as a thing separate from the living whole, from the organism and its animating vital force, and hidden in the interior, be it of ever so subtile a character, is an absurdity that could only be imagined by minds of a materialistic stamp, and has for thousands of years given to the prevailing system of medicine all those pernicious impulses that have made it a truly mischievous (non-healing) art."

By many the following case would have been classed as purely surgical. Mr. C——, a Grand Army man and a pensioner, who had seen much of life, and with it many dark places and much sickness. His vital forces were on a middle plane. He was unable to do manual labor.

In 1899 he drove a hack to a funeral some sixteen miles away. The day was very cold and he "contracted a severe cold in his face and lower right jaw," there being a decayed tooth there which gave him agonizing pain. The next morning the face was badly swollen and he was unable to open the jaw. This continued for three weeks, at which time the physician in attendance called in a dentist and extracted the decayed tooth which was badly ulcerated. In a few days the jaws were pried apart and five pieces of bone removed, but this did not relieve him.

He continued for seven long weeks to suffer untold agony, his

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friends thinking he might die at any time. As he said "the death veil was over me all the time." At this time he called in another physician who opened the jaw near the ramus and removed two more pieces of dead bone. He then improved so that he could be about the house a part of the time, and occasionally could walk out a square or two at a time.

He was still unable to open the jaws and could only use a liquid diet. The right side of the face was swollen and very hard, having two large openings on the outside, and one on the inside from which continually oozed a yellow pus. The pains were still very severe and nothing relieved him but warm applications. He was chilly all the time, emaciated, pale face, constipated bowels, night sweats, and as he said, "I have lost all my sand," to which I fully agreed.

He had endured all this for two years and three months, and was told by three different physicians that the jaw bone would have to be removed. I was called to prescribe for this man and found him as above described. His entire economy called for Silicea. I gave him Silicea 30, one powder on tongue and placebo for the interval.

There was an improvement the first day, and it continued for about two weeks, at which time he called at my office and stated that he was not so well. I examined the openings which I found more than one-half closed, and at the angle of the jaw I could see the end of a spicula of bone which was then removed. I then gave Silicea 200, one powder on tongue and placebo as before. His vital forces reasserted themselves for about ten days, when he again appeared at the office. I found openings almost closed, and only an occasional discharge of pus. I gave Silicea 1,000 and placebos. I kept watch of the case, and to my delight all went well. No more medicine was given, and to-day he feels well. The face is healed with only a slight scar, and a depression at the angle of the jaw as one-half of the ramus is gone. His health is good, bowels regular, the first time since 1861. He can open jaws, eats anything, and swears—by Homeopathy.

To my mind this case will demonstrate to the most critical observer the fact that every being, every micro-organism, must have a suitable medium in which to exist. Furthermore, if the vital force is in complete harmony, we have sufficient vital equivalence to resist the inroads of any disease.

Bacteria cannot exist unless the medium is in harmony with its own peculiar being. Hence: HOMEOPATHY, HARMONY, HEALTH.

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WHAT CONDITIONS JUSTIFY THE INDUCTION OF PREMATURE LABOR?*

By S. J. Meade, M.D.,
Cincinnati, Ohio.

ON giving this subject some thought and investigation preparatory to writing my paper, I decided I must include the topic "Abortion," for the two subjects are so closely allied, especially when considered from the standpoint from which I write.

By abortion we mean the emptying of the uterus of its product of conception, either spontaneously or by mechanical or artificial means, before it has become far enough developed to live outside the uterus. Artificial abortion is performed wholly in the interest of the mother; but before the induction of premature labor, we must assume that the fetus is capable of surviving outside its mother's womb, *i.e.*, it is viable. Hence this operation is performed in the interest of both mother and fetus; yet we usually have the mother foremost in mind when doing the operation. We elect the induction of premature labor. Abortion should be forced upon the physician before he does it. There should be more facts written on these two subjects and fewer opinions.

The medical literature of to-day is full of such expressions as: "In my opinion, such and such conditions justify us, in fact demand, that the uterus be relieved of the product of conception." The inexperienced physician, and many times the older and experienced ones, who ought to have better sense, go straightway about following these recommendations laid down in our text-books and medical journals. They not only do a thing which by all means should not be done; but in many instances they do such bunglesome surgery that they jeopardize the life of the patient which they propose to save.

The principal conditions in which our text-books recommend abortion are: tuberculosis, organic heart disease, pernicious vomiting, pernicious anemia, renal disease, chorea, pelvic contractions with a true conjugate below 2.36 inches, occlusions of the birth canal by tumors, irreducible displacement of the uterus and hemorrhage from placenta prævia.

I have never seen a case of tuberculosis, organic heart lesion, pernicious vomiting, pernicious anemia, renal disease, chorea or placenta prævia in which I considered for one minute that abortion or induction of premature labor would be the proper course to pursue,

* Read before the Indiana Medical Institute.

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and I have treated many of these cases, and were I writing a book, I would give you a detailed account of all of them; but this is merely a ten-minute essay in which I have time and space only to emphatically condemn such procedures. I have always considered it unfair to condemn a thing without offering something better as a substitute. My substitute in this instance is, study carefully nature's way of doing these things. The physician who has implicit faith in nature, who is willing to follow nature instead of insisting that nature follow him, and who has the courage to stand up and boldly laugh in the face of disease, is the one who will instill faith into his patients, and will come to the end of each year's practice with the lowest mortality rate.

If an abortion must be procured, what is the best method of doing it? The plans laid down in our text-books are so technical and impractical that I went out a few days ago on a little investigation tour among my patients to see if I could find something simple yet reliable. I have one patient who is now too old to need anything in this kind of treatment, who told me she had had seventeen abortions, self-induced. No method had been satisfactory to her, hence she used a different one every time. The first time she tried falling down stairs. She was young then and did not know any better. She tried turpentine, quinia, ergot, mercury, penny-royal tea, tansy tea, slippery elm bark, the lead pencil, the hat pin, the crochet needle, the nozzle of a syringe, bougie, sea tangle, but she told me she could not conscientiously recommend any of these means of procuring abortion, and I myself think they are unreliable. The best way to do it is gently to dilate the cervix, then with a uterine applicator pass two inches of corded gauze up into the uterus, leave one inch hanging into the vagina with a silk thread attached long enough to reach outside the vulva. Pains will come on within a few hours and flow will start; then let the patient remove the gauze and the uterus will deliver itself of its contents within 48 hours.

The chief indications for the induction of premature labor are: Contracted pelvis, hemorrhage from placenta previa and eclampsia. These recommendations, like those for the induction of abortion are very much overrated. The first named is by far the most frequently indicated; but here is where accuracy is required. The physician must be able to determine within a few days the period of gestation, on account of viability of the fetus. He must estimate approximately the size of the fetus and compare its size with that of the degree of pelvic contraction. He must remember that the head of the fetus can be compressed only about one-half inch. He must not forget that if he defers the operation too long, zealously guarding

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the interests of the fetus, he may carry it too far, and thereby jeopardize the life of the woman. Hence it is not an easy matter to appoint the date for the induction of premature labor from a purely elective standpoint.

As long as the part of the fetus which is presenting can readily enter the upper pelvic strait, the induction of premature labor may with safety be deferred. After about the sixth month the patient should be examined every few days to determine this matter. It is easily done. Introduce the finger in the vagina, with the other hand press the fundus down, and the finger in the vagina will readily appreciate whether or not the presenting part enters the upper strait. As soon as there is any difficulty to its entrance, it is time to induce premature labor.

In case of placenta prævia, some of our best authorities say on the occurrence of the first hemorrhage, whether profuse or slight, elect to induce premature labor. This is positively not the right course to pursue, and the reasons why are too numerous to mention in a short paper like this. Of the three conditions named, eclampsia least frequently calls for the induction of premature labor. The indications laid down by different writers are anywhere from a moderate amount of albumen to all that train of symptoms where convulsions are imminent. Now while convulsions apparently are imminent, they may never come. The induction of premature labor may not ward them off, in fact, the measures used to bring it about may provoke convulsions. In the fact of all this, what ground have we for advocating the induction of premature labor? I know that I have had a great many cases in which the woman had all the symptoms laid down in our text-books and medical journals for the induction of premature labor, and without any interference whatever, I have saved both the mother and the child. There are a good many methods described for the induction of premature labor; but there are only two worth considering. In contracted pelvis, where a few hours' or a day or two's time is not to be considered, the plan I suggested for abortion is the best. In the emergency cases, hemorrhage or eclampsia, forcible delivery should be done. I need not describe this method, nor say that it, or all others, must be performed under strictly aseptic conditions; and I want to lay stress upon the fact that these operations must never (except in strictest emergency) be done without the support of one or more consultants.

I am going to relate a case which may give the advocates of abortion and induction of premature labor a chance to score me just a little. On the 18th of last month the matron of our hospital telephoned me that a physician from Kentucky was on the boat at the

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Public Landing with a patient whom he wanted to place in our hospital, having been recommended to me by a former patient of mine. I ascertained from the matron that the doctor had told her this woman was pregnant, very dropsical from albuminuria and was almost moribund; and she had refused to admit the patient. I telephoned the wharf and talked to the doctor, asking him when his patient was expected to be delivered and if he intended conducting the case. He said no, he wanted me to take entire charge of it. I told him I was not anxious to have a moribund case come into our hospital (for I have been there eight years and have never lost a case), but it was not my custom to run away from dangerous cases, and to bring his patient to the hospital. He asked me how he would get her there. I told him to put her in a carriage. He said it was impossible for her to get into a carriage as the vulva was so edematous that she could not get her heels within five feet of each other. I telephoned for a patrol wagon and had them bring her up. On examination I found the general appearance which I have described, measured her pelvis, found the distance between the anterior superior spinous processes 11½ inches, between the crest of the illii 12½ inches, between the great trochanters 13 inches, from the upper part of the pubic arch to the last lumbar vertebra 9 inches. This is the largest pelvis I have ever measured, and I have measured between three and four hundred within the last year. On palpation found the head presenting position R. O. P. Fetal heart beat 135 (a boy). She had not voided urine for eighteen hours. She had vomited from six to twenty times a day ever since the end of the first month of pregnancy. She was anemic, suffering from intense headache, dizziness, scintillations of light before the eyes, dyspnea, pain in the abdomen. Examination of urine: quantity a pint and a half in 24 hours, specific gravity 1012, 40 per cent. albumen, urea, tube casts, blood and pus cells.

Her physicians had tried to place her on a restricted diet, principally liquid. I coincided in their opinion on this score, and insisted that she take for her first meal a glass of warm milk, which she did; and it was ejected as promptly as if she had swallowed a bad oyster. I tried the meat broths; but she could not retain them. I then suggested giving her plenty of water to drink, letting the stomach rest for a time. She said it had done nothing but rest for eight months as far as the taking of food was concerned. Then I told my nurse to give her rectal feedings. She, her mother and husband insisted that they were to pay a big price for their board and services, that she could not taste what I gave her that way, and I saw I had a fight on my hands. They were obdurate, and I never like to enter into a

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discussion or fight where I know I will be worsted, so asked her what she would like to have to eat. She said onions, lettuce, cabbage and such like. I asked her if she had tried any of these articles of food, she said, "no, they are out of season where we live but I thought you city people have everything that is good." I instructed the nurse to give her these articles ad libitum, turn her loose in a cabbage patch where she could get on to a bed of lettuce and onions. These articles were given her sparingly at first, later on in larger quantities. Lettuce and onions mixed in the same dish with a little vinegar and broiled lean ham cut in small pieces. Within 48 hours vomiting ceased, the urine increased in quantity; but the quality was no better. For several years I have been drifting away from the idea of exclusive milk diet for sick people, especially those suffering from albuminuria; and this instance is another positive proof to me that milk exclusively is good for new-born babies, calves, colts and pups. The general edema decreased slightly each day, and she became more comfortable; yet some of the symptoms such as headache, dizziness, flashes before the eyes, pain in the abdomen and stomach were still very annoying. On the 29th of April at 9 A.M. her pains came on. At 3 P.M. the membrane was ruptured. Labor came on in the natural way until 5 P.M. The head was then well down against the perineum; but she was exhausted and her pains were ineffectual. I delivered her with instruments at 6:50 P.M. with a bad laceration of the perineum. I made no attempt to repair it on account of edema of the parts. Everything went well until midnight. The baby cried, went into spasms, the mother immediately had a convulsion. Nurse telephoned for me. I don't know how long this first convulsion lasted. The baby was taken to the nursery, had two more convulsions within the next two hours and died. At 12:45 A.M. the mother had a second convulsion which lasted 7 minutes. Pulse 140, temperature 97. At 1:25 A.M. had the third convulsion, lasting 7 minutes. Pulse 120, temperature 97. At 2:15 she had a fourth convulsion lasting 9 minutes, pulse 120, temperature 97. At 4:20 she had the fifth convulsion lasting 6 minutes. Pulse 110, temperature 97. After the last convulsion she was extremely restless and delirious for 22 minutes. It was almost impossible for the nurse and myself to hold her in bed. Temperature rose to normal the next day; but she was very weak and exhausted and restless and sleepless for three or four days. The parts did not recede to their normal condition enough for me to repair the perineum, until the fifth day; but the operation was successful. I signed the death certificate of this baby "predisposing cause, obstetric paralysis, immediate cause convulsions." Uremic poisoning may have been its trouble. The child was

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delivered with the face to the pubic arch, the vulva was so edematous I could not get my hand in to turn or rotate head. It was very large, weighed 12½ pounds. My instruments pressing hard against the basal ganglia possibly brought about this condition. The woman left the hospital on May 15th, not in very good condition; but they insisted upon taking her home.

Criticism might have been passed upon me for not inducing premature labor in this case. Had I another case similar, I should pursue the same course as I did in this. I am always careful and conservative when it comes to robbing a uterus of what some call its mischievous fruit.

A POINT IN THE CLEANSING OF THE HANDS BEFORE OPERATION.

By Caleb Barker, M.D.,
Hahnemann Hospital, New York.

At the present time, it is the surgeon's endeavor to do his operations with the nearest possible approach to perfect asepsis. The field of operation, the instruments, towels, sponges, etc., and the hands of those immediately connected with the operation are the three sources of infection, upon the proper cleanliness of which depends largely the presence or absence of germs capable of causing trouble in the wound.

The field of operation can have, as a rule, at least twelve hours antiseptic preparation before the operation takes place; and the instruments, towels, sponges, etc., can be subjected to such a degree of heat as to render any germs innocuous; but the hands of those coming into immediate contact with the operation—hands which may have been covered but a short time before with the most virulent form of pus-producing germs—are prepared within an hour of the operation. Thus, the proper and thorough cleansing of the hands becomes one of the most important parts of the surgeon's technique.

This cleansing may be divided into three steps: washing from the hands and arms with soap and water any extraneous matter; scrubbing with surgeon's soap and sterile water; and disinfecting with some antiseptic.

It is a small but exceedingly important point in the thoroughness of the scrubbing process that I wish to emphasize, namely, the

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scrubbing of the creases of the fingers. Nine men out of ten, when "scrubbing up" for an operation, will brush under and around the nails very carefully with a crosswise motion while the fingers are flexed, then the remainder of the scrubbing is done with the fingers extended.

It will be noticed that, behind the proximal row of interphalangeal joints, the skin is thrown into six or eight folds and creases in each finger; and also, that, while traction in either direction of the long axis of the finger fails to open these creases, they can be very nearly obliterated by forcible flexion of the finger. Thus, by flexing the fingers and brushing crosswise along the row of joints, these creases can be thoroughly freed of any foreign particles they may contain.

This may seem like making a great deal of a very small matter; but, taking into consideration the extreme minuteness of the most dangerous of germs, is it not possible, even probable, that there may still remain in the deepest parts of these creases, particles of highly infectious material, after a seemingly thorough scrubbing of the hands. The smallest things often give the surgeon the greatest trouble; at any rate, it certainly behooves him to neglect nothing, however small, which may add to his success and to the welfare of his patient.

INORGANIC CELL SALTS.

By J. A. Biedler, M.D.,
Monroe, Wis.

IT is now over two years since I commenced the study and use of the Schuessler Tissue Remedies, and the more I use them the more I am convinced of their great value; so that I would not now continue practice if I were obliged to do without them.

I have had more prompt returns from the use of magnesia phosphoricum in allaying those intolerable sharp pains, than I ever had with morphine, to say nothing of the lasting curative effects of the former; without having to counteract the deleterious effects of the latter.

I have broken up and dispelled many severe cases of la grippe with ferrum phosphoricum, natrum sulph., and kali muriaticum in from 10 to 15 hours, that under the use of homeopathic remedies in my hands would have required from three to five days. Natrum

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phosphoricum has done wonders for me in removing periodic headaches, where the stomach is acid. Natrum muriaticum stands without a rival in cardiac asthma where there is constriction of the chest with palpitation; and I am confident that when prejudice shall have been removed and physicians make use of Schuessler's discovery, mankind will have cause to call him blessed for the legacy he left them in the intelligent use of the "Inorganic Cell Salts."

Permit me to subjoin to these few remarks a report of two cases treated:

FERRUM PHOS. AND NATRUM SULPH. IN CATARRH OF THE STOMACH.

Mrs. L.——, aged 48, no children; suffered for over seven years with periodic attacks of stomach trouble. These grew in frequency and intensity as the years multiplied, until hope had well-nigh fled. These attacks came at first every three to four weeks, and latterly, once or twice a week, continuing from a few hours to two and three days; her sufferings were terrible, and could be relieved only by morphine. She had been treated by all the "regulars" of our city, with only temporary relief; she also sought help from the late Drs. Palmer, of Janesville, and Caldwell and Staley, of Freeport; also from specialists in Milwaukee and Chicago, from whom she received only temporary relief. Rarely did her physicians agree in their diagnosis of her case: some called it cancer, some gastralgia, and others said it was gall-stones.

I have been intimately acquainted with her for the last ten years, and often told her if she would permit me to treat her, I would cure her; but while she had great faith in the gospel I preached, she had no faith in the tablets I dispensed. The time came, however, when she was obliged to choose between an operation for biliary calculi and the tissue remedies I prescribe. I often tried to convince her she had no gall-stones, but all to no purpose. She had been very sick on Saturday and Sunday, and her physician said nothing but an operation would be of any avail, and said he would take her to Chicago on Thursday. Monday morning she concluded she would try the tissue remedies as a last resort, and sent for me. I gave her ferrum phos. 3x, and natrum sulph. 3x, alternately, every one-half to one hour; intercurrently, calcarea phos. 3x after meals, with an occasional dose of silicea 12x, with the result that she had no occasion to go on Thursday for an operation and has had but one slight attack since; and it is now almost two years and she has better health than at any time in the last twenty.

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This lady, for some years past, was subject to occasional attacks of what her physician called erysipelas, appearing in the face, often very violent; and whenever this occurred, she had perfect rest from her stomach; but as soon as it disappeared, her stomach trouble again began.

I saw her one day when her face was very much inflamed and swollen, and told her it was not erysipelas, but a violent case of eczema, and if she would look in the glass she could see the exact condition of her stomach when she had her "spells," as she called them.

FERRUM PHOS., KALI MUR. AND KALI SULPH. IN PNEUMONIA WITH HEART COMPLICATIONS.

Mrs. M.——, aged 69, had a severe attack of pneumonia, involving a large portion of the left lung, with considerable pain and soreness of the chest extending to the right lung, complicated by an old complaint—cardiac asthma, which produced such smothering spells she was obliged to remain bolstered up in bed; had been sick about three weeks.

I was hastily summoned to her bedside by 'phone Dec. 23, to consult with her physician, a "regular;" and after carefully looking over the case, I found the following conditions: Temperature, 102°; pulse, 98; respirations, 30; a dry, troublesome cough, very little expectoration, tongue heavily coated a dirty white, very weak, resting poorly, and much discouraged.

After consultation, it was decided I should make the prescription, leaving the patient in the care of her old physician to report progress in the case.

I gave her ferrum phos. 3x, and kali. mur. 3x, alternately, every one-half to one hour, with natrum mur. 3x intercurrently, every three hours, for the smothering spells. On the evening of the 24th I received the following:

"Dear Doctor: Visited patient to-day and found the following conditions: Temperature 100°, pulse 90, respirations 24, no pain, coughing and expectorating about the same, but sleeping better."

On the 26th I sent kali sulph. 3x every hour, and manola, four times a day, and on the 30th I received a card saying: "Dear Doctor: I am glad to report the following this morning: Temperature normal, pulse 80, cough much better, lungs clearing up, strength improving, good spirits, sitting up a little. Doctor, what were the last tablets you sent?"

So anxious was he to know what had wrought this great change he could not wait for my reply by mail, but called me to the 'phone the next morning to inquire what I last gave her.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

SALPINGITIS.

BY J. J. THOMPSON, M.D.,
Chicago, Illinois.

SALPINGITIS or inflammation of the fallopian tubes is a common disease. Some writers claim it is found in twenty per cent. of all diseases of the female pelvis, while others place the estimate as low as six per cent.

Doubtless those whose private practice or clinical work is largely among prostitutes suffering from frequent attacks of gonorrhea or among women who are the subject of frequent abortions, find a much larger percentage of tubal inflammation than those whose practice is among the middle classes where the above conditions are comparatively unknown, gonorrhea and instrumental infection of the uterus being responsible for a large percentage of all cases of salpingitis.

In simple catarrhal salpingitis the mucous membrane is the part principally affected, the muscular coat being but slightly infiltrated. The mucous membrane is edematous and hyperemic; the epithelial cells and the folds, being glued together, may form closed cavities; the increased secretion shows mucus and epithelial cells.

In purulent salpingitis the mucous membrane is first affected; but the inflammatory process soon extends to the muscular coat and connective tissue, giving the tubes a swollen, distorted appearance. The peritoneal covering becomes infected causing adhesions to neighboring organs. The tubes often become constricted in places, giving them a link sausage appearance. The fimbriated extremities become agglutinated and inverted or adherent to the ovary.

Pelvic peritonitis usually accompanies salpingitis to a greater or less extent. This may be caused by infiltration of the infection directly through the walls of the tube or it may follow along the mucous lining to the ostium abdominale, through which it infects the ovary and surrounding peritoneum. The inflammation may end in resolution or abscess; more often the latter when the infection is purulent. When an abscess forms, the tube may be distended to the size of a finger or it may become as large as a good-sized cocoa-

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nut. The tumor formed is usually sausage shaped or pear shaped, the smaller portion being near the uterus.

Etiology.—Salpingitis is in nearly every case an extension of the inflammation from the uterus. The infection may be carried directly from the uterus through the ostium internum into the tube, or it may be taken up by the lymphatics of the uterus and the broad ligament to the tube. In the former case, the salpingitis is primary to the pelvic cellulitis; in the second the pelvic cellulitis precedes the inflammation of the tube. The former condition is most often the result of gonorrheal infection; the latter is more often the result of septic infection following miscarriage or labor. Tubercular inflammation of the tubes may occur as a primary disease. In one case of tubercular salpingitis which came under my care, and which I may have reported before, the patient, although thirty years of age, never had menstruated. I removed both tubes and one ovary, and strange to say the patient soon began to menstruate regularly and her health has remained good ever since the operation, now nearly three years.

Salpingitis is essentially a disease of active menstrual life. It may occur before puberty from gonorrheal infection or from local peritonitis caused by appendicitis, as in a case which I saw with Dr. Haselton at the German American Hospital. It may occasionally occur after the menopause, usually as the result of cancerous or tubercular infection.

As suggested at the beginning of this paper salpingitis is found most often, first, in prostitutes and in young married women (and some older ones) whose husbands have been indiscreet before or after marriage; or, second, complicating cellulitis following miscarriage or abortion.

Most cases of purulent salpingitis are of gonorrheal origin. When gonorrhea once enters the uterus it is apt to extend to the tube. Astringent vaginal injections or tampons greatly increase the liability of the gonorrheal infection to extend to the tubes; just as in the male the strong injection may drive the infection to the epididimus. Catarrhal salpingitis may be brought on by exposure to cold, excessive and violent coitus, violent exercise during or just before menstruation. Here again antiseptic and astringent applications taken to relieve a simple leucorrhea, is more often the real cause than the factors mentioned above.

Instrumentation is a frequent cause of salpingitis. The uterine probe in the hands of an uncleanly physician is responsible for many cases of uterine and tubal infection. The sharp curette is another frequent cause. This instrument should never be used in cases of

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infected uterus except perhaps in cancer cases. In all cases of placental debris and soft granulations the blunt or semi-blunt curette answers equally well and does not leave the mouths of lymphatics gaping as does the sharp instrument.

Symptoms.—The symptoms characteristic of salpingitis are pain, tenderness, fever and intermittent leucorrhea; in fact all the symptoms mentioned, except perhaps the tenderness, are intermittent. The symptoms may begin with a chill, but more often the chill, if present, comes on later and is an indication that the septic infection is pronounced and that the inflammation will end in suppuration. The disease may progress, however, to suppuration and even to a fatal termination without a pronounced chill. Chilly sensations are a frequent accompaniment and like the pronounced chill may indicate profound sepsis.

Both sides are often affected, but the disease usually begins on the left side; so far as the writer's personal observation has gone it may be said that the disease *almost invariably* began on the left side, and if only one side is affected, it is the left. Why this is so cannot be definitely stated. It has been suggested that the left side of the uterus being more frequently torn may be a cause. In the writer's experience, however, the left side is generally the one affected even in those who have not borne children. Another reason assigned is that the left ovarian vein has no valves, but why that fact, in itself, should cause sepsis to invade the left tube is not clear.

It seems to the writer that a better explanation is in the fact that the return circulation from the left side is interfered with by having to pass under the sigmoid, often distended with hardened fecal matter; this pressure producing congestion of the tube and ovary of that side predisposes to infection.

Prognosis in the catarrhal form of salpingitis is usually favorable though resolution may be tedious. In the purulent form the prognosis is always serious. The disease may cause sudden death by rupture into the peritoneal cavity, setting up general septic peritonitis. It may drag along and the patient die of exhaustion. In some cases even when the infection has ceased the patient may suffer intolerably from adhesions or atrophy of the tubes and ligaments.

Most cases of septic salpingitis involving both tubes cause sterility.

Treatment may be prophylactic, medicinal, local or surgical.

Prophylactic treatment consists in exercising care, especially at the menstrual period. The patient should be cautioned against sitting on the damp ground, taking cold baths, over exercise, etc. When there is an active gonorrheal or catarrhal vaginal or uterine

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discharge, the patient should not be allowed to use strong antiseptic or astringent douches, nor should the physician use them in swabbing out the uterus. In case of miscarriage the uterus should be cleaned out *at once* with a blunt curette—do not wait until infection has actually taken place.

Childbirth cases should be conducted in such a cleanly manner that infection cannot occur, and if on examination, it is discovered that fragments of afterbirth remain in the uterus it should immediately be cleaned out with the blunt curette.

In those cases where salpingitis already exists, no instruments should be introduced into the uterus except to remove decidual remains; and then great care should be exercised not to carry infection into the womb, thereby increasing the difficulty. No operations should be performed upon the uterus if avoidable while an active purulent salpingitis exists.

Medical Treatment.—The indicated homeopathic remedies will do much to control the inflammation and prevent suppuration, especially in the catarrhal form. Aconite, Bell., Ferrum phos., and Bryonia are perhaps most often indicated in the earlier stages. Later Arsenicum jod., or Merc sol., should be given to avoid resolution. I cannot speak too highly of the two last mentioned remedies in this connection. I believe they will save the necessity for surgical interference in many cases.

Locally, perhaps one of the best applications per vaginam is ichthyol and glycerine, 1 to 4. In some cases I have seen most excellent results follow the packing of the vagina with wool tampons thickly covered with some of the clay preparations, such as antiphlogistine. A clay poultice over the lower abdomen will relieve the pain and tenderness and may possibly aid resolution.

Hot vaginal douches, or better, hot rectal injections are beneficial if given in sufficient quantity. The latter serves a double purpose; it brings the application of heat close against the inflamed tissue, and at the same time serves as an enema.

Galvanism may be an efficient aid in the chronic form if applied intelligently; careless use of electricity in these cases may do more harm than good. In this connection I quote Dr. Massey who says "the considerable number of instances in which apparently closed pus tubes have been rendered patulous and capable of performing their functions by a combination of vaginal and intra-uterine treatment," coupled with a statement recently made by Dr. J. M. Baldy, an uncompromising advocate of the knife, that many tubes removed for pus accumulation are found to contain none at the time of operation, should all tend to check a too hasty amputation of a yet curable

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organ. Should the tube on the other hand be firmly fixed by well organized adhesions and be the seat of an active accumulation of pus rather than muco-pus, the chances for a cure by the ordinary electric treatment are very remote. As a rule my own practice is to regard pus tubes of distinctly gonorrheal origin as inadmissible of cure in this way.*

Surgical Treatment.—Surgical interference should either be adopted early in the case before surrounding viscera are involved, especially if the infection is known to be gonorrheal, or else postponed until definite symptoms of pus accumulation are present. It is bad surgery to cut upon or tear loose edematous and friable structures in the abdominal cavity. It is better to wait until a pus cavity has formed, if resolution cannot be effected, and then evacuate the abscess and drain, or, if the pus tube can be removed entire so much the better. This, however, is a difficult thing to do as the adhesions are usually firm and the pus tube is thin in places, and it is very seldom that it can be dug out of its bed without rupturing it.

It is seldom that a collection of pus in the tubes becomes inspissated, and even if the liquid portion is absorbed there is always a residue which acts as an irritant and re-infection is apt to take place. It is always best, therefore, to remove pus tubes as soon as the active inflammation has subsided, or, if complete removal is not indicated, the sac may be evacuated and drained through the abdomen or vagina.

In this connection I quite agree with our worthy president when he states in his text-book that "in dealing with the cystic diseases, blind conservatism is most reprehensible." A woman who has a distended fallopian tube and who suffers from frequent attacks of peritonitis, can have no greater misfortune come to her than to fall into the hands of a physician incapable of comprehending the dangers which beset his patient. The medical attendant advises against an operation and the case progresses from bad to worse until finally a point is reached where an operation, if done at all, must be done when she is practically moribund.

If, however, the ostium internum is patent, allowing free drainage of the pus into the uterine cavity, the removal of the tubes should be postponed until all reasonable methods have been tried to cure the disease.

The three points which we wish to emphasize are these: 1st. The frequency of infection following badly managed cases of gonorrhea and abortion. 2d. The tendency of astringent douches and

* Conservative Gynecology and Electro-therapeutics.

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tampons to drive infection to the tubes. 3d. Bad judgment of the attending physician in allowing the case to go too long when surgical interference should be adopted and bad surgery on the other hand in attempting to enter the abdomen and remove congested tubes before nature with the aid of the indicated remedy has had a chance to bring about resolution or until pus has become localized.

In this connection I wish to again quote Dr. Ochsner of Chicago, who probably has as large an experience in these cases as any man in the United States. In a recent conversation Dr. Ochsner said, "formerly we used to operate on the cases of salpingitis and cellulitis which came to us as a result of miscarriage," and to use his expression, "they died like flies," now said he, "we put these patients to bed, take away food and wait for resolution or if pus forms evacuate it, and it is very seldom we ever lose a case."

He has also adopted the same method in his appendicitis cases, unless he can see them within 24 or 48 hours of the attack, and he says he now seldom loses a case of appendicitis, whereas formerly he frequently lost cases operated during the inflammatory stages.

He does, however, recommend the removal of the offending organ as soon as active inflammation has subsided, if the consent of the patient can be obtained.

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Editorial Department.

EUGENE H. PORTER, A.M., M.D. . . . . EDITOR.
ASSOCIATES,
GEORGE F. LAIDLAW, M.D., WALTER SANDS MILLS, M.D.

Contributions, Exchanges, Books for Review and all other Communications Relating to the Editorial Department of the NORTH AMERICAN should be addressed to the Editor, 181 West 73d Street. It is understood that manuscripts sent for consideration have not been previously published, and that after notice of acceptance has been given will not appear elsewhere except in abstract and with credit to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous or discourteous communications will be printed. The Editor is not responsible for the views of contributors.

THE APPEAL OF THE REGENTS.

THE controversy between the Regents of the University of the State of New York and the Department of Public Instruction of the State of New York has evidently reached an acute stage. The trouble is of old standing, but the immediate cause was a proposition by the Department of Public Instruction that all tax-supported schools should be under its control and all the others to be subject to the exclusive jurisdiction and control of the Regents.

Careful study of the arguments presented by both interested parties reveals some facts which it may be profitable to briefly consider. In the first place and as a premise, the NORTH AMERICAN heartily endorses the work of the Regents in the secondary and private schools, and particularly its supervision of higher medical education. And if the powers and responsibilities of this venerable body in that particular were attacked, or any attempt made to diminish them a most active and vigorous resistance should be offered. The medical profession of New York State would be unanimously against any interference with the work of the Regents under the medical education acts. This work has been the particular care of Regent W. H. Watson, M.D., of Utica, N. Y., whose intelligent and untiring service to higher medical education is deserving of the highest praise. But it does not appear that the "Merritt" bill interferes in any way with the privileges, powers or prerogatives of the Regents. It simply provides for free tuition in academic departments of union

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schools for non-resident students, a measure the justice of which was recognized long ago by fair-minded educators. The Regents, however, strenuously opposed the Merritt bill, and to emphasize the existing antagonism have introduced a bill abolishing the Department of Public Instruction, and putting the entire control of all educational matters in their hands. For support in the passage of this bill the Regents have appealed to the medical profession, and it therefore becomes a legitimate subject for discussion in a medical journal.

Of the high standing of the Regents there is no question. All that has been said of the distinguished accomplishments, the unimpeachable character and the dignity of the individual members of the board, meets a general and cordial endorsement. But this, although it is made an issue in the appeal, is not the real point at issue. Why should the Regents be given control of the common schools of this State, nearly 12,000 in number? Are they better fitted for this most important work than the department that now performs it? Are the Regents all, or any, of them particularly noted for their special knowledge concerning educational systems and methods, particularly those relating to the common schools? Were any of them appointed because of such qualifications? How much time would each Regent give to the question of public-school education if it interfered with his numerous other important pursuits? How much time do they give now to the discharge of their duties? These and many other pertinent questions might be asked, and explicit answers demanded, before the arbitrary change in the Regents' bill be granted.

It is proper also to inquire if the Department of Public Instruction is doing and has been doing good work? What is the record? What mark did Superintendent Draper leave in our common school system, and what about Superintendent Skinner? On the question of the approval of the Regents' bill Mr. Draper says:

"In my opinion it would be a profound mistake to pass this bill, for it would defy the traditions and theories of a century of educational history peculiar to New York. It would overthrow an educational system which grew naturally out of the antecedents of the State, and which in its essential features is more virile and efficient than that of any State in the Union.

"It would throw the elementary school system of the State into chaos, and then attempt its tedious upbuilding upon lines which, I be-

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lieve, would be bad for it. I have every reason to think that when the effects of the measure began to be seen and felt the people would rebel, and the men who have voted for it would regret it.

"This will surely not be construed into any reflection upon the Board of Regents, as I should say about the same things, and perhaps some other things, if the proposition was to transfer the functions of that board to the Department of Public Instruction. Any educational 'unification' in New York through the practical annihilation of one department will cost the State more than it comes to."

This is a carefully worded statement by one of the best-known educators of to-day and a former Superintendent of Public Instruction in New York. What he says is entitled to serious consideration. We agree with Mr. Draper that unification by means of annihilation would be ruinous to the schools' best interests, and those who know of the good work done by the Department of Public Instruction, and how closely it is related to the people, will hesitate a long time before transferring its powers to the Regents. The NORTH AMERICAN dislikes exceedingly to disagree with some of its friends in the Board of Regents, but it feels constrained to state its honest opinion, and it offers its columns to any who may desire to reply.

FALSE DEDUCTIONS FROM STATISTICS.

FOR the past half dozen years the homeopathic physicians of Connecticut have endeavored to secure from the Legislature an appropriation for an insane hospital to be under homeopathic control; but their efforts have been balked by the medical superintendent and trustees of the asylum at Middletown—the only public hospital for the insane in the State, and, needless to say, under allopathic control. The trustees, urged on by one of their number, an old-school physician, have always suggested expedients to accommodate the increasing numbers of insane patients which an administration and Legislature, seeking a record for economy, have acquiesced in. This year there is a change. The trustees refused to be guided by the judgment of the medical member referred to, and he resigned, as did also the medical superintendent of the hospital. The bill now before the Legislature for the establishment of a homeopathic hospital for the insane at Norwich is in a fair way to be passed if the legislative committee of the Connecticut Homeo-

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pathic Medical Society and the members generally, use due diligence in bringing their influence to bear upon the Legislature.

But such a measure cannot go through without some opposition. An anonymous correspondent of the *Middletown Tribune,* under date of February 16 last, called attention to the fact that the *Connecticut Register* for 1902 contained the names of 137 licensed physicians credited with being homeopaths. This is somewhat less than 9 per cent. of the total number of registered physicians in the State. From these statistics the correspondent makes the following deductions:

"It is fair to assume that these proportions represent the preferences of the people of the state for the schools of medical practice. To build a hospital and place it in charge of a school of practitioners that represent the choice of less than 9 per cent. of the inhabitants of the state appears not only unfair but absurd."

In the editorial column of the same issue of the paper is the following comment:

"The 'meaty' communication in another column regarding the proposed establishment of a homeopathic hospital for the insane at Norwich is worthy of serious consideration."

If the *Middletown Tribune* had any regard for a reputation for ability to weigh facts as they are, the anonymous letter would have been consigned to the waste basket. To deem it "worthy of serious consideration" is to confess ignorance of a commonly recognized situation.

The deduction of the anonymous correspondent does not tally with the real state of affairs in Connecticut. In the first place, while it is generally recognized that the medical profession there, as in most every other part of the country, is very much overcrowded, there is still abundance of room for a number of good homeopathic physicians, and more than one community deplores the fact that no representative of the school has seen fit to locate within its borders. On several occasions the secretary of the Connecticut Homeopathic Medical Society has pointed out in our Societies and Current Events department, the existence of several good "openings." Again, the *Middletown Tribune* ought to know that the clientele of the homeopathic physicians in any community is out of all proportion, in numbers and influence, to that of their old-school confreres. Given a community in which 100 physicians

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are practising in the proportions given by the correspondent, *i. e.*, 74 allopaths, nine homeopaths, five eclectics, and the balance unclassed, and it is safe to say that the combined income of the homeopaths would be much more than one-eighth of the combined income of their old-school brethren. Public insane hospitals are supported by the taxpayers, and the homeopathic laity and physicians of Connecticut pay taxes enough to warrant the Legislature in appropriating a sufficient amount of money to build and maintain a homeopathic insane hospital. The legislative committee of the Connecticut Homeopathic Medical Society can supply the legislators with statistics to show that homeopathic hospitals for the insane are economical insititutions, not only in cost of maintenance and treatment, but also in high percentage of cures which diminishes the number of patients to be continually cared for by the State.

Inside information reveals the fact that the anonymous correspondent of the *Middletown Tribune* is a prominent tradesman of that city, who doubtless would prefer the enlargement of the present institution which would probably put a few extra dollars into his pocket. *Hinc illæ lachrymæ.*

SURGICAL OPERATIONS ON DIABETICS.

UNTIL recent years surgeons have rightly avoided operations on diabetic patients for two reasons. First, the easy development of gangrene in the wound; and secondly, the tendency to diabetic coma following anesthesia or the shock of operation.

The present tendency is in the opposite direction, as shown in an article by Dr. Julius Sternberg in the *Wiener Med. Woch.*, January, 1903.

After reporting a series of cases Dr. Sternberg draws these conclusions:

"1. Any necessary operation can be performed on a diabetic.

"2. The diabetic preparation is to be desired but is not absolutely necessary.

"3. In anesthesia and technique the simplest method should be chosen."

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While the first and third propositions may be freely endorsed, the second is open to criticism. The diabetic patient is a sensitive, while an ordinary patient may scratch himself with impunity, the diabetic in scratching is constantly infecting himself by the bacteria of the skin, producing boils, carbuncles and gangrene. This easy tendency to infection which was formerly so formidable an obstacle in the way of operation is now practically under control by the observance of strict asepsis; but the other danger, coma, is not so easily dealt with. The ordinary man can be subjected to excessive muscular strain, a night's carouse, or psychic shock with no worse consequences than a few days indisposition. In the diabetic this disturbance of his economy is prone to end in coma; and to the diabetic, coma means death. It is known that by strict avoidance of starch and sugar for a week before operation, the danger of coma is distinctly lessened. It is also known that saturating the system with alkalies has the same effect.

The surgeon would be open to severe and just criticism who should fail to give his patient every reasonable chance or should fail to provide every reasonable safeguard against a fatal result. Except in emergency operations we should require of the surgeon who operates on a diabetic the precaution of the non-carbohydrate diet and the saturation with alkalies just as strictly as we require asepsis and the trained anesthetist. In this connection, it should be borne in mind that "gluten bread" is a highly starchy food and to be banned absolutely in strictly anti-diabetic diet.

Notes and Comments.

A Surgeon's Responsibility.—Damages may be assessed against a physician for performing an operation that results in serious consequences without having received permission to do so, according to a decision given by Judge Tuley to-day. The opinion was rendered in a case brought by Mrs. Parmelia J. Davis against Dr. Edwin H. Pratt. It was charged that the plaintiff went to Dr. Pratt's hospital in May, 1896, and was operated on without her consent or the consent of her husband. She was afterward adjudged insane.

It was not asserted that the doctor performed the operation in

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an unskillful manner and no malpractice was charged. "It cannot be reasonably contended that the doctor acted from any malicious motive," the court said in rendering decision. "The absence of malice does not excuse an unauthorized trespass on the body of the plaintiff." Judge Tuley fixed the damages at $3,000.

There is no question but that the operation performed was on the judgment of Dr. Pratt absolutely necessary for the good of the patient and we hope he may yet be able to obtain a decision in his favor. But the case should be a warning to all physicians not to operate without the full consent of the patient.

Dr. Alice H. Burdick.—Dr. Burdick was struck by a train and instantly killed on February 10, at Passaic, N. J. She was well known in New York, where she had an office for the practice of her profession. At the time of the accident Dr. Edwin De Baun, her son, was near the depot, and was hurriedly called. He was so shocked and overcome that he had to be taken away. Dr. Burdick was about sixty years of age and was highly esteemed by all who knew her.

The Nurses' Bill.—The nurses' bill, known as Assembly bill No. 688, is quite free from the objectionable features we objected to in the last number of the NORTH AMERICAN. The bill simply requires all persons who desire to engage in nursing shall take an oath and file the same in the office of the Secretary of State. The affirmation gives the time and place of training, the course of instruction, date of graduation, and when diploma was received. Penalties are provided for violation of the act. Against this there seems to be no valid objection. It is simple and likely to be effective.

The Epidemic at Ithaca.—The descriptions of the typhoid epidemic at Ithaca, N. Y., have been characterized by ignorance, misinformation and mere maliciousness. Recently, however, more calm and dispassionate investigation has occurred. The efforts to place the responsibility upon Cornell University have failed. The position of Cornell in regard to the water supply has been like that of Columbia or Princeton or the University of Pennsylvania to the water supply of the cities in which they are located. What influence Cornell has had, has always been used for pure water and improved sanitation.

That the water supply was the source of infection cannot be doubted; but how the water became contaminated is still unknown. But it is again emphasized with terrible distinctness that water for public use must be protected, at all costs, from every possibility of surface or other dangerous drainage. And there was no more carelessness in Ithaca than in the great majority of cities in this country.

An Antiquated System.—Senator Elsberg is to be congratulated upon his fearless and determined effort to abolish the useless and antiquated office of Coroner. In brief the bill provides that all suspicious deaths shall be investigated by the Board of Health. If there is then a taint of crime, the case is handed over to the District Attorney, who conducts the inquest before a magistrate and calls the examining physicians as expert witnesses. The plan outlined above

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is neither new nor untried. It has been in operation, practically, in several States for a number of years, and has given very great satisfaction. By this method the investigation is conducted by competent and trained examiners, the inquest if necessary is presided over by a regular magistrate, and a high grade of legal ability is provided for legal proceedings. The bill should receive the active support of all homeopathic medical societies that have life enough to take a decent interest in public affairs.

Some Editorial Changes.—The *Critique* has lost as editor Dr. S. S. Smythe, but gains Dr. James W. Masten. The *Hahnemannian Advocate* formally announces the retirement of Dr. H. W. Pierson and it is rumored that the *Medical Advance* will shortly miss Dr. H. C. Allen.

Typhoid Fever.—Judging from past experience it is very doubtful, if the typhoid antitoxin serum discovered by Dr. MacFayden and endorsed by Lord Lister, proves to be of any value. During the past fifteen years many antitoxin serums, so called, have been discovered, and all but one have been discarded as useless. Some, indeed, were never seriously considered. It would be a most precious boon if a serum certain in its curative action against typhoid fever could be had. But laboratory experiments have been found to be one thing and practical results to be obtained, quite another. Typhoid fever is much more prevalent than generally believed. In 1901 in New York City the deaths from typhoid fever were 727 and the death-rate per 10,000 was 2.06. In Washington the deaths were 161 and the rate 5.78; Philadelphia, deaths 444, rate 3.36; St. Louis, 198, rate 3.31; Chicago, 509, rate 3.00; and Boston, deaths 142, rate 2.48. In foreign cities we find in the same year that Belfast, St. Petersburg and Cairo head the list with percentages of deaths repectively of 9.94, 8.49 and 7.96. Certainly a disease which is shown to be so preventable as typhoid fever should not in the nineteenth century so greatly influence the death rate.

An Aggressive Policy.—The British homeopaths are waking up to the possibilities of the adoption of a positive policy of action. The first meeting called under the auspices of the British Homeopathic Association was such a success that it astonished even those most interested. The meeting, composed of laymen invited to meet a committee from the British Homeopathic Association, was large and enthusiastic. It heartily endorsed the objects of the association and appointed a strong committee to assist in the proposed work. This time our confrères have started on the right track. After one or two vigorous campaigns those pulpy-spined individuals who shiver at the thought of having their names on a homeopathic directory lest the fine sensibilities of the allopathic fraternity be offended, will vanish from sight and knowledge. The policy of masterly inactivity which the British homeopaths have followed so long may fairly be ascribed, in some measure at least, to their numerical insignificance compared with the old school and their almost absolute lack of political or legal power. But here in the United States the homeopathic profession is in a state of lethargy from too much prosperity and power. It has lost its old virility and spirit of aggression. It seems content to lie down and ruminate while it watches the hosts

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of allopathy occupy the land. In short, it seems to be waiting to be swallowed up.

Shocks from Electric Light Circuits.—Two men were killed recently at a swimming bath in London by coming in contact with a metal bar charged with electricity by defective insulation of a nearby wire. This whole question of electric shocks is of great interest to the profession in view of the wide-spread use of electricity. Authorities are by no means agreed as to the exact action of these commercial currents on the human body. It would seem to be established, however, that every individual has his factor of susceptibility, that women and children are more endangered than adult males, and that such diseases as lower skin resistance, e.g., Basedow's disease, diseases of the heart and kidneys, and certain skin diseases, predispose to accident from electric shock. Of course, the dry skin offers the greatest resistance to the current, moisture lessening the resistance very markedly. Not long ago it was discovered that a person asleep might receive, with comparatively slight result, an electric shock that would kill him were he awake; and it has been determined by experiment that a high-tension interrupted current is not only harmless for rabbits during chloroform narcosis, but even resuscitates them at a time when a control animal succumbs to the narcosis. The above facts, and many others equally interesting are brought out in a paper by Dr. S. Jellinek contributed to the *Lancet* (February 7, 1903).

The School Fight.—The action of the Legislative Committee of the Homeopathic Medical Society of the State of New York in sending out vehement appeals to the profession to support the Regents' bill, is very generally regarded as a political blunder Why should the State Society be made a party to political strife at Albany? And why should sides have been taken at all? The action of the committee, too, was directly against the instructions of the State Society. The Society at its last meeting adopted the following resolution:

Resolved, That the Homeopathic Medical Society of the State of New York urges its Legislative Committee to strenuously oppose any measure which would tend to lessen any of the powers or functions of the State Board of Regents.

That most certainly did not direct the committee to make war on the Department of Public Instruction to endeavor to *increase* the powers of the Regents and get the Society entangled in political evils.

The Roentgen Rays Outdone.—One of the attractions of the X-rays as a cure for cancer from the lay point of view is the absence of pain and discomfort from the treatment; but it is acknowledged that the results are apt to be slow in appearing. According to an Australian newspaper, two men there claim to have been cured of cancer by taking about a tablespoonful of molasses four or five times a day. In one, a cancer at the root of the tongue disappeared entirely after ten days' treatment, but the cancer of the stomach in the other required three months' treatment.

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Correspondence.

OUR MICHIGAN LETTER.

(From our Regular Correspondent.)

DEAR NORTH AMERICAN:

Michigan news is scarce as regards homeopathic interests. The institutions of the State under homeopathic control are crowded to their utmost capacity. Dr. Long's Asylum for Insane Criminals at Ionia has had such a successful year that the Legislature is being prevailed upon to grant appropriations for new buildings. The Home for Feeble Minded at Lapeer under the superintendency of Dr. Polglase is making a record for itself in every way. Both increased numbers of inmates and increased number of cures contributing to bring satisfaction to the management. The new hospital in connection with the homeopathic department of the University of Michigan is nearing the completion of its first year, and the authorities report the year's work as beyond their fondest hopes. Dr. Dean T. Smith, professor of surgery at Ann Arbor, has been granted one year's leave of absence, which will be spent in special study abroad.

Grace Hospital in Detroit has been compelled to plan for greater facilities and architects are now engaged in making plans for an addition which will include three operating rooms with the necessary anesthetising and recovery room, and about thirty rooms for private patients. It is designed to transform the present chapel into an entrance, or reception hall, thus making the main doorway front on Willis Ave. instead of John R. St. as at present. Superintendent Putnam has been planning this work for a year past and as a result of his mature deliberations, the new addition will be a model. The State Society will convene May 19 and 20 at Grand Rapids, under the presidency of Dr. Alfred Graham of Detroit. Dr. M. C. Sinclair of Grand Rapids, as chairman of the local Committee of Arrangements, is now at work in preparation for what is expected to be the best meeting in recent years.

The Detroit Homeopathic Practitioners' Society has had an unusually successful season. The meetings are held bi-monthly at the Griswold House, every alternate meeting being augmented by refreshments. The Detroit College this year graduates fourteen new M.D.'s. This is the first class that has received its entire medical education in the Detroit College. Dr. F. A. Kelly of this class, has received the appointment as Interne in Grace Hospital, and will enter upon his duties on April 1st. Dr. D. M. Nottingham of Lansing, is the only homeopathic member of our present Legislature. He is chairman of the Committee on Public Health and author of a new "Medical Act" which he is working hard to have passed at this session. The Nottingham bill provides for the examination of all applicants for State license—exempting present year graduates of Michigan colleges, charging a fee of $25.00 therefor. The present law permits the State Board to license without examination, although the

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Board has always interpreted the law as giving them the right to examine all but Michigan graduates, which interpretation they have put into practice. The fee has been $10.00.

Dr. A. B. Spinney's Reed City Sanitarium was recently destroyed by fire, but will be rebuilt at once.

Book Reviews.

Webster's International Dictionary of the English Language.—Under the supervision of Noah Porter, D.D., LL.D. G. & C. Merriam Co., Springfield, Mass. pp. 2249. 1902.

This new edition of Webster's International Dictionary has been printed from new and corrected plates and besides the voluminous appendix, it now contains a supplement of 25,000 additional words, phrases and definitions prepared under the direct supervision of William T. Harris, Ph.D., LL.D., U. S. Commissioner of Education, assisted by a large corps of specialists and editors. The "International" is thus brought down to the beginning of the new century and is one of the best practical working dictionaries of the English language. There is no publication that comprises in one volume so much that is valuable to the professional and business man and the family. It is fully abreast of modern scholarship and its great popularity is not only deserved but will be permanent.

Historic Sketch of the Monument Erected in Washington City, under the auspices of the American Institute of Homeopathy, to the honor of Samuel Hahnemann, and for the ornamentation of the National Capital. Compiled for the Monument Committee by the Rev. B. F. Bellinger, D.D. This book is published by G. P. Putman's Sons, 29 W. 23d Street. Price of the regular edition is one dollar, the de luxe edition is two dollars.

This memorial account of the dedication of the Hahnemann monument although somewhat belated, is very welcome. The materials collected by the late H. M. Smith, M.D., have been admirably used by the Rev. Dr. Bellinger in his compilation of the volume. It will be, to all who were present on that memorable 25th of June, 1900, when in the presence of the President of the United States, many dignitaries and an immense audience the impressive ceremonies of the dedication were performed, a most valued and cherished memento of the occasion. The book is a fine specimen of the bookmakers' art and is luxurious in type and paper.

As the Committee doubtless propose to issue a full statement of the cost of the monument it seems a pity that it was not inserted in this volume; it would then have fully completed its work.

The Medical Directory of New York, New Jersey and Connecticut.—Published by the N. Y. State Medical Association, 62 Madison Avenue, N. Y. Vol. IV. 1902-1903. $2.50.

This is one of the best directories of physicians extant. It contains full information about colleges, hospitals, societies, medical

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examiners, State medical laws, dispensaries and benevolent institutions. The total number of names given is 13,364, of which 10,606 are in New York, 1,655 in New Jersey and 1,105 in Connecticut. The total number in Greater New York is 5,444.

It gives the most comprehensive and accurate list (all schools are included) of physicians published, and cannot fail to have a ready sale.

Pearls of Homeopathy.—By M. E. Douglass, M.D., Associate Professor of Materia Medica in the Southern Homeopathic Medical College, author of "Characteristics of Materia Medica," etc., New York: Boericke & Runyon. 1903. $1.25, in flexible leather. pp. 231.

This little volume is for handy reference. It gives the characteristic symptoms of a large number of drugs and will be a most convenient companion both to the student and doctor. It is neatly bound and is of a size to carry in the pocket.

Hand-Book of Physiology.—Revised by William H. Rockwell, Jr., M.D., and Charles L. Dana, A.M., M.D., Professor of Diseases of the Nervous System, Cornell University Medical College, etc. Seventeenth American edition, with upwards of five hundred illustrations, including many in colors. New York: William Wood & Co., 51 Fifth Avenue, N. Y. 1902. pp. 854.

Kirke's Handbook of Physiology is too well known to require extended notice. The fact that this is the seventeenth American edition tells very plainly the opinion of the profession concerning the merits of the work.

In the prefatory note it is stated that the only changes of importance will be found in the articles relating to physiological chemistry, the revision being necessary on account of recent advances in science; a few changes have also been made in the chapter on the Blood, in conformance with the more prominent of the present views on the subject. Its value as a text-book cannot be questioned and its cleanness and accuracy make it standard.

A Text-Book of Pathology and Pathological Anatomy.—By Dr. Hans Schmaus, Professor in the Pathological Institute at Munich. Translated from the sixth German edition by A. E. Thayer, M.D., Instructor in Pathology, and edited, with additions, by James Ewing, M.D., Professor of Pathology in Cornell University Medical College, New York. In one octavo volume of 597 pages, with 351 illustrations, including 35 colored inset plates. Cloth, $4.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This work has won the foremost place in Germany, where Pathology is valued as of paramount importance, and is studied with corresponding results. The reason for its great popularity—six editions in the original having already been demanded—is easily discernible upon examination of the volume now for the first time presented in English. It is conspicuous for its close adaptation to the needs of students and practitioners alike. Instead of a mass of discursive or argumentative matter and of the pursuit of personal opinions, Dr. Schmaus has given a clear, concise statement of present knowledge, amplified with a rich array of aptly-chosen instances and references, never before equaled in a text-book on this subject.

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The intrinsic worth of the volume to English-speaking students and practitioners has been still further increased by the work of the Editor, Dr. James Ewing, the success of whose recent work on the Pathology of the Blood furnishes ample evidence of his peculiar fitness for the task, as well as by Dr. Thayer's very clear translation, throughout which the merits of the original have been admirably retained.

A Manual of Surgery for Students and Practitioners.—By William Rose, M.B., B.S., Lond., F.R.C.S., Professor of Clinical Surgery in King's College, London, etc., and Albert Carless, M.S., Lond., F.R.C.S. Surgeon to King's College Hospital, etc. Fifth edition. New York: William Wood & Co., 51 Fifth Avenue, N. Y. City. pp. 1213. 1902.

The first edition of this excellent work was published in 1898, so that within five years five editions have been called for. This is emphatically a work for the student and the facts of surgical science are presented in concise and succinct form. Historical and bibliographical references have to a large extent been omitted and diseases of special regions are also practically excluded unless they encroach on the domain of general surgery. In this edition the subject of Inflammation and its Treatment—so long heading the list, is summarily removed from its old-time position and is relegated to a place behind Bacteriology and the principles of antiseptic and aseptic surgery.

The American Text-Book of Obstetrics.—In two volumes. Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickinson, M.D. Second edition, thoroughly revised and enlarged. Two imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone plates. W. B. Saunders & Co. 1902. Per vol.: Cloth, $3.50, net; sheep or half morocco, $4.00, net.

This is a work for the student and practitioner alike. It makes clear those departments of obstetrics that are at once so important and usually so obscure to the medical student.

Since the appearance of the first edition many important advances have been made in the science and art of obstetrics. The results of bacteriologic and of chemicobiologic research as applied to the pathology of midwifery; the wider range of surgery in treating many of the complications of pregnancy, labor, and the puerperal period, embrace new problems in obstetrics, some of which have found their place in obstetric practice. In this new edition, therefore, a thorough and critical revision was required, some of the chapters being entirely re-written, and others brought up to date by careful scrutiny. A number of new illustrations have been added, and some that appeared in the first edition have been replaced by others of greater excellence.

By reason of the extensive additions the new edition has been presented in two volumes, in order to facilitate ease in handling.

A Treatise on the Eye, Nose, Throat and Ear.—For Students and Practitioners. By eminent American and English authors. Edited by William Campbell Posey, M.D., Surgeon to Wills Eye Hospital, Philadelphia, and Jonathan Wright, M.D., Laryngologist to the

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Brooklyn Eye and Ear Hospital, etc. In one octavo volume of 1234 pages, with 650 engravings and 35 plates in colors and monochrome. Cloth, $7.00, net; leather, $8.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

In the preparation of this volume an earnest effort has been made to furnish a comprehensive, trustworthy and widely useful exposition of these cognate subjects.

The contributors are all men who have demonstrated their special ability in connection with the subjects assigned to them, and that the editors were especially well equipped for the task will be admitted without question.

One feature of the volume is deserving of special notice, namely, that each author has written a complete treatise on the subject committed to him, instead of different phases of the same subject being covered by several contributors. By this means the repetitions and contradictions so frequently to be found in collaborated works are entirely avoided.

The unusually extensive experience of both Drs. Posey and Wright in teaching, as well as in private and hospital practice, their many contributions to the literature on the subject, and their standing among the specialists of this country, furnish ample reasons for their selection as editors of this great work.

The entire volume has been profusely illustrated by insert plates in colors, and by engravings, so that it, in this respect, far surpasses any similar publication.

Atlas and Epitome of Abdominal Hernias.—By Privatdocent Dr. Georg Sultan, of Gottingen. Edited, with additions, by William B. Coley, M.D., Clinical Lecturer on Surgery, Columbia University (College of Physicians and Surgeons). With 119 illustrations, 36 of them in colors, and 277 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00, net.

This new addition to Saunders' series of Medical Hand-Atlases covers one of the most important subjects in the entire domain of medical teaching, since the hernias are not only exceedingly common, but the frequent occurrence of strangulation demands extraordinarily quick and energetic surgical intervention. While the well-known work of Macready will always remain a classic, it has never made any claims to deal with the operative side of the subject, and this is a side that, during the last decade, has been steadily growing in importance, until now it is absolutely essential to have a book treating of the surgical aspect of the subject. This present atlas does this to an admirable degree, and without question, will prove of very great value to the general surgeon and practitioner.

The Treatment of Fractures.—By Chas. L. Scudder, M.D., Assistant in Clinical and Operative Surgery, Harvard Medical School. Third edition, revised and enlarged. Octavo, 480 pages, with 645 original illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Polished buckram, $4.50, net; half morocco, $5.50, net.

This book is intended to serve as a guide to the practitioner and student in the treatment of fractures of bones, being a practical statement of the generally recognized methods of dealing with frac-

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tures. Methods of treatment are described in minute detail, and the reader is not only told, but is *shown*, how to apply apparatus, for as far as possible, all the details are illustrated. This elaborate and complete series of illustrations constitutes a feature of the book. There are 645 of them, all from new and original drawings and reproduced in the highest style of art.

In this edition several new fractures have been described, and an excellent chapter on Gunshot Fractures of the long bones has been added. In many instances photographs have been submitted for drawings, and the uses of plaster-of-Paris as a splint material have been more fully illustrated. In its new form, the work fully maintains the deserved reputation already won.

A Treatise on Diseases of the Skin. For the use of Advanced Students and Practitioners. By Henry W. Stelwagon, M.D., Ph.D., Clinical Professor of Dermatology, Jefferson Medical College and Woman's Medical College, Philadelphia; Dermatologist to the Howard and Philadelphia Hospitals. Octavo of 1,125 pages, with 220 text-illustrations, and 26 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $6 net; Sheep or Half Morocco, $7 net.

This book presents the practical part of the science of dermatology in a sufficiently full and complete manner to make the work one that will give the general practitioner a clear comprehension of the symptomatology, diagnosis and treatment of the various affections with which he is most likely to come in contact. Diagnosis being the most difficult and confusing part of cutaneous medicine has been wisely accorded considerable attention. Treatment has been detailed with unusual clearness and accurateness.

But in stating that the book deals with the practical parts of dermatology, it is not to be understood that etiology and pathology have been neglected. These have been given entirely satisfactory consideration, and their treatment will be found a complete, but concise reflex of our present knowledge. The clinical and pathologic aspects are further elucidated by a large number of very beautiful illustrations, mainly from the author's own collection, besides a number of colored lithographic plates of exceptional merit.

Cellular Toxins or The Chemical Factors in the Treatment of Disease.—By Victor C. Vaughan, M.D., LL.D., Professor of Hygiene and Physiological Chemistry and Frederick G. Novy, M.D., Junior Professor of Hygiene and Physiological Chemistry in the University of Michigan. New Fourth Edition Revised and Enlarged. Illustrated. Lea Brothers & Co., Philadelphia and New York. 1902. $3. pp. 480.

This edition presents a new work rather than a revision. The knowledge of the chemistry of the infectious diseases has changed and developed so much during the past few years, that not only was it necessary completely to re-write this book, but its title had to be changed to conform more appropriately to the accepted facts of to-day.

Cell poisoning is now recognized as the starting point of the infectious diseases, and into this class modern investigation is bringing the majority of human ills. It is now proved that micro-organ-

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isms act not directly, but by the synthetic substances formed within their own cells. The importance of a knowledge of these facts in the cure and prevention of disease is obvious, and the intelligent interest shown in the subject is indicated by the demand for a fourth edition of this unique work—the standard authority.

Dictionary of Practical Materia Medica.—By John Henry Clarke, M.D. In two Volumes. Volume II in two Parts. Part I: Iberis-Pelargonium reniforme. Part II: Penthorum Sedordes—Zizia. London: The Homeopathic Publishing Company, 12 Warwick lane, Paternoster row, E.C. 1902. pp. 1,613.

The concluding volume of this great work grew so fast under the author's hands, that he decided to issue it in two parts—making two very convenient volumes instead of one cumbersome and unwieldy. The plan followed is of course that adopted in Volume I. Under the name of each remedy may be found its synonymous place in nature, and the preparations of it used, under "clinical" is given a list of diseases in which it has been or might be employed; "Characteristics" gives a brief but complete sketch of the strongest individual symptoms of the drug; under "relations" will be found an account of the chief allies of each remedy; "causation" mentions the conditions to the effects of which the action of a remedy is particularly suited; finally the "symptoms" presents the detailed record of the symptoms of the drug. This work is so valuable and bears such unmistakable evidence of earnest and able labor that it is matter for additional regret that Dr. Clarke saw fit to include "classical symptoms" without distinguishing marks. It is almost the only serious fault of the work. It is, as we said in the review of volume I, a real dictionary of materia medica, and will be of the highest value to every homeopathic physician. It should have a large sale in the United States.

Materia Medica.

CONDUCTED BY

J. B. Gregg Custis, M.D., AND J. Perry Seward, M.D.

On the Bilberry (Vaccinium Myrtillus) as a Remedy in Typhoid Fever and Other Infectious Diseases of the Intestine.—Max M. Bernstein has made a series of laboratory tests which show that the typhoid bacillus, Gaertner's bacillus, the cholera vibrio, and one kind of the pathogenic species of the bacillus coli communis were killed by the neutralized decoction of bilberry within twenty-four hours, whilst another kind of pathogenic bacillus coli was inhibited in its growth for twenty-four hours, and only the laboratory type (probably non-pathogenic) retained its vitality unimpaired. Stronger preparations would, of course, have a still prompter action. The strength need not be limited, as the berries are not poisonous. The infusion on the jam has a pleasant, fragrant, and refreshing taste. It can be taken hot or cold, and it can be easily mixed with

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mineral waters, tea, milk, etc. Neither the acid juice of the stomach nor the alkaline contents of the bowels will interfere with the action of the drug which reaches down to the correct part of the bowel. In enteric fever, V. myrtillus can claim to keep the intestine aseptic as far as bacillus typhosus is concerned, to prevent reabsorption and re-infection, and so prevent and cut short the duration of the infection. Its astringent and antibacillary effects act in a soothing, cleansing, and healing manner. The writer also believes that the antifermentative action of myrtillus will be of great use in avoiding perforation by preventing flatulence, which raises the intestinal pressure.. (*Brit. Med. Jour. abs. Med. Rec.*, Feb. 21, 1903.)

Chionanthus Virginica.—Dr. W. H. Leonard of Minneapolis, sends us this resumé of the facts regarding chionanthus virginica: Who will volunteer to give it the proving it deserves?

"In 'Trees of America' is described this 'beautiful low tree, growing to a height of from ten to thirty feet, a native of North America.' The flowers are snow white, from which is the name, Chionanthus. It is further stated in above work that 'the bark of the root, bruised, is sometimes employed in healing wounds.' This comparatively new remedy has not been proven. From what is known of it is an indication that it should be better understood. Herein is stated some clinical observations worthy of consideration by the profession. Dr. E. M. Hale, in his 'New Remedies,' says it is used in hypertrophy of liver; chronic hepatic disorders, jaundice, etc. The following symptoms are given: Diarrhea during jaundice; light colored stool; black, tarry stools; dark colored urine. Kent, in his 'Repertory,' gives this remedy as a cure for bile in urine. It will follow Chelidoniun where the remedy has not cleared up satisfactorily. A case in point:

"A patient had jaundice for several weeks, being in bed much of the time; was under good treatment with Chelidonium as a leading remedy. After patient was out of doors the skin and sclerotica were still yellow. He received Chionanthus 1st dilution every three hours with marked effect; his skin cleared up and an itching anus from which he had suffered for months and evidently connected with his liver trouble, as he had never been troubled with anal eruption before in his life, was entirely relieved, and the patient is restored to his usual good health.

"The remedy has been administered empirically for jaundice, but always with beneficial results, and often with no other remedy used. It should be proven. Who will take up the work?"

Sciatica Cured by Tellurium.—John M'Lachlan, C. D., F. R. C. S., reports in the *Mo. Hom. Rev.* a tussle with sciatica in a young woman. After four months in an allopathic hospital with no relief, and after Rhus, Coloc., and Ars. failed to help, Dr. M'Lachlan took the case according to Hahnemannian rules. "The *uncommon* and *peculiar* symptoms appeared to be found among the aggravating circumstances. Thus:

Pain in the region of the great sciatic nerve,
Aggravated by coughing, caps., Sep., tel.;

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Aggravated by laughing, tel.;

Aggravated by lying on the painful side, dros., kalc., kali. iod., lyco., sep., tel.

All *three* aggravations, therefore, are found under tellurium alone. This medicine was given in the 6x trituration, and was followed by an immediate and permanent improvement; it was given in frequent doses at first, and then only in occasional doses.

There is another symptom often present in tel. cases, but which was not present in this case, *viz.*, aggravation from straining at stool, a symptom which is found under nux v., as well as tel.

Another symptom of tel. in cases of sciatica is contraction of tendons *in the bend of the knees;* in this case a similar sensation was found *in the upper part of the thigh* instead of in the bend of the knees. In most recorded cures, too, "rheumatic" pains in the small of the back usually precede the onset of sciatica, in cases where tel. is likely to be useful.

Pains *in the hip generally,* when coughing, are most likely to be helped in such medicines as ars., bell., caust., rhus tox., and sulph.

CASE 2. Another and more recent case shows even more typically the kind of "sciatica" likely to be benefited by tellurium. In this case it was a hale and hearty woman beyond the "three score years and ten"; it affected the *left* side. It began with lumbago-like pains in the lumbar region, and finally settled in the left sciatic nerve, which was very tender to touch and pressure; the pains darted through into the left iliac region. There was great aggravation on sneezing, coughing, and lying on the affected side; also on stooping, rising from a sitting posture, straining at stool, and when the bladder was full. The hip-joint seemed to give way on attempting to walk, In this case also I had tried the usual remedies, such as rhus, coloc., ars., etc., with little or no benefit; but tel. 6x gave prompt relief. After a few doses she could move in bed without screaming, and in the course of a few hours she was able, though with some difficulty, to get out of bed. The following day, or night rather, her urine had a horribly foul odor, so bad indeed that her husband was unable to have it in the room. The progress has been steady, and sure, and though the pain is not quite gone yet, she writes to say that she is so much better that I need not call again."

Iberis Amara as a Heart Medicine.—Dr. Proctor of Birkenhead, refers in the *Hom. World*, November 1, 1900, to the re-proving of this remedy, that shows it to have a limited but well-defined specific action on the heart. He says:

"The active principles of Iberis or Bitter Candytuft, seems to be especially located in the seeds which yield an amber-colored and very bitter tincture.

"My experience of its action therapeutically was, in the first instance, in my own case, and being so the result made its due impression on my mind.

"At the first visitation of the influenza in the early part of 1890, I was seized by the invader and took the disease in a moderate form, but after throwing off the acute attack, and being subject to the usual depression for a month or so, I hoped I was out of the wood.

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but unhappily cardiac weakness supervened and became a great trouble to me. For over two years almost every waking moment was attended with cardiac distress. The persistent weakness developed on the least agitation into irregular palpitation with great anxiety. Tobacco had to be discarded and alcohol taken in the smallest quantity, but half a glass of port wine occasionally had a distinctly steadying and soothing influence. This state of things went on in spite of all that I could do. *Arsen., Quinine, Strophanthus, Cactus, Digitalis,* and many other things were tried with very little alleviation. Several sphygmograms were taken and showed want of cardiac impulse and occasional irregularity. At the end of two years of this uncomfortable state I was led to try *Iberis,* and the result was very gratifying. A drop of the mother tincture was taken dry on the tongue in powder form, two or three times a day. After continuing this for about ten days, as the sole treatment, the heart fell almost suddenly into its proper, regular, and unconscious beat and retired at once and finally from further observation.

"From that time till now the asthenic symptoms vanished and have not troubled me again, even for a moment.

"Such a gratifying result was not lost on me, and I have repeated the treatment with equal success in many cases, and have recommended it to my colleagues. An experience like this naturally leads one to think highly of a drug apparently so efficient, and I recommend it to the consideration of my colleagues.

"The chief thing here is to use the medicine in the right cases; and I am disposed to think that the provings and my own experience point to its use in asthenic cases and not in hypertrophy, where the muscular compensation is adequate. It may not take the place of *Digitalis,* but would seem to range itself among the purely cardiac drugs having no vaso-constrictor action. Whether its action is on the muscular or the nerve elements of the heart is equally uncertain, but judging from its general effect on the system in physiological doses, it would appear to produce a condition extremely analogous to that of the influenza poison, and therefore to be homeopathically specific.

Boracic Acid in Internal Medicine.—G. Merkel shows that the internal administration of boracic acid is injurious, in that it attacks the mucous membrane of the intestinal tract and thus gives rise to pronounced disturbances of the same. Eleven persons suffering from different diseases were given boracic acid by the stomach. The usual dose was 2 grains per day in watery solution. The longest period of administration was eight and the shortest two days. In all but four of these persons disturbances of the intestinal tract appeared shortly after beginning the treatment. The chief symptoms were gas formation in the stomach or intestines, marked pains in the same and diarrhea. The author has had no experience with the administration of this drug to healthy persons, but does not regard this as essential to an opinion; since all of the above eleven persons showed no intestinal or gastric symptoms before taking the boracic acid. It seems certain that this substance causes gastrointestinal disturbances when employed internally, in the majority of cases, and

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should, if given at all, be used with great caution. It should never be used as a preservative for the various canned foods. Foods prepared with it should never be given to sick persons, nor even to those who are healthy, in any considerable quantity. (*Munch. med. Woch, abs. by Med. Rec.*, Feb. 21, 1903.)

Tea and Coffee Intoxication.—Emil King gives the physiologic action of caffein and thein as follows: (1) They cause wakefulness, greater capacity for mental labor, and increased activity of thought by stimulation of the brain cells. Increase of the reflexes through stimulation of the spinal cord. (2) The heart's action is strengthened, being first slowed, and then becoming more rapid and irregular. This effect is likened to that of digitalis, but is more evanescent and also more rapid. It is generally conceded that this effect is due to stimulation of the medulla and not to direct action on the heart. (3) Diuresis occurs by direct stimulation of the secretory epithelium of the kidney, the solid as well as the liquid constituents of the urine being increased. (4) Thein is said, by some authorities, to have the following action in addition to the above: It causes a fall in body temperature, while caffein causes a rise; its action is more marked on the sensory system, and caffein on the motor system; it is a powerful local anesthetic and analgesic, while caffein has no such effect. (5) The tannic acid exerts its well-known astringent properties on the alimentary canal, and undoubtedly has an injurious effect on gastric and intestinal digestion through the formation of insoluble compounds. Consequently, when used to excess, the following reactions may be expected: Exhaustion of the brain from constant overstimulation, insomnia, vertigo, headache, neuralgia, flashes of light, mental dullness with exhaustion of mind, disinclination to work, and melancholia; increased and irregular heart-action, ringing in the ears, muscular tremors; various forms of gastric and intestinal indigestion, with loss of appetite; diarrhea when using coffee, and constipation with alternating attacks of diarrhea when using tea; loss of bodily weight. In the treatment of these patients the essential point is to stop the habit. (*Amer. Med. abs. Med. Rec.* Feb. 7, 1903.)

Medical Progress.

CONDUCTED BY

J. T. O'CONNOR, M.D., PH.D., AND WALTER SANDS MILLS, M.D.

An "Incurable" Case Cured.—The busy practitioner is interested in *results*. Here is the history of a severe case of Diabetes Mellitus treated with Arsenauro:

Mrs. E. R., aged sixty-eight, saw her January 1, 1900. Signs of rapid recent emaciation and great loss of strength, extreme prostration, physical and mental. History of profuse micturition for several months. Marked pruritus vulvæ. Diabetes Mellitus was very evident even before urinalysis was made. Urinalysis showed

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high specific gravity and large percentage of sugar. I ordered a saline purgative to thoroughly flush the intestines, and established a strict diabetic diet. I then administered Arsenauro in five (5) drop doses three times daily in a large glass of water, increasing one drop every other day until arsenical symptoms manifested themselves. Improvement was most marked and rapid. At the end of thirty days the amount of urine voided was reduced to nearly normal. Strength of patient rapidly returned. Pruritus vulvæ entirely disappeared. Only slight traces of sugar in urine. The dose of Arsenauro was now increased one drop every day until reaching a dosage of seventy (70) drops t. i. d. Colicky abdominal pains and slight puffiness under the eyelids now observed. Urinalysis showed total absence of sugar. The dose of Arsenauro was now reduced to twenty (20) drops t. i. d. and continued for three months under a strict diet. Frequent urinalysis showed no sugar. Arsenauro was now discontinued and a more liberal diet allowed. Patient has been seen frequently during the last two years, but there has been no recurrence of the symptoms.

A Case of Abnormal Temperature.—Dr. Lopton (*N. Y. Med. Jour.*) cites a case of malaria in a negro child of twelve, who exhibited a temperature of 106 for hours despite free use of antipyretics, enemas of ice water, application of ice bags to head and spine. As a last resort phlebotomy was tried and a pint and a half of blood removed. In fifteen minutes the pulse came down from 150 to 108, and the temperature fell three degrees. Dr. Lofton believes that in certain cases bleeding is our only help, and he thinks it should be used oftener than it is.

Irrigation in Acute Urethritis.—Chute (*Boston Medical and Surgical Journal*) uses irrigations as soon as diagnosis is made. He uses either 1-10000 of permanganate of potash, or 1-15000 nitrate of silver in the beginning. The strength is gradually increased. One to two quarts should be used at a temperature a little over 100. Two irrigations daily the first week, one daily the second week, then twice a week till cured. He says sometimes the treatment fails, but as a rule the cure is quicker and more certain than by any other method. (The abstractor believes the indicated homeopathic remedy, with local applications of sterile water purely for purposes of cleanliness to be the ideal treatment and the most satisfactory.)

Malignant Disease Involving the Gall-Bladder.—Mayo, of Rochester, Minn. (*Medical News,* Dec. 13), has a paper with this title. Of 405 operations performed on the gall-bladder June 21, 1891, to September 23, 1902, 20, or about 5 per cent. were for malignant disease. He thinks the true proportion in non-operated cases is higher and quotes Schroeder as stating that 14 per cent. of gall-stone patients suffer at some time from cancer of the biliary apparatus. The writer goes on to say: "The following indisputable facts attract attention: First, gall-stones are almost constantly present in primary malignant disease of the gall-bladder and rarely in secondary; second, the relative proportion of gall-stone and malignant disease of the gall-bladder in women and men is practically identi-

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cal; third, the pathological lesions found are best explainable on this theory; and fourth, the similarity in age frequency. Certainly we are warranted in concluding that gall-stones are a most important etiological factor in malignant disease of the gall-bladder. As the proportion of cancerous disease involving the gall-bladder and bile tract as to simple gall-stone disease was as one to 20 in the 405 operations upon the gall-bladder and bile passages, the question assumes practical importance, and while I would not wish to say that for this reason alone gall-stones should be removed, it certainly aids in deciding that early removal of active gall-stones, other things being equal, is sound surgery, particularly so as nearly all the mortality-giving complications are the result of delay. In over 250 uncomplicated gall-stone operations, the mortality was less than one per cent."

Treatment of Malaria.—In a symposium on malaria at the Homeopathic Medical Society of the County of Kings in March there was some interesting discussion as to its treatment. Dr. W. S. Searles stated that in intermediate fever quinine was not a specific but that he used a pill which he believed to be nearly so. It is made up of ferrocyanide of iron, a half grain, and sulphate of quinine, a half grain. He starts with one pill every two hours, then, after the paroxysms have ceased, every few hours for a few days, He also gives it frequently repeated on the seventh, fourteenth, twenty-first and twenty-eighth days after the last paroxysm.

Several members reported cures with the indicated homeopathic remedy. Two cases were reported cured with quinine 3x, on the homeopathic indications.

In chronic malarial conditions Dr. W. H. Fuller stated that he believed natrum muriaticum to be most frequently indicated. He reported several cases in detail where there could seem to be no possible doubt as to the curative results of natrum muriaticum. Dr. W. S. Mills said that he was glad to hear acute cases reported as cured by quinine. It was thoroughly homeopathic to many cases, and when so used was a specific. He called attention to the fact that Hahnemann made his original discovery of the law of similars by study of cinchona bark. It was while translating Cullen's Materia Medica from English into German that the fact that cinchona produced chill fever and sweat, and cured chill fever and sweat, was brought forcibly to his mind. That was the beginning of the work that Hahnemann afterwards formulated in *"Similia similibus curentur."*

Surgical Versus Medical Treatment of Cholelithiasis.—Apropos of the above, and in the same number of the *Medical News,* appears a paper by Dr. John B. Deaver of Philadelphia. It is a strong plea for early surgical interference in gall-stones. He says that up to date no drug has been found which has a solvent action on gall-stones in the body. He says of the present olive oil treatment so highly thought of by many, that as yet no evidence has been produced to show that the olive oil can reach the cystic duct or the gall-bladder. Non-calculous infectious cholecystitis should be treated medically. The remainder of the paper is devoted to de-

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scriptions of operations, necessary details of which would be lost in an abstract.

The Unreliability of the Microscope in the Diagnosis of Malignant Disease.—G. Hamilton Whiteford says that he has seen the value of the microscope repeatedly and extensively tested in the diagnosis of all the more common varieties of malignant tumor. The result has been a series of shocks to his previously firmly-rooted belief, and he now holds that the microscope for purposes of differential diagnosis is perfectly unreliable. Hamilton of Aberdeen has shown microscopic sections of the tongue of persons over fifty-five years of age which present an appearance identical with that seen in epithelioma. He placed side by side with them sections of clinical epithelioma, and the most expert pathologists were unable to distinguish between the two. The author considers the naked-eye appearances and the clinical history of a case to be much more reliable than the microscopic appearances.—*The British Medico-Chirurgical Journal.* (*Med. Rev. of Rev.*)

Asphyxia as a Complication of Anesthesia.—Bennett has a paper on this subject in the *Medical News,* Dec. 13, 1902. He treats at length of the things that may cause asphyxia during anesthesia and of changes that take place. Briefly there are two causes, excess of carbon di-oxide, or deficiency of oxygen. Obviously, the best cure is prevention. The following are the warning signs:

"Respiration excessive in rate, depth and force with marked flexion of the chin on inspiration and great tendency to stertor. Cyanosis, noticeable early in the lobe of the ear and in prominence of the superficial veins. Undue exaggeration of the heart's action, the pulse remaining too rapid and of a sharp, tense character, the tissues unduly vascular, congested and dark. The muscular system active, especially that of respiration rendering the movements of the abdomen and chest excessive and rigidity of the former marked. General muscular rigidity of a persistent character seen especially during the early "pushing" of ether. Athetoid movements of the finger, squinting of the eyes, wrinkling of the forehead, slow twitchings about the mouth, pursing up or closure of the lips, rigidity of the jaw and head, general restlessness, vacillating pupils, unnatural activity of some of the reflexes. These and other signs are the annoying factors of anesthesia, and if neglected may lead to more serious states. The effect of abnormal venosity of the blood, unnecessary force and rapidity of the heart's action and of the respiration, together with general muscular activity, restlessness, exaggeration of the reflexes and other asphyxial phenomena continued throughout a long and critical operation must add greatly to exhaustion and shock and may often act as "the last straw" which decides against recovery."

The general principles to be observed in carrying out preventive treatment are briefly as follows: Unobstructed respiration should be obtained by maintaining an open air-way, by avoidance of conditions preventing free respiratory movements, by the selection of the proper anesthetic and by its administration in such a way

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as not to limit the supply of oxygen or increase the percentage of carbon dioxide to the extent of producing signs of asphyxia.

In grave cases force open the mouth, pull forward the tongue, perform artificial respiration, and, if necessary, intubate or open the trachea.

Skene's Glands.—In a communication before the Obstetrical Society of Philadelphia in December, Dr. Howard A. Kelly, of Johns Hopkins, spoke of Skene's glands. They can often be palpated when not enlarged or diseased by pressing the anterior surface of the urethra against the pubic arch with the index finger and rolling the urethra under it. When distended and diseased the glands feel like two wires rolling under the finger. Kelly believes the glands are mainly sexual, and are for the purpose of lubricating the parts during intercourse. In one case of gonorrhea the gonococci were found in the glands. Direct injection of the glands was made of silver solution and cure resulted. Another case presenting pyuria was found to have diseased Skene's glands. Their secretion caused the pyuria. The importance of this from a diagnostic standpoint is self-evident.

Food Preservatives: Their Use and Abuse.—Dr. W. G. Tucker, chemist to the New York State Department of Health, has a paper on "Food Preservatives" in the *Medical Review of Reviews* for February. He advises against unreasonable legislation against adulterants by name; but thinks the present New York State law which prohibits the addition to foods of "any poisonous ingredient, or any ingredient which may render such article (of food) injurious to the health of the person consuming it," is sufficient. He considers briefly the "more important" substances used as preservatives: (1) Boric acid and borax, (2) salicylic acid, (3) benzoic acid, (4) sulphurous acid, (5) formaldehyde, (6) beta-naphthol, (7) saccharin, (8) fluorids, (9) pyroligneous acid, (10) abrastol. Most of these substances are used as medicines by the old school, and the dose taken where they are used as adulterants is much less than the medicinal dose. Tucker argues therefore that they are harmless preservatives in the majority of cases. He would advise against their indiscriminate use. He believes preservatives in drinks to be more dangerous than preservatives in foodstuffs, because drinks are used more continuously and the dose of the preservative would be larger. He thinks ordinary preservatives should be allowed to be used at the discretion of the manufacturer, provided the goods are labeled with the name and dose of the preservative used.

As a result of the analysis of the literature which he has and his experience with gelatin, he thinks the following conclusions are reasonable: (1) Gelatin increases the coagulability of the blood, whether applied locally, taken internally by the mouth, or injected subcutaneously or intravenously. (2) Applied locally it is usually harmless, and may, as Carnot suggested, aid in healing by improving the nutrition of the cells, although I regard this as doubtful. It may be injurious by promoting bacterial growth, and should probably always have some antiseptic added to it. (3)

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Injected subcutaneously or intravenously it is entirely harmless, and when the technique is perfect, practically painless. The solution should be thoroughly sterile; the dose employed should vary from one to three grammes of pure gelatin. (4) When administered by the mouth from 1 to 300 grammes, or perhaps more, should be employed daily. (5) It is of advantage in any form of local hemorrhage, such as epistaxis, hemorrhoids, or injuries. (6) It checks certain forms of internal hemorrhage, such as hemoptysis, hematemesis, metrorrhagia, melena neonatorum. (7) It appears to be the best remedy at our command in the treatment of hemophilia, and to be of great advantage for purpura hemorrhagica, and in hemorrhagic forms of infectious disease. (8) At present it appears to be contraindicated in only one condition, viz., acute nephritis.

Thyroid Extract in Uterine Fibroids.—Dr. W. H. Waffle, of Santa Ana, Cal. (*Pacific Coast Journal of Homœopathy*), reports three cases of uterine fibroid reduced by thyroid extract. The Doctor begins with 5 grains 1x trituration three times a day and works up to 5 grains of the crude gland three times a day. The same precautions need to be observed as in using thyroid for other conditions. If the circulation or digestion becomes deranged it has to be stopped awhile.

Relation Between the Nose and Female Sexual Organs.—D. Forget, of Los Angeles, Cal., calls attention anew to some experiments of Fliess on the above subject. He noticed first a swelling and congestion of the nasal lining during menstruation. Next he located two sensitive spots which he called the "genital spots." They are the front end of the lower turbinate and the tuberculum septi. He found that these spots bore a special relation to the pain of dysmenorrhea. Later he found that by cocainizing the nasal "genital spots" he could ease or stop the pain of the dysmenorrhea in cases where the pain was mostly at the beginning of menstruation.

Cretinism.—Dr. A. H. Davisson of Philadelphia (*Philadelphia Medical Journal*) reports a case of cretinism showing immense improvement mentally and physically after one year's treatment with thyroid extract, one and one-third grains three times a day.

Transference of Bovine Tuberculosis to Man.—Koch's paper on this subject, as delivered at the Berlin Congress, appears in the *British Medical Journal.* He repeats his assertion that man is not infected by the bovine animals. To prove such infection a given case must fulfil the following conditions: 1. Certain proof that tubercle exists and of the primary focus. 2. Other sources of infection must be excluded with certainty. 3. The condition of others who have partaken of the same milk. 4. The source of the milk must be thoroughly investigated. So far, the cases actually reported, fail to fulfil one or more of these conditions, Koch therefore claims that infection is not proven.

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Original Articles in Medicine.

THE VITAL RESERVOIR AND HOW TO FILL IT.*

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THE *human organism is a reservoir of vital power, passive to preserve its existence or active to change its forms. Activity expends power and tends to empty the reservoir; passivity allows it to fill. Rest and sleep recuperate because they represent the passive condition; work, stimulants, tonics, even food, tend to activity and consequent exhaustion. The Rest-Cure illustrated.*

110. Every living organism is such a reservoir, to the truth of which statement we must summarize some of the truths already established, viz:

The existence of matter is the proof of power, every particle of which, as Newton showed, and as all experience proves, is a storehouse of force (15). Take from matter its gravity and its affinities, if that were possible, and nothing is left; take from the living organism its own distinctive force and naught remains but a shapeless ruin of possibilities that no longer exist—the man is dead (16).

We repeat once more what has already been established, proved, and is now everywhere admitted, that force exists in two states or conditions, *passive* to preserve existence, and *active* to carry forward its work, a truth which applies to the microcosm as well as to the macrocosm (17). Power could not work unless it first existed, and if it exists before it works, it exists of course in the passive state

* Advance sheets from a work by Dr. Robert Walter entitled "An Exact Science of Human Health," in the press and soon to be published.

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(18). A syllogism which no sophistry can successfully dispute, and no reasoning disprove. The living organism is a reservoir of such force, passive to preserve and active to work (19), truths which have been inductively verified as well as logically deduced (18).

But whether passive or active, it is always the same force (17). And this truth is confirmed by all intelligent experience. The gravity which rolls the boulder down the hill is the same which firmly holds it in its place at its foot (28); the affinity which makes gunpowder or an acid is the same which, under other conditions, destroys it (32). In the vital organism the same truth obtains. When the organism is actively at work, the power is being expended, the reservoir is being exhausted, as proved by the need of rest, and when it is passive the power is being recuperated, as during sleep—the reservoir is being filled. The fact that rest is the chief, if not only, counterpoise to work, is proof that the power involved in both rest and work is always the same. If the active forces of the vital organism were simply heat, light, electricity, &c., these might be communicated from without, and rest would be a superfluity, but inasmuch as it is proved and conceded that these can never take the place of sleep, it follows that vital power is always the same power, whether passive or active.

But it were a reasonable inquiry, Why should not power once passive, preserving the *status quo,* always remain so? Why not the dead-level of an eternal stand-still be preserved? Because Nature always responds to conditions; changed conditions necessarily involve changed results. Progress is the predestined fact of existence. When the conditions are those of inactivity and rest, rest continues, but when a change occurs, whether of climate, heat, light, or the like, change of result must be recorded. As something cannot come out of nothing, so something cannot fail to produce its equivalent.

111. The power which produces the result, is power from within the thing which works, while the *occasion* or *condition* which induces the work, is environment or external influence (33). Chemical affinity within the gunpowder explodes as well as makes it, and constitutes the *power* of the explosion, but the heat applied constitutes the *occasion* of the explosion (32). Just so vitality or vital force constitutes the power of health and disease, but which we shall have is determined by the conditions supplied. A collision with a locomotive, or a fall from a height, might be the *occasion* or *condition* for a fever, but the *power* of the fever is always the vital power of the patient (92). When this power is passive, as in sleep, it is being recuperated, but when it is active, as in doing work of any kind, it is being exhausted (66). No one can doubt that work is often desir-

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able, and that power is useless unless we may expend it; but it is important, nevertheless, to distinguish between the processes of expenditure and those of recuperation, that we may learn how to secure either as we need them.

112. *How to Recuperate.* A return to the passive condition is the only legitimate process of recuperation. Work exhausts, whether it be work of body or brain, of stomach or liver, heart or lungs, or any other organ of the body;—activity is the process of expending power, while inactivity, such as rest and sleep is the condition of recuperation. If, therefore, we would restore invalids to good health; if we would remove debilities and restore strength; if we would save life by saving its power, we must administer treatments to reduce activity and promote rest (8) in accordance with the terms of Life's Great Law already considered (66).

This principle applies to every organ of the body just as truly as to the organism as a whole. Rest for each organ is as important as rest for the organism; it were folly for us to urge upon the patient the importance of rest, and then administer to him the tonics and stimulants which promote activity and prevent rest. Whether it be calomel for the liver, digitalis for the heart, or whiskey for the general system—whether it be cold baths or hot baths, electricity or anything else, whatever arouses vital activity, and especially vital resistance, is exhausting the patient's power, and is preventive of recovery, not promotive of it. While promoting increased action in the present, and especially by doing violence to the vital instincts, these processes inevitably necessitate reduced action in the future (76).

113. No one doubts the importance of rest to the voluntary or general system. Nerve and muscle, brain and bone, must have rest, if health and vigor shall continue. Overtaxation is everywhere admitted to be a cause of ill health, and the rest-cure is a familiar term in our day, but who will assert that all other organs do not also need rest. Most physicians act upon the principle that they do not, but we doubt if anyone will deliberately so assert. It is indeed admitted, and even urged by physicians, that the principal organs, especially the heart, must have rest. This organ, it is claimed, rests between every beat, but a much more important rest is secured to it by lying down. The chief work of the heart consists in pumping blood into the arteries and causing suction in the veins, and so maintaining the circulation, but this labor is greatly increased whenever it is called upon to pump against gravity. This the heart must do in all cases where the individual occupies the erect position; it forces the blood upward to the head and draws it upward from the feet,

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which adds, we believe, fifty, if not more per cent., to the tax upon its powers. The recumbent posture, in which the blood circulates pretty nearly on the level, becomes, therefore, a wonderful relief to an overburdened heart, which relief, we believe, is the most valuable part of sleep. To compel a man to maintain the erect position, even during sleep, is to exhaust him, and is said to produce the most painful death that the genius of torture can devise. Men may live for weeks without sleep, but without lying or sitting down, it is believed this would be impossible, the explanation apparently being that the heart would become completely exhausted of power by its constant work in opposition to gravity.

114. But pumping against gravity is not the only work of the heart, nor is the recumbent posture the only means of rest to this organ. The heart, as everyone knows, is the great central organ of the blood-circulation, which circulation means moving in a circle, with the heart as its great centre. This circle is composed of two halves, the *arterial* and *venous,* which are complementary to each other, together existing for the purpose of first, building up vital structures, and, second, carrying forward waste and wornout products to be expelled. The former process is called *nutrition* and the latter *excretion.* These are complementary, holding to each other relations similar to those which the arterial and venous blood have. Excretion means the removal of waste matters from the venous blood, by which means it is made arterial, the liver, lungs, kidneys and bowels being the organs chiefly engaged. Nutrition, on the contrary, is the process of absorbing from the arterial blood its vitalized elements while the devitalized particles of the structures are yielded up to make place for the new materials just received. This process of interchange which transpires in the minute capillary blood-vessels of the body, is the essential process of nutrition, and the absolute necessity to the work of building, repairing and healing vital organs. These capillaries are minute vessels, forming an expanded network, and are the connecting link between arteries and veins. They might be compared to the threads of a closely woven piece of cloth, but in the organism they run not simply lengthwise and crosswise, but in every direction, ramifying all muscles, nerves, bones and supplying to them needed nutriment.

115. Let us presume now that the blood contains more nutritive materials than the tissues can use, and that Nature fails or refuses to pass these materials onward—fails to pass into the veins arterial blood, who cannot perceive what a dreadful obstruction to the circulation, and consequently how wonderfully the heart's labors are increased by the digestion and assimilation into blood of excessive

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quantities of nutritive materials, no matter how desirable these would be under other circumstances. In other words, we will suppose that the power to appropriate food has become reduced as from accident or acute disease, in spite of which the food continues to be supplied, predigested it may be, or in such form (liquid), as to be absorbed into the circulation without undergoing the ordinary processes of digestion. A general obstruction of the circulation must of necessity follow, and the heart, as well as all other organs, be wonderfully overburdened and finally exhausted. Heart failures very naturally follow. Fifty years ago the term "heart failure" was unknown; bleeding and purging had been constantly relieving the blood of its nutritive materials, so relieving the heart of its burdens; to-day the term is a common one, due, as the reader will surely see, to the theory that food is nutrition, and, therefore, the blood must be loaded, and the heart burdened, with material which the tissues cannot appropriate. Stuffing and stimulating patients during the progress of acute diseases while there is no power to appropriate the food, is, we believe, the chief reason for their fatality in our day.

But the work, complementary to nutrition, which is carried on by the organs of secretion, excretion and aeration, is also effected in and through the capillary circulation. From certain capillaries of the liver, the secretion of bile is effected; in the capillaries of the lungs, the work of aeration is carried on; bowels, kidneys, skin, all secrete from the blood in their capillaries. Who cannot perceive, therefore, what a wonderful obstruction to the circulation and how greatly increased the labor of the heart, if for any reason, any or all of these organs fail to secrete from the blood the impurities which they are required to do in order to change venous blood into arterial. Nutrition changes arterial blood into venous, and secretion and aeration make venous blood to become arterial once more, and the ease with which these processes are carried forward, determines the labors of the heart more than anything else. The important question is, How to secure the most efficient performance of these functions? If both nutrition, secretion and excretion are fully and easily carried forward, good health is established, not a vestige of ailment remains. On the contrary, though one is loaded with nutritive material and stimulated to the highest extent, good health is impossible without good nutrition, efficient seccretion and excretion, and consequently good circulation. We naturally inquire, how increasing the burdens of an already overtaxed circulation will relieve the real difficulty under which the patient suffers; that is, will restore nutrition, improve secretion or facilitate excretion.

What is needed, we are sure, in order to restore health, is above

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all things, improved nutrition and not more food. Food to answer the needs of the organism for materials to be built into structure is of great importance, but power to build it is much more important. Reduced nutrition is an ever present fact of existence in our day, while scarcity of food is rare. How then shall we improve nutrition? All nutrition takes place in the capillary circulation, as we have seen, and the true way to improve it is to improve the circulation. Circulation, as the prerequisite to nutrition, is both the first and the last process of life, and the quality of the life (physical) corresponds to the quality of the circulation. Improvement of the circulation is the true object of all successful treatment, whereby we shall have improved nutrition, increased development of power and good health, a subject which we must defer to the succeeding chapter.

116. *Rest-Cure.* We return to the subject of recuperation of power as the great prerequisite to improved nutrition, improved circulation and restored health. It is want of power that makes the organs fail to appropriate the materials supplied to them; an abundant supply of power will answer to all needs. How shall this supply be effected except through rest? Increasing the materials, *adds* to the difficulties, while reducing the materials and so giving rest to all organs, is the first step toward recuperation, and restored health.

One of the first organs to obstruct the circulation, and increase the labor of the heart, is the liver. And it is the first because it is the first employed in the assimilation of food. The amount of work it has to do depends chiefly upon the amount, as well as quality, of food digested. Indiscretions and excesses in eating, therefore, show themselves most commonly in obstructed liver, which by obstructing the circulation, greatly increases the labor of the heart. For which reason liver-diseases are very apt to bring about heart diseases as a consequence.

What is the true cure for this condition of things? Shall we stimulate the liver, and dose with heart-tonics, or shall we, on the contrary, give the liver, and consequently the heart, a rest? Beyond doubt, temporary relief may be secured by a dose of calomel or other drug to stimulate the liver, but the power employed in such treatment is the power of the liver, (74) so that the more and oftener the treatment is given, the more it is needed, until after a time both liver and heart become exhausted and the patient dies. Suppose, on the contrary, the patient should stop eating, or at least should respect the needs of the organism in refusing to eat obstructing food, and so allow the liver to work out its obstructions, free the circulation, and while getting rest to itself, should also give the heart a rest.

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If now because of overtaxation, the liver fails to perform its work, the bowels immediately sympathize; they become obstructed for want of the lubricating bile. Shall we dose them with cathartics and purgatives, and so compel increased work, or shall we allow rest here also, in the meantime employing water to wash away the offending matters. Water may be so injected as to keep the large bowel clean, and permit the small intestines easily to carry forward their contents; but if we dose with drugs, all the bowels are irritated, excited and overworked, and yet are never made really clean. The large bowel has many folds and pockets which retain fecal matter, sometimes for months or years, all the while the purgative is sweeping onward the bulk of this matter, while the folds and pockets are never emptied. Shall we exhaust the power of the bowels by forced labor or shall we allow them to rest and recuperate?

The kidneys are also very important organs of excretion whose failure to do efficient work often produces serious heart complications. Bright's disease is a disease of overworked kidneys, as all physicians agree, and all physicians attempt to reduce their work by cutting off flesh-meats as a chief diet; but with strange inconsistency they frequently increase other kinds of food on the supposition, no doubt, that food gives life, or at least the power of life, which we have clearly disproved. A former patient, having been proved on examination by eminent authority to have Bright's disease, took the case into his own hands and put himself upon one meal of food daily, with little meat, and in one year the same authority pronounced with astonishment an entire cure.

To stimulate these organs, as well as to stimulate liver and bowels, often gives immediate relief, but the more they are stimulated, the more they need to be stimulatd. The process is perfectly analogous to borrowing money at compound interest which you are never able to repay; the more you borrow the more you need to borrow. The interest soon eats up the principal; vital bankruptcy is the inevitable result of medical stimulation.

117. *Obstruction of Circulation* so as to greatly increase the labor of the heart occurs also in the lungs, especially in cases of pneumonia, asthma, etc. In these cases the heart suffers more prominently and seriously than in the others mentioned. If the blood cannot be aerated, it cannot pass through the lungs at all; imperfect aeration always causes imperfect circulation, and greatly increased labor of the heart. Heart failure, therefore, is a prominent attendant upon pneumonia. Shall we stimulate the heart, or reduce the labor of the lungs? How can we give them rest? What is the duty of the lungs but to aerate the blood, so that the amount

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of their work depends upon the amount of the blood. To reduce the amount of the blood must reduce the amount of the work. Do we, therefore, justify that old, favorite treatment of pneumonia by blood-letting? By no means! Where is the propriety of working stomach, liver, bowels, etc., to make blood, and then opening a vein to let the blood run out. Why not reduce the amount of the blood by giving the stomach, liver and bowels rest, preparatory to giving lungs and heart a corresponding rest. Rest-Cure for pneumonia is the only scientific cure—rest of body and brain, of muscle and nerve, of heart and lungs, of stomach and bowels, of liver and kidneys. With such a Rest-Cure not one case in fifty will die.

A Case of Heart Failure. How shall we treat the *heart-failure of pneumonia* is an interesting question. Shall it be by feeding and stimulating, by heart tonics and other desperate forms of drugging? We have just treated a serious case in a patient sixty-three years of age. The wobbling heart greatly alarmed the attending physician who wished to stimulate *secundem artem.* We demurred, and gave instead a hot foot bath, by which the feet were warmed, the blood caused to circulate to the surface, the circulation was relieved, and the heart failure disappeared, never to appear again in that case. Rest was the primal consideration here, and *rest of all the organs was secured to the patient,* and she went on to prompt recovery.

And this brings us to a recognition of the skin as an important organ of excretion, and one whose obstruction produces serious taxations of the circulating organs. The skin represents the outer circle of the circulation and is among the first to suffer from deficient circulation. The blood vessels, of the lower extremities especially, become contracted because of loss of vital heat, and because of reduced force of circulation, due to the distance from the centres of power, so that outside aid to the circulation is frequently necessary in all forms of diseases. Keep the feet warm is a prescription of universal application. By keeping the feet warm, the whole surface is correspondingly warmed, and the circle of the circulation enlarged and the labor of the heart correspondingly reduced.

118. *Fasting.* No process of treatment ever invented fulfils so many indications for restoration of health as does fasting. It is Nature's own primal process, her first requirement in nearly all cases. As a means of promoting circulation, improving nutrition, facilitating excretion, recuperating vital power and restoring vital vigor, it has no competitor. We have shown conclusively that food gives no vital power to any organism, but, on the contrary, excites into action and expends its power (41). If used beyond the vital needs, which

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in case of sickness are greatly reduced, it immediately obstructs nutrition, congests and paralyzes the organs of excretion, increases immensely the labor of the heart, irritates the nerves and excites the brain, producing restlessness, insomnia and exhaustion. Fasting is a first step toward the relief of all these, especially in acute diseases.

In chronic diseases fasting is hardly less important than in acute cases. Obstruction of the vital organs, and especially of the process of nutrition, is the rule. Giving rest to these organs is of utmost importance, in order to improve nutrition and restore vigor. The secondary effect is the exact opposite of the primary.

Extremes of practice are, however, to be avoided. Men are always prone to indulge forcing processes. A fast for a few days or a week will often be comforting and valuable, but to compel the organism to live for a month or more without food is an unnecessary violence. But in acute diseases the fast may continue for weeks because Nature cannot appropriate the food; we only object to arbitrary fasts for long periods. Fasting is not a cure-all; it may do evil as well as good; *but it should always be employed in connection with rest of the general system.*

And all this means scientific rest-cure; not rest of one organ or set of organs, but of all organs. And the result in all cases where the power of continued life exists, is progress toward recovery; it means building up an enduring superstructure of health upon a substantial foundation of vital power (19).

119. *Objections Answered.* Objections to the methods thus outlined are all based upon the theory that the power of life and health is the product of the food eaten, and that rest of the organs which appropriate and assimilate the food, is an impossibility without exhausting the patient. But we have already disproved the theory (41). The power of life is an inheritance and not a product (16). No power and no process of earth can produce life or generate its power ( ). Whence then the importance of food (41)? This subject has been fully discussed, and it is proved that food can neither heal, repair nor reproduce the living organism or any part of it. He that works must eat, but who will not or cannot work, must not eat (41). Of course, breathing, circulation, etc., are largely physical work, and men must therefore eat to live, but both quality and quantity should correspond to the capacities of the organism which are greatly restricted in cases of disease. Food imposed on a non-working organism, necessitates expenditure of its forces in the work of appropriating it and controlling its use, and thereby obstructs nutrition and circulation and prevents recuperation. As no boiler is rested by burning coal under it, and no engine rested by

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forcing steam through it, so no human organism is rested by feeding and stimulating it. Rest means inaction and this inaction, or at least reduced action, is as necessary to one set of organs as to another. Let good digestion wait on appetite and health on both is better philosophy than we usually find in modern medical literature.

120. *Food for Disease Germs.* Food supplies the materials of growth; but what becomes of it when the growth ceases, as in acute diseases? It may still be digested and absorbed into the circulation, but if not built into structure, it floats in the blood as half vitalized material in just the form suited to feed bacteria (germs), all the while obstructing the circulation, preventing nutrition and exhausting power. Feeding in germ diseases, where there is no appetite or power of appropriation, is one of the most destructive methods of treatment ever employed. It is the process of feeding and developing germs; it cannot feed or vitalize the patient. If the patient could organize this food into living blood, the germs could not use it, for they are compelled to live on organic material which is not assimilated, and, in cases of acute diseases, the process of organization has largely ceased (100). There are before us, therefore, two opposing processes of treating contagious and germ diseases, the one is to starve out the germs, and the other is to starve out the patient while feeding the germs abundantly with the food they most need.

The theory that the patient will be exhausted by withholding food and starving germs, it will be readily appreciated, is not in accordance with the facts. The patient often grows stronger through the process of fasting and always better. The prostration from an acute disease is not due to want of nutritive material, but often from excess of material upon which the germs are feeding; kill the germs and reduce the excess of material, and strength and vigor will return to the patient. A human being can live for weeks without food, as has been proved scores of times; while disease-germs, being of rapid growth, die just as rapidly if deprived of nourishment. And we repeat, the nourishment of the germs is not the patient's blood, but the organic materials in the blood which obstruct circulation and nutrition because they cannot be assimilated by the patient. Give the liver, lungs, bowels, kidneys, skin, opportunities to gather out of the system these impurities, and the germs soon starve. The blood, being relieved, circulates, nutrition is restored, and the patient resumes his ordinary functions, first illustrated in good appetite, followed by good digestion and good health. We hold that recuperation is the most important element in the treatment of any disease, especially chronic disease, and that continued invalidism is more

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often due to a failure to recognize this truth, than any or all other failures connected with the case. In this nervous age, where every nerve is strained to hasten achievement, men are always seeking development without any reasonable inquiry as to whether the power of the development is present. For we repeat that development presupposes power *within;* if it is not *in* we can never get it out. The reader would be surprised to learn how many helpless invalids, after having been subjected to all forms of exhaustive treatment, are finally told there is nothing the matter with them but laziness, or "hypo," and that all they need is to get up and go to work. Physicians are too often responsible for this violence to the patient's interests. Forty years ago the writer was treated to this prescription; first a funeral was predicted, but when he refused to supply the corpse, they said there was nothing the matter with him, he was only lazy. Husbands are too often persuaded by their physicians that there is nothing the matter with their wives: they are only hysterical. A case is worthy of mention. The physician says, "Nothing can be done; there is nothing to be done, she is only hysterical." The most careful investigation shows that the patient has serious organic displacements, and being very sensitive to praise or blame, she has exhausted herself in attempts to respond to the unreasonable demands of physicians and friends. The theory upon which the diagnosis in these cases is based, is "This patient is only nervous; I have supplied her with tonics abundantly, and when she doesn't recover, it is her own fault, not mine."

"Ah would some power the giftie gi'e us
To see oursel's as ithers see us."

THE COMMUNICABILITY OF TUBERCULOSIS.*

By Carl Crisand, M.D.,
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TRUDEAU and Baldwin[1] say that "tuberculosis does not belong in its pathological effects to the group of acute infectious diseases, which kill by acute toxemia, but the group known as the 'infectious granulomata' to which syphilis, actinomycosis and leprosy also belong, and which destroy life, not only by the chronic and long continued systematic poisoning they produce, but by the pathological changes brought about through the localization and growth of the germs in organs necessary to life."

* Read before the Homeopathic Medical Society of Western Massachusetts.

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Hillier, after speaking of contagious and infectious diseases in general, says of tuberculosis: "And now there comes to be added to this list the most familiar and fatal disease of all, the one which men thought was handed down from one generation to another, an unwelcome heritage; the ill of all others that flesh was heir to, tuberculosis. And yet, if we accept the terms 'infectious' and 'contagious' the connotation which they bore in the not so very remote times of pre-bacteriological pathology, and which they still bear in the minds of some writers, we must recognize that tuberculosis is, in a sense, neither the one nor the other. For with the term 'infection' was undoubtedly involved the idea of volatile and readily conveyed virulent living or dead matter emanating directly and immediately from the body or excreta of the patient and transmitted through the air to some fresh subject; while the term 'contagion' implied a still greater degree of danger of transmission from actual contact.

"So strongly has the anomaly of these terms, as applied to tuberculosis been felt by certain American writers, that the wider and less misleading epithet of 'communicable' is used in describing the character of the disease. 'Communicable' has this further advantage, that if the true significance which bacteriological research attaches to the terms 'infectious' and 'contagious' be accepted, it includes both.

"But let us use what epithets we may, this fact at least is certain, that tuberculosis stands to-day revealed as one of a virulent host of human scourges due to micro-parasitic origin, and the most deadly of them all." Tubercle bacilli may retain their virulence in putrefying sputum for forty-three days and in sputum dried at ordinary temperature for nearly two hundred days.

"The expectoration of a phthisical subject is almost as deadly as the discharge from glanders in a horse, the difference being that the one is rapid and manifest in its infection and the other so indirect, so subtle, and so delayed as frequently to escape detection."[2]

The communicability and the possibility of an epidemic outbreak of phthisis has been well demonstrated by Marfan and Arthaud. (See Hillier, p. 84) who reported finding an ill ventilated office in which, inside of four years, thirteen of the twenty-two men employed died from phthisis and another instance where thirty-two out of thirty-five workmen became tuberculous. Four among them were old cases, the twenty-three others contracted the disease since their entry to the works. Can there be any stronger proof of the communicability of the disease?

Shall we demand that the boards of health be notified of tubercular cases? During the prebacillary stage it seems hardly necessary, but after the bacilli are manifest it seems to me just as important as to

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notify the health officer of other contagious diseases. The registration of tuberculars would be very helpful in obtaining statistics and in locating patients so afflicted. We must leave no stone unturned to locate the patients, protect them and the community and thus prevent the spread of the disease.

Posting our street-cars to forbid expectoration on the floors, is a step in the right direction and one which should be emulated by all our railroads. One can hardly conceive of a more filthy place than some of our railway coaches, especially the smoking-cars, where the smokers and chewers spit all over the floor, from which clouds of dust are constantly stirred up by strong currents of air; and this vile air and germ-laden dust is inhaled by every one in the car.

Realizing the fact that tuberculosis cannot exist without the presence of tubercle bacilli somewhere in the system, let us enumerate some of the most important sources of infection. The dust-laden air we breathe, the food we eat, the clothing we wear, the water and milk we drink, the cigars and cigarettes which some of us smoke, the very hands which make them or prepare our food for us, any or all of them may be teeming with the deadly tubercle bacilli and other pathogenic germs.

It may look to you as if I were very pessimistic and perhaps an alarmist; far from it; my view of the broad subject of tuberculosis and of life in general is very optimistic. I would, however, sound the alarm loudly and continuously until the profession and laity are aroused from their lethargy into an active campaign. It is not enough simply to fortify ourselves against the invasion of this insidious foe, we should hunt him, hound him until he is driven out of every entrenchment and his ranks have been completely disorganized. An ounce of prevention is worth more than a pound of cure and it is to preventive rather than curative medicine that we must turn for relief from the relentless grasp of this terrible octopus. With the proper coöperation of the laity and the profession this can be accomplished in the course of time.

It is very gratifying to know that practically all sources of infection may, with proper care, be controlled and in many instances be absolutely eradicated. It is a case of "eternal, untiring vigilance being the price of success."

To successfully combat and overpower these microscopic enemies of our health, we can do much to fortify ourselves against their invasion by living hygienically and by avoiding all excesses which devitalize the body.

Much has been said about the bacilli floating in the air, very little,

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however, about the hands of the patient in the advanced stage of the disease.

Baldwin[8] made some very interesting and convincing experiments at the Saranac Lake Sanatorium in 1898. The patients, all of them known to have expectoration containing bacilli, half of them private and the other half Sanatorium patients, none of them knowing that the experiment was to be made, were requested to wash their hands into bowls containing sterilized water. A portion of these washings was inoculated into guinea pigs and another portion was centrifugated and examined microscopically for bacilli with the result that eight of the ten pigs inoculated with the washings from the ten private patients became tuberculous. "In two cases in which expectoration was profuse, tubercle bacilli were numerous in the centrifugated sediment." A smaller number of pigs inoculated with the washings from Sanatorium patients developed tuberculosis than from the private patients. "If virulent bacilli can be demonstrated on the fingers of patients of average cleanliness, what may not be the chances of food-infection in the homes of the unclean!"

Following the logical course of infection, let us next consider the mouth. Here is a large cavity in which are many small and large glands, secretory ducts, crypts and crevices, all of which furnish unexcelled hiding and breeding-places for all kinds of germs, innocent and pathogenic. The teeth alone, although in perfect order, with their many indentations and irregularities afford splendid opportunities for the development of germs. Hence the scrupulous care and frequent disinfection of the teeth cannot be insisted upon too strenuously. This refers not only to tubercular patients, but to all people.

Next we come to the pharynx, curtained off, as it is, by the velum palati and the fauceal pillars, between which are cozily nestled the tonsils with their follicles and gaping crypts. I would call this pharyngeal portion of the oral cavity the "chamber of horrors;" for into it and out of it passes both the good and the vile. The good does not concern us now; let us consider the vile. Think of the tonsilar and peritonsilar abscesses with their infection of the adjacent cervical and submaxillary glands through the lymphatics; the adenoids, concealed behind the soft palate, bathed constantly with foul catarrhal secretions from the nose; the orifices of the eustachian tubes, regular catch-basins for swarms of bacteria.

Through this large cavity, the mouth, passes the food, which may have been previously infected, or it may become infected in the process of mastication; the air, which may be full of germ-laden dust; the foul secretions of diseased mucus and schneiderian membranes. Is it not marvelous, that not more people succumb to the many sources

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of infection through this single channel? Truly, there must be an all-wise Providence which grants us kindly protection; call it phagocytosis if you will.

Thorough disinfection of the nasal and buccal cavities should be among the daily routine duties of tubercular patients and would be good practice for all of us.

The clinical thermometer is a very possible means of carrying contagion from patient to patient. Many a time have I been told by patients that their doctor simply wiped off his thermometer on his handkerchief. This is criminal! Some sins of omission may be pardonable, but this one is not. The physician who neglects to properly disinfect his thermometer each time after using it is criminally neglectful of his duty. I encourage as many of my patients, as possible, to have their own thermometer and even in the same family it should not be used from patient to patient without proper disinfection, for the influenza bacillus, as well as other more virulent ones may be transmitted from one to the other by the use of the thermometer. All tuberculous patients must have their own thermometers. In my office I always keep one thermometer especially for tubercular cases, which is kept in a formalin solution for some time after being used.

Permit me to call attention to a matter which has received altogether too little attention from the profession, the boards of health and the public in general. I refer to proper (with strong emphasis on the word "proper") disinfection of bed and body clothing and the rooms of the living as well as of deceased consumptives.

That the infectious nature of the disease is thoroughly appreciated at Saranac, is proven by the fact that amongst the hotel rules, which are posted in every room, we find one to the effect that in the event of death, from consumption, of the occupant of the room, the expense of fumigation must be borne by the family of the deceased. Hallock says:[4] "In watching hundreds of cases of consumptives for the past six years, I am convinced that more than half of these could have been prevented with proper fumigation and care. This, in the face of the number of thousands who die from this dreaded disease, is a broad statement, but only made after giving much thought to the subject, in a place where I have every facility for so doing." Knopf[5] recommends fumigation for twenty-four to thirty-six hours with formaldehyde gas, followed by thorough cleaning, scrubbing, whitewashing, painting and papering of the room."

Bearing in mind the appalling fact that the average consumptive expectorates about seven billion tubercle bacilli in twenty-four hours[6] we cannot insist too severely upon the most scrupulous care of all eat-

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ing utensils which are used by these patients; they should be thoroughly disinfected after each meal. It is far better for consumptives to use paper napkins at the table, which are used for one meal only and then burned.

The fact that there is great danger of auto-infection from nasal and oral secretions should make every patient exceedingly cautious that they be removed from the body and not swallowed, where they may infect the stomach and intestinal canal. "Among the insane tuberculous patients, secondary intestinal tuberculosis is of most frequent occurrence." (Knopf, p. 46.)

The tubercle bacilli do not always attack, localize and develop the disease at the site of entrance. By means of the lymphatics or the circulation they meander around through their victim until they find the "locus minoris resistentiæ" (point of least resistence) which may, perchance, be a bruised and inflamed joint, a congested pleura, lung, intestine, peritoneum, bone, &c., &c. Who will gainsay that vaccination has produced thousands of cases of tuberculosis? M. J. Rosenau, director of the Hygienic Laboratory, U. S. Marine Hospital Service, Washington, D. C., says *American Medicine,* found upon examination of forty-one dry points, an average of 4807 bacteria per point; in forty-one glycerinated tubes and capsules he found an average of 2865 bacteria per vaccine (Vide Hom. Envoy, June, 1902). It would indeed be a miracle if some of this vast multitude were not tubercle bacilli.

Knopf also admits the possibility of transmitting the disease by vaccination. To guard against this, Brouardel (See Knopf, p. 52) recommends that the calves should be killed immediately after they have acted as vaccinifers and the virus be held until by careful examination they are proven to be non-tubercular.

The *Southern California Practitioner,* June, 1902, p. 257, speaks of a tuberculous cow having been found in Boston from which virus had been taken. Although such eminent men as Drs. Joseph McFarland, of Philadelphia, John Huddlestone, of New York, and Francis C. Martin, of Boston, testified that "even if the cow had tuberculosis there was no donger of infecting the persons vaccinated by the use of the vaccine." Query: Would these learned gentlemen, whose veracity and ability we do not question, allow themselves or their children to be vaccinated with virus taken from an animal known to be tuberculous? We doubt it!

If we would stamp out this great white plague, we must guard diligently our children from their earliest infancy. Disinfect the nursery floor upon which the little tot creeps and from which it picks up millions of bacteria, which fashionable mama has brought in from

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the street with her long train; inspect the milk which the baby gets from the dairy instead of from mother, whose society functions prevent her from being "bothered" with nursing her helpless babe. Later on the meat and other food which the child eats should be properly prepared; strict hygiene of the mouth and throat with removal of carious teeth, enlarged tonsils and adenoids should be enforced. Playmates should be carefully selected, avoiding contact with tuberculous children; their school life should be so regulated that it shall be helpful rather than detrimental (as often is the case) to their proper physical development. An out-of-door life is the ideal life for a growing child, and plenty of fresh air must be admitted to the bed-room at night.

If it be true that "the child is the father of the man," and we physicians know it to be so, then let us train and educate the people up to the highest standard of living.

Let us throw off the menacing shackles of society's devitalizing demands, which now make weaklings of men, women and children, draw closer to the spacious bosom of Mother Earth and gain from her renewed life and vigor, live a more natural life and the result will be the birth of a regenerated world, free from sin and suffering.

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AFFECTIONS OF THE UPPER AIR PASSAGES RESULTING FROM RAPID LOCOMOTION.*

By Irving Townsend, M.D.,
New York.

THE attention of specialists in diseases of the nose and throat has recently been attracted by certain conditions of the upper air passages caused by riding at a high rate of speed in automobiles and trolley cars. The popular fad among the wealthier classes for "racing machines" and vehicles capable of making from thirty to sixty miles an hour leads to a consideration of the dangers involved, apart from those which are incidental to putting untried machinery to the test of maximum velocity over roads that are not even fairly smooth and free from obstacles. The many recent fatalities, due to neglect of well-known precautions against accident, have increased the interest of the public in the means by which the dangers of automobiling may be reduced to a minimum. The mechanical problems involved must be solved by experts in mechanical engineering, so far as their knowledge of machinery and its application to the propulsion of vehicles of various kinds enables them to judge. After this has been determined, the effect of speed on the tissues of the body comes within the province of the physician.

During the past summer several newspapers reported cases of "trolley hay fever," attributed to riding on the trolley cars at a high rate of speed without proper wraps or suitable covering for the head. Similar cases resulting from riding in fast automobiles are not infrequently observed, which additional evidence leads to a consideration of the "effects of high velocity on the mucous membranes of the upper air passages."

These cases may be classified as "acute" and "chronic," the following description being a fair illustration of both conditions: The owner of a racing machine and his guests return from their ride with symptoms of an "acute catarrhal cold," and want their noses and throats treated, or, as they are liable to express it, "blown out." Those who are disinclined to seek treatment for what they consider "only a cold," apply later for relief from persistent catarrh of the nose and throat, often accompanied by severe facial or supraorbital neuralgia.

* Read at the Annual Meeting of the Homeopathic Medical Society of the State of New York, 1903.

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The fact is that fast riding in automobiles or trolley cars frequently produces inflammation of the mucous membranes of the upper air passages, which in the acute stage resembles "hay fever" or an acute rhinitis, and subsequently may assume a subacute or chronic form. In many cases the symptoms resemble those of "la grippe," and, if neglected, have the same tendency to involve the nasal accessory sinuses and result in a chronic catarrhal or suppurative inflammation. From an etiological standpoint, we recognize three prominent factors that, singly or combined, are responsible for this condition, viz.:

1. *The effects of the breeze* created by rapid motion on the surface of the body, overheated by previous exertion or lacking the protection of sufficient clothing.

2. *Traumatism* resulting from the impact of the air on the delicate mucous membranes of the upper respiratory tract.

3. *Irritation* from dust and other substances brought in contact with the lining of the respiratory passages in the act of inhalation.

As automobiles and trolley cars are coming into general use everywhere, it seems necessary that these disadvantages be well understood by the profession and general public, in order that their ill effects may be prevented as far as possible. The acute condition above described is of little importance, as it usually subsides in a few days, unless by frequent repetition a *chronic* inflammation be induced. The popular idea that dust and lack of proper head covering are responsible for these so-called "colds," is correct in a small proportion of cases, but sudden chilling of the body and the mechanical effects from great velocity are the most important causative factors. The discomfort incidental to an acute rhinitis is not a trifling matter to the person afflicted (though it is usually of short duration), but the after-affects may be of much greater importance if they are neglected and allowed to run a natural course without the indicated treatment. Of these sequillæ, "inflammation of the accessory sinuses" ranks first, and while such cases may be amenable to treatment in the beginning, they are frequently neglected until a cure is impossible or can be obtained only by a prolonged and tedious course of treatment.

The sinuses may be affected only to the extent of a mild congestion or inflammation of their lining membranes, or the disease may involve the deeper structures and ultimately affect the submucous tissue and bone as well.

The object of this brief résumé is merely to call the attention of the profession to another cause of these distressing ailments which has but recently obtained recognition.

67 West 46th St., New York City.

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A COMPLICATED CASE.*

By Louise Z. Buchholz, M.D.,
New York.

MRS. B., born Dec. 8, 1872; married June 27, 1889. She first menstruated between her 11th and 12th year. Her menses were regular, although painful, until, after the first few years of married life, she was compelled to consult a doctor about her dysmenorrhea. She was told that it was due to a hardened condition of the cervix, the result of a chronic inflammation.

In 1897 she went to a physician and had about six treatments. Then he inserted a stem pessary to favor impregnation.

The menses now became irregular, and Mrs. B. was told that from the enlarged condition of the uterus she probably was pregnant. She was, however, asked to call again and if not found pregnant, her uterus was to be "scraped." The menses now ceased, breasts and abdomen became enlarged, so that during the months of March and April she really thought herself pregnant.

As far as I could gather, she all this time continued to wear the stem pessary.

About July 1, while turning rapidly, she was seized with a violent tearing pain in her abdomen, so that she fell to the floor. She took to bed for a few days, got up again, then got worse, and now called in a physician, who said there was nothing serious the matter, and prescribed a sedative. She now lost clots, but had *no pain.*

As she seemed to get worse instead of better she called in another doctor, who also diagnosed pregnancy. Becoming weak and unconscious she was removed to a hospital, where she remained for six weeks. During all these weeks she claims that no vaginal examination was made. Her temperature was high and once she overheard the remark that she would not live to see the morning.

When she left the hospital she had a fetid but not bloody vaginal flow. Everybody supposed her pregnant, as her abdomen was much swollen and her menses ceased until the fall, when they reappeared and continued uninterruptedly for 31 days.

After this she was regular for a while, when the menses again ceased for 2 months. She consulted another doctor, who told her that she had a tumor of the ovary, but he also thought her pregnant. He called in another doctor in consultation, who advised watching the case. Becoming discouraged and having made the rounds of the

* Read before the New York County Homeopathic Medical Society.

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best doctors in Waterbury, which was and still is her home, she decided to come to New York for an examination.

It was about Jan. 6, 1899, that she arrived at my office with her sister-in-law, who was a former patient of mine. I found an enlarged prolapsed uterus with one marked sub-peritoneal fibroid and a small tumor apparently connected with the right ovary.

I told her that she was not and very likely had never been pregnant. She could not tell me when the stem pessary had been removed, but she did know that she had at no time passed anything resembling a fetus, although she had felt what she supposed were fetal movements.

At my suggestion she went to the office of Dr. Sidney Wilcox, who, after a thorough examination, agreed with me that there was no pregnancy, but a fibroid. The advisability of an operation was considered and Mrs. B. was at first anxious to submit to it at once; but on second thought when she found that the operating day was to be a Friday, and a telegram received from her husband advised her to draw up her will first, postponed the operation to a future date.

As I heard later she also went to the Mount Sinai Hospital for an examination before returning home, and her opinion of New York doctors advanced 100 per cent. when they also expressed their opinion as to the existence of a fibroid and non-existence of a pregnancy.

Several times during 1899 she came to New York, and on one of these occasions I introduced a spiral spring pessary, as the prolapsed uterus caused rectal tenesmus and hemorrhoids. In July the uterus, which previously had been the size of a three months' pregnancy, had increased in size, and the menses had once more ceased.

From time to time she wrote that her abdomen was getting larger, and she thought she had better have the operation. Oct. 12th I again made arrangements for an operation, and on the 13th Mrs. B. arrived in New York to stay.

My surprise may be imagined when I found her in the seventh month of pregnancy. She simply would not believe me, and even when examined by Dr. Wilcox, who agreed with me, she went back to Waterbury in the same state of mind.

In the middle of December she came to my house to await her delivery. That she still did not believe herself pregnant can be seen by the fact that she told a friend only two days before her child was born that "she thought she was putting herself to expense and trouble for nothing. She had been fooled before and could not believe that after 11 years of married life, and with her varied experience, that she could now become a mother."

Dec. 19 she was delivered of a fine boy after an uneventful labor.

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The baby lived but three days. After an attack of bilious vomiting during the night it was dead in bed in the morning. This was two years ago, and I saw Mrs. B. but once since, although I have at different times sent her medicine.

Several months after her confinement, she was overdue two weeks. Having an acute attack of malaria, she took large doses of quinine, which brought on her menses.

As a resume of the case: What was the matter with this patient?

Was she or was she not pregnant?

Was her condition such that a diagnosis of pregnancy was justified?

The sudden pain followed by shock would point to an ectopic pregnancy, but can we know that such was the case without an operation?

Undoubtedly ectopic pregnancy occurs more frequently than is supposed, but is not recognized.

Could the tumor, ovarian, or tubo-ovarian have been the site of an ectopic pregnancy?

My theory was that the stem pessary may have occluded the cervix to such an extent as to cause hematomata, and possibly an effusion of blood into the peritoneal cavity which would also account for the pain and shock.

Fibroids of the uterus do not prevent conception, although their presence may interfere with gestation by acting as an irritant and so induce an abortion. They also give rise to symptoms simulating pregnancy, such as enlargement of the abdomen, pigmentary changes, and even secretion of milk. Last, but not least, a sensation as of fetal movements, and I can recall several cases where the only contraindication was absence of fetal heart sounds and irregular menstruation. But as the heart sounds are not always heard, even in a normal pregnancy and menstruation during the first half of pregnancy is not uncommon and has even been known to continue during the three timesten of pregnancy we can easily make an error.

I mentioned the introduction of a spiral spring pessary by myself because Mrs. B. thought that her pregnancy was due to it by correcting the displacement.

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HISTORICAL NOTES ON CANTHARIS.

By George F. Laidlaw, M.D.,
New York.

The history of cantharis is inseparable from the name of Grunveldt, Englished Greenfield, who first in England used the drug internally, and for this was promptly summoned before the Royal College of Physicians, convicted of malpractice and imprisoned. While in prison, he published a pamphlet defending his practice. The pamphlet, which was printed in Latin, induced one John Marten, a surgeon, to experiment with the drug and he became as enthusiastic over its virtues as Greenfield himself. In 1706,* Marten published an English translation of the pamphlet, adding matter of his own, making what I believe to be the earliest record in our own language of the internal use of cantharis.

In the defence, Greenfield states that he has devoted his attention to lithotomy and has had "large experience in diseases of the reins and bladder. I have been taught by many experiences that cantharides, corrected with camphor, is a most noble and safe remedy in ischuries, dysuries, stranguries and ulcers of the bladder, for by its use, all other means failing, I have with safety brought forth sometimes viscid and sometimes purulent matter and sometimes little skins and membranes corroded and rotted with the acrimony of ulcers, and that not seldom or by chance only, but with so great and frequent success that I have cured above a hundred of the female sex with this powerful diuretic. Cantharides is more suitable to females by reason that the passage is larger and shorter than in men."

One of his patients, an ignorant woman, took the cantharides without the camphor and developed serious symptoms. Greenfield was cited before the College of Physicians to answer the charge of using dangerous remedies. A short time before, he had had sharp words with one of the censors; and the censor was evidently waiting to get back at him. His defence was based on the testimony of ancient writers, his own success in its use, the corroborative evidence of several other physicians, and the fact that the patient had not

*A discussion of cantharis by members of the New York Homeopathic Materia Medica Society at the meeting of April, 1902.

*Defence of Dr. Greenfield, translated by John Marten, Library of the New York Academy of Medicine.

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taken the remedy as he had directed. It was of no avail. He was sent to Newgate.

Greenfield notes that hog-lice, wood-lice, scorpions, earth-worms, bees, and ants have all been credited with the power of "wonderfully expelling" urinary stone.

Hippocrates says: Take four cantharides without their heads, bruise and infuse in one-half pint of white wine diluted with a like quantity of water and a little honey. Give for dropsy, sterility, and to expel the dead child in the womb.

Galen says it is unnecessary to remove the heads. He recommends drinking copiously of fluid to avoid hurt.

Dioscorides states that cantharides mixed with antidotes are given for dropsies because they provoke urine.

Varignana in 1597: For pains and diseases of the bladder and its ulcers, when all other medicines fail and no other method can be used, give one cantharis.

Rhasis, Avicenna, Fallopius and many other ancient writers testify to their service in dropsy, strangury, *lachryma veneris* and virulent gonorrheas.

Langius used cherry-tree gum as a corrective, and recommends the combination as an antidote to the tarantula bite.

The irritant effect of cantharides on the urinary tract is recognized by all writers and the idea of combining a corrective with cantharides is very ancient. To Greenfield belongs the honor of demonstrating that camphor was an efficient corrective. Greenfield asks, "Is not wild cucumber corrected with juice of mint, nux vomica with citron peel, opium with castor, rue, origanum, auripigmentum with oil of pine nuts, hellebore with water lillies, henbane with cresses? If we allow that cantharides have some noxious quantity in them, does it therefore follow that it cannot be corrected? As numberless poisons are corrected by antidotes, so likewise cantharides may be corrected with camphire and yet preserve their virtue entire."

The following selection from Marten's poetical preface is of interest. It describes the whole medical faculty as standing helpless before the might of the cantharis. Then Greenfield appears on the scene.

"A bolder Æsculapian hero, skilled
In arts true strength, this dastard troop beheld,
To the great labor warmed with sprightly fire
Worthy his great Apollinary sire.

* * * *

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Justly the conquerer's proud bays he claimed.
The small but dread Cantharides he tamed,
Taught the cool camphire's well-mixed sovereign balm
The fierce Cantharides' hot rage to calm.

* * * *

Lo, this dread foe, his captive made,
His heat all swaged, and Fury all allayed,
A convert tyrant, soothed to gentler laws
Now turns a champion in his conqueror's cause.
Thus reconciled, a friend and aid secure,
What gave the pain does now supply the cure,
As Bacchus' yoke fierce Tygers did subdue
And conquered monsters to their Lords prove true."

The Dose.—The dose of cantharides has varied much since its introduction. In 1706, one physician began with three grains daily, increasing till relieved. To a patient with stone in the kidney, suppression of urine, great dropsy and much pain, ten grains were given in one dose. After a few hours, the patient passed four pints of urine and an abundance of little stones, and recovered.

A man with virulent gonorrhea took sixty grains of cantharides mixed with sal prunelle (potassium nitrate) "with good success."

A great whore-master used to boil eight to ten catharides in four ounces of brandy and drink it after intercourse and thereby had kept himself free from infection for many years.

Greenfield used six to ten grains of powdered cantharides with seven to ten grains of camphor in dropsy and calculous disease.

One hundred years later, in the days following the discoveries of Bright and Payer, the tincture in doses of five to sixty drops was in great vogue, especially for albuminuria and granular kidney.

In 1874, the dose of the powder was down to one-half grain and camphor was frequently prescribed with it; but no mention is made of its corrective quality.

In 1898, Sajous' Cyclopedia, it is stated that powdered cantharides is unfit to be used in the crude form. The dose is five to thirty drops of a five-per-cent. tincture, equivalent to one-fourth to one and one-half grains of the flies.

Dr. Dewees claimed cantharides to be "specific" in amenorrhea in doses of ten to thirty drops of the tincture.

In 1898, it is stated that there is no known antidote, but that camphor often alleviates the distressing symptoms.

The fatal dose has been observed to be one ounce of the tincture and forty-eight grains of the powder.

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DISCUSSION.

By H. M. Dearborn, M.D.

Action of Cantharis on the Skin.—Cantharides seems to act as an irritant poison on the mucous membrane and the skin, exciting a catarrhal or more profound type of inflammation. These effects follow both from the internal and external use of the drug, varying in degree according to the sensitiveness of the individual and the strength of the preparation. Most common sensations produced in the skin are burning, smarting, rawness, itching, stinging and crawling. These are usually aggravated by warmth, touch, pressure and contact, especially at night, and temporary relief is experienced from cold or cold applications. These modalities are easily explained by the variations in hyperemia of the parts from such influences. As a remedy, this drug has proved curative in burns of the first and second degree attended with pronounced sensations of smarting, rawness or sticking, together with the characteristic modalities, especially where there is typical relief from cold or cold applications. It is also a useful drug in certain types of dermatitis venenata, attended with either the pronounced subjective sensations somewhat peculiar to this drug or with an early tendency to the formation of vesicles. Occasionally a local application of the second or third decimal diluted with water is also effective in giving relief. Internally the third to sixth decimal is most efficient.

The type of eczema indicating cantharis is almost invariably of the vesicular variety, acute in type and more often occurring about the external genitals, sometimes on the flexor surfaces of the wrist with marked aggravation from warmth and equally marked amelioration from cold applications. Even relief from exposure of the parts to cold air is occasionally a good indication.

Herpes about the genitals is another disease frequently calling for cantharis. It is still more indicated if there is also an associated disorder of the genital urinary membrane.

Pruritus essentialis of the perineum or the vaginal outlet, sometimes in the vagina itself, is sometimes promptly relieved by cantharis, particularly if there are sensations of biting and sticking always aggravated by warmth and relieved by cold bathing. Occasionally Herpes zoster, when the eruption is well developed and the neuralgic sensations have ceased, and the sensations consist chiefly of local smarting aggravated by the slightest pressure on the parts at night, is very much benefitted by this drug. A high attenuation is the best, say the sixth decimal.

Erysipelas calls for cantharis when there is a very early appear-

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ance of vesicles, with predominant sensations of smarting or stinging almost completely relieved by cold applications. In all affections of the skin the presence of associated characteristic urinary symptoms affords additional indications for the use of this remedy. If it is adapted to a given case, it always gives relief rather promptly and is not a remedy for long use. Indications for it may occur in almost any inflammatory disease, even such chronic affections as psoriasis and seborrheic dermatitis; but it is rarely anything more than of temporary benefit in such disorders.

By W. H. Dieffenbach, M.D.

Cantharis In My Case Book.—In looking over my day book for cases in which cantharis was indicated and successfully prescribed, the most recent case proves to be the following:

Case I.—Pompholyx Pedis.—The objective symptoms in this case were blebs between the toes in various stages of development. The subjective symptoms were sore, burning pains, which were relieved while the feet were bathed in cold water.

Treatment consisted of frequent bathing of the feet in cold water and the internal administration of cantharis 3x at short intervals. The lesions cleared up in a few days with no recurrence. The result in this case compared very favorably with the cases seen in old school practice where the routine treatment of 2-per-cent. salicylic acid ointment applied locally kept the cases coming for an indefinite time. Another interesting feature of the case was that the lesion seems to be infectious, as the bedfellow of the patient, who by mistake exchanged stockings, also contracted the disease in a mild form, which also speedily yielded to above treatment.

Case II.—Another case which remains very vividly in my memory is one of *acute burn.* Two summers ago I accompanied the owner of a large naphtha yacht on a trip to the Thousand Islands and the Rideau Country. When near Montreal the naphtha on the yacht caught fire and the owner barely escaped with his life by jumping into the canal. His arms and face were severely burned, the horny layer of the skin hanging in shreds from the affected parts. The whole surface was of an angry, red appearance and burned most intensely, the only relief being obtained by moving it to and fro so as to cool the surface. My dress-suit case containing the medicine chest was fortunately not on board the destroyed yacht; and the general symptoms indicating cantharis, the 3x dilution was applied, drop by drop, locally on the affected area of the burn. The relief was almost instantaneous, and the wounds were subsequently dressed aseptically at the Homeopathic Hospital at Montreal. No evidence of

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the burn is at present perceptible and the patient frequently recalls the almost magical relief from the application of the cantharis at the time of the accident.

Cantharis has proven its great value in several cases of chronic interstitial nephritis with accompanying catarrhal cystitis—it invariably palliates the burning and scalding dysuria and the severe urging; and the patients are full of praise for its prompt action.

In a recent case of priapism cantharis proved a disappointment, closer study of the case showing picric acid to be the better indicated remedy. On the other hand, in several cases of specific urethritis with burning dysuria and chordee, with strong sexual impulses, cantharis palliated the symptoms in a very gratifying manner. As a whole, excepting for the urinary and skin symptoms, cantharis has not, in my experience, been found applicable in the general run of cases; but when homeopathically indicated, its curative and palliative action have been remarkably satisfactory.

Dr. John Hutchinson uses cantharis as a routine remedy in many diseases, particularly those of the thorax, when dysuria is an accompaniment. Has found it helpful for anuria in pneumonia. Depends upon the drug in many cases of cystitis and urethritis, either acute or chronic, 3d, 6th, and 30th attenuations.

By M. W. Van den burg, M.D.

Personal Experiences with Cantharis.—The use of cantharis in my practice has been confined mainly to two physiological tracts, the genito-urinary and the digestive. In the former it has rendered good service in highly inflammatory conditions associated with extreme tenderness, burning and pain: also in very painful conditions not so especially marked by fever and inflammation.

Burning urine, passed in small quantities, frequently and with great pain, usually yields to a few doses of cantharis 3x. The burning ceases, the tenderness subsides, and all unpleasant symptoms cease. This is especially the case in women, whether the cause be exposure to cold, errors of diet, nervous or menstrual irregularities, or pregnancy. The most prominent symptoms are: burning urine, voided with pain, the latter often extreme; urine scanty, often scalding external parts; here also arsenic is to be considered. In cantharis there is much tenderness of the parts to pressure; there are the meatus, urethra, and neck of the bladder; the bladder itself may be involved; the burning of the urethra may continue more or less until the call to pass a few drops or a few spoonfuls again.

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For dysentery in infants with the discharges of the bowels thin, watery and slimy, the slime pinkish, reddish or blood-spotted, in the words of the materia medica, "Mucus stools like the scrapings of the intestines," it is a very reliable drug in the 3x, and probably in other potencies.

Twenty to thirty drops in half tumbler water, a teaspoonful every hour, and after every blood-streaked, painful stool: usually twelve to twenty-four hours is sufficient to work a very decided change, or even a cessation of distressing stools.

We need to differentiate mercurius cor. and my method has usually been as follows: Mercurius corros.2 has much the same stool at times, but the tenesmus after stool is the most pronounced symptom, while the pain during stool and the tenderness of the abdomen are the most pronounced in cantharis; the child cries before and during stool with cantharis; it also winces from pressure on the abdomen; does not like to be held over the knee or upon the shoulder as in colocynth. In merc. cor. the child cries most, if at all, when the stool has passed, and the severe straining continues. I have often found cantharis will complete a cure in which merc. cor. was the best drug at the beginning: the tenesmus has lessened very much, but the blood-streaked stools continue. These will be best relieved by cantharis, and the return of appetite and normal activities follow in a very satisfactory manner.

A BRIEF REVIEW OF SOME OF THE AFFECTIONS OF THE GALL BLADDER AND BILE DUCTS.*

By E. R. Gregg, M.D.,
Pittsburg, Pa.

THIS subject was chosen because of the greater frequency, as shown by various authors, of these diseases than is ordinarily supposed, and because of the writer's belief that many of these cases are being constantly treated on other diagnoses, such as Dyspepsia, Gastralgia, Malaria and so-called "Sluggish Liver."

The object of this paper is an endeavor to give a clear understanding of these diseases and to render the diagnosis more simple. With this object in view many works were consulted, as well as numerous medical journals running back several years, for articles bearing on the subject. Many excellent articles were found, but much of the material gleaned had already been read in Mayo Robson's exhaustive work—"Diseases of the Gall Bladder and Bile Ducts."

In preparing this review, therefore, the writer was constrained to use that work as his guide and much of this paper will be found

* Read before the Allegheny County Homeopathic Medical Society.

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to be extracts from it, but presented in the form in which he finds them to be best understood and retained in memory.

With this explanation, together with the credit given other authorities throughout the text, we hope not to be understood as attempting an original study of these conditions, but simply as presenting the facts gleaned, in a practical manner.

It is intended more for the general practitioner than for the surgeon, hence operative technique is omitted. Diseases of the liver are omitted also, as they have been described for years and may be found fully discussed in any work on practice.

We will first consult Gray in regard to the anatomy of these structures. We find that the gall bladder "is about 4 inches long, 1 inch in breadth at its widest part and holds from 8 to 10 drachms." It empties by the cystic duct, which is the smallest of the 3 biliary ducts. The hepatic duct is formed by the junction of 2 ducts, one from the right and left lobe of the liver. It is 1½ inches long and slightly larger than the cystic duct. The hepatic and cystic ducts unite to form the common duct, or ductus communis choledochus, which has the largest calibre of the three; is about 3 inches long and empties by a common orifice with the pancreatic duct into the descending portion of the duodenum 3 inches from the pyloric end of the stomach. The gall bladder is found normally just beneath the ninth costal cartilage.

We are now prepared to consider the diseases of these parts; and while we shall discuss only the more common, we will do well to acquaint ourselves with the numerous abnormal conditions they may present.

Mayor Robson describes them as follows: 1, Catarrh of the gall bladder and bile ducts; 2, croupous inflammation of the gall bladder and bile ducts; 3, simple empyema of the gall bladder; 4, suppurative inflammation of the bile passages; 5, acute phlegmonous inflammation and gangrene of the gall bladder; 6, infective cholangitis or infective catarrh of the bile ducts; 7, tubercular cholangitis; 8, ulceration of the gall bladder and bile ducts; 9, stricture of the gall bladder and bile ducts; 10, perforation of the gall bladder and bile ducts; 11, fistula of the gall bladder and bile ducts; 12, tumors of the gall bladder; 13, tumors of the bile ducts; 14, gall stones or cholelithiasis.

As catarrh of these structures is found to precede as well as accompany the formation of gall stones, and as nearly all of the other conditions may occur as sequelæ of these two, we will first give our consideration to catarrh, and gall stones or cholelithiasis.

Extension of a catarrh from the duodenum may cause these troubles. Typhoid fever is therefore found to be a predisposing cause from the fact that typhoid bacilli have been found in the gall bladder years after an attack. Cholelithiasis may occur at any age, though

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rarely under 25 years and more frequently between 40 and 60, and in women. Brockbank, of Manchester, found that of the women afflicted, 90 per cent. had borne children. It is also said that lack of exercise and excess of sweets favor this condition.

It is found from post-mortem examinations of persons of all ages and both sexes in Europe that gall stones are present in from 5 to 10 per cent. The record by Schroeder, in Strasburg, being 12 per cent. In Kiel 5 per cent.

Dr. Clelia Dual Mosher published in the Johns Hopkins Bulletin for August, 1901, the results of examination of the records of complete autopsies performed upon 1,655 bodies at Johns Hopkins Hospital, in which gall stones were found to be present in 6.94 per cent. of the cases. These latter are claimed to be the first elaborate statistics, in this connection, compiled in America.

The presence of gall stones may remain undetected during life owing to the fact that they remain quiescent. On the other hand they may produce the most distressing symptoms and fatal conditions. The uncertain, extreme, and sudden changes to which an inflamed or catarrhal gall bladder is subject are comparable to the sudden eccentricities of a diseased appendix. Hence the danger of trifling with these cases if they do not respond to medical treatment after a fair trial.

In the presence of gall stones before they cause acute symptoms, there may be complaints of dyspepsia, with depression of spirits, and feeling of discomfort or weight, or even ill defined pains over the right side of the abdomen, but an entire absence of those characteristic symptoms which give definiteness to diagnosis. It occurs to us here to interject, that, with this train of symptoms, it would be well to examine for floating kidney also.

The symptoms produced when a gall stone begins to irritate or to travel may vary according to the location of the stone. The symptom of pain being common to all locations, that of jaundice varying, as we shall see. The pain is of quite a characteristic nature, being sudden, paroxysmal, and referred to the right hypochondrium usually, and radiating toward the right shoulder; it may exceptionally be referred to the left side, in which case, Robson claims to have proven, it is due to adhesions between the pylorus and gall bladder or ducts. It again occurs to us here that the left-sided pain might also be due to irritation or obstruction at the orifice of the pancreatic duct.

Nausea and vomiting may or may not be present, they are both common, but nausea is of greater frequency than vomiting.

Dr. Richard Powell of England is quoted by Robson thus: "Whenever violent pain takes place in the epigastric region of the abdomen, exacerbating in paroxysms, accompanied by sickness, yel-

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lowness of the eyes, skin and urine, by clay colored feces and without and proportionate increase of action in the circulation, biliary concretions are supposed to be forcing their way through the ducts, and when these symptoms abate, it is inferred that their passage into the duodenum has been effected."

This picture is good for one first-class continuous passage of a gall stone. The same picture, but a less distinct print, can be used for the passage of a plug of mucus from a catarrhal gall bladder. The attack often appears without apparent cause, and loss of appetite and weight usually accompany and follow it, the vomiting, if present, usually occurring toward the end of the attack and thought to aid in expelling the stone into the duodenum. If the stone is arrested in its course, the symptoms vary according to the location. We pass now to a consideration of catarrh without stone, and will later return to cholelithiasis and follow the stone more closely.

The acute attack of catarrh is due usually to extension from the duodenum, and when the swelling of the mucous membrane is sufficient to acclude the common duct we have a backward pressure of bile, causing yellowness of the skin. This is known as simple catarrhal jaundice, which occurs most frequently in young persons, is primarily often a result of cold or dyspepsia, and is manifested by the objective symptom of jaundice only. Murchinson also gives gout and syphilis as causes and Fagge adds fright. This condition may become chronic, and then gives rise to more or less persistent jaundice, dyspeptic symptoms, and some loss of weight; but the retention of strength and absence of serious sequelæ, exclude serious organic disease. Catarrhal jaundice usually responds to medical treatment and only in very obstinate cases is surgical interference, such as drainage of the gall bladder, necessary. The relief given by this surgical procedure is due to the provision made for the escape of the bile, which is followed by a reduction in the amount of catarrhal swelling of the ducts.

We may also have a condition in which the chief catarrhal swelling is in the gall bladder and cystic duct; this condition is usually chronic. In this instance, there is, of course, no jaundice, as the bile is free to enter the duodenum, unless the mucus formed is thick, when, upon its expulsion, the symptoms occur which were described as a milder biliary colic, with perhaps a slight and temporary jaundice ensuing only as the plug dams back the bile in its passage through the common duct. In catarrh of the gall bladder without stone the bladder is usually distended, without forming a distinct tumor, and there is absence of pain on pressure over it. The diagnosis from gall stones is made by noting the slight jaundice, if any at all, milder colic, no

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gall stones in stools, and no tenderness on pressure between the ninth costal cartilage and the umbilicus, tenerness at this point being as characteristic of gall bladder inflammation as tenderness at McBurney's point is of appendicular inflammation.

Catarrh may also be caused by a dependent position of the gall bladder from lacing, or due to chronic constipation and accumulation of feces in the hepatic flexure of the colon, interfering with the regular emptying of the gall bladder, or as a result of antecedent gall stone irritation. The two conditions as we have before observed being very closely related. If medical treatment fails to relieve the symptoms of catarrh of the gall bladder, we may suspect a constant exciting cause, such as quiescent gall stones, which increase the catarrh by their very presence, even though they do not move and cause pain. Whether there are stones or not, if medical treatment fails, surgical interference is demanded at once before complications such as inflammation and adhesions occur; as when done early the operation is simple and the prognosis good.

We now return to cholelithiasis to follow a stone more closely in its passage. It may form in the hepatic duct, but much more commonly in the gall bladder. If it engages in the cystic duct we have at once the characteristic pain; if it falls back into the bladder, the pain ceases at once and there will have been no jaundice, unless there is an associated catarrh of the common or hepatic duct. There will probably have been no vomiting and there will be no tumor, unless it is caused by a bladder packed full of stones. During the attack of pain the gall bladder contracts and hardens and may sometimes be felt; but there is no tumor proper. There is, however, tenderness on Mayo Robson's line, which we have previously mentioned as being drawn from the 9th right costal cartilage to the umbilicus. This tenderness serves to differentiate it from simple catarrh of the gall bladder which presents no tenderness. These symptoms prevail until the common duct is reached. If the stone becomes impacted in the cystic duct, the acute symptoms gradually cease, but may recur at any time upon the least provocation. The gall bladder becomes thickened and sometimes a profuse catarrhal secretion ensues, which fills and distends the gall bladder and makes of it a retention cyst from stone obstruction; this is known as hydrops of the gall bladder. If now infection of the contents takes place, it will be followed by empyema of the gall bladder, which we will note later. When the stone passes through the cystic duct and enters the common duct the obstruction producing jaundice occurs. If the stone remains in the common duct we have intense jaundice if there is com-

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plete obstruction; but the gall bladder is found to be always contracted. The explanation of this apparent anomaly is, to quote Robson, that "the gall bladder frequently becomes diminished in size and adherent as the result of gall stone irritation, so that when the common duct becomes blocked by a calculus, jaundice occurs without distension of the gall bladder, which is unable to expand." There is besides the jaundice, the characteristic pain, and chill fever and sweat, which is often mistaken for ague, vomiting occurs, there is bile in the urine and clay colored stools. The stone may become arrested in this duct in such a way as to act as a valve; this condition is known as "ball valve," "calculus" or "floating stone" in the common duct, and by its action allows the bile to pass at times, retarding it at other times; this arrangement of the stone produces symptoms most characteristic. Charcot first described it as intermittent hepatic fever, and George Emerson Brewer in the *Medical Record* of Nov. 17, 1900, describes it concisely as characterized by intermittent jaundice, intermittent colic and intermittent fever. Therefore, intermittency is the key to this situation.

Osler says that the combination of the following symptoms is characteristic of a ball valve calculus, in the common duct: 1, Jaundice of varying intensity, deepening after each paroxysm, which may persist for months or even years; 2, ague like paroxysms characterized by chill, sweating and fever and deepening of the pre-existent jaundice; 3, at the time of the paroxsym pains in the region of the liver with epigastric disturbance.

If with these symptoms there is a history of previous gall stone attacks, the diagnosis of ball valve calculus of the common duct is certain.

If the stone eventually passes, the jaundice disappears and all may be over; but if not, these attacks may recur at daily or irregular intervals, again resembling malaria.

Charcot ascribes this fever to the absorption of some poison into the blood. Murchinson ascribes it to nervous irritation, while Mayo Robson considers that both explanations are admissible, remarking that this fever is not unlike that known as urethral.

In ball valve calculus suppuration may at any time ensue from infection, and liver abscess or pyemia result.

The persistent jaundice of this condition might at first glance be confused with the persistent jaundice of malignant disease of the ducts or structures surrounding them, were it not for the fact that in malignant disease the jaundice is not remitting but increasing, the pain is continuous in character instead of paroxysmal, there is absence of ague attacks, there is enlargement of the gall bladder or

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tumor, and steady and increasing loss of flesh and strength. The key note to malignant disease here is, therefore, the continuous and progressive character of the symptoms and enlargement of the gall bladder or tumor, just the opposite of the "ball valve" calculus symptoms. Fagge believes that malignant disease in this situation is always true carcinoma and usually due to antecedent gall stone irritation.

We come next to the consideration of diseases produced by the entrance of pyogenic organisms into the already catarrhal ducts and gall bladder. If the bacilli enter the gall bladder and multiply there only, which occurs mostly when there is obstruction of the cystic duct, we have simply an empyema of the gall bladder to deal with, which is a local suppurative process. If the obstruction is in the common duct we may have a suppurative process in the hepatic duct also, which spreads upward into the liver ducts and involves them in the suppurative process, and, from them extends into the liver itself, and thence reaches the blood with the most serious systemic results. We will review the symptoms of simple empyema of the gall bladder first. We find usually the history of a gall stone seizure followed by swelling under the right lobe of the liver, and continuous instead of intermittent pain. At first the constitutional symptoms may be slight with no temperature, or there may be chills with fever and general malaise. As a rule, there is no jaundice, or only a slight tinge dependent on an associated catarrh of the bile ducts. Tenderness is nearly always present in consequence of the local adhesive peritonitis. When, however, the suppurative process extends to the hepatic ducts and liver we find progressive enlargement of the whole liver, the swelling being uniform, smooth and tender to pressure, jaundice is always present and is usually both persistent and intense. There is high fever with chills and profuse perspiration and rapid loss of flesh and strength. If the course be less acute, the inflammation may concentrate itself in some part of the liver leading to an abscess, which may form a distinct tender swelling and give rise to the usual symptoms of hepatic abscess. If the suppurative process involves the deeper layers of the gall bladder we may have a phlegmonous inflammation, with ensuing gangrene, which produces at once a peritonitis, soon becoming general, the pathological process resembling the course of a gangrenous appendix. If after an attack resembling gall stone colic we find shreds of membrane from the gall bladder in the stools and no stones, we will have had what is described as a croupous inflammation of the gall bladder.

After this brief study of these conditions we can understand how ulceration, stricture, perforation and fistula may ensue. With the

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mention of these latter troubles we have finished Robson's classification with the exception of tubercular cholangitis and this requires no consideration in this paper, as it is, to quote Robson, "merely a complication in what is necessarily a fatal condition"—tubercular enteritis.

Now as to the treatment of these diseases. The medical treatment varies greatly of course, according to the absence or presence of acute inflammation and severe sytemic symptoms. As we have advised that it be given a fair trial in the beginning of these troubles, but not persisted in to the exclusion of surgical treatment, we will run over the remedies advised in cholelithiasis, which is usually the cause of the majorty of these affections. To combat the tendency to the formation of stones and catarrh of the gall bladder, the bowels should be kept open, the diet regulated, avoiding sweets and starches, regular exercise should be instituted, and Vichy or Geyser of our American waters, used freely, or of European waters, the imported Carlsbad.

As prophylactic remedies, Dr. David Thayer recommends, china 6x, given twice a day for 5 days, then every other day, then 1 dose every third day and so on until a dose is taken only once a month. He claims to have cured every case he has had by this prescription. Nash recommends cardus marianus as a prophylactic, as well as during an attack of biliary colic. Dr. John H. Clarke of London uses calcarea carb. 30—at 15 minute intervals for several doses during the attack, if this fails, he gives berberis. Raue speaks highly of belladonna. Some of our old school friends also recommend it, but in ¼ grain doses of the extract for its specific action on the involuntary muscular fibres.

Daily doses of olive oil are also recommended very highly for cholelithiac subjects. We read also of some French physician who lauded glycerine internally. We believe, however, that it is generally conceded that gall stones cannot be dissolved in the gall bladder by remedies; but they are sometimes dissolved after passing into the intestines.

If medicinal treatment fails, surgical measures should be resorted to, and that before the case has progressed to the stage of chronic inflammation and adhesions, as the early operation is simpler and the prognosis is then good.

The surgical procedure in the majority of these diseases is the same, namely, opening the gall bladder. If stones and a slight catarrh only are present the bladder may be closed at once after their removal, if considerable catarrh, inflammation, or pus is present, it

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is to be drained by suturing the opening in the bladder to the abdominal wound, to remain open until the bile flows clear, when the opening may be allowed to close.

In the *French Review of Surgery,* M. Terrier gives the advantages of the operative treatment over the medicinal as follows:

The opening of the gall bladder gives the following therapeutic results: 1st, The septic contents of the gall bladder are evacuated; 2nd, calculi, which are most frequently there, are removed; 3rd, the other biliary passages more or less obstructed either by calculi or by swelling of their walls are rendered as free as possible; 4th, the septic bile is allowed to escape and mechanically washes out the lower passages, carrying away through the drainage tube many of the infectious elements; 5th, the relief of pressure prevents absorption of the septic matter; 6th, the relief to the kidneys by allowing the bile to escape freely is also of importance as they are thus enabled to perform their function more freely in relieving the system of septic and other matter.

Dr. W. S. Halstead says, in an article to be found in the Bulletin of John Hopkins Hospital, of Jan., 1900, "just now I am very much impressed with the splendid results of operations for gall stones in the common duct, for we have had of late a series of cases very desperately ill, so transformed by their emaciation and discoloration, and so feeble in body and mind that I could hardly picture to myself the various stages of metamorphoses toward convalescence. Every one has seen a patient whose life has been despaired of, convalesce from acute disease; they watched his rapid decline and expected an almost equally rapid recovery, but when the decline has covered a period of five, or ten or perhaps twenty years, the changes wrought are so great and apparently of such permanent character that the complete restoration to health is the more astonishing. The large cirrhotic liver, the dry slate yellow skin, the enfeebled intellect, the body emaciated to the last degree, seem at times almost to preclude all hopes of recovery to the practitioner who has not witnessed the changes so quickly brought about by nature as soon as the mechanical obstacles to recovery have been removed by the surgeon.

In closing, we desire to emphasize the following points which we consider of importance:

1st. That we may have gall stones which lie quiet in the gall bladder and produce no characteristic symptoms worse than those of obstinate dyspepsia.

2nd. That we may have hepatic colic not accompanied by jaundice (as when a stone falls back into the gall bladder or becomes impacted in the cystic duct).

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3rd. That we may have attacks of colic resembling that of gall-stones, but due entirely to the passage of a plug of mucus from a catarrhal bladder; in this case if uncomplicated, there is no tenderness to pressure over the gall bladder.

4th. That we may find occasionally the pain radiating from the right hepatic and umbilical regions to the left side.

5th. That if we find a case of ague, with a previous history of gall stone colic, the ague-like attacks followed by a temporary increase of jaundice, we have not a case of malaria, but one of a "ball valve" calculus in the common duct.

6th. That when we find persistent and increasing jaundice, with continuous pain, or early in the disease no pain at all, and enlargement of the gall bladder, we are to suspect malignant disease of the pylorus, pancreas or common duct, and if there is increasing wasting and loss of strength, and a tumor, our suspicions are confirmed.

7th. That opening or drainage of the gall bladder is the proper treatment for the majority of these diseases, after a not too long, unsuccessful medical treatment.

To close I have chosen two cases to report that I have operated upon during the past year, which illustrate the two extremes of gall stone disease. The first was that of Mrs. B., age 37, the mother of several children. She was admitted to the Hospital July 9, 1901, for operation. She gave a history of repeated gall stone attacks, sometimes as often as every two weeks. She had the characteristic symptoms of "ball valve" calculus, intermitting jaundice, pain, chill, fever, and sweat. She was given cheldonium and soda phos. 2 drachms before meals. It was desired to treat her for a few days to prepare her for operation, but on July 13 she had another attack, lasting only a day; after this she was given calcium chlor. gr. 30 every 4 hours to increase the coagulability of the blood, which is low in jaundice. Before we considered her in proper condition for operation she had another attack July 21st, temperature 101.6, pulse 112; this lasted only a day, but had weakened her. On July 24, at 4 A.M., she was again taken with severe pain in right hypochondrium, but of a different nature. At 8 P.M. the abdomen began to distend, the next day, July 25th, at 11 A.M. the abdomen was opened, a ruptured and gangrenous gall bladder found, a purulent peritonitis was present and numerous adhesions; search was made for a gall stone, but on account of the numerous adhesions and the general condition of the abdomen it was not found. The abdominal cavity was contiuously irrigated for 24 hours, when the temperature was 101.8; as there was almost continuous brown vomit, the irrigation was discontinued, when the vomiting became less. The following day, July

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27th, as the bowels had not moved and were enormously distended a colostomy was performed, after freezing the skin with ethyl chloride; no pain was experienced until the peritoneum was reached, manipulations with it caused great pain, but the operation was rapidly completed. The opening of the bowel was followed by the escape of gas and liquid fecal matter, but not enough to give much relief. During the evening of this day a two-month fetus was found delivered. She had given no history of pregnancy and strenuously denied it until positively assured that the unexpected had happened. The placenta was retained, we eventually secured it, however. The next day, July 28th, her temperature was 99.6, pulse 116 at 8 A.M. The temperature increased until it reached 104.2 at 2.30 A.M. July 29th, no pulse and respiration 60. She died at 5.25 A.M. July 29th, twenty days after admission to Hospital.

The other case is that of Lizzie E., single, servant in the hospital. Age 33. As a child she had a bad stomach, during the last few years she had repeated attacks of gall stone colic, the attacks becoming more frequent. She applied at last for operation, two months ago the gall bladder was opened and 4 small stones removed from the gall bladder, one other large one the size of a walnut was found impacted in the cystic duct. It was impossible to remove it entire, so it was crushed and removed in fragments. The gall bladder contained no bile, but was filled with thick, clear mucus, tinged here and there with the remnants of bile. The gall bladder was left open and drained; after several days the bile began to flow clear and the wound was then allowed to close. The patient has gone to her home in the country for a rest, and is cured. She says she has not been so well for years.

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THE SCHOOL CONTROVERSY.

THE conflict between the two great educational departments at Albany, seems to increase in intensity and bitterness. The prolongation of the struggle has developed a partisanship blinded by passion and deaf to the appeals of reason. It is evident, however, that the lapse of time has not improved the position of the Regents. Public sentiment, which at first appeared to favor their cause, is now apparently turning against them. The sober second thought discovered that the arguments for the Regents, scattered lavishly throughout the State, were unconvincing. Defective logic and evident bias weakened materially their force, nor has anything been gained by bitter personal attacks on the Superintendent of Public Instruction, and the Department of Public Instruction might profitably remember that "breathings of slaughters" are irrelevant and provocative of breaches of the peace.

But the attitude of the Regents, while perhaps natural, is not well sustained. One of the most distinguished members of the Board, in a letter to the NORTH AMERICAN, states the object of giving the Regents control of the common schools, to be three-fold, as follows:

"1. To ensure proper preliminary education for admission to night schools, colleges, and ultimately to the professions. It is notorious that the instruction in the common schools is often an inadequate preparation for the higher educational courses of the State.

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"2. To do away with the friction, jealousy, and bad feeling so often engendered by the Department of Public Instruction.

"3. This is of a two-fold nature in itself. (*a*) To ensure that the educational interests of the State shall forever be kept free from political interference or sectarian taint. (*b*) To avoid the unnecessary expense entailed by the present dual system of supervision."

On these three propositions, one of them of a dual character, our very able correspondent rests his case. Now the point at issue is the abolishment of the Department of Public Instruction. Let us see how these three arguments apply to this point.

1. Is the only function of the common schools to provide "adequate preparation for the higher educational courses of the State?" Is not the first duty of the common schools to educate as well and thoroughly as possible the great majority of pupils who never attend any other schools? And as it is a "notorious fact" that teachers' classes established by the Regents are inadequate in results attained, why should further control be granted them? And if it be true that the preliminary education for admission to higher schools is sometimes inadequate, where is the evidence that the Regents would do better?

2. The second proposition may, with perfect fairness, be amended to read: "To do away with the friction, jealousy and bad feeling caused by the Board of Regents." Does anyone suppose that all the unfairness and jealousy have been exclusively on one side?

3. (*a*) We all agree that it is for the best interest of the schools to keep them free from political interference or sectarian taint. But cannot this be done without the utter annihilation of a great department that has done great and effective work? And how much *sectarian* taint is there about the common schools now? (*b*) The last point is easily settled, not by abolishing either of the warring departments, but in much simpler fashion; draw a distinct line of demarkation between the schools under the Regents and those under the Department of Public Instruction, and duality of supervision ceases to exist.

It will be seen that not one of the three propositions advanced necessarily or logically calls for the abolishment of the Department

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of Public Instruction. Every evil complained of if it exists, can be remedied in another and probably better way, and if, as is very likely, the Legislature takes no action at this session on this important matter, it will afford time for that serious consideration, which questions of importance demand from the prudent. On this point we heartily agree with Superintendent Maxwell, who states:

"The Stevens bill, as I understand it, wipes the State Department of Public Instruction out of existence and transfers the powers and duties of that department to the Regents of the University of New York.

"In the past the work of the Regents and the work of the Department of Public Instruction have both been highly effective in promoting education and in supplementing local effort. I say this freely and unreservedly, even though I have frequently had occasion to criticize adversely actions of both the Regents and the State Superintendent. There is undoubtedly, however, a strong sentiment at the present time in favor of a unification of the two bureaus. My own judgment in the matter is not now nearly so strong in favor of unification as it was some years ago. However this may be, I am strongly of the opinion that if unification is to come it should come only after the most careful inquiry and deliberation. I am, therefore, opposed to the Stevens bill. It seems to have been struck off in the heat of passion. It would abolish by fiat of the Legislature a great department that has done noble service in the cause of public education. It makes no provision for the conservation, under the regents, of the powers and duties of the State Superintendent, which have accumulated through a long series of years partly by precedent and partly by legislative enactment, which have become essential to the well-being of the public schools, and which cannot be disturbed without serious injury to the whole public school system. Hasty and ill-considered legislation on educational matters such as that proposed cannot be too severely condemned."

PHOTOTHERAPY.

HAHNEMANN'S prediction of the usefulness of camphor in cholera without coming in actual contact with any cases is a classical incident in homeopathic history. On similar lines must be reckoned the suggestion of Finsen, of Copenhagen, that patients suffering from smallpox should be kept away from direct light, either being kept entirely in the dark, or in a room the light of which

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was filtered through red window hangings. Finsen had observed that earthworms, given a choice of red or blue light, invariably sought the red, and a chameleon, having half its body exposed to red light and half to blue, shifted his movable pigment cells to that part of the body under the influence of the blue rays. The fact was established that the blue rays, those rich in actinic power (still more developed in the violet and ultraviolet, had a disturbing influence on the cells of the body, that it was to these rays that sunburn was due, that a sunburn was a chemical rather than a heat effect. Finsen's suggestion of shielding the inflamed skin from the irritant effect of the actinic rays was successfullly carried out in Norway, and has been proved to be of more or less value in many cases in different parts of the world.

His next idea was to use the chemical rays for the destruction of tubercle bacilli found in lupus. At first sunlight was used, lenses being employed to concentrate the rays on the affected tissues. More or less success attended the procedure, but the lack of dependence to be placed on the sun militated against it. Electric light contains more actinic rays than sunlight, and their number increases with the strength of the light. At the present time Finsen uses lamps actuated by a current of 80 amperes; but the heat attending is necessarily so great, that some plan for cooling the rays must be adopted, and the rays are passed through a water-filled chamber. Ordinary glass absorbs actinic rays to a large extent, and lenses of rock crystal have replaced glass lenses. Again, the red blood corpuscles in the blood circulating in the skin, also absorb the violet rays, and these must be banished by compression. A water-cooled lens is pressed firmly upon the part under treatment.

Phototherapy has been proved to be of the highest value in the treatment of lupus. Its drawbacks are the number and duration of the séances required and the expense of installing and operating the apparatus. Séances of 70 or 80 minutes daily often have to be continued for a year or two, and the cost to the average patient is almost prohibitive, unless he attends a free clinic. Some of these disadvantages are happily being overcome. Less expensive and more efficient apparatus has been devised and is being used with the

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result of a marked cutting down of the duration and frequency of the séances; and the cost of operating is also reduced as a smaller current suffices to energize the lamp.

The feeble penetrating power of the actinic rays seems to narrow down the usefulness of the treatment to a somewhat small field. In the United States cases of lupus are not very frequent, and the adoption of phototherapy has not been widespread. Its place has been taken by radiotherapy. The X-rays have a marked destructive action on superficial tubercular lesions, and the apparatus is less expensive at first cost and in operation than a Finsen tube, while its range of usefulness is very much wider. The penetrative power of the X-ray makes compression of the tissues unnecessary. The work of the X-ray, however, has to be very carefully watched, for marked destruction of tissue is easily induced. This line of work is not for the novice, and there is no doubt that the treatment will receive a good deal of discredit from the unfortunate results obtained by men untrained in electro-physics and electro-photo-, or radio-therapy.

It may be that the best results in lupus will come from the employment of both these latter therapeutic measures in the case.

THE PREVENTION OF TYPHOID FEVER.

AN instructive study of the etiology of typhoid fever is furnished by A. Seibert, M.D., in the *New York Medical Journal.* He presents a series of charts which graphically shows the influence of filtered and unfiltered water upon the mortality of this disease. Especially noteworthy is the chart received from the health department of Berlin. From this we learn that from 1843 to 1853 one out of every 900 inhabitants died annually of typhoid fever. Since 1891, when a sand filter had been installed, and all the old wells banished, the death rate from this disease has dropped to one in every 50,000. Similar results from the installation of filters were obtained in Hamburg, Hanover and other German cities. In Chicago the rate dropped from one in every 450 to one in every 8,000, upon the removal of the suction pipes of the water-works in Lake Michigan to

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a greater distance from the main sewers. In New York, Brooklyn and Boston, where the water is unfiltered, the death rate averages one in every 7,000 to 8,000 inhabitants. Dr. Seibert gives the following results of his painstaking investigations: All rivers, brooks and lakes in the populated districts of the United States and Germany are permanently infected with the typhoid bacillus. The drinking water of cities and towns is the chief carrier of typhoid germs. All cities and towns which take their drinking water from rivers, creeks or lakes should cleanse it by sand filters at the water-works.

Physicians should warn their patients that the small, so-called filters which are screwed on to the faucets, are useless as a preventive of germ infection. Indeed, unless frequently cleaned, they are positively dangerous. Boiling the water is a sure preventive of typhoid, but it takes all the life and sparkle from the water and discourages its use as a beverage. A better way for those in the larger cities is to purchase one of the spring waters sold by a reputable company. This costs less than the price of one cigar a day, and practically banishes all danger of infection.

Milk, which is also a carrier of the typhoid bacillus, should be regularly inspected by the boards of health, and only bought from those companies which can show a clean certificate.

The solving of the sewage problem together with proper precautions in the furnishing of drinking water, should put an effectual end to the ravages of this dreaded disease.

PLAYING POLITICS.

IT IS with regret that we observe the prognosis advanced in these columns last month regarding the effect of the fatuous action of the Legislative Committee of the Homeopathic Medical Society of the State of New York, has been more than verified. When the President of the Society, appearing at Albany, makes a violent and declamatory appeal for a bill in behalf of the Regents, only to find that bill withdrawn and repudiated the next morning by its sponsors, he not only demonstrates his own ignorance of the situation, but

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what is more, he exposes the Society he misrepresents to ridicule. And when his political antics attract the oblique attention of the public press, it is quite possible that an early retirement to the soothing shades of Batavia, and a summer devoted to a careful study of the life history of the San José scale, might enable him to emerge in the late fall without any great detriment to the profession.

THE NORTH AMERICAN extends its condolences to the Society and Dr. LeSeur, and hopes that both of them will never do so again, especially the Society. The following interesting piece of history is from the Albany *Argus* of April 6, 1903:

"There are some humorous situations in this fierce fight between the two educational departments now going on in the Legislature. One of the incidents come from Batavia. The *Daily News* of that place of issue of April 2, prints this:

"Three weeks ago, at a special meeting of the Physicians' club, Dr. LeSeur offered a resolution approving of the Stevens educational unification bill now before the Legislature, which abolishes the Department of Public Instruction, and places the whole educational system in the hands of the Board of Regents. There was some opposition to the resolution, but it was adopted.

"Last night there was a meeting of the Physicians' club with Dr. Manchester, 12 members being present, and by a unanimous vote Dr. LeSeur's resolution was rescinded. It was the expression of the meeting that the adoption of the resolution was ill-advised, as the measure seemed to the doctors to be a purely political one, and the club wished to take no hand in politics. Those who gave their views regarding the bill, however, said that after examining it they did not consider it a desirable one, and that they were opposed to abolishing the Department of Public Instruction."

The resolution they adopted last reads as follows:

"Whereas, A resolution introduced by Dr. J. W. LeSeur, endorsing the scheme to abolish the State Department of Public Instruction and to transfer all the functions of said department to the Regents of the University, was adopted at a recent meeting of the Batavia Physicians' club; and,

"Whereas, Such meeting was a special one called for other purposes, and but few members being in attendance; and,

"Whereas, Said resolution was introduced without due notice and passed without proper discussion or understanding; and,

"Whereas, Such resolution involves personal and political interests irrelevant to the purposes for which said club is maintained; and,

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"Whereas, It is the sense of this club that the authority of the Regents should be curtailed rather than extended; therefore,

"Resolved, That the resolution endorsing the bill to extend the authority of the Regents and to abolish the State Department of Public Instruction be, and the same is, hereby rescinded."

To add to the humor of the thing, it is understood that Dr. LeSeur is a candidate for appointment by the Regents as one of their examiners, and he spoke here at one of the recent hearings for the Regents' side of the controversy. It is barely possible that he had the prospective appointment in mind when he pushed through the first resolution which was recinded."

Notes and Comments.

The Medical College Curriculum.—"President Schurman, of Cornell University Medical College has given to the New York Regents an ideal course in medicine for the average student," says *The Medical Visitor.* The University considers two classes of students. Those who have had the advantages of an academic or scientific education and those who come direct from the high school. To induce men to come well prepared the curriculum is arranged so that the final two years of the ordinary course can be anticipated, leaving the fourth year for dispensary and hospital work. Although 48 Regent counts are insisted upon before the pupil can begin work in any New York medical college, yet the essential branches of Physics, Biology and Inorganic Chemistry are seldom touched upon in preliminary schools. Accordingly it is arranged that those who enter with a knowledge of these subjects, are excused from them the first year and take the Organic and Physiological Chemistry, Bacteriology and Pharmacology of the second year regular work. In the second year these students are given Toxicology, Materia Medica, manikin obstetrical work and short practical courses in the dispensary. The Faculty believe a certain number of didactic lectures are necessary, yet out of 154 hours given to Materia Medica in the third year only 18 are devoted to didactic work, and in the fourth year out of the same number of hours only 10 are lectures. The other subjects are arranged with a like proportion of didactic and clinical instruction. It is of interest to the homeopathic profession to note that the schedule of instruction in the New York Homeopathic Medical College closely conforms to this ideal course. We find nothing in the Cornell curriculum which the students here do not obtain. An arrangement for devoting the final year largely to clinical instruction has been in force for a number of years. Materia Medica being the homeopathic physician's specialty, the course gives 128 hours of the third year exclusively to this branch, while if it be remembered that all the chairs of Practice include the study of drug therapy, we find that over 360 hours are devoted to homeopathic Materia Medica,

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in addition to over 100 hours of clinical instruction. The incipient Junior of the medical college to-day has received instruction equivalent to the graduate M.D. of twenty years ago. And the final two years may with propriety be reckoned as post-graduate work. Such is progress.

Russell P. Fay, M.D.—The sudden and unexpected death of Dr. Russell P. Fay, of Yonkers, N. Y., was a great shock to the community in which he lived. His sickness was of such short duration that it seemed impossible he had passed away. Dr. Fay was born in Burlington, N. Y., in 1864. He graduated from the New York Homeopathic Medical College and Hospital in 1887, and after a year's service at Ward's Island Hospital, went to Yonkers to practise his profession. His success was marked from the start; his patients increased rapidly in numbers, and he was held in high esteem by all who knew him. He threw his entire force and energy into his professional work, keeping ahead of the times, noting every advance in surgery and therapeutics, and giving his patient the best that was in him. Dr. Fay was of a sanguine temperament, not easily ruffled, and had a pleasant word and kindly smile for all. His high character, his sympathetic interest and his unquestioned ability made him the leading practitioner in his town. He was a member of the American Institute of Homeopathy, the New York State Homeopathic Medical Society, the New York Homeopathic County Society, and many other organizations and clubs. He was President of the Westchester County Homeopathic Medical Society and founded the Yonkers Homeopathic Maternity Hospital. His early death is a great loss to his friends and patients and the profession he so loyally represented.

Advertising and the Religious Press.—The announcement by the business manager of all the Methodist Episcopal papers in the United States that no advertisements of a medical nature will be accepted hereafter is a sign of good promise. Too many religious newspapers accept any medical advertising offered apparently regardless of its character. In defense they claim a divorce between the editorial and advertising pages, and while in one column we find the cause of purity of morals eloquently advocated, in another may be discovered intimations of the utility of "rubber goods" and the brazen statements of a shameless and open-faced quackery. A bill introduced in the New York Legislature provides that "no representation concerning either the merits or demerits of qualities of any patent medicine or medical preparation, distributed for public sale, shall be posted, published or circulated, unless the same shall previously be examined, approved and certified by the local board of health." It is not likely that this bill will become a law, but it shows a certain trend of opinion.

The Coroner's Bill.—The proceedings at the inquest on the recent murder in Buffalo do not seem to afford much support to those who are opposing the Elsberg bill at Albany. It is evident that investigation could have been much more effectively carried on before the Grand Jury than in a coroner's court. The privacy of the one which is at times of extreme importance is in striking contrast with

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the offensive and often mischievous publicity of the other. It is to be hoped that the Elsberg bill may be dragged out of the hands of the reluctant committee and forced to a successful issue.

Arkansaw Medical Boards.—At the recent session of the Arkansaw Legislature a bill passed both houses and was signed by the Governor providing for three boards of medical examiners. One is to be Homeopathic, one Eclectic and one Allopathic. Each board is to consist of seven members appointed so as to have one member from each congressional district. The appointments are made by the Governor from a list of names presented by the respective medical societies. It is provided the three boards shall act independently of each other. It is evident that there are in the State of Arkansaw some public-spirited homeopathic physicians who are not afraid to do something for the benefit of the school. New York should borrow a few!

Lorenz Antedated.—Mr. Thurland, a noted English bone-setter of the first quarter of the nineteenth century, effected the separation of adhesions situated round the head of the femur, as follows: The patient was first intoxicated and then placed on a bed, with his face downwards. The operator made the pelvis a fixed point by kneeling with one knee on the sacrum. He then passed his right arm under the femur, and making a lever of it, forcibly extended it backwards toward the ear till the adhesions gave way. In this manner, says the *Lancet* of February 5, 1825, he succeeded in nine cases out of fourteen which had baffled the regular practitioners. The other five he had too much prudence to attempt, as the joints were either under the immediate influence or effect of inflammation; or portions of bone had exfoliated from them, indicating that anchylosis had taken place.

Armed Cap-à-pie.—The days of the surgeon operating with his coat off and his sleeves rolled up are gone forever. First he was taught to wear an apron, then he had to don a complete suit; gloves were next drawn upon his hands; and then his head was surmounted by a turban or a skull cap. His face, beard and moustache being exposed, there is still chance of infecting the wound; and Wenzel (*Centralblatt fur Chirurgie*) completes the clothing process by offering the profession a gauze veil with a transverse slit just large enough to allow the eyes to peer through. The veil passes clear over the head, and the ends are held in place by buttoning the collar of the operating gown over them.

Resection of the Cervical Sympathetic.—Professor Jonnesco, of Bucharest, has performed over 130 bilateral cervical sympathectomies. About 100 of the patients were epileptics. There were fifteen cases of exophthalmic goitre, and all of them were completely cured or markedly improved. Twelve cases of glaucoma were much benefited.

A New Inguinal Bandage.—Dr. James Chambers Pryor of the U. S. Navy, describes in the Journal of the A. M. A. (Dec. 6), a simple bandage for confining dressings to the inguinal

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region. The advantages of the bandage may be summarized as follows: it is economical, is easily and quickly applied, cooler and less cumbersome than a spica, is a temporary substitute for a truss in hernia, an effective compress and especially adapted to emergency surgery. The bandage consists of a strip of two or three inch roller muslin bandage, two and a half yards long. The bandage encircles the waist, the middle of it touching the spine; one end is then carried entirely around the other, so that an X is formed having one of its component parts completely wrapped around the other. The ends are now carried around the thigh and fastened in a knot or by safety pin. The dressing or compress will lie under the intersection of the arms of the X, and can be fastened to the bandage by a safety pin.

Correspondence.

OUR PACIFIC COAST LETTER.

(From our Regular Correspondent.)

DEAR NORTH AMERICAN:

With the advent of balmy-aired spring and the consequent shedding of our winter coats (overcoats) it may seem that we in the Far West have suddenly awakened from a long period of hibernation into a life of activity, and like the verdant perennial spring poet, hasten to inflict ourselves upon the patient and overworked editor of the NORTH AMERICAN. Our absence from the correspondent's corner of the NORTH AMERICAN circle has, perhaps, been unnoticed, but although silent, we have by no means been dormant, for we are all striving to more firmly ground the principles of the Hahnemannian faith in this Golden State where the opposition of the predominant school is still most bitter. As a most potent factor in spreading the teachings of our school we look to our college in San Francisco and pray that the charge of egotism may not be laid at our doors if we call attention to the constant improvements, increased facilities and more comprehensive curriculum which is offered to those who desire to pursue a course in an institution where pure homeopathy forms the keystone of the curriculum arch.

The establishment of the chair of deontology is a most commendable move and a lead which a number of medical colleges could profitably follow, for in the majority of lecture courses this most important subject is not mentioned, or, if dwelt upon at all, is dealt with in a cursory manner. The constantly increasing list of matriculants augurs well for the rapid growth of the institution.

Perhaps it is noticeable to the readers of medical literature that the "calamity howlers" have grown strangely silent on the subject of bubonic plague in San Francisco since the published statement signed by Surgeon General Weyman that no cases of plague had been dis-

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covered in San Francisco since December. A barrister of San Francisco has publicly acknowledged the authorship of a number of most alarming articles regarding startling conditions existing in the "plague-stricken" (?) city of San Francisco, and grants that the greater part of the "scare" details were products of his fertile imagination conjured from his active brain for revenue only; for luridness in detail was in direct proportion to compensation.

The fight between the mayor of San Francisco and the remaining members of the now famous Bubonic Health Board is still waging with relentless fury and the feeling engendered by the factional fight is widespread, but the situation has developed into a political and legal tangle of no mean proportions, even involving the State Legislature, which is now considering a bill which will sustain the mayor of a municipality in removing public officials for cause and prohibits an injunction to restrain his action. It may be remembered that the present mayor, Hon. E. E. Schmitz, removed the Bubonic Board from office and appointed a new Board thirteen months ago. Dr. J. W. Ward was appointed to fill an unexpired term on the old Board and also appointed on the new Board. The old Board enjoined the new, which temporarily stopped matters. The mayor retaliated by instituting "Quo Warranto" proceedings in the name of the people of the State of California. This action was soon stopped by the Attorney General withdrawing his support. The mayor was then forced to wait until the expiration of another term on the Board of Health, which vacancy he filled with Dr. Stinson, a member of the Board which he previously appointed, and was enjoined. The mayor at this time appointed a new member of the Board of Public Works who is ex-officio member of the Board of Health. Thus, with Chief of Police Whittman, the mayor supposed that he controlled the situation with four votes out of a total of seven; but here he was downed by a combination formed by the remaining members of the Bubonic Board and the mayor's appointee on the Board of Public Works, whereby the latter was placed in nomination for President of the Health Board and elected by the combined votes of the Bubonic Board aided by his own. Not to be downed, the mayor filed papers with the present Attorney General, who has given him permission to the re-opening of "Quo Warranto" proceedings, while the legislature is laboring with a law framed as before stated, to support the mayor in his first move.

Verily, the tangle is most intricate and the battle has been fought the more bitterly because there was "handwriting on the wall" which augured well for the homeopaths who have never heretofore had any representation in municipal affairs; but it has served to demonstrate that homeopathy has strong friends, and a host of them who are taxpayers and have votes as well as influence.

Hence, the time has come to ask for recognition in the municipality at least for a grant of privileges such as is afforded by the city government of eastern cities where homeopathic hospitals are placed on an equal footing with those of our friends of the other school, and in the annual budget of disbursements receive their share from the city treasury.

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Book Reviews.

Dudley's Gynecology.—A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. New (3d) edition. Enlarged and thoroughly revised. 756 pages, with 474 engravings, of which 60 are in colors and 22 colored plates. Cloth, $5.00, net. Leather, $6.00, net. Half morocco, $6.50, net. Lea Brothers & Co., Philadelphia and New York.

That this is a work of merit is demonstrated by the early demand for a new edition. The present volume has been thoroughly revised in both text and illustrations, so that it is abreast of the latest advances in this branch of medicine. Many of the old chapters have been rearranged and condensed, making it possible to add about one hundred pages of new matter without enlarging the book to an inconvenient size.

The admirable arrangement of subject matter is retained. The differential diagnoses are arranged in parallel columns, making the book convenient for reference.

The illustrations which were obsolete have been replaced by new ones. Many operations are explained with original drawings which show the different steps as they take place.

The moderate price and the completeness of the work make it possible for all to own a practical encyclopedia of gynecology.

The American Year-Book of Medicine and Surgery for 1903. A yearly Digest of Scientific Progress and Authoritative Opinions in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D. In two volumes—Volume I, including General Medicine, Octavo, 700 pages, fully illustrated; Volume II, General Surgery, Octavo, 670 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Per volume: Cloth, $3.00 net; Half Morocco, $3.75 net.

We do not know of any similar publication, either American or foreign, that can compete in any way with this excellent Year-Book, published by W. B. Saunders & Company. It is not an indiscriminate collection of extracts clipped from any and every journal: the matter is carefully selected, edited, and in numerous cases commented upon by the eminent authorities whom Dr. Gould has enlisted as his assistants. Every new theory and scientific discovery worthy of the consideration of the profession has found a place in this unusually complete Year-Book. The work comes to us in the same dress as last year—in two volumes. Volume I contains *General Medicine,* and Volume II *General Surgery,* the volumes being sold separately if desired. As usual the illustrative feature is well taken care of, there being eleven full-page inserts, besides many excellent text-cuts.

Practical Diagnosis: The Use of Symptoms and Physical Signs in the Diagnosis of Disease. Fifth Edition, Revised and Enlarged. By

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Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; One-Time Clinical Professor of Diseases of Children in the University of Pennsylvania, etc. Philadelphia and New York: Lea Brothers & Co., 1902.

This book, by the well-known author of "Practical Therapeutics," needs no introduction to the profession. The fifth edition retains all the good features which characterized those previously issued. And the scope has been broadened to include also the reliable physical signs and clinical tests of a disease. As before, the text aims to facilitate the arrival at a correct diagnosis by giving the different symptoms, physical signs, etc., as they appear at the bedside, and describing under these headings the diseases in which these manifestations are characteristic.

The illustrations are a feature of this edition. They are mainly drawings and photogravures dealing with actual cases. The style of cloth binding is unusually attractive, making the book ornamental as well as useful.

A Text-Book of Diseases of the Eye. A Handbook of Ophthalmic Practice for Students and Practitioners. By G. E. De Schweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, etc. Fourth Edition, Revised, Enlarged, and Entirely Reset. Octavo volume of 773 pages, with 280 text-illustrations and 6 chromolithographic plates. W. B. Saunders & Co., New York. 1903. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

This book has attained its fourth edition, which is sufficient proof of its deserved popularity. Written in the hope that it would prove of service to both students and practitioners, it has more than fulfilled all expectations. The methods of examining the eyes, and the symptoms, diagnosis, and treatment of ocular diseases have received the largest share of attention. In this new edition the text has been thoroughly revised, and the entire work has been reset, and many new chapters have been added, such as Thomson's Lantern Test for Color-Blindness; Hysteric Alopecia of the Eyelids; Metostatic Gonorrheal Conjunctivitis. A large number of therapeutic agents comparatively recently introduced, particularly the newer silver salts, are given in connection with the diseases in which they are indicated. The illustrative feature of the work has been greatly enhanced in value by the addition of many new cuts and six full-page chromolithographic plates.

A Text-Book of Anatomy. By American Authors. Edited by Frederic Henry Gerrish, M.D., Professor of Anatomy in the Medical School of Maine, Bowdoin College. Second Edition, thoroughly revised and enlarged. In one imperial octavo volume of 943 pages, with 1003 engravings in black and colors. Cloth, $6.50, net. Leather, $7.50, net. Flexible water-proof binding, for use on the dissecting table, $7.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The success of Gerrish's Anatomy has not been won by chance. It is the most richly illustrated single-volume work extant, both in the number of its engravings and in the use of colors; the names of the parts are printed directly upon the engravings so that their

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position, extent and relations are manifest at a glance; its text is so clear that the most complex subjects on anatomy are made plain, and the price of the volume is so low as to bring it within the reach of all.

Two years have been sufficient to exhaust the very large first edition of this work.

Every word and every picture in the new edition has been carefully studied by authors and editor with a view to possible improvement, and such changes have been made as are rendered necessary by the progress of anatomical science. Instead of the schematic device previously employed for showing the relations of the arteries, a series of horizontal sections at different levels has been prepared, the names of the parts being printed directly upon them wherever feasible. In a word, to quote from a review, "Gerrish's Anatomy is the easiest book to teach from, as well as the easiest from which to learn," and we may fairly add, it is pre-eminently the anatomy for the surgeon or physician.

A Pocket Text-Book of Dermatology. By Joseph Grindon, M.D., Professor of Clinical Dermatology and Syphilis in the Medical Department of Washington University, St. Louis. In one 12mo volume of 367 pages, with 39 illustrations, in black and colors. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M.D. Cloth, $2.00, net; Limp Leather, $2.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This work gives a compact account of its subject, embodying the most recent developments.

While the book is intended for and particularly adapted to the use of students, it will be found sufficiently comprehensive, especially in matters of pathology and treatment, to be of great value to the physician who desires to refresh his memory or to post himself on the most recent knowledge.

Dr. Grindon's eminent fitness for the production of a work of great practical value will not be questioned; he has given freely from his clinical experience, and his many years of teaching have enabled him to furnish a help to both teacher and student which tends directly to minimum time and toil with maximum results.

Reynolds & Newell's Practical Midwifery. A Manual of Obstetrics for Students and Physicians, by Edward Reynolds, M.D., Assistant in Obstetrics, etc., and Franklin S. Newell, M.D., Assistant in Obstetrics and Gynecology in Harvard University Medical School, Boston. In one octavo volume of 531 pages, with 253 engravings, and 3 full-page colored plates. Cloth, $3.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1902.

This volume undertakes to render the details of obstetric practice readily available for students and accoucheurs. It covers succinctly the directions which are necessary to the management of every case of gestation, labor and convalescence therefrom, supplying a single clear line of treatment and avoiding the presentation of a mass of material, obsolete or modern, which serves rather to confuse than enlighten. It is therefore intentionally dogmatic in construction and avoids extended discussions. The portion devoted to obstetric sur-

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gery and its indications is particularly full and clear, and will command attention.

In its new edition, this work has been practically rewritten, and has been considerably enlarged both as to text and illustrations.

Uropoietic Diseases. By Bukk G. Carleton, M.D., Author of Genito-Urinary and Venereal Diseases, etc., etc. Third Edition. Illustrated, with 33 Photomicrographs and 7 Lucotype figures. New York: Boericke & Runyon. 1902. $3.50, pp. 422.

The unexpected demand for another edition of Dr. Bukk G. Carleton's book on Uropoietic Diseases is only another evidence of the popularity of the book. The author's recent experience together with the late published opinions of others on the subject are embodied in the new edition. This together with a revision of the index makes it a ready and thoroughly up-to-date reference book on diseases of the bladder and kidneys for the busy physician and others interested in that subject.

ANNOUNCEMENT.

W. B. Saunders & Company announce the following new books and new editions:

NEW BOOKS.

"The Vermiform Appendix and Its Diseases." By Howard A. Kelly, M.D., Professor of Gynecology, Johns Hopkins University, Baltimore, and E. Hurdon, M.D., Assistant in Gynecology, Johns Hopkins University, Baltimore.

"Myomata of the Uterus." By Howard A. Kelly, M.D., Professor of Gynecology, Johns Hopkins University, Baltimore.

"A Text-Book of Legal Medicine and Toxicology." Edited by Frederick Peterson, M.D., Chief of Clinic, Department of Neurology, College of Physicians and Surgeons of New York city, and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy, and Toxicology, Rush Medical College, in affiliation with the University of Chicago.

"A Text-Book of Operative Surgery." By Warren Stone Bickham, M.D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York city.

"The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis." By William Allen Pusey, M.D., Professor of Dermatology, College of Physicians and Surgeons, Chicago, and Eugene W. Caldwell, B.S., Director of the Edward N. Gibbs Memorial X-ray Laboratory, and University and Bellevue Hospital Medical College, New York city.

"Tuberculosis." By Norman Bridge, M.D., of Los Angeles, Emeritus Professor of Medicine, Rush Medical College, in affiliation with the University of Chicago.

"A Text-Book of Obstetrics." By J. Clarence Webster, M.D., F.R.C.P. (Edin.), Professor of Obstetrics and Gynecology, Rush Medical College, in affiliation with the University of Chicago.

"A Text-Book of Diseases of Women." By Barton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania, Gynecologist to the Howard, the Orthopedic, and the Philadelphia Hospitals.

"A Text-Book of Pathology." By Joseph McFarland, M.D., Professor of Pathology and Bacteriology, Medico-Chirurgical College, Philadelphia.

"The Blood in Its Clinical and Pathologic Relations." By Alfred Stengel, M.D., Professor of Clinical Medicine, University of Pennsyl-

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vania, and C. Y. White, Jr., M.D., Instructor in Clinical Medicine, University of Pennsylvania.

"A Thesaurus of Medical Words and Phrases." By Wilfred M. Barton, M.D., Assistant to Professor of Materia Medica and Therapeutics and Lecturer on Pharmacy, Georgetown University, Washington, D.C., and Walter A. Wells, M.D., Demonstrator of Laryngology and Rhinology, Georgetown University, Washington, D.C.

NEW EDITIONS.

"Medical Jurisprudence and Toxicology." By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence, Jefferson Medical College, Philadelphia, Member of the College of Physicians and Surgeons, Philadelphia, etc.

"A Text-Book of Modern Therapeutics." By A. A. Stevens, M.D., Lecturer on Physical Diagnosis, University of Pennsylvania, Professor of Pathology, Woman's Medical College, Philadelphia.

"Practical Points in Nursing" for Nurses in Private Practice. By the late Emily A. M. Stoney, Supt. of the Training School for Nurses. Carney Hospital, South Boston, Mass.

"The Care of the Baby." By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children, University of Pennsylvania; Physician to the Children's Hospital, Philadelphia, etc.

Materia Medica.

CONDUCTED BY

J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M.D.

SPECIFIC MEDICATION.

BY J. B. GREGG CUSTIS, M.D.,
Washington, D. C.

The old simile of "the storm, the ship and the captain," which I used on a former occasion, again occurs to me as an appropriate introduction to the few following remarks: The majority of diseases in their stages of incubation, their development and their results show great similarity to the course of the elements in producing a storm. This similarity is seen in the progress of the storm and in its results, especially in the clearing of the atmosphere which overlooks both the landscape and the sea—the one appearing refreshed by the cleansing power of the elements, or laid waste because of the insufficiency of man's work to withstand the forces represented in the disturbance; the other, calm, and showing no evidence of its latent forces, though it is frequently covered with wreckage. The human body in the storm of life is the ship. It may be a scuttled hulk, a gaily-painted and decorated craft, good only for show, or, by virtue of heredity and care in regard to the laws of nature, a staunch, reliable vessel in which we can trust with confidence our greatest hopes. The physician represents the captain upon whose skill and knowledge depends the safety of even the staunch-

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est vessel. The safe courses for navigation and their possibilities have always existed. The only indispensable instrument being the compass, knowledge of the principles of which were known long before the Christian Era, but which was never known practically until the last half of the twelfth century. The needle of the compass often varies in its movements. It is subject to the influences of the location in which the ship happens to be; is affected by the material of which the ship is constructed; changes as the cargo in the hold shifts; but the magnetic meridian which it marks is unchangeable. Without the compass the mariner is almost hopeless. Its value also increases in proportion as the knowledge of the surrounding conditions and influences on the part of the captain increases. His skill is shown in the rapid reading of changes occurring and his ability to keep his vessel in the course which will lead it to the safe harbor. With man as a ship, the vicissitudes of life representing a storm, with euthanasia as the happy consummation of the voyage of life, the simile is complete. With the substitution of the law "Similia Similibus Curentur" for the compass which should guide the physician-captain, the application is obvious. The rocks which impede the acquirement of active knowledge by the physician are many. To one of these, nihilism, I called your attention on a previous occasion. Others have given their attention to serum therapy, mental therapy, chalybeate therapy and electrical therapeutics.

The rock to which I wish to call your special attention is specific medication. True, all these rocks point to possible harbors, but the time to investigate them is during health and fair weather, not when a storm, no matter how mild, is raging.

The proper definition of the term specific would, perhaps, be misleading in connection with disease. Its definition when applied to diseases depends upon the existence of a constant cause. When appied to remedial agents it should be one that will always remove the effects of a recognized disease.

Disease is any departure from, failure in, or perversion of normal physical action in the material constitution, or in the functional integrity of a living organism. How many specific diseases can we have under this definition unless we demand that specificity shall depend upon the identification of the cause? If this be claimed, I ask again, how many specific diseases have we? And still we are confronted by those who laud specific medication as the highest expression of scientific medicine as seen in the twentieth century. I am not unaware that most of the advocates claim that the remedy, in order to be specific, must only meet *"almost all"* of the cases of the diseases treated. But this is not fair when the advocates of their use demand that their remedies should be tested in order to remove personal responsibility from those under whose charge patients happen to fall.

Pshaw! There is no reason why in dealing with specific medication we should speak in honeyed phrases or with mincing words we should cover crimination and recrimination with polite language. The advocates of such medication connected with the

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school which we represent are, to-day, among the most outspoken, intolerant and dogmatic of the practitioners of medicine.

We have heard on the floor of organizations that he who will not use antitoxine in every case of diphtheria is criminally negligent. As an example this is sufficient. It happens to be the only direct charge that has come to the writer's ears, but the advocates in their writings strongly hint that failure to use the proposed remedies betrays an ignorance and narrowmindedness possessed only by those who are too credulous concerning the testimony of the teachers or leaders in homeopathy, and strongly intimate that he who does not use colchinine in gout is responsible for the gold-headed cane that is necessary to the sufferer, while he who will not administer carbolic acid when the diagnosis of scarlet fever is made will be responsible for one-third of the patients which in the end will fill the asylums for the deaf mutes, to say nothing of the failure of those who will not use carbonate of creosote and salicylate of sodium being personally responsible for that part of the list of vital statistics which record deaths from pneumonia.

It is possible that much of the trouble arises from difference in definition, but, be that as it may, many of the weaker men and women are deceived and made to waste time for both patients and themselves by the representation of those who are always seeking for short cuts and new methods.

Therapy has its foundation in speculative philosophy. The only possible way to make it scientific is through Hahnemann's method of drug proving upon the healthy, the provings being carried to the point of physiological action, and the result tested by scientific methods.

A remedy can be styled specific only when it shows an affinity for some particular part of the organism, or for the organism itself under certain conditions. Quinine is not specific for intermittent fever, but only for the common fever that always has uniform symptoms, and affects the human body in a certain definite way. It is specific for that kind of intermittent fever, and no other. We have all seen many cases when it was useless, or when it physiologically suppressed the disease and the fever returned, or sequela ensued. Quinine is specific only in quinine fever, and then it is homeopathic, as it is to the anemia and edema which we so frequently find.

Specific medication is dependent upon a full knowledge of the reciprocal relation between the drug and the organism, the varying effects of different quantities used; or, in other words, the full history with all the sequences of the symptoms produced by the drug in healthy people. There must also be possessed a full knowledge of the cause of the disease in question, not merely its pathology, or its etiology. When the so-called specific gives the result expected the prescription has been homeopathic. If this be true as the result of experience and familiarity with the use of properly investigated drugs, where is the excuse for becoming empirical in either method or manner? If our friends claim that

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the lauded specific need only cure *"almost all"* cases, then homeopathy has given the profession scores of specifics which were never thought of until after the provings were made. Gelseminum among some is called a specific for rhinitis; zinc, for pterygium; capsicum, for mastoid disease; pareira brava, for renal colic. I could mention others that are founded on the old provings of the masters, and were recognized by them while engaged in the self-sacrificing work of drug-proving.

I have no doubt that the question occurs to some as to why I have written this paper. The answer is, first, to enter a plea for the study of drugs after the manner taught by the school of homeopathy which has a law for its guide, rather than to follow empirically the dictum of the German student, believing that such study will furnish more specifics meeting the requirements stated above than will ever be found simply by the experiments of the chemists.

While I do not claim that homeopathy is a completed science, I do not admit the limitations as stated by the sceptics or its critics. The only limitation is that which is placed upon man which makes it impossible for him to have complete control of "life phenomena." We cannot put the divine spark of life into anything, nor can we cause it to return when it is extinguished. We recognize these limitations, and also the futility of human effort to pass beyond them. From those who possess this knowledge and acknowledge these limitations we have heard no complaints of failure if they practice according to the law, and study the Materia Medica according to the necessities for its successful application. The complaints come alone from the sceptics, and they are the ones who would destroy the faith that we have in the benefits to be derived from the study of drugs after Hahnemann's methods. What they offer in place is empirical and unscientific, and they offer them without satisfactory tests or provings.

We must not confound the physiological action of drugs with their therapeutic properties. The two may act in harmony, and the physiological action may be used to explain the rationale of the cure effected. It is seldom to be relied upon as an indication for a homeopathic prescription, and, when used, should be used intelligently and only for physiological reasons. The reason that phosphorus so frequently relieves nephritis is because of its pathogenic effect on the kidneys, and not because of its physiological action, and we must not confound them. The suprarenal capsule does stop hemorrhage by its physiological action, by the contraction of the blood vessels, and not by any therapeutic property. If further investigation proves that it does cause diabetes, which is not the exaggeration of a function, but always represents its impairment, then any relief would be by virtue of its homeopathicity.

Ipecac causes vomiting by interference with the proper functions of the stomach, not by virtue of its physiological action. Digitalis does stimulate the heart physiologically.

Prescribing on a physiological basis is legitimate and valu-

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able, but is delusive when it removes symptoms and signs without affecting the cause.

I would not have any one here make light of the discoveries of any collateral branch of medicine, and I would not advise the closing of the ears to the reports of any well authenicated remedy, because they all have an element of value, and will often call our attention to new drugs which may become especially useful upon investigation, but I do ask that investigation be carried on after our own methods, and the results be judged in accordance with our own law.

Again: The value of physiological prescriptions depends entirely upon the proper relation of quantity to the effect desired. No task can be more hopeless than that imposed by this, as the quantity of disease-producing poison bears no relation whatever to the effects produced, and, if the results are to be met physiologically, there must be some relation to the quantity of poison, number of germs and amount of remedy used. Consequently, to apply specific methods intelligently, and to obtain the best results, will require much study, more work, and give experience of less value than could be obtained in the same time by the study of the homeopathic materia medica. If those who hold their positions before the public, in the profession, and in charitable institutions by virtue of their connection with the school of homeopathy, would spend as much time and bestow as much diligence in proving drugs, and when making the proving use the opportunities which science offers to-day as they do in experimenting with remedies recommended by pharmaceutical firms, the fields of therapeutics would blossom out before them in a way they never dreamed of.

The conscientious application of the law of similars requires study of all the methods of clinical investigation taught in the colleges, and does not nurture credulity to the degree shown in those who use all of the uncertain productions of the laboratory, whether recommended on a clinical or a physiological basis.

There is a cry for statistics, and an effort is made to keep homeopathy on trial; but, inasmuch as it has existed a hundred years, its period of probation has passed. Still, it is desirable that its resources should be increased, and also that, by reason of the new light which modern science gives, we should be able to explain the wonderful results which follow the administration of remedies in accordance with its law and its rules. Statistics are valuable, and many have been obtained. I have a number in my possession, but there is only one source from which new ones can be obtained, and that is from our institutions, public and private.

And now I give my other reason for accepting your invitation to appear before you to-night. It is that I might have the opportunity to protest against the use of the wards of our hospitals and the laboratories of our educational institutions for experimenting with methods of therapeutics other than those represented to be characteristic of our school, and also to protest

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against the use of remedies in such institutions which have not been proven in accordance with the methods of Hahnemann, or whose clinical effects cannot be explained by the law of similia. When these remedies are used as medicinal agents, or as specific remedies without regard to their physiological action, or any knowledge of their pathogenetic power, I fail to find any justification for their use excepting in such patients as have, after the consultation provided by the rules of the institution, been pronounced incurable. I find no fault with any physician who throws aside books and the recommendations of others when he is confronted by a case which offers no hope when viewed in the light of available experience. But personal experience leads me to believe that the best results will be obtained when, after throwing aside books on practice, and dismissing from his mind the diagnosis and evident prognosis, he prescribes for the patient the remedy indicated regardless of its source or previous clinical application.

I thus speak because as appropriations and donations are obtained by reason of the distinctive title assumed, and patients are asked for and received that they may obtain the results of homeopathic treatment, and reports of institutions are read as representing the work of the school, it is only fair that the work in such institutions should be an honest and conscientious application of all that is peculiar to the school represented. This is especially true if statistics of value are to be obtained. As far as I know no statistics have been given out for years, and the reason is apparent to you all. The last were published by the Homeopathic Life Insurance Company. As you all remember, they were interesting and instructive. They were also very gratifying to the most ardent followers of Hahnemann. They showed the great advantage of the homeopathic method in general hospitals, lying-in-hospitals, military barracks, asylums and prisons. That diseases were more frequently cured, less time was lost by reason of sickness, and the expense for medical treatment in institutions under the care of homeopathists was greatly lessened. I have no doubt that they could all be duplicated to-day, and I hope that such a demand will be made for them that will force at least a division of the patients treated in our hospitals into those who are treated under the law and by the single remedy, from those who are subjected to the empirical practice so common, or treated with remedies used only for the purpose of experimenting with remedies recommended by those who are hunting for specifics. If this is done there is hope that we may reach a rational basis for specifics because, through the possibilities of modern science, we may be able to recognize conditions as belonging to particular remedies, and to that extent eliminate the personal equations in the making of prescriptions. But so long as those who practice and advocate specific medication, blind themselves by their scientific study of the results of disease, seemingly unmindful that the main reason for the existence of physicians is that maladies may be cured, there is little hope for improvement as a school.

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Clinical Medicine.

CONDUCTED BY
JOHN L. MOFFAT, M.D., AND JOHN B. GARRISON, M.D.

Try iodide of mercury for chronic poisoning by iodide of potassium.

Chloral hydrate for local application must not be too strong. A young woman rubbed her face (for acne) thoroughly with a saturated solution and caused intense burning and redness which persisted for two or three days.

Hives, or rather a rash like it, has been caused by chloral hydrate; one drachm every two hours of a solution 8 grains to the ounce has cured hives.

Small doses of chloral hydrate have cured hiccough.

For opacities of the vitreus try pilocarpin.

For neuroretinitis think of strychnine phos.

Fibroma uteri that has existed for some time is apt to be complicated in lean subjects with dilatation of the heart; if the person is inclined to be fleshy we are apt to find fatty degeneration of the heart.

Bromides as sedatives are contraindicated in anemic persons.

The opium habit is a chronic neurosis. Its cure should be by gradual reduction, and "when the physician detects a two-marked nervousness, neuralgia or gastro-intestinal disturbances attendant upon a too rapid reduction he must stop the reduction and permit the patient to become accustomed to the lessened amount. As the quantity becomes less the reduction should be more gradual." (**A. J. Givens.**)

It is just in the severe surgical cases that homeopathy is applicable and demonstrates its value.

The homeopathic surgeon is the surgeon who gives medicines in accordance with the law of similars.

Give lachesis for septic wounds or carbuncles, boils or abscesses which burn, are purplish and sensitive. It is especially good in traumatic gangrene.

Symptoms, says Dr. Geo. Royal, may be classed as common and uncommon. They should be studied according to (1) the tissues involved (microscopic and gross anatomy, and function); (2) the sensations and (3) their modalities.

Numerical totality is not the real totality of symptoms in more than three-tenths of the cases.

Sensations are the most important essentials to the prescription, but we are apt to spend too much time, relatively, upon the uncommon, peculiar undeterminable symptoms separate from the determinable or common ones; the latter should be the background of our study of the former.

Common symptoms or sensations are *determinable* results of applying a known stimulus to tissue.

Uncommon symptoms are the unexplainable peculiar ones. Why are the symptoms of *lachesis* aggravated by cold drinks, but those of lycopodium aggravated by hot drinks?

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Medical Progress.

CONDUCTED BY
J. T. O'Connor, M.D., Ph.D., AND Walter Sands Mills, M.D.

Smallpox in the Fetus.—Dr. W. H. Smith (*Medical Auna*) reports a case of smallpox in the fetus. On April 4, 1892, he vaccinated a pregnant woman who was helping to care for what proved to be a case of smallpox. On May 13 her child was born. It was covered with pits and crusts in various stages of exfoliation. Many of the pits were as large as the end of a lead pencil, some of the crusts were as large as a nickel. The child lived but a short time after birth.

The Treatment of Typhoid Fever.—Dr. Hale White, physician to Guy's Hospital, London (The *Clinical Journal*) believes milk to be the best food for typhoid patients. In private practice various things may be added to the milk, for example, babies' foods.

On the use of alcohol in typhoid, Dr. White says: "If the patient is in danger of losing his life, do not attempt to stimulate the health with alcohol, because you have to wait 12 hours before you can know whether you are doing any good; give other drugs. If the patient is not so bad as that you may give alcohol, and you may or may not slow the pulse rate." If the pulse rate slows down after using alcohol, your patient is benefited; if not, the patient is not benefited, and the alcohol should be stopped. Bathing should be done in selected cases. White has his patients sponged when the temperature reaches 103°. If that does not do, he tubs them in water at 70°. They are kept in the bath till the temperature drops to 100°.

Reflexes from Uterine and Ovarian Disease.– Dr. Honan, surgeon to the Metropolitan and Hahnemann Hospitals, of New York, in a paper before the New Jersey Homeopathic Medical Society (*Homeopathic Journal of Obstetrics*) cites a number of cases of reflex symptoms cured by operation on the female genital system. Case I, 42, married, had borne two children, and had had several miscarriages. She developed maniacal paroxysms followed by epileptiform seizures. Removal of a cirrhotic ovary and ventro-fixation cured her. She has been well 8 years. Case II, 25, married, suffered from hystero-epilepsy. Double ovariotomy cured her. She has been well seven years. Case III, 31, was left with lacerated cervix and perineum, and retroversion. She was paralyzed below the waist after confinement. Ventro-suspension cured her. Case IV, sciatica, great agony during and after menstruation. Single ovariotomy gave little or no relief. Several years of treatment, all kinds, failed to help. Finally, removal of uterus and remaining ovary cured the patient.

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Dr. Honan warns against indiscriminate operating for severe symptoms. Each case must be thoroughly studied out by itself, then operation will often be followed by marvelous results.

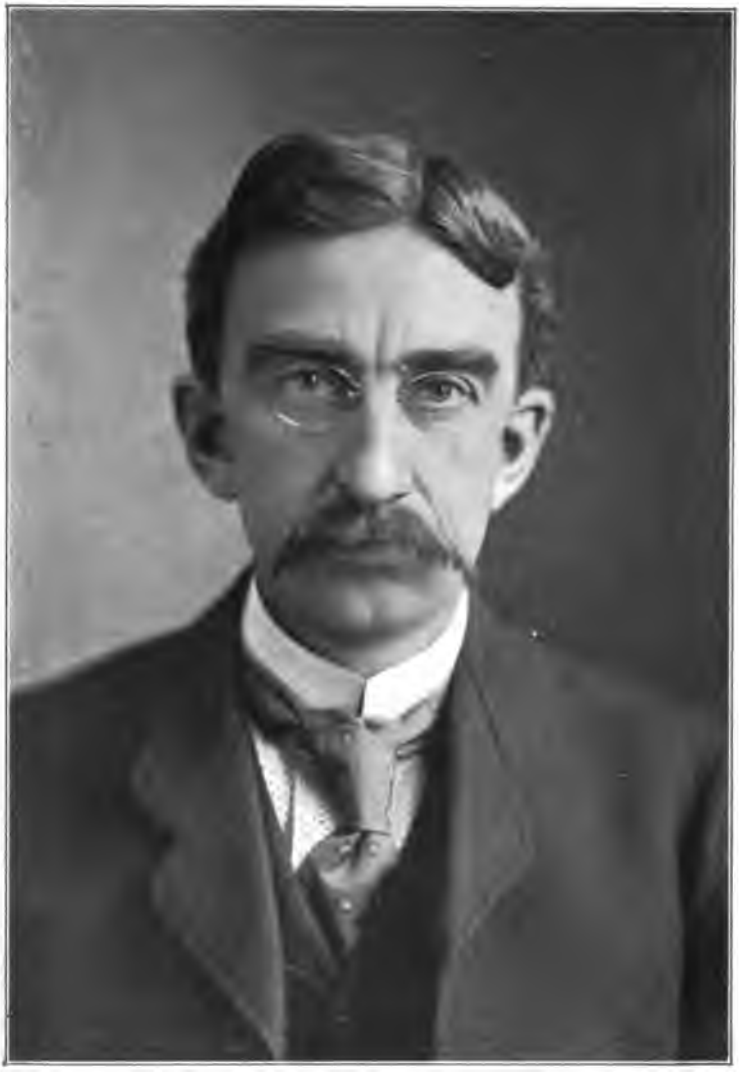
Tetanus—A Case.—L. Dimock Saunders reports a case of tetanus in the *Lancet* of March 7. The patient, a man of thirty-eight, was injured about the knee on February 2, 1903. He did well until the 13th when tetanus set in. Tetanus antitoxin from the London Pasteur Institute was injected in the lumbar region that night. Altogether 30 cubic centimeters were used, 10 at a dose, at intervals of 12 hours. Chloral hydrate to quiet the patient was also given. The patient died on the 15th. In conclusion Saunders says, "(1) The antitoxin apparently had no effect whatever on the course of the disease. (2) No premonitory symptoms were complained of before the onset of the disease on the eleventh day after the accident. (3) Although the pulse gradually increased in frequency the temperature was normal and it only rose to 101.8° F. just before death. (4) The opisthotonos spasms were comparatively slight and unaccompanied by pain and were only noticed a few hours before death. (5) The end came quietly and painlessly and apparently was due to sudden heart failure. The patient was quite conscious to the end and was able to swallow his nourishment without much difficulty. At the time of the accident patient was in good health and had no history of previous illness.

Return of Melano-Sarcoma After Seven Years.—At a recent meeting of the Chiron Club, Dr. G. De Wayne Hallett told of a case of melano-carcoma of the eye in which he removed the eye seven years ago. The second eye was not affected. Recently—within four months—the patient has developed multiple tumors throughout the abdomen, and also in the skin of the abdomen and chest. These tumors are of the same character as that removed from the orbit seven years ago.

Intestinal Obstruction.—Dr. J. B. Harvie, of Troy, has an article with this title in the *New York Medical Journal* of April 11. He believes herniæ to be one of the most frequent causes of obstruction, and that it is frequently overlooked. One case that the writer was preparing to operate felt something move in the abdomen while she was being got ready for transfer to a hospital. In a short time she passed an immense gall-stone which evidently had caused the occlusion. Two other cases that Harvie reports proved to be carcinomata. He also says that post-operative adhesions and growths present premonitory evidences of impending obstruction. This is not always so. A case operated for the editor by Dr. E. G. Tuttle had presented no intestinal symptoms whatsoever. The general health had suffered and the tumor was found on physical examination. At the operation a melanotic carcinoma at the junction of the small and large intestines was found, the lumen at the site of the tumor being so small that an ordinary lead pencil could not be passed through it.

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JOSEPH P. COBB, M.D.,
President American Institute of Homeopathy.

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North American Journal of Homœopathy.

Original Articles in Medicine.

THERAPEUTICS OF HEART AFFECTIONS.*

By George Royal, M.D.,

Des Moines, Iowa;

Dean and Professor of Materia Medica in Iowa University Homeopathic Department.

YOUR Professor of Theory and Practice has very clearly taught you by lectures, both didactic and clinical, the etiology, symptomatology, diagnosis and prognosis of the different affections of the heart. From what I have seen and heard, as I have attended your clinics and observed the result of his teaching, I feel you have mastered the first part of one of the most difficult subjects we have to teach. As I come before you to-day to present the therapeutics of the same subject I want to repeat at the outset what I have so often told you, viz.: *get clearly in mind what you want to do.*

Your knowledge of the diagnosis and prognosis of these affections must make evident the following facts:

First, that you must sometimes give something to assist a weak heart in doing its normal amount of work.

Second, that you must give something to keep the heart going until some acute affection like pneumonia or typhoid fever has run its course. At another time you will want to give something to prevent sudden death during an exacerbation or complication of some chronic curable or incurable heart disease, and, finally, you will give a remedy with the expectation of effecting a complete and permanent cure. To put it in other words, you will want:

First, to sustain a weak heart while it is performing its usual labor.

*Written expressly for the North American.

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Second, to sustain a weak heart while it is obliged to perform extra or unusual labor.

Third, to energize a heart which has suddenly weakened or failed to perform its usual or unusual amount of labor.

Fourth, to arrest the progress of disease of the heart.

Fifth, to cure any disease of the heart.

As heart affections were divided into two general classes, functional and organic, so their treatment should be divided into two general divisions, palliative and curative, using the two words in the sense I have so often defined. When, after carefully examining the patient, you decide the case to be curable the treatment should be strictly in line with our law-similia. Should you decide the case to be incurable and the treatment palliative, your case may or may not be in line with our law. In my own experience in only about three cases out of five *has* our law been followed. I will not say *should have been* followed. I want you to get a clear conception of the aim and scope of these two metheds of treatment in order to prevent you from making unnecessary and often injurious changes of remedies which I have so often observed made in these cases. Under the palliative treatment changes are often necessary. Under the curative treatment changes are rarely necessary. Because my time is limited I shall use many pathological and physiological terms, asking you, as you have so recently studied the subject, to substitute for each term its proper group of symptoms. I shall take the remedies as they come to mind rather than classify them, as many of them may be used to secure any of the five objects stated above.

DIGITALIS.

The most frequently used as well as abused drug for heart affections is digitalis. Let me therefore get its picture clearly fixed in your mind. The cardiac muscle is completely relaxed. There is distention and dilatation, the result of a want of compensation. The beat is *intermittent,* not only that, but it is irregularly *intermittent;* it may be slow and *intermittent,* or rapid and *intermittent.* The veins are full, the arteries partially empty. The urine is scanty and you have edema of the lower extremity. There is dyspnoea and some anxiety. It may be used for any of the five objects mentioned. Now, a word as to the preparation to be used. If you simply want to affect the heart and do not care for its diuretic properties, give a drop of the tincture or five drops of the 1X made from the same every two hours. But if you want the diuretic effect of the drug, give teaspoonful doses of a freshly prepared infusion every four hours.

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Student—Professor, how do you make an infusion? And what is the difference between an infusion and a decoction?

Answer—You know the active principal of digitalis is obtained from the leaves. To make an infusion, take of the powdered leaves one drachm and add to it one-half pint of boiling water; let it stand till cool and to this add a teaspoonful of tincture of cinnamon. Infusion means the obtaining of the active principal by adding water; it may be either hot or cold. Decoction means to boil down in water.

CONVALLARIA.

A good second to digitalis is convallaria. The right heart is the one most affected. You have valvular stenosis. The ventricles are over-distended. Dilatation is imminent if not already begun and there is absence of compensation. As a result you have pulmonary congestion. The dyspnoea is marked; *the patient is irritable, nervous, even to hysteria.* The heart's action is feeble; the pulse soft and irregular; there is palpitation; the urine is scanty or suppressed; there is edema; the patient cannot lie down. Ten drop doses of the 1X every half-hour until there is some relief, then every two hours.

AGARCIN.

Agarcin, though not extensively proven, has been used very successfully by prominent men of our school as a cardiac stimulant. Should you have the symptoms which I have given you as indicating digitalis and that remedy fails, give agarcin, 2 grains of the 1X every two hours. Or should you have dilatation of the right heart or emphysema or congestion of the lungs due to mitral insufficiency and accompanied by profuse sweating, or in cases of threatening paralysis due to pneumonia, or typhoid fever, give agaracin for the above symptoms in lieu of either digitalis or strychnia.

SULPHATE OF SPARTEINE.

This remedy I find most useful for *functional troubles.* It has been of little help to me in cases where there is any organic lesion. It is more frequently indicated for women than for men. Take those cases of what may be called hysteria, when the patient complains of sudden sharp pain about the heart; *when the pulse becomes small and feeble and the patient becomes unconscious or feigns unconsciousness.* These cases seem alarming to the friends who demanded immediate relief. In some of these cases you have *marked insomnia due to disturbed circulation.*

Professor William Boericke says: "In cases of albuminuria where digitalis fails or is contraindicated."

Professor Cowperthwaite says: "Is especially useful in cases

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complicated with nephritis and where dropsy is an important feature."

I have not confirmed either of these statements, but, on the other hand, have confirmed the statement of my friend, J. P. Rand, who says: "It has a pleasant effect upon the circulation and I have observed a slight hypnotic effect upon the nervous system."

Also the statement of Professor Cowperthwaite when he says: "In those cases of nervous origin often hysterical when the general conditions simulate cardiac failure."

Dr. Rand administers it in bread in one-tenth of a grain dose. I have used it in the 1X, giving two tablets or two grains every two, four or six hours according to the urgency of the case.

CACTUS.

I told you that if you were giving remedies for the purpose of palliation you might or might not be in line with our law. Let me warn you never to give cactus even as a heart stimulant unless the symptoms developed in the provings are present. The condition calling for cactus are the opposite of those calling for sparteine; *i.e.*, it is useful for organic affections rather than functional. I have found, in two well marked cases at least, that it was useful when the symptoms calling for it had been produced by over dosing a heart already affected. Patient on whom I was operating behaved badly under the anesthetic and was given strychnia and whisky hypodermically. Frequently as she was recovering from the anesthetic she complained of constriction of the chest; that she could not get her breath; that the left side was *being squeezed too hard.* Shortly after I had left the hospital she "fainted" and the house surgeon—an old school physician—gave her a second dose of strychnia and whisky. Soon after, the third dose was given so that in all she had had one-eighth of a grain of strychnia besides the whisky. When I arrived the house surgeon told me it was "too late." The nurse, however, told me she was till alive and repeated the symptoms which I have related above. The only cactus I had in my case was the 3X. Of this I injected one dose of five drops in hot water, and every ten minutes thereafter put three drops upon her tongue. The result was a complete restoration to her former condition. This was two years ago and she has remained the same ever since. In all cases requiring cactus I have found that characteristic "symptom *constriction as by an iron band,*" among such symptoms as cold sweat, *violent palpitation, attacks of suffocation* and inability to lie down.

STRYCHNIA.

Strychnia comes nearer being a pure and simple heart stimulant

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than any drug we have. When paralysis threatens, especially in pneumonia, typhoid fever or in the later stages of dilatation and you have dyspnea, *blueness of the finger-tips and lips, sour eructations,* constipation and other symptoms of disturbed digestion give strychnia $^1/_{64}$ of a grain by hypodermic. The remedy is too frequently and too often injudiciously used. I believe it has done more harm than good. I never use it except upon the above indication which is not often.

CAFFEINE.

Caffeine is a powerful heart energizer. It is used only as a palliative, never as a curative agent. Its use is confined to acute heart failure and cannot be long continued. It seems to be used only in those extreme cases in which digitalis and strychnia have failed. We have no indications for its selection. The dose is 5 grains. The drug may be made soluble and used hypodermically by mixing with it an equal amount of salicylate of soda.

STROPHANTHUS.

This remedy, like cactus, must be used cautiously and only upon indication. It acts in valvular affections where you have *cardio-vascular sclerosis* associated with interstitial nephritis, especially if the nephritis be secondary to the heart affection. The cause of the lesion I believe to be a valuable guide in the selection of this drug. *The patient must have been addicted to the excessive use of tobacco, alcohol, tea or coffee;* or he must have had rheumatic heart affection and as the result of any or all of these the heart muscle must have lost its elasticity and have become brittle—if I may use the expression. As a result the heart fails to do its work properly and you have scanty urine, some edema of the lower extremities; pain about the heart accompanying dyspnea and, as a rule, a dull, *stupid frontal headache.* Do not give this drug in 5, 10 or 15 drop doses of the tincture. Do not use it even in the 1st X if you have pneumonia as a complication. Just bear in mind that the heart muscle is brittle and must not be unduly stimulated. Use it in the 1st, 2nd or 3rd X and you will get prompt relief, which in a certain proportion of cases will go on to a permanent cure.

AMMONIA.

The different preparations of ammonia should not be forgotten in emergency cases. Ammonia Carb., has saved several lives for me. They were all cases in which there was *threatening paralysis of both heart and lungs.* Cases of weak heart complicating pneumonia or capillary bronchitis. The pneumonia had reached the stage of resolu-

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tion. The lungs have become filled with the debris; the *"rattling in the chest"* marked; the circulation had become impeded; the heart's action weakened; *the breathing sterterous; the face purple and hot; the head hot but the feet cold.* Ammonium Carb. 2X or 3X, a grain every half hour till the heart becomes stronger and a good circulation is established. The valerianate of ammonium is just as useful in functional disturbances of the heart as is sparteine. In both, hysteria is the keynote. The patient complains that the cardiac pains are *"just awful;" that she will surely die if she has another attack; she is restless; her limbs are in constant motion;* the respiration is irregular and difficult; the pulse is rapid and irregular; the desire to urinate is frequent and imperative. Then comes another cardiac pain and the *patient becomes unconscious.* Put a drop of a saturated alcoholic preparation on the patient's tongue once every ten or fifteen minutes till the nervous system has regained its equilibrium. Continue the same at longer intervals after this, or what has served me better, change to the valerinate of zinc 3X every three hours until the patient is cured.

VERATRUM VIR.

Veratrum vir. is a remedy often needed as a palliative. You have a patient suffering from pneumonia whose heart is weak; *the temperature becomes high; the face becomes flushed, even besotted.* The pulse is full but shows signs of weakening; *the force and frequency are abnormal, as a rule, slow, sometimes rapid.* In such cases discontinue all other remedies and give veratrum vir. 1X or 2X five drops every half hour or hour till the storm is past, then give the remedy which is indicated by the new group of symptoms.

FERRUM PHOS.

Ferrum phos. is the remedy you will most frequently be obliged to differentiate from veratrum vir. It is most frequently useful when threatening heart failure is due to associated conditions, generally pneumonia. With ferrum phos., as with veratrum vir., *the face is flushed,* but a *bright* instead of a *dark* red. *The pulse is always very rapid* (ferrum phos. should always be remembered in cases of tachycardia whatever the cause), but weak. *As you listen over the chest you hear a sound as if liquids were being driven against some obstruction, then splashing back into the stream.* Ferrum phos. 3X one grain every half hour will quiet the heart's action, relieve the congested lung and clear up the case.

LYCOPUS.

Lycopus is also a remedy which you will use not only in palliative, but also in curative treatment. *The heart's action is not only rapid,*

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as under ferrum phos., but it is also violent, frequently driving the blood into the lungs with such force as to cause pulmonary hemorrhage. You will sometimes find these conditions during the stage of compensation when pneumonia is an associated disease. As you will recall the case in our clinic during the early part of the year you will also remember lycopus as curative in exophthalmus. In the palliative treatment use the 1st or 2nd X every half hour, in the other use the 2nd X or some higher preparation four times a day.

ARSENICUM ALB.

Arsenicum alb. is a remedy you will use successfully in both the palliative and curative methods. If chronic cases of structural affections should become complicated by la grippe and you find a *weak, rapid, thready pulse; marked dyspnea only relieved by throwing the window open;* a hippocratic face; great prostration, and yet the patient wants to be propped up; restlessness; anxiety, both physical and mental, and *the aggravation from midnight to 2 P.M.,* arsenicum is the only remedy which will give relief and in some cases save the patient's life. But, in my experience, arsenicum has never been able to completely restore such patients to their former condition. I am obliged to change to some other remedy. On the other hand, in functional or neuralgic cases, when in connection with other symptoms of la grippe such as sneezing, watery discharge from the nose, sharp lightning-like pains in different parts of the body, you find the above group of symptoms you can give arsenicum with the full assurance that it will not only relieve, but cure. This remedy I use in all potencies from the 3X to the 1m. Arsenicum and phosphorus are the two great remedies for fatty degeneration of the heart.

ARSENICUM IODATUM.

The iodide of arsenic is more useful than the arsenicum alb., if, in addition to some or all of the symptoms given for the album you find by making physical examination *that effusion is present and you suspect it is becoming or has become purulent.* The 3rd X in grain doses every three hours will assit in absorbing the exudate.

CHININUM ARSENICOSUM.

This remedy should be first thought of in cases of malignant heart affection or those complicated with marsh malaria. You have a small, rapid pulse, irregular, the beats being hardly perceptible; there is a feeling as if the heart would cease its beating; *the exhaustion is great; sweat profuse and exhausting.* You have also the *peculiar dark brown watery stools;* there are *distinct periods of aggravation.* Do not give this any lower than the 3X, for, should you have a case

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of endocarditis the remedy lower than the 3X is apt to prove injurious.

COLCHICUM.

This is our great prophylaxis in cases of rheumatic fever. Goodno stating "Not one case of pericarditis having occurred in over one hundred and fifty cases of rheumatic fever treated by himself and several friends with this remedy. You may use it not only to prevent endocarditis and pericarditis, but for the conditions themselves when of rheumatic origin. The pain is in the region of the heart, tearing in character and very severe. The heart's action is violent. The pulse is usually full, slow and weak. *If the patient lies on the left side the heart seems to stop beating,* and he must turn upon the back or even the right side. Colchicum 3X or 6X 5 drops every two or three hours. If you use the colchicine do not use it lower than the 6X.

ACTEA.

For a choreaic heart with cardiac debility. You remember I told you actea affected the belly of the muscles. The pulse is weak and irregular. There is pain down the left arm. *There is a history of rheumatism of the small joint.* There may also be a history of chorea. *Insomnia is a marked and persistent symptom.* The mental and menstrual symptoms of the drug should, however, be present in addition to the above. I have not only relieved but cured a number of cases with actea 6X and 30X, according to the nervous susceptibility of the patients.

LACHESIS.

For cases of malignant endo- and pericarditis I never cured but one case with lachesis. That was following a case of acute rheumatism complicated with pneumonia. After the pneumonia had run its course *the skin became yellow,* the stools soft, pasty and offensive. If the man moved even a little, palpitation was violent and he would pant: "I'll choke, I'll choke." *He complained of being too hot, and would ask for the removal of all covering from the waist up.* He had been given phosphorus 30th during the state of solidification of the lungs. I tried arsenicum for thirty-six hours for this later condition and the patient steadily grew worse. I then gave him lachesis 30th, and the whole case cleared nicely. After that no other remedy was given.

SPIGELIA.

For either simple or rheumatic endocarditis or pericarditis and for affections of the heart which are purely neuralgic, spigelia takes first

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rank both as a curative and palliative remedy. It is most frequently useful in the first stages of the above named affections, following closely after aconite, in fact, often supplanting aconite. The eye and ear will reveal a tumultous action of the heart. The action is rapid and you have *wave-like sensations* which may or may not be syncronous with the radial pulse. A *purring sensation* over the region of the heart is frequently present. There is marked *dyspnea which is aggravated by the least motion, especially raising the arms.* The pains are always sharp, shooting. Give it in five-drop doses of the 3X, 6X or 30X before the plastic exudate has been poured out, and it will cure two cases out of five. Again, spigelia may be required for what is commonly called "neuralgia of the heart" in chronic organic diseases. The pain; as in the other variety, is sharp, sticky, shooting, aggravated by motion. The direction of the pain is from the heart up the chest and down the left arm, or it may suddenly cease about the region of the heart and be felt above the left eye, only to return to the heart within a short time. The 30X is the best preparation to relieve this condition.

NATRUM MUR.

I once had such a satisfactory result from the exhibition in the 30th of natrum that I will record the symptoms which led to its use. It has since served me in several other similar cases, only the benefit received was not so marked. The patient was a young man, nineteen years of age, dark complexion, spare and of an active disposition. At fifteen he had had an attack of malarial fever treated by quinine and whisky; there had been much enlargement of both liver and spleen. The malarial attack was soon followed by a severe attack of rheumatism which left the valves badly damaged. He had been in poor health from that time until he was nineteen. There had always been pain about the heart on the least exertion; the bowels had been constipated and there was some trouble with the stomach. There had been dyspnea whenever there was flatulency of the stomach or whenever he exerted himself. At such times the heart's action was violent. *Not only had there been pain in the region of the heart but about the spleen.* At nineteen the attack was of inflammatory rheumatism with severe heart complications. During the acute stage bryonia 6X was given. After the fever, pain and swelling subsided, improvement ceased. Two weeks afterwards I made a careful re-examination of the patient. In addition to the above history I found a *dry, unhealthy skin, constipation,* stools being dry, and an irregular pulse, most of the time weak and rapid, but occasionally he informed me it was full and slow. The mitral trouble seemed to be aggravated by the new attack. The hypertrophy was marked.

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Under natrum 30th he slowly but steadily improved. He is now forty pounds heavier than he was then. Is a traveling salesman doing full work, and only last week he ran a quarter of a block for a car and did not seem any the worse for it.

LITHIUM CARB.

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 calcarious 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 *calcarious 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 dyspnea. 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 dyspnea 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.

BRYONIA.

Bryonia, though not as frequently indicated as some of our writers would have us believe, is, nevertheless, frequently called for as a curative remedy. In both the simple and rheumatic form of pericarditis or endocarditis it is one of our most reliable remedies. *Its well-known power to prevent exudation places it at the head of the list of curative remedies. The sharp, sticking, stitching pain,* the aggravation—from motion, *the high fever, the full, rapid pulse, the scanty, high-colored urine* are all symptoms of these affections which call for bryonia. Besides these its action upon the serous membrane and upon the blood, all of which makes a perfect picture which is often duplicated in heart affections. Given in the 3X, 6X or 30X it will often cure rheumatic affections and simple inflammatory conditions of the heart, which, without its use, would go on to exudation.

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BELLADONNA.

Belladonna is not frequently indicated. However, when you have marked disturbance of the circulation, as shown by the flushed face, the throbbing carotids, *the injected eyes, the dilated pupil,* belladonna will quiet the storm and prevent endocarditis in *young, nervous, plethoric* patients. The palpitation seems to be due to a *nervous condition.* Belladonna has assisted me in acute cases only. I have never received any benefit from it in chronic cases nor in cases where you have organic diseases.

PHOSPHORUS.

Phosphorus is occasionally useful if the disease be of the right side of the heart. There have been the symptoms of endocarditis and also dilatation. Exercise causes violent palpitation which causes *dyspnea with a peculiar tightness across the chest, and oppression. But unless you have a marked* aggravation of palpitation from lying on the left side, a feeble, *rapid, compressible pulse and the peculiar, painless diarrhea with particles resembling bits of tallow floating upon the stool,* phosphorus will disappoint you. It has served me best in patients somewhat advanced in years, who either are now using or have used alcohol habitually. All you can expect of it is to stay the progress of the disease. I have obtained the best results from the 30th X.

RHUS. TOX.

This remedy will serve you in two classes of cases:

First, where there is an organic lesion due *to some violent exertion which has strained the heart,* causing hypertrophy without the other lesion usually accompanying such a condition. It was of great service to a railroad conductor who got caught in a wreck and who made almost superhuman efforts to extricate himself. When he came to me about eighteen months afterwards he stated that he had never counted his pulse since that time and found it below 120. There was numbness of the left arm—a great deal of restlessness. There were sticking pains and soreness *which seemed to be worse when he was sitting still or thinking about them. The palpitation and dyspnea were also worse sitting and lying down.* Rhus. tox. 6X materially helped him for five years, the pulse much of the time being as low as 85 per minute. At this time he contracted pneumonia and died after about fifty hours from failure of the heart, which nothing could stimulate.

Secondly, you will use it for a rheumatic heart with palpitation aggravated while sitting or lying down, with sticking pains and soreness aggravated while he is thinking about them and the peculiar stiffness of the muscles, affecting mostly the sheaths and tendons.

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For these cases the 30th has often been more successful than the 6X. The cause of the rheumatism is getting wet.

KALMIA.

This remedy was so highly commended by Hering and Dunham that many used it empirically and hence some were disappointed and condemned it. It is useful as a palliative in cases of angina pectoris, also to arrest degeneration and improve those cases of valvular insufficiency with hypertrophy. Your patient will give you a history of acute, but non-inflammatory rheumatism, in which the pains were sharp, shooting, generally confined to the feet and legs, from which it suddenly changed to the region of the heart. Accompanying these cases there was neuralgia of the right arm shooting down the arm, leaving some numbness. With such a history you have palpitation which makes the patient feel faint; dyspnea and paroxysms of great pain about the heart aggravated by the least exertion. *These pains, usually shoot down the left arm instead of the right as noted above; the pulse slow, weak and irregular.* Kalmia 3X should be used for such cases. If, however, the case be an acute one, of rheumatism or neuralgia in a previously healthy patient who presents the symptoms given in the above history, the 30th should be used.

AMYL NITRATE.

Amyl nitrate is more frequently and successfully used than any other remedy in those agonizing cases of angina due to aortic insufficiency with excessive hypertrophy. *The violent beating of the heart, the awful sense of constriction and oppression, the intense flushing of the face,* cold feet and hands and the irregular pulse are your indications. Patients suffering from such attacks should be advised to carry glass capsules containing one or two drops of this remedy to be used on the first intimation of the approach of an attack. The use of amyl nitrate in the operating room of every reputable hospital in the world to be used in case of suspension of the heart's action during the admission of an anesthetic is familiar to you all.

GLONOINE.

This remedy is also most useful for angina. With violent palpitation causing a sensation as if the heart would burst the chest walls. The breathing is labored; there are sharp pains about the heart radiating in every direction. These three symptoms are all aggravated by lying on the left side. The most characteristic symptom is the pulsating headache; better from having the head high, worse from having it low. The face is scarlet red as a rule, but if the head be too suddenly lowered the face may become deathly pale. Give a drop of the 3X every ten minutes until the attack subsides. Some of

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our schools advise its use in more heroic doses, while others confound it with other heart stimulants and anodynes. Dr. J. P. Rand uses the following: nitro glycerine one one-hundredth of a grain, strychnia one-sixteenth of a grain, morphine one-sixth of a grain at a single injection. He says: "I have seen patients unable to lie down, with flickering pulse, cold extremities, and presenting every indication of immediate dissolution, become wholly comfortable inside of a half hour. I have seen others die in less time than it takes me to tell it; but I never considered myself to blame for it." I believe you will be better satisfied with repeated doses of the 3X, leaving out the strychnia and morphine.

STRYCHNIA PHOS.

This is a remedy which ought to be proven. When its sphere of action is clearly ascertained I am confident it will be one of the most frequently indicated remedies. I have found it most useful in those cases of *active, worried, tired-out business men or women,* such as are so frequently found in America; *the digestion has become impaired* because of their irregular habits of eating and their indifference to what they eat and drink. *The nervous system is worn out by worry or mental labor, or both;* as a result you have a weakened condition of the heart, sharp pains about the heart due to the least exertion, then there are acute attacks of angina whenever the stomach becomes filled with gas, the result of imperfect digestion. Like phosphorus, you find that it is impossible for the patient to lie on the left side, often due to edema and scanty urine, the patient is unable to lie down at all. There is a *heavy, dull pain in the head and frequent attacks of vertigo.* Give such a patient strychnia phos. 3X trit., a grain before each meal and bedtime.

As our time has expired I do not wish you to think I have purposely neglected to mention aconite, the symptoms of which I have so frequently given you. I feel confident it has aborted many a case of heart trouble, nor do I wish you to forget sulphur, hepar sulphur, silica, in cases when you wish to absorb an exudate. The different preparations of iodine, more especially the iodide of strontium, are becoming more and more fashionable. I cannot give you their indications.

Let me, in closing, hurriedly group these remedies into five classes to correspond to our five wants:

To sustain a weak heart while it is performing its usual labor: Strychnia phos., lithi. carb., digitalis, cactus, strophanthus, natrum mur., rhus. tox., kalmia and phosphorus.

To sustain a weak heart while it is obliged to perform extra or unusual labor: digitalis, strychnia, convallaria, cactus, sparteine,

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agaracine, ferrum phos., veratrum vir., ammonia, arsenicum, chininum ars., kalmia and phosphorus.

To energize the heart: amyl nitrite, glonoine, caffeine, sparteine agaracine, strychnia, cactus, ammonia.

To arrest the progress of the disease: I would include as part of these the true prophylaxes, which are colchicum, aconite, bryonia, belladonna, ferrum phos.; the others are bryonia, belladonna, arsenicum, phosphorus, strophanthus, lycopus, digitalis, strychnia phos., lachesis and rhus. tox.

Under the fifth heading, *i.e.*, to cure, I believe that any of the remedies which we have considered, if given in the first stages, will effect a cure.

Let me remind you that *rest* and *proper diet* are as essential as the medical therapeutics in the treatment of these affections.

RAPID VIBRATION IN THE TREATMENT OF CATARRHAL DEAFNESS.

By Howard P. Bellows, M.D.,
Boston, Mass.

It is commonly conceded that in the treatment of catarrhal deafness vibrations of medium or low frequency are the most effectual. This is true, in general, of all forms of vibratory massage. I think few aurists whose practical experience in this mode of treatment has been large will take exception to this statement. It is probable, however, that all aurists of such experience have met from time to time with cases where the indications for the successful employment of vibratory massage were present and everything pointed to a favorable response to the usual treatment, but where no such response occurred. After several attempts with various forms of apparatus adapted to the same end and with varying degrees of intensity and experimental changes in the duration of each treatment the attempt to benefit the patient by vibratory massage has been abandoned and help sought in some entirely different mode of treatment. The cause of failure has never been apparent in such cases to the aurist, and he has contented himself with the thought that our knowledge of the possibilities and limitations of treatment by vibratory massage is still far from perfect. In my experience, if before the final abandonment of this mode of treatment in cases for which it still seems to be indicated the experimental trial of very rapid vibrations be made, a

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certain percentage of these cases will still show a favorable response after the entire failure of the slow vibrations to produce the desired effect. The explanation of this I can not offer; I can only vouch for the fact and make the recommendation that in cases like the above the rapid vibrations be tried experimentally before the change to treatments less promising be made. A word of caution is necessary in this connection. I believe that in all such cases the first treatment should be applied with extreme care, for only five or ten seconds at most, upon only one side at a time, allowing the patient to hold the ear-piece in the ear himself and impressing it upon him that upon the slightest pain it is to be instantly removed. Careful tests of the hearing distance for watch and voice should be made both before and after the experiment and inquiry made as to its effect upon any form of tinnitus which may be present, or in regard to the development of subjective sensations of any sort. The first trial being free from any unfavorable indications repetition may be made once or twice a week, with an increase of five seconds in the duration of each treatment, until a full minute has been reached. Beyond this point I have never gone nor felt the necessity of going. Finally, an injunction is necessary in relation to cases in which any involvement of the labyrinth or auditory nerve is found by preliminary testing to be present. In all such cases, in my opinion, this method of treatment by rapid vibration should never be employed, even though a catarrhal condition of the middle ear itself might indicate its use.

In illustration of the foregoing let me adduce the following case in brief outline. The patient, a young man, twenty-six years of age, with good general health, showed upon examination a moderate degree of postnasal catarrh of some years' standing and a typical condition of chronic catarrh of the middle ears, also of several years' standing, with thickened drum-heads, loss in the lower tone limit, etc., but without tinnitus. My testing watch, which should be heard normally at a distance of forty inches, was heard only on contact on the right side and light pressure on the left. The loudest whisper was heard at a distance of six feet on the right side and five feet on the left. That was in October, 1901. Treatments were given once a week with almost perfect regularity. At the end of the first month, after ordinary inflations and vibratory massage of slow and medium frequency, absolutely no change was visible. Inflations were then discontinued and very rabid vibration applied by means of the Wappler Electric Controller Company's masseur, the in-and-out movement, 15 seconds at a time, followed by the high-frequency current for two minutes at each treatment. At the end of the second month the watch could be heard at a distance of nearly an inch on

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both sides. At the end of the third month of treatment the masseur was used 30 seconds each time and the watch was heard two inches on the right side and nearly as far on the left. At the end of the fourth month each treatment lasted 45 seconds and the watch was heard six inches on the right and three on the left. During the fifth month treatments lasted sixty seconds each, followed by the high-frequency current for two minutes, and were so maintained afterwards, the hearing rising to eleven inches right and nine left. From that time on the increase has been very steady and the treatments continued on the same line, with the occasional substitution of the Faradic for the high-frequency current, the hearing at the beginning of the last treatment, April 14, 1903, being for the watch 36 inches on the right side and 32 on the left, while the medium whisper was heard without difficulty 20 feet on both sides.

THE CARE OF THE BREASTS IN OBSTETRIC CASES.

(An Illustrated Lecture Delivered before the Alumni Association of the New York Homeopathic Medical College and Hospital, at the College in New York City, on Alumni Day, May 7th, 1903.)

By Edwin H. Wolcott, M.D.,

Obstetrician to the Rochester Homeopathic Hospital,

Rochester, N. Y.

In appearing before you I may not inappropriately remind you that I am not a medical professor, nor a medical specialist. I am simply a general practitioner who has had such opportunities to supplement the knowledge acquired in a medical college as are afforded in a tolerably large practice, supplemented by such facilities for special investigation as my connection with the Rochester Homeopathic Hospital affords.

In speaking to you of the care of the breasts before and after childbirth, and of the diseases to which they are liable, my point of view will be practical rather than theoretical, though I trust what I say may be found to rest on a sufficiently sound scientific basis.

I. THE NIPPLE.

First of all, let me speak of the nipple, since the nature of the orifice through which the milk-secreting glands discharge the lacteal

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fluid varies greatly, and malformation of the nipple often leads to serious complications. Out of 97 cases of puerperal mastitis, Birket found that the nipples were imperfectly developed in 48.

1. *Varieties.*—The accompanying chart (reproduced from The American Text Book of Obstetrics, 1902, Vol. II, p. 272) gives the different varieties of nipples which the obstetrician is compelled to recognize. Of these the most important are: (1) the normal nipple,



Mushroom.

which need not detain us long, because it is normal. (2) the hollow nipple, which is a frequent cause of trouble, since it requires an extra amount of suction to properly empty the lacteal glands, and milk acumulates and sours in the depressed portion of the apex, causing irritation which often extends to the adjacent glands. (3) the mushroom nipple, in which the base is so narrow that the free flow of milk is prevented by the grasp of the child's gums—the result be-



Normal.

ing insufficient nutrition for the child and the possibility of serious complications for the mother. (4) The stunted nipple, which differs from those already mentioned in that there is no adequate elevation of the nipple above the surface of the breast; but sometimes a positive depression. In either case it is impossible for the child to nurse, and the stunted (or depressed) nipple should be securely bandaged on the day after confinement, to arrest the secretion of milk. When the nipples are misshapen or stunted the infant is unable to grasp them,

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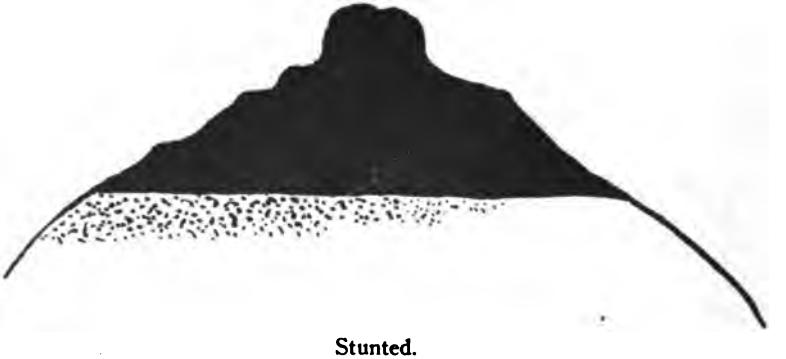
Cone-Shaped.



Mulberry.



Hollow.



Stunted.

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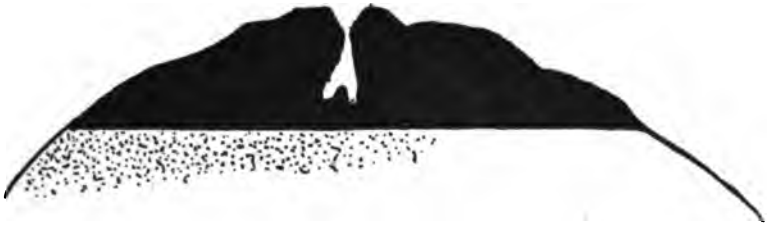
and his efforts to do so becoming more violent, traumatism of the nipple frequently takes place.

2. *Liability to Soreness and Irritation.*—The nipple, even if of the normal type, is peculiarly liable to soreness and irritation, and this must, of course, be carefully guarded against. (1) The nipples should



Fissured.

have proper care before confinement. Pressure upon them by the clothing, and especially by the corsets, should be carefully avoided. They should be washed night and morning, during the months immediately preceding childbirth, with a mild solution of soap and water, followed by massage and the application of cacao-butter, sweet oil, or some other inunction—the object being to develop and toughen the nipple. (2) The breasts should be carefully watched during the first few days after the birth of the child. Irritation of the nipples is generally detected at once, but it often happens that en-



Inverted.

gorgement and caked breasts have developed before the nurse, or the doctor is aware of the fact.

Whether in regard to the irritation of the nipples or the inflammation of the mammary glands an ounce of prevention is worth a pound of cure.

When irritation of the nipples is once established it is very difficult to treat, for no sooner are the nipples a little better than irritation is again induced by the grasp of the child's gums. When the

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nipples persist in soreness and there is considerable inflammation and danger of suppuration, it is better to forego nursing altogether.

The extreme sensitiveness of the glandular tissues at the base of the nipple should be realized. Unnecessary handling of the breasts should be avoided, and they should be handled with the utmost care. A very slight blow, when the breasts are distended, is sufficient to induce inflammation. The careless use of the breast pump has sometimes caused mastitis by wounding the delicate ducts of the breast. To avoid such accidents as this, an empty bottle which has just contained very hot water may (as is suggested in Dr. Fullerton's *Obstetrical Nursing*) take the place of the ordinary breast pump, when the use of some artificial means of emptying the breasts is indicated. The mouth of the heated bottle is placed over the nipple, and, as it cools, the nipple is drawn into the neck of the bottle and the milk soon begins to flow. This inexpensive breast pump can be used by the mother as well as by the nurse, and does not irritate nor injure the milk ducts, or any portion of the glands.

3. *Antiseptic Means to Avert Mastitis.*—Some authorities regard traumatism as the most frequent cause of puerperal mastitis; others lay most stress upon Bacteriological Infection. The former certainly facilitates the latter; as the fissures in the wounded nipples, bathed in milk and even in blood, are peculiarly fitted to harbor and develop deleterious germs. Against possible contact with them, therefore, we must most carefully guard. The following rules, formulated for the Rochester Maternity, and substantially in force in every hospital where proper hygienic conditions prevail, are imperative: (1) "The mouth of each baby must be cleansed either with boric acid, 2-per-cent. solution, or glycothymoline, 2-per-cent. solution, before and after nursing." (2) "Before each nursing observe the nipples carefully, and bathe them both before and after nursing with boric acid, 2-per-cent. solution." If the nipples are sore and fissured, calendula or hamamelis ointment or the compound tincture of benzoin may be used, but this should be washed off before nursing. In many cases, however, the nipple shield can be used. This will prevent the usual strain on the nipples and render unnecessary the removal, during the nursing process, of ointments, "orthoform," the solid stick of silver nitrate, or other remedies, whose application may be desirable. In the intervals of nursing, the nipple shield, after having been turned inside out and scrubbed with a brush, should be kept in cold water (or boric acid solution) in a cup provided for that purpose, on the patient's stand. (3) "As far as possible, one nurse should bathe and change babies; another nurse should give them all other care. Any nurse who has been changing babies must thoroughly disinfect her

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hands before she may do the work of the other nurse—such as feeding babies, dressing navels, caring for nipples and giving massage."

With such regard for antiseptic conditions in the case of the child, the mother and the nurse, if—as a recent writer confidently affirms—"the most usual cause of puerperal mastitis is infection" (*Therapeutic Gazette,* April 15, 1901), the number of cases of mastitis should be reduced to a minimum. That they will be greatly diminished as the result of such antiseptic precautions, I can affirm, as the result of my own observation. But the experience of every obstetrician warrants the assertion that no amount of care with reference to antiseptic conditions will do away with mastitis altogether. Hence it becomes necessary for me, in discussing *the Care of the Breasts in Obstetrical Cases* to say something with reference to this disease.

II. MASTITIS; OR, INFLAMMATION OF THE MAMMARY GLANDS.

1. *Varieties.*—We are compelled to recognize three varieties of this very tedious, painful and exhausting disease. (1) Superficial or supramammary, which generally (some would say *invariably*) results from septic absorption and yields to antiseptic treatment. (2) Submammary, which is the least common of the three types, is probably caused by the accumulation of pus in small, but deep-seated, parenchymatous abscesses. If pus is suspected, a hypodermic needle may be used to determine its presence, and it should be evacuated as soon as it is discovered, under a local or general anesthetic—the breast being carefully treated in accordance with well known principles of surgical technique as related to mammary abscess. (3) Parenchymatous, or glandular mastitis. This includes the great majority of broken breasts. It always involves both the interstitial and glandular tissues, and may originate in two different ways: (a) it may be due to septic absorption from a sore nipple, or from one of the small pimples, or boils, which are frequent on the areola. (b) It may be caused by the inspissation of milk in a given duct, or acinus, which causes an irritation of the gland that results in suppuration. This second cause (which is recognized in Reynolds and Newell's *Practical Obstetrics,* 1902, p. 501) I have myself been compelled to recognize, in studying the etiology of this disease, in cases of glandular mastitis where there had been no traumatism of the nipple, and where antiseptic conditions had been most carefully maintained. The plugging of the acinus may be due to the fermentation of the contained milk, caused by the entrance of some of the ordinary forms of bacteria into the lactiferous glands.

In the latter class of cases, the threatened abscess first appears as a hard, localized, but not exceedingly painful lump. At first there

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is no marked reddening of the skin; but there is usually a marked rise in the temperature of the patient, with no corresponding quickening of the pulse.

2. *Methods of Treatment.*—Glandular mastitis, if taken in its early stages, may be promptly relieved: (1) By massage. The usefulness of this method of treatment some authorities regard as quite limited, claiming that only a few cases need it, and those only for a few days. My own experience leads me to regard massage as a very valuable therapeutic agency in glandular mastitis. That massage is needed for only a few days in those cases where it is needed at all, is, to my mind, due to its efficacy in removing the cause of the mastic disturbance and restoring healthful conditions. Massage is especially useful in the earlier stages of mastitis, when the breasts are engorged and inspissated, but inflammation has not set in. It should, however, only be administered under the supervision of a competent physician and by a thoroughly trained nurse. At this point the judicious use of the breast pump is of special value and importance. The conditions under which massage is indicated, and the method in which it is to be applied are admirably set forth in *The American Text Book of Obstetrics* (edition of 1902), Vol. II, p. 280. The illustrated portion of this text, however, is herewith produced. (2) By the ice bag. Following the application of massage in the incipient stage of mastitis, the use of the ice bag will serve to check a tendency to inflammation; and, in the more advanced stages of the disease it will allay inflammation and possibly avert suppuration. The value of this therapeutic agent is conceded by all. (3) By the carefully selected homeopathic remedies, as aconite, belladonna, phytolacca dec., and silicea, which in my experience have been of undoubted value in averting this disease. (4) By proper bandaging. When mastitis has set in, or is feared, the breasts must be properly bandaged to give them protection and support—which leads up to the third division of my lecture, namely:

III. BANDAGES.

1. *Handerchief Bandages.*—I desire to call your attention first to what is known as the "handerchief bandage," either single or double, which is especially useful in pendulous breasts. This bandage has no other special importance, and does not require extended discussion.

2. *Figure of Eight Bandage.*—The next bandage is the single or double "figure of eight" bandage of the chest, which is now almost exclusively used as a surgical dressing, and has but little practical value in maternity work, except as stated later in this lecture.

3. *The Y Bandage.*—In the third place, the so-called "Y" ban-

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dage (used in the Boston Lying-In Hospital) is of especial value and importance. It is made as follows: A single "T" bandage is first made by folding a napkin lengthwise, so that for an average-sized patient it shall be 32 inches long by 3 inches wide. At the middle of this, and at right angles to it, is pinned a napkin of the same size and similarly folded. This "T" bandage is next made into a "Y" bandage by making a diagonal fold in the middle of the cross-piece, fastening the corners by safety pins. The bandage is now ready to put on. The tailpiece is passed over the woman's back, snug up to her armpits, so that the fork of the Y just clears one nipple when the breast is held upward and inward on the chest. The tail-piece on the other side is carried up on the chest directly over the breast. The arms of the Y are then brought over the chest, one above, the other below the breast, and their ends pinned to the tail-piece so as to hold both breasts in similar position. A compress of soft linen may be placed between the bandage and the outside of the breasts, and also between the breasts to prevent their chafing. To keep the bandage from slipping down, straps of muslin may be placed over the shoulders and pinned back and front. To keep it from slipping up, it may be fastened to the abdominal bandage.

4. *The Murphy Binder.*—In a conversation with the house surgeon of the Sloane Maternity Hospital (New York City), I find that they especially favor the so-called "Murphy binder," which is also used here in the Flower Hospital. (Exhibit.) It is made as follows: Take a straight piece of unbleached muslin, 40 inches long by 18 inches wide, with a shallow notch cut in one edge for the neck and a deep notch for each arm. The binder is stronger and more useful when made of double thickness. At the Sloane Maternity they use this binder upon all patients in the hospital. In ordinary cases, where no special treatment is required, it is used as an aseptic dressing; also for support, comfort and convenience. When used for these purposes the nipples are simply covered with alboline and sterile gauze, over which the bandage is pinned, the shoulder pieces being let down for the purpose of nursing the baby. When the bandage is used for compression only, the gauze and alboline are applied as before, but over them is placed a large amount of sterile cotton, and the binder is very tightly pinned to control the supply of milk to the gland, and in many cases to prevent its entrance altogether. When used for the latter purpose the bandage is applied two hours after confinement and kept tightly pinned for one week, when the compression is removed. Should any difficulty arise meanwhile, from discomfort or caking of the breasts, it may be necesssary to use a breast pump once or twice, apply the ice bag—and in all of

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these cases a saline cathartic should be given every morning and the patient be put on a dry diet.

5. *The Abdominal Binder.*—It may be interesting to note in this connection that at the Sloane Maternity they also use the abdominal binder, as is the case in some other hospitals, in connection with the Murphy binder. The abdominal binder is employed to steady the uterus, and many claim that it promotes the comfort of the patient, especially when the abdominal walls are very lax and flabby. Like the Murphy binder, it is made of unbleached muslin, a strip 1¼ yards in length and 18 inches wide. When of this size it will reach from the ensiform to a point below the trochanters—the necessary length to prevent it from slipping up and becoming uncomfortable. The first application should be quite snug, and the pinning of the same should begin from the lower border. Compresses in the form of folded towels may be used on either side of and above the uterus, under the binder, should the uterus become relaxed, a condition, however, of rare occurrence after the first twenty-four hours of the puerperium.

It may seem rather singular that the Murphy binder is used entirely in the Sloane Hospital, and for the identical purposes for which we, in the Rochester Maternity, use the "Y" bandage. They claim that the Murphy binder is the most satisfactory bandage they have ever used, while the "Y" bandage is equally popular with us. There is now a modified Murphy binder, with openings made for the nipples, to avoid their compression, which to my mind is a very important matter. Whichever binder is used, you will find that considerable practice and experience are required to properly apply them, in order that they may be of the most service.

When support, and not compression, is desired, the Murphy binder is undoubtedly better adapted for this purpose, and is easily made and applied. Should the nipples be troublesome, the modified binder would be more advantageous, not only to avoid their compression, but to lessen the heat and moisture and allow the opportunity for necessary treatment, to prevent irritation and soreness. In cases of stillbirth, or if for any reason nursing should be omitted entirely and compression is desirable, the Sloane people apply the Murphy bandage two hours after confinement, and allow it to remain in situ for a week, with occasional loosening for a short time if necessary, to relieve the pain and congestion, or to use the pump with rapidly filling breasts.

I think that you will agree with me that the "Y" bandage is far superior to the Murphy for purpose of compression, especially in threatened mastitis, and after massage, owing to its application,

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which admits of more firmness and greater adaptability. Sometimes, as before suggested, the tight roll of "figure of eight" will produce the needed degree of compression to better advantage, especially in cases where nursing is to be discontinued altogether on account of threatened abscess. Still, its advantages over the "Y" are few, and it is inconvenient of application and removal. We have had quite a large experience with bandages in our maternity during the last few years, and we have yet to find any injurious effect whatsoever, even when the bandages are applied the next day after confinement, and allowed to remain one week, when all secretion usually ceases.

Naturally, one would think that this treatment is so at variance with the physiology of the body that it could not be adopted without materially affecting the condition of the mother by causing important complications of the puerperium. It is true, however, that several times in my experience during the critical illness of patients I have removed the bandage, fearing the constriction of the chest might interfere with the patient's comfort and possibly recovery. Under conditions attending a serious illness, bandaging is of minor consequence, for the secretion of milk soon ceases to be an important factor, and will usually take care of itself.

SUMMARY.

Reference has been made to the *American Text Book of Obstetrics* for details regarding massage of the breasts, and I would respectfully refer you to the same excellent authority for the surgical treatment of mammary abscess. There are numerous other diseased conditions and modes of treatment, more or less intimately related to the subject under consideration; as, for instance, eczematous, affections of the nipples; anomalies of the milk secretion; galactocele; milk-nodes and milk fistulæ; the use of contractile collodion, when engorgement is of such a serious character as to require immediate cessation of the milk secretion; etc., etc. But the discussion of these subjects seems inappropriate at this time.

If, among other statements, it has been made clear that diseases of the nipples and trauma bear a direct and very important relation to mastitis; that this disease may be prevented in a majority of cases by strict antiseptic precautions; that mastitis is quite often a result of milk-stasis, the latter being frequently relieved and the former averted by massage and other appropriate treatment; and that suitable bandaging of the breasts is very useful in preventing and alleviating a large number of important conditions connected with the lacteal glands; then the purposes of this lecture will have been accomplished.

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THE DIFFERENTIAL DIAGNOSIS OF ACUTE GLAUCOMA, IRITIS AND CONJUNCTIVITIS, AND SUGGESTATIONS FOR THEIR EARLY TREATMENT.*

By Herbert D. Schenck, B.S., M.D., O. et A. Chir.
New York.

SPECIALISTS are frequently embarrassed by having patients sent them for consultation where the previous treatment has been so radically wrong that an absolutely new method must be adopted to properly combat the disease. Intelligent patients are quick to perceive this change in the treatment and the specialist often has to use the utmost tact to give a logical reason for the change, and at the same time protect the absent family physician.

In ophthalmology the most common errors are to confound acute glaucoma and iritis, the latter of which is too frequently mistaken for acute conjunctivitis.

It is not proposed here to go into the etiology or pathology of these diseases, but to take up their differential diagnosis and to practically, but very briefly, consider their treatment by the general practitioner. They require such radically different management, and a mistake is fraught with so much danger to the integrity of the vision and in many cases of the whole eyeball, that it is of the greatest importance that a correct diagnosis be made at the earliest possible moment and the right local treatment undertaken at once.

In considering the symptoms of glaucoma and iritis it is understood that acute glaucoma is referred to, and not the chronic form or glaucoma simplex, where often the only symptom complained of is the progressive failure of vision. The following tables give in parallel columns the differential diagnosis of these three diseases:

DIFFERENTIAL DIAGNOSIS.

Acute Glaucoma.	*Iritis.*
Usually a history of the premature recession of the near point; *i.e.*, the patient has been unable to use his ordinary glasses but has been changing them every little while for stronger ones.	No such symptoms as a rule.
May have had as a prodrome periodic dimness of vision.	No such symptoms as a rule.
May have a rainbow of colors encircling the light.	No such symptoms as a rule.

*Written especially for the North American.

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The onset is usually sudden and may come at night with severe pain in the eye and head which increases in severity and is often accompanied by vomiting, fever and general prostration. The attacks are frequently brought on by excitement, grief or sudden shock.

Has few constitutional symptoms, less severe pain, the beginning of which is less sudden.

Found in advancing years, rarely in those under 35, and usually in one eye. It occurs about equally in men and women, and may be hereditary and in those usually who have hyperotic eyes. It may be brought on by neuralgia of the 5th nerve, irritation from decayed teeth, hysteria, convulsions, anxiety, nervous excitement, mental disturbance, anger, fear, etc. It has been brought on by an attack of gout, acute rheumatism, artheroma, the menopause, intoxication, indigestion and sleeplessness. Atropin in some eyes will cause an attack.

Occurs in those from 20 to 45 years of age, more often in men than women, and may attack one or both eyes simultaneously. Overuse of eyes, "colds," and syphilis are the most frequent causes. Rheumatism, gout, and scrofula may be causative factors, as may injuries and an inflammation in adjoining structures of the eyes.

The lids may be swollen and edematous.

Lids less swollen but red and puffy.

The conjunctiva may be inflamed, chemosed with sub-conjunctival or scleral injection.

The conjunctiva may be inflamed, chemosed with sub-conjunctival or scleral injection.

There may be lacrymation and some photophobia.

Usually lacrymation and considerable photophobia.

The cornea my be hazy and have lost its sensitiveness to touch.

The posterior layers of the cornea may be slightly hazy.

The iris may or may not be discolored.

The iris is always discolored.

The pupil is sluggish but *dilated.*

The pupil sluggish but *contracted.*

There is usually *a greenish reflex from the pupil.*

No green reflex is found.

No synechia bind the iris to the lens, and there is no exudate into the pupil.

Posterior synechia form early usually, and an exudation may wholly or partially close the pupil.

The aqueous is often cloudy and the *anterior chamber shallow.*

The aqueous may be cloudy but the anterior chamber is *normal.*

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There is intense pain in the eye and head.	There is severe pain in the eye and head which *is aggravated at night and in damp weather.*
The eye ball is hard.	The tension is almost always normal.
The eye is sensitive to touch.	The eye is sensitive to touch.
The vision is usually impaired and the *field contracted.*	The vision may or may not be impaired.
On account of the haziness of the aqueous and other media an ophthalmoscopic examination is usually difficult, but if the fundus is seen the *optic disk is found excavated* and the retinal arteries are small and easily pulsate. The retinal veins may be enlarged.	The ophthalmoscope shows little except there may be some haziness of the lens or hyperemia of the optic disk.

Acute glaucoma is rarely mistaken for conjunctivitis, but iritis is, and herewith is given their differential diagnosis:

Conjunctivitis.	*Iritis.*
The conjunctiva of both the lid and ball is usually inflamed and on pressure the vessels of the ball are seen to move with the conjunctiva over the sclerotic. The inflammation extends into the fornix conjunctivæ where some muco-purulent discharge is found soon after the onset on close examination. The iris is clear and bright, the pupil reacts to light and the cornea is clear. There is little or no pain.	The redness of the eye ball is deep-seated beneath the conjunctiva, surrounds the cornea as a rosy zone and is not accompanied by redness of the fornix or palpebral portion usually. The iris is *discolored, the pupil contracted and sluggish* and the vision may be impaired. There is often severe pain in the eye and head which is aggravated at night and often by damp weather.

Dr. A. B. Norton said, at the meeting of the American Institute at Washington in 1900, that any physician ought to be able to diagnose 99 per cent. of the cases of acute glaucoma and iritis. Exception was taken to that statement by the writer at the time, and further experience has not brought any change of opinion. To make a proper diagnosis in the incipiency of either of these rather rare diseases requires the exercise of a developed tactile sense with skill in the use of oblique illumination, the ophthalmoscope and possibly some form of perimeter. No matter how much the symptoms may be hammered into the medical student, clinical material of this character during his college course and afterward is much too meager for him to become

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fairly successful in the use of either of the above instruments, and unless he has material that will keep up practice in their use, his earlier experience becomes unreliable when wanted.

Acute conjunctivitis, acute glaucoma and iritis, all require a distinct line of local treatment for their successful management. To use in conjunctivitis atropin or eserine may prolong the disease, or even induce it in sensitive eyes; while in glaucoma, to use boracic acid, an antiseptic or a mydriatic would often be as disastrous as would the use of a myotic or a simple wash in iritis. Everything depends upon the *correct* treatment at the *earliest* moment, and to start right requires, first of all, a *diagnosis.*

In *iritis* the pupil must be dilated *as soon as possible* with atropin or some other mydriatic and kept so during the progress of the disease. A few hours may cause such firm adhesions of the iris to the lens capsule that they cannot be broken. If this happens the attack is prolonged and the eye made more susceptible to future attacks and relapses. A little more exudation occurs at each attack until finally the pupil may be blocked and blindness caused. If glaucoma is diagnosed and a myotic used in a case of iritis, the pupil is contracted and firmer adhesions glue the iris to the lens, increasing the original serious nature of the disease. In addition to the mydriatic, ice in the early stages or dry heat may be employed in the shape of a hot water bag, a hot bag of bran, or better, a night cap inclosing the whole head well down to the eyes and covered about three inches thick with cotton batting which has been well heated. Internally, you may administer mercury, kali iod., hepar sulph., bryonia, rhus tox., cinnabar, asafetida, cedron, arsenicum, china, or any homeopathic remedy better indicated.

In acute glaucoma the necessity for an early diagnosis and prompt treatment is even more urgent than in iritis, as the course of the disease is usually more rapid, in many cases causing blindness in less than twenty-four hours, if unrelieved. A *myotic must* be employed at once, using eserine or pilo carpine in ½-per-cent. solution or stronger, in some cases, to as speedily as possible contract the pupil, thereby opening up the excretory passages and permitting the secretions to pass out of the eye. If the secretions are retained within the eye ball, the pressure increases, and the longer it lasts the greater the damage to the optic nerve and the greater the ultimate loss of vision. If atropin or any other mydriatic is used here the excretory passages are more generally blocked, which increases the tension, or, it may even induce an attack in a susceptible eye. Besides the constant and frequent use of the myotics, it may be helpful in relieving the pain to use dry heat, as suggested in iritis. Gels., bryonia, osmium, aconite,

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phos., or some other drug may be needed to control the progress of the disease. Of course, in both iritis and glaucoma rest is an important factor in their treatment, together with the proper protection of the eyes from the influence of bright light.

In glaucoma simplex when the only sign of trouble may be a gradual failure of vision, it is well to at once seek expert advice in order that increased tension, contracted field or other troubles may be combated as early as possible.

In acute conjunctivitis, if you are sure of your diagnosis, the internal remedy and a mild antiseptic wash, restraint from excessive use of the eyes and the irritation of bright lights will see it clear up in a few days.

Not only in these diseases, but in all cases, every physician should be very careful of his responsibilities to his patients, and if not absolutely sure of his ground, be frank and honest enough to seek the advice of a brother physician in whom he has confidence. This course will enhance the patient's opinion of him, and secure the former's trust and confidence that in all emergencies his welfare will be guarded in the truest sense. In such diseases as acute glaucoma and iritis, where a busy practitioner only sees perhaps two or three in a long career, it is not singular that it is difficult to be sure of the diagnosis.

It is the writer's hope that by bringing the difficulties of a differential diagnosis clearly before you to better enable you to distinguish these diseases at the earliest moment, and then to start the treatment on correct lines; or, in case of the slightest doubt, to urge you in view of the serious consequences that may follow to seek *at once* expert advice.

A NEW TREATMENT FOR DEFORMITIES.*

By H. P. Cole, M.D.,
Hartford, Conn.

The business of the physician is the cure of disease. The cure of a disease or abnormal condition consists in the restoration of the normal condition and function to any organ or member that has departed from that of normal. We cannot by any invention improve on the original creation, and he shows the greatest knowledge and skill who can most accurately detect the nature and amount of the departure, and most nearly restore the part to the position from which departed, or assist a defective up to the condition to which it should have attained.

The treatment of deformities offers one of the most interesting

*Read at the Academy of Pathological Science, New York, April 24, 1903.

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propositions for our study, although often one of the most difficult ones for solution. The idea that is thoroughly impressed on the public as well as the medical mind is that a person with a deformity "was born so," and that the condition is to be endured, not cured, or if cured at all it must be through force or surgical operation; that the normal or healthy side of the deviation must be reduced to the weakness of the weaker side in order that the balance may be established. It is generally supposed that the tissues on the short side of the extremity are contracted by some inherent condition, and that contraction must be overcome by the application of strong force or by diversion of everything that is shortened; and even in the after treatment little or no attention is paid to the weaker side of the difficulty.

In cases that are not congenital the condition is ascribed to something that causes active and continuous contraction of the muscles on the side toward which the bottom of the foot is directed or deflected; the effect of the weight of the body crowding the top of the foot in the opposite direction toward the weaker side, and the natural shortening of the muscles and fasciæ to adapt themselves to the position assumed by the foot, receives little attention. It is considered that the contraction of the muscles on one side leads to the giving way of those on the opposite side.

In all cases the treatment must be an attack upon the shortened muscles and fasciæ by diversion or forcible rupture, and a long confinement of the part in some immovable, and usually air-tight dressing (almost invariably plaster of Paris), for from two to six months or more, followed by a few years of braces. At the end of all this the whole part is much weakened and atrophied, and must be brought back to usefulness by exercise, electricity, and massage.

Now let us look at the matter from another point of view. Is it not possible that the primary condition was a weakness of the muscles on the side of the leg from which the foot departed, which allows the weight of the body to crowd the top of the foot in the direction of that weakened muscle; this would cause the bottom of the foot to point in the opposite direction and admit of the shortening of the muscles on the side toward which the bottom of the foot was directed.

If we can now adapt a shoe to the case so that the weight of the body will not crowd the top of the foot,which first receives that weight, toward the weakened side, but in the opposite direction, the weakened muscles will not be further weakened by stretching, the stronger ones will not have an opportunity to contract, both sides will grow stronger during the treatment by the natural rise of the

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foot in its normal position, and the cutting operation that always destroys some tissues will be avoided. This may seem an unreasonable proposition, but I will cite two cases which are quite characteristic: Master B., about nine years of age; five years ago was operated on for talipes varus in both feet. Everything was divided from the inner malleolus down to and across the bottoms of the feet. The feet were then forced into an over corrected position and retained by a plaster bandage. The use of the plaster was continued for eight months, and then the boy wore braces for four years, and he came to me wearing this shoe on his left foot.

There was a very large, deep scar occupying the whole length of the incision, which resisted every effort to place the foot in its normal position. Both legs were decidedly atrophied and had the characteristic shape, larger just below the knee than at any other point, and gradually smaller all the way down to the ankle.

I measured the feet, and had a pair of shoes made, one of which, the left one, is here shown; there is no stiffening in the shoe, the upper being as soft as any. The sole on the inside is like any shoe, but the outer half of the shoe, upper and sole, are built well out beyond the leg. The boy imediately walked on the bottoms of these shoes and was never able to turn them over. When the bottom was worn through a new one replaced it. The foot is gradually growing into a normal condtiion and the leg growing and assuming the more normal contour.

The next case I will mention is that of a boy nineteen years of age, whose entire muscular development was deficient. He had an extreme case of talepes varus; his feet turned so far over that the sole of the shoe was turned upward at a right angle to the floor, and he walked on the uppers of the shoes, where extra pieces of leather had to be placed; as fast as these pieces were worn through they were replaced by others. This boy had been operated in a hospital, had received all kinds of treatment and worn braces for many years, but in spite of all he could not stand up without a crutch. With the first pair of shoes I made for him he walked about the room without his crutch and only support enough to balance him.

This was September 1, 1902. These shoes were a temporary pair, for his foot had been crowded together by walking on the edge of the foot, the weight of the body resting on the other edge, and when he walked on the bottoms they were straightened out so much that in two months he had to have a new pair. The second pair he is still wearing and the whole breadth of the bottom of the sole and heel are worn evenly. He soon began to walk some without his crutch or any support, and in January he walked freely about my office for

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half an hour, with his crutch in another room. This boy is an inmate of a home for incurables, and the management were very incredulous as to any benefit, but they are now very enthusiastic. His leg has grown an inch and a half in measurement and he walks on the bottoms of his feet. He has had absolutely no treatment except the wearing of his shoes.

This principle operates just as well in the reverse condition or talipes valgus, which is actually the condition in all cases that are commonly called flat foot. In all these cases the top of the foot is crowded inward by the weight of the body overpowering the normal muscles that hold up the inside of the foot, or a partial paralysis of these muscles and their failure to support the normal weight of the body.

I will not discuss the question of flat foot in this article. My views will be found in the transactions of the New York State Homeopathic Society for 1901.

This condition is quite common in girls, stout women, and fat men, and is assisted, if not produced, by the wearing of "Common Sense Shoes," shoes with that "beautiful long shank" that shoemakers say so much about, and has been much more in evidence since these shoes came into use.

My shoes for these cases are built full on the inner side and the sole and heel extended beyond the upper. I could cite many cases, but one of each variety will do.

A physician's wife, who had been lame for many years, and had been examined by surgeons in New York and Boston, as well as others, was at their wits' end as to what to get for her feet. She was often so lame that she had to go downstairs backward. I found much edema of the leg, as I do in most of these cases and a talepes valgus. I had a pair of shoes made for her in the summer of 1902, and she has worn nothing else since. The shoe was made with a wide shank; the outside of the shoe was fitted close to the foot, while the inner border extended beyond the foot, especially at the heel. The leg was carefully massaged until all edema was removed, and the lady has had no difficulty in walking. This case has had no treatment aside from the shoe and the massage for the edema.

A poor girl was sent to me. Her right leg and hip were much atrophied and would hardly support her weight. Her foot was small and the top turned inward whenever she rested any weight upon it. This side was about two inches shorter than the other, and when she walked she turned this toe outward and dragged the leg behind. It was a good example of dangle or flail leg. As she could not afford to pay for a special shoe, I had her get a strong shoe with a wide

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shank and had the heel taken off and a new one built that extended beyond the shoe to the inside and forward on the shank for about an inch. No inside brace was used. In this shoe she began to get the use of her foot, and had a firmer foundation on which to stand. This gave the muscles of the leg a chance to act. The leg has grown larger and stronger, she uses the foot as she does the other, and the whole side has filled out so that she looks quite symmetrical.

I have never used a metal brace in the treatment of these cases, but have removed many.

Gnaphalium.—Dr. Cartier finds this medicine, given in drop doses of the tincture, effective in other rheumatisms besides sciatica. Pains in the joints as if they lacked oil; chronic muscular rheumatism of the back and neck, the rheumatic form of neurasthenia—these are the conditions in which he has cause to praise it.—*Revue Hom. Française,* November.

Kali Carbonicum.—A woman, aged 50, has suffered for ten years from rheumatism. She was incapable of working, could not go upstairs, had to get out of bed for two or three hours at night owing to the pains. Kali carb. 2x cured her in six weeks.—*A. h.* z., cxliii., 206.

Sabal serrulata.—A girl, aged 13, wetted her bed constantly. After the ordinary remedies had been employed without benefit she got sabal ser. This medicine completely cured her. She never had a relapse.—*A. h.* z., cxliii., 14.

Trillium.—Dr. Hawkes relates a case of menorrhagia of long standing, occurring in a young girl, where, after failure of ordinary remedies, trillium 1x and 2x brought complete and lasting success. —*Monthly Hom. Rev.,* November, p. 674.

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Senior Lecture Room New York Homeopathic Medical College and Hospital. May 7, 1903.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

ALUMNI DAY EXERCISES NEW YORK HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL: SURGICAL CLINIC.

J. W. WARD, M.D.
San Francisco, Cal.

DR. McDOWELL.—You are all aware that for many years it has been the custom of our Faculty to give to the student having the highest standing, a prize, consisting of a microscope. On one occasion, twenty years ago, the Faculty decided to depart from that custom, and to give a cabinet containing some five hundred remedies. The gentleman who received that prize took it with him on his journey to the Pacific Coast, but with it he also took a large assortment of knives and other cutting instruments with which he hoped to make an impression on the inhabitants there. He did make an impression on them, and also on his professional brethren. He soon came to be recognized as the leading Homeopathic surgeon of that part of the country. He was made Dean of the College in 1898, and is still the Dean of the Hahnemann Medical College of the Pacific. He has come back to us to-day, over three thousand miles, to show us how they operate in San Francisco. The head of the Department of Surgery, Dr. Helmuth, has carefully picked out the most difficult case in the Hospital for him to operate. I have pleasure in presenting to you Dr. James W. Ward, of the Class of '83.

DR. WARD.—Ladies and Gentlemen: It gives me pleasure to be in New York, more especially to be in the Flower Hospital, the scene of the labors of the illustrious Helmuth, whose hand is still, but whose memory lives. It seems to me that I am standing upon sacred ground, and all of the events and the life work of that illustrious character come vividly before me. It will be my pleasure to demonstrate to-day some of the principles which he so richly taught. The seriousness of the case forbids me to say more, but will proceed at once to the work before us. We will listen now to the reading of the history of the operative case of the hour.

"About eleven years ago her menstruation became very painful, lasted about eight days, and very profuse. Has always been well. Tumor was discovered about eleven years ago and exploratory lapa-

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rotomy was performed. Tumor not removed. For the past three years has been nauseated in the morning. This has improved in the past year. Three years ago, says she had vesico-vaginal fistula, for which she was operated and cured. If on feet long, feels tired and has pain; insomnia; nausea in the morning unless eats before going to bed; large hard nodular tumor extending to ensiform and distending the abdomen. (Microscopical examination shows a few kidney epithelia, vaginal epithelia and blood.) Cervix conical, short; pinhole os; low in pelvis. Anterior fornix depressed and filled with hard



Fibro-myomata, 29¾ lbs.

globular mass. Posterior fornix obliterated by tumor. Lateral fornix shallow. Tumor reaches ensiform. Small angioma at meatus. Urinarius inferior and left margins. Girth, 38 inches. Pubes to umbilicus, 12 inches. Ensiform to umbilicus, 11 inches. Umbilicus to anterior spine, 11 inches. Intra-spinous, 17½ inches. Ensiform to growth, 2 inches."

The case has been previously operated upon as is shown by the cicatrix running from just below the umbilicus to the pubes. We do not know the complications that are possibly beneath the surface,

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therefore the incision will be begun above the unbilicus and we shall proceed downward as rapidly as the conditions warrant. The steps of the operation, which we trust you will be able to follow, will be as follows:

1. Incision of abdominal wall.
2. Examination of the interior of the abdomen and removal of obstructions to delivery of tumor.
3. Eventration of the mass.
4. Separation of tumor, blood supply and deep adhesions.
5. Toilet of the peritoneum with hot normal salt solution.
6. Closure of abdominal wall with combined suturing of through and through stitches and the corset union of the fascia.

As the operation is now to open, I will ask one of the assistants to proceed with normal salt subcutaneous infusion and to maintain that work throughout the operation.

I have opened above the umbilicus, and finding freedom at the central line of the abdominal wall proceed to incise further, and find no obstacle until at the superior angle of the old cicatrix adhesion of the mass to the abdominal wall. These adhesions have followed the previous operation and are doubtless of traumatic origin. As the incision now extends from the ensiform cartilage to the umbilicus you see lifted upon my hands the large number of immense omental vessels which pass from above downward and form a massive network over the entire anterior and lateral surfaces of the tumor. These vessels are as large as the index finger and are so numerous that it is impossible to rapidly calculate their number. These omental adhesions have enriched the growth and give the reason for the varicose enlargement of their vessels, which having supplied blood to the growth have sustained it and permitted its enlargement.

(At this point Dr. Doughty said:

Ladies and Gentlemen: Dr. Ward, appreciating the vast difference between the estimates of the apparent weight of the growth and the actual weight of the tumor when removed, and desiring to make an interesting and at the same time instructive point, has requested that the surgeons on the House Staff guess at the weight of this tumor. These guesses have been sealed and put in these envelopes, and Prof. Ward has offered a prize of a complete set of Pryor's hysterectomy clamps to the person who comes nearest to guessing the correct weight.)

You will permit me now to pause a few moments while I as rapidly and safely as possible clamp the various omental vessels and free the fibromatous mass from the encasements of nutritive vessels and peritoneal expansion which have grown to be an actual nutritive channel and peritoneal envelope to the tumor.

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The mass now being raised upon the abdominal wall proves to be a massive fibroid of the uterus, arising from the uterine fundus as a sub-peritoneal growth. It is connected with the superior surface of the fundus by a one-inch pedicle. About the uterine fundus are smaller fibroid masses, all of which are to be removed by myomectomy. Had it not been for the accidental and early adhesions of these omental surfaces to the fibroid mass its growth would doubtless have been small and the rapidity materially inhibited.

I now proceed to the division of the pedicle, but before doing so



Surgical Lecture Room, Dr. Ward Operating.

I shall place three catgut sutures through the uterine fundus beneath the lowest point of attachment of this mammoth fibroid.

(Growth delivered. Much applause. The tumor carried out and the weight ascertained to be 29¾ pounds. The envelopes opened, and the guesses announced. Dr. Fowler guessed 24 pounds; Dr. Doremus, 28 pounds, and Dr. Loiseaux, 45 pounds, Dr. Doremus coming nearest to the correct weight.)

(The separation of the vessels and various adhesions from the first stroke to the delivery of the tumor, at the incision consumed 28 minutes. To the final removal of the tumor from the patient, 33½ min-

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utes. The final repair of the stump, 5 minutes longer. The various stages accompanied by applause.)

I shall now rapidly tie the sutures beneath the pedicle, which coapts the peritoneal edges of the uterine incision. This being completed, the uterus and ovaries being removed, we shall grasp the uterus with a vulsellum, turn it aside in the hands of an assistant, and proceed to the tying of the various points of the omental separation, now secured by some over two dozen forceps. (Here 15 minutes were consumed.) Hot cloths are to be placed over the intestines during the process, so that as much vital heat may be retained and as much encouragement to collateral circulation be favored.

I desire now, at the completion of the securing of the vessels, and before closing the abdominal wall, to pour hot saline solution into the abdominal cavity and give a therapeutic bath to the intestinal and other visceral tissues. This being completed and the fluid withdrawn, they are now kept warm by a reapplication of hot wet sterile flannel cloths.

We shall now proceed to the closure of the wound by grasping the superior angle with bullet forceps and raising the flaps of the abdominal incision, and passing through the entire length of the wound through and through abdominal silkworm-gut sutures by aid of the Doyen needle. The incision being over 18 inches in length, we shall pass 16 sutures through and through the abdominal wall, one inch apart.

This having been completed, the next step will be the union of the fascia through the agency of a corset suture, which I shall begin at the superior angle and proceed downward as far as this long and heavy silkworm gut, threaded with a needle at each end, will permit. Usually, in an ordinary incision, one, or at most, two corset sutures will suffice, but the enormous length of this wound will require several in order that perfect coaptation of the fascia margins may be accomplished.

We have, therefore, gentlemen, placed four corset sutures, and the lower angle having been reached, I shall tie them. Beneath the ends of each suture a bit of gauze is placed in order to determine their endings.

We proceed now to tie the through and through sutures, which have so perfectly coapted the wound as to require only in two or three points superficial catgut approximation of cutaneous margins.

With the accomplishment of this surgical work, we note that the patient, having passed upon the table with a pulse scarcely susceptible of being counted, bears now, while some evidence of shock ex-

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ists, a remarkably good showing, the pulse being 120; respiration 24.

I thank you for bearing with me through the tedious details of, in some respects, the most complicated case of circulatory adhesions that it has ever been my fortune to meet. I will ask Dr. Doremus, who has so successfully and ably followed as an important second in the perfection of the details of this surgical work, to complete the application of dressings and imparting the usual directions for the overcoming of shock.

Allow me, gentlemen, to gratefully express acknowledgment of the skilful management of the anesthetic in the hands of the official anesthist of the Flower Hospital—Dr. Buchanan.

(The length of the operation from start to retirement of operator was one hour and ten minutes).

Applause and the retirement of the operator.

Fistula.—Dr. Majumdar reports an undoubted case of complete fistula in ano, where, led by the symptom of involuntary emission of urine when coughing, he gave causticum 12 every morning for a week. This initiated an improvement which went on to complete recovery.—*Indian Hom. Review,* Sept., p. 125.

Pulsatilla.—Dr. Claude finds this remedy preferable to any other in headaches from over-work; and Dr. Parenteau has ascertained that in such cases the veins of the fundus oculi are greatly enlarged in calibre. Dr. Claude finds the mother-tincture aggravates, and the attenuations best made to mount gradually higher.

Calotropis.—An Indian practitioner relates a well-marked case of pneumonic phthisis in which calotropis gigantea ix, persistently given for several months, with an occasional dose of sulphur 30, restored general health and effected complete disappearance of the physical signs.—*Hom. World,* December, p. 544.

Eupion.—This product of the distillation of wood-tar has found little employment among us; but Dr. Hawkes, of Liverpool, says that there is no remedy he uses so often in chronic tubal disease, nor one with which he is so well satisfied. "Burning in the right ovary" and "gushing leucorrhea" are the pathogenetic symptoms which have led him to it.—*Monthly Hom. Review.*

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Editorial Department.

EUGENE H. PORTER, A.M., M.D. . . . . EDITOR.
ASSOCIATES,
GEORGE F. LAIDLAW, M.D., WALTER SANDS MILLS, M.D.

Contributions, Exchanges, Books for Review and all other Communications Relating to the Editorial Department of the NORTH AMERICAN should be addressed to the Editor, 181 West 73d Street. It is understood that manuscripts sent for consideration have not been previously published, and that after notice of acceptance has been given will not appear elsewhere except in abstract and with credit to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous or discourteous communications will be printed. The Editor is not responsible for the views of contributors.

THE AMERICAN INSTITUTE.

THREE times in the history of the Institute it has met at Boston. Once, June 9, 1847, when F. R. McManus of Baltimore was Chairman (Presidents were unknown in those early days); Edward Bayard of New York, General Secretary, and S. R. Kirby of New York, Treasurer; again, June 1, 1859, with P. P. Wells of Brooklyn, Chairman; Henry D. Paine of Albany, General Secretary; I. T. Talbot of Boston, Provisional Secretary, and C. H. Skiff of New Haven, Treasurer; and the third time, June 8, 1869, with Reuben Ludlam of Chicago, President; D. H. Beckwith of Cleveland, Vice President; I. T. Talbot of Boston, General Secretary; Timothy F. Allen of New York, Provisional Secretary, and E. M. Kellogg of New York, Treasurer. Of all these men, some of them eminently distinguished in the homeopathic school, but two are now living, Dr. D. H. Beckwith and Dr. E. M. Kellogg. From 1847 to 1869, or within a period of twenty-two years, three sessions of the Institute were held at the "Hub," but thirty-four years were then to elapse before Boston was to be favored by a visit from the national organization. What a contrast between 1847 and 1903! Then, Homeopathy struggling for a hearing, was ridiculed and despised; now it commands the respect even of its enemies. Then, the Institute was a feeble body, small in numbers and influence; now an organization of great power

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and prestige. Then, but few of the members had more than a local fame; now many are known throughout the world. Then, Homeopathy in Boston was fighting for its life; now it is a kingdom of itself.

But if these early sessions were slimly attended the faith and enthusiasm displayed was the more marked. The Homeopathy of that day was of the most stalwart variety. It recognized no other side and brooked no opposition. "Some," said the German philosopher, "say there is no God; others assert with equal positiveness that there is a God. The truth would seem to lie somewhere midway between these two propositions." There was nothing of that kind of philosophy with the forefathers of Homeopathy. They knew what they knew and would not be convinced otherwise. And so it may be well if at Boston some of the old indomitable spirit be aroused and new faith and new energy be awakened. But the boundaries of '47 are not those of 1903. Those who protest against this wider vision must be reminded that a broadening of the school does not mean an abandonment of principles. Conditions have changed, environments altered and medicine has become a mighty field to glean. Of all this the Institute must take cognizance. The questions of to-day must be solved by the men of to-day; those who while learning lessons from the past, apply the wisdom gained to problems of the present, and it must never be forgotten that to-day it is imperatively the duty of the Institute to instruct and lead the profession. If the profession should support the Institute, the Institute must show clearly that it ought to be supported. The duties are reciprocal. But the Institute has done its part and done it well, and at Boston, in June, it remains for the profession to show an active, living and intelligent interest.

From reports received we believe the Boston meeting will be one of the most important in the history of the Institute. The programme arranged is most admirable and the attendance promises to eclipse all previous records. New England, and particularly Massachusetts, should bring many hundreds of new members before the session closes. The new plan adopted at Cleveland is to be tried for the first time, and practical experience will determine its value. Homeopathy has a day, Materia Medica has a day, and the allied

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societies have days, days and a time. Many meetings of the Institute have been great, but the greatest of all should be at Boston, June 22, 1903.

HOMEOPATHY IN NEW ENGLAND.

IN this issue of THE NORTH AMERICAN may be found a number of interesting communications from some well-known New England physicians. These articles are written without bias, and state frankly existing conditions as the writers understand them. All the States except New Hampshire are represented, although every effort was made to obtain a report from that State. Although it may be with regret, yet, after a careful reading of these papers it must be admitted that Homeopathy in New England is at present making slight progress. In fact for the past twenty-five years, except, perhaps, in Massachusetts, ground has been steadily lost. In the old Bay State alone, during the last two decades, with the indomitable Talbot in command, aided by a host of able and enthusiastic workers, has Homeopathy won many and signal victories. The great progress made in Boston, the establishment of the great Homeopathic Hospital, the teaching of Homeopathy by Boston University, the State Asylum at Westboro, the splendid State and city organizations, have all naturally contributed to strengthen the school, not only in Massachusetts, but in all New England. In power, influence, faculties for teaching, hospital work, trained and zealous workers, all these are possessed to-day as never before, and yet the line seems nearly stationary.

It is extremely significant that Dr. Hooker and Dr. Peck, who view the field generally from different angles, both agree on one very important point and both decline to forecast the future. Substantially they state that it is not now so much a question of policy as it is of the man, and that homeopathic physicians no longer limit themselves to the simple prescribing of the indicated remedy. The inevitable corollaries to these propositions may be read in the very instructive letters from Connecticut and Rhode Island. It is noticeable also that none of our correspondents takes a pessimistic view so far as the continuance of the school is concerned, although they all recognize that changes are imminent.

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From a survey of the field we believe that Homeopathy in New England has every reason to feel encouraged. The changes visible and impending there are visible and impending elsewhere. Medicine has grown to be a mighty field for research and study. To cure disease by drugs may be one of the functions of a doctor, but he has to-day other duties not less important. Homeopathy may be the science of therapeutics, but it is not synonymous with medicine. While basic principles remain the same, conditions have changed, and the school is taking a more advanced position. It must do so if it is to remain a living force in the medical world. All that pertains to medicine is ours, and any other position is suicidal; nor does this mean amalgamation. Amalgamation is the last resort of vacillating minds. It is the cry of the coward who mistakes the readjustment of lines for an abandonment of the field.

Lack of space prevents further consideration of this subject, but in future numbers of the JOURNAL some opinions will be presented. The NORTH AMERICAN has many friends in New England and it is very glad to be able to present in one number the many sided pictures of Homeopathy "as she is." During the coming year our readers will be pleased to know that a number of the most distinguished writers in our school in New England will contribute papers of great interest.

The NORTH AMERICAN believes that the future of Homeopathy in New England is assured and is prepared to help make it so, and it hopes also that in a few years from now Brother Peck will not be obliged to ascribe all the "cussedness" of homeopathic physicians to poor old Roger Williams.

TWO KINDS OF ALBUMINURIA.

IN this country there are two kinds of albuminuria of frequent occurrence. These are the albuminuria of pure chronic interstitial nephritis and the albuminuria of interstitial nephritis of the arteriosclerotic type. For purposes of prognosis and for treatment it is essential to draw a sharp line of distinction between them. In the early stages this is often possible. In the later stages both disorders blend so that the original types may be indistinguishable.

Pure chronic interstitial nephritis free from arteriosclerotic

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changes presents the following history: A man between forty and fifty years of age in apparent good health, well nourished, living an active business life is rejected by a life insurance company because of albuminuria, or the albuminuria is discovered in some other accidental manner. To the astonishment of his friends and the insurance agent this man lives in apparent health for a number of years, and in the course of time is proudly pointed out as the man who was rejected by such and such a company so many years before. On physical examination such a patient may fail to show demonstrable lesions, and while we know that chronic interstitial nephritis inevitably leads to hypertrophy of one or both ventricles of the heart, this hypertrophy may not be recognized during life. The apex may be in its normal position and the relation of the first sound to the second and the predominance of the pulmonary over the aortic at the base may preserve their normal relations. This failure to detect a slight cardiac hypertrophy is not surprising when we consider that it frequently consists merely in a thickening of one-quarter inch in the ventricular wall. The urine in such a patient often presents a normal or even an increased excretion of solids. For a long time the specific gravity may remain 1018 or above and the quantity might not be at all increased over the normal of 40 to 50 oz. Beyond the slight albuminuria and few epithelio-hyaline casts and blood corpuscles the urine may present no sign of the gradual destruction of the kidney. The maintenance of full urinary excretion in this case is explained by the fact that under the proper blood pressure half a kidney can easily do the work of a whole one. The key to the diagnosis of such a case is the fact that albuminuria exists for a long time before the development of other symptoms.

The arteriosclerotic type of chronic interstitial nephritis presents a different picture. Here symptoms referable to the heart or changes in the arteries precede the appearance of albuminuria. The patient first complains of dyspnea or of vertigo. The vertigo recurs irregularly and is apt to be treated as "biliousness," cerebral anemia, or "liver," until the fully developed picture of cardiac dilatation and albuminuria reveal its true nature, that is, a disturbed cerebral circulation due to thickening or change in the elasticity of the wall of the cerebral arteries. Dyspnea, oppressed breathing, is one of the

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most troublesome and obstinate symptoms of this disease. Varying from slight dyspnea on exertion to violent nightly asthmatic attacks, it is a pure cardiac dyspnea and is practically always associated with dilatation of the ventricles of the heart. Examination of such a patient will reveal enlargement of the area of cardiac dulness with transposition of the apex to the left and downward, but the lungs are usually free from the edematous crackle which is so common in the parenchymatous or edematous nephritis. The urine of this patient often remains free from albumin for a long time.

The differential diagnosis between this type and the pure interstitial nephritis can often be made by the response of the albuminuria to rest in bed and cardiac stimulants. The arteriosclerotic patient walks into your office gasping for his breath and with cyanotic face and extremities and edema of the legs. You find the urine full of albumin and make your diagnosis of chronic Bright's disease. Put that patient to bed, feed him anything you please and administer digitalis, nitroglycerin, or other cardiac diuretic, and in 24 to 48 hours the dyspnea is generally relieved and the urine free from albumin. This feat, which often fills the friends of the patient with admiration of your wonderful skill in "curing Bright's disease," can be repeated a number of times on one patient, but the heart muscle sooner or later refuses to respond to stimulants, and increasing dropsy and uremia or cerebral hemorrhage close the scene. Not so with a pure interstitial nephritis. Rest in bed and limited diet will sometimes reduce the albumin, but we never see such prompt disappearance or the wide fluctuations which are daily presented by arteriosclerotic cases. Sooner or later, however, if the pure interstitial nephritis patient does not die of acute uremia, the ventricles of his heart will dilate and his arteries thicken so that neither during life nor at the autopsy can it be distinguished from the arteriosclerotic type. The only differential in such a case is made by the history which, to be of any value, should run back several years.

The prognosis is simple. In primary interstitial nephritis, acute uremia may occur at any time without warning. Except for this accident, the prospects for life are good for from 10 to 20 years if the heart is sound. If the heart has begun to dilate or dyspnea vertigo and edema of the ankles appear, indicating weakening circula-

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tion, the prognosis will depend entirely upon the condition of the heart. Increasing dyspnea and dropsy mean the near approach of death; decreasing dyspnea or dropsy or their disapearance means respite of long or shorter duration.

Notes and Comments.

The June Number.—In the brief but compact illustrated sketch of historical Boston and vicinity to be found elsewhere in our columns the Institute members and friends may find much useful information. The other illustrations in the JOURNAL speak for themselves. Of the special articles, each one is worthy of careful study. We modestly call attention to our circulation map, facing this page. It is designed to show at a glance the wide extent of the circulation of the NORTH AMERICAN and to indicate its standing abroad and at home. The frontispiece is a most excellent likeness of Dr. J. P. Cobb, who presides over the Institute at Boston this month.

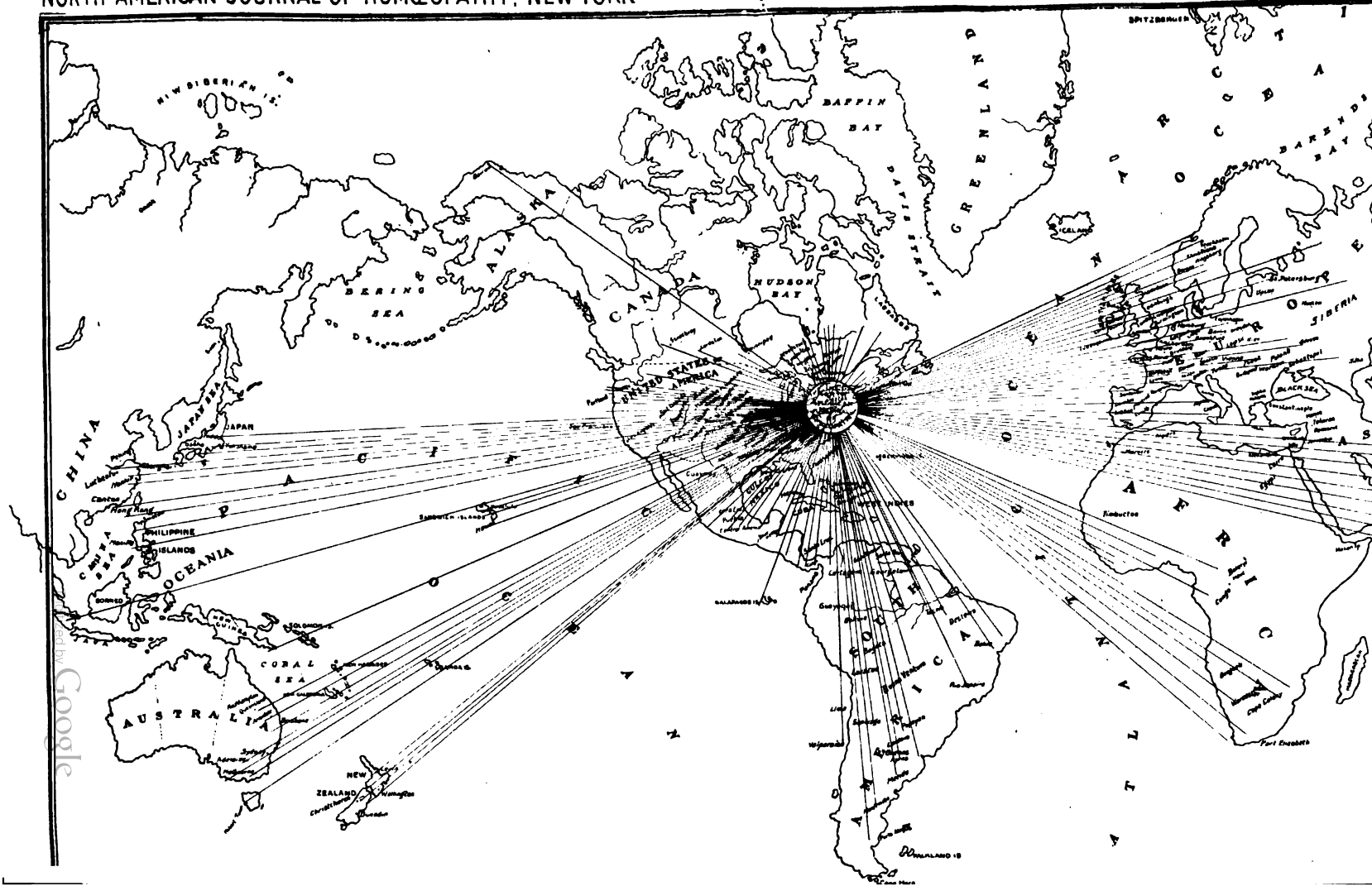
Gowanda State Hospital.—The steady growth of this hospital is very gratifying to the homeopathic profession. Within a few years this hospital has become one of the important State institutions. At a meeting of the Board of Visitation in May the buildings, grounds, and patients were all carefully inspected and the Board later gave its unqualified approval of the general management.

The new buildings which have been under construction at the State Hospital are nearing completion and the architect promises to turn over to the hospital authorities the west wing for women patients in May, and it is expected that the east wing for men will be finished about the 1st of June. This additional room will increase the capacity of the hospital so that 710 patients can be cared for, 360 women and 350 men. The hospital district now consists of the counties of Chautauqua and Cattaraugus. The district will be increased by the State Commission in Lunacy so that it will include Wyoming County and the towns throughout the southern part of Erie County. To relieve overcrowding, patients will be transferred here from the Buffalo and Utica State Hospitals. This increase in patients will increase the number of employees by about fifty.

To the executive ability of Dr. D. H. Arthur, aided by his able assistant, Dr. G. F. Adams, the marked success of the hospital is due. The State Board of Visitation consists of Fred. J. Blackman, E. H. Wolcott, M.D., Edwin C. Fisher, Frank W. Crandall and Eugene H. Porter.

The American Medical Association.—The recent meeting of the American Medical Association at New Orleans was one of the most successful in its history. Nearly two thousand members registered and the sectional meetings were often overcrowded. The work of the Association as evidenced by the addresses and scientific papers was above the average. How much the famous Southern hos-

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BERING SEA
ALASKA
CANADA
BAFFIN BAY
DAVIS STRAIT
GREENLAND
HUDSON BAY
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SPITZBERGEN
BARENTS SEA
ARCTIC OCEAN
SIBERIA
UNITED STATES OF AMERICA
CHINA
JAPAN SEA
JAPAN
PACIFIC OCEAN
PHILIPPINE ISLANDS
CHINA SEA
OCEANIA
CORAL SEA
AUSTRALIA
NEW ZEALAND
SOUTH AMERICA
ATLANTIC OCEAN
EUROPE
BLACK SEA
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pitality had to do with the success of the meeting may be difficult to accurately determine, but New Orleans is certainly a good convention city.

The British Homeopathic Association.—The special appeal of this young but vigorous association should be heeded by those who have the best interests of homeopathy at heart. It will be remembered that the first work it set itself about was to raise a Twentieth Century Fund of $50,000. Of this, $40,000 have been subscribed, but as $10,000 was given on the condition that the entire amount should be raised by midsummer of 1903 the remaining $10,000 must be secured at once. But the Association has not contented itself with raising the "Twentieth Century Fund," but has outlined a plan for active and aggressive work. As outlined the scheme provides (1) a series of lectures in London extending from May to the close of July; (2) a prize of $100 is offered for the best essay on the subject, "On the best means for the Organization and Development of Homeopathic Professional Education in Great Britain"; (3) a sum is to be set aside for the endowment of a "Travelling Scholarship." The scholarship shall be available for travel in the United States and a period of not less than three months be occupied in the work. Several other lines of work are under consideration and it is evident that homeopathy in Great Britain is about to move forward.

Medical Jurisprudence.—That a physician should know something about law as it relates to medicine there is no doubt, and as he cannot spend much time on his law studies it is important that his teaching be practical and concise. Such teaching seems to have been given by Judge Joseph M. Deuel at the N. Y. Homeopathic Medical College and Hospital last session, if we may judge by the questions presented. How many of our readers can answer correctly the following questions?

What must a physician show in order to recover for his services? What degree of skill does a physician, treating a patient, represent himself as possessing? Can a physician properly and safely experiment, and if so, when, how, and under what circumstances? (*a*) Is it any defense to a physician's claim for services that his treatment has not benefitted the patient? (*b*) State the exception, if any. In suit for malpractice, what is the test on physician's treatment as to such a claim? When, how, and under what circumstances is it necessary for a physician to advise a patient, nurse and family as to care of patient? How, and under what circumstances may a physician temporarily leave his practice? What are the essential conditions necessary to raise a question of privileged communication between physician and patient? What should a physician do, before performing a serious operation? (*a*) Can an attending physician perform an autopsy? (*b*) If so, what, if any consent, must be obtained? What, if anything, beyond passing examinations and receiving license, must a person do in order, legally, to practice medicine in New York? What, if any, penalty does a physician incur who fulsomely advertises himself as a practitioner?

The Middletown Hospital.—More than usual interest attaches to the first annual report of Dr. M. C. Ashley, who succeeded

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Dr. Talcott as Superintendent of the great Middletown State Hospital. The results of Dr. Ashley's first year of office as shown by the report are very satisfactory. The year began with 1,237 patients and ended with 1,272. During the year 88 were discharged as recovered, 32 as improved, three unimproved and one as not insane. The percentage of recoveries on number admitted was 39.64; on daily average population 6.92; on whole number discharged 47.83. The death rate is the lowest in twelve years. The report shows great attention has been paid to improving conditions where it was possible and a number of valuable recommendations are made to the State Commission which that body might do well to profit by.

The Doctor's Gig.—The Doctor no longer rides in a "one-hoss shay"; two horses even are not enough. He must have an automobile or he is behind the times. In fact the last eighteen months has witnessed a rapid increase in the popularity of automobiles among the medical profession. It is true that their popularity has increased quite proportionately among the general public and the craze may be said to be widely spread. It is not our purpose to discuss the question whether the use of automobiles will resemble that of the short-lived bicycle. We have discovered that discussion on this point with an ardent automobilist is not conducive to calm and peaceful old age. Nor shall we be cajoled into a debate on the speed limit. That also is vanity and vexation of spirit. But the automobile has many advantages for a doctor and if they prove cheaper to keep and repair and are less trouble than horses they will always be used by the medical men.

Tuberculosis Infirmary of the Metropolitan Hospital.—Tents are being erected on the grounds of the Tuberculosis Infirmary of the Metropolitan Hospital for the consumptives. The patients sleep in them at night and remain out of doors in the day time.

Correspondence.

HOMEOPATHY IN NEW ENGLAND.

CONNECTICUT.

DEAR NORTH AMERICAN:

Medical matters of to-day in Connecticut are so connected with those of the past, both remote and recent, that I cannot give a clear account of them without dipping a bit into history. And while I shall attempt to be accurate in my statements I shall refrain from expressing an opinion upon the causes which have operated to bring about the present situation, which is interesting and well worth careful study, even though it be somewhat disquieting. Connecticut has always been a good homeopathic State, for it embraced the New School early, being the fourth into which homeopathy made its way, and to Dr. Geo. Taylor of New Milford belongs the honor of being the first homeopathic physician in the State (1837). Of the eight

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founders of our State Society in 1851 not one is now living, but their names should not be forgotten; they were Jeremiah T. Denison of Fairfield, Charles H. Skiff of New Haven, William W. Rodman of Waterbury, George S. Green, C. A. Taft and John Shué of Hartford, William C. Bell of Middletown, and Elial T. Foote of New Haven. Not only have all the pioneers of homeopathy passed away, but there remain but few of its early practitioners, there now being alive but four men who were practising before 1860. They are George P. Cooley of New Britain, William H. Sage of New Haven, Paul C. Skiff of New Haven, and Charles E. Sanford of Bridgeport. Dr. Sage is in partial retirement in Woodbury, while the three others are in active practice. Dr. Sanford is the best known to the members of the Institute and of our State Society, as he is rarely absent from meetings of either body. After forty-five years of constant practice he is in the prime of his powers; strong of body and vigorous of mind he bids fair to outlast many younger men.

While Connecticut has always been a good homeopathic field we have not made as much progress in establishing institutions as we should have done, considering the large number, high position and wealth of our patrons. We had no hospital until 1892, when Grace Hospital was established in New Haven. This is now a growing, flourishing institution, ably managed both by the public spirited citizens on its board of trustees and by the physicians who constitute its staff. It must be conceded that New Haven leads the State in energy, public spirit and devotion to homeopathy. Grace Hospital was established with the help of an appropriation from the legislature and it receives an annual grant of $5,000 from the same source. A few years ago a hospital was started in New Britain by the efforts of patrons of homeopathy and of the Old School and it was launched with a staff on which physicans of both schools served. This aroused opposition among the more illiberal Old School practitioners, with the result that all the Old School men resigned and the hospital was run for some time entirely by the homeopaths. Gradually, however, the broader minded found their way back into the Hospital, and it is now conducted amicably and successfully by a divided staff. The legislature makes an annual grant of $5,000 toward its support and is probably going to appropriate a larger sum for an addition and improvements. Grace Hospital and the New Britain Hospital are the only public institutions in the State in which homeopathy is practised. There are a number of private sanitariums under homeopathic management.

The late Dr. Grove H. Wilson of Meriden, was a member of the State Board of Health for many years, but two years ago, on the expiration of his term, he was dropped and since then there has been no representative of homeopathy on the Board. Our State Society took action in regard to the matter and urged the appointment of Dr. A. W. Phillips of Derby, at the next vacancy, which will occur in July. Gov. Chamberlain has acceded to our wishes, and has nominated Dr. Phillips, and the senate has promptly confirmed the nomination.

We have been working at every session of the legislature for the last six years to secure the establishment of a State Homeopathic

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Hospital for the Insane, but hitherto without success. We have in the past been unable to even get a favorable report from the Committee on Humane Institutions, although the present hospital at Middletown has long been overcrowded and increased accommodations for the insane must be provided somewhere. This year we are making a more strenuous effort than ever, and are very hopeful, almost confident indeed, that we shall get a favorable report at least. Dr. N. Emmons Paine, of West Newton, Mass., and Dr. C. Spencer Kinney, long the lamented Selden Talcott's assistant, came to our aid and rendered valuable service at our hearings. Petitions from patrons of homeopathy, property owners to the extent of eighteen million dollars, were secured in a few days, asking that the new hospital be placed under homeopathic control. Many petitions came from persons who are not patrons of homeopathy, yet making the same request. The outcome is yet uncertain and may not be determined for several weeks.

In regard to medical legislation we are in excellent condition. The first serious attempt to regulate the practice of medicine was made in 1893, when an act was passed making a diploma from a recognized medical college a prerequisite to license to practice, or, in lieu of diploma, an examination by one of three boards, which were created at the same time. In 1897 the law was amended making an examination obligatory upon everyone, no matter what the college, who commenced practice in the State. In 1901 it was again amended allowing only those who hold diplomas from recognized colleges to take the examinations. An attempt was also made that year to change from the three board to the single board system, but this was abandoned when we firmly insisted that if such change were made the homeopaths should have equal representation. It is but fair to say that every bill has been previously agreed upon by a joint committee from the respective State societies, and that our friends, the "regulars," have in no instance attempted to take any advantage of us or to force through legislation to which we were opposed. This year we have agreed to a further amendment of the practice act which allows the three boards to recognize licenses from other States having standards equal to our own, and this amendment will without doubt become law by next July. We shall then have taken a decided step in advance in the vexatious matter of reciprocity.

While we are holding our ground in Connecticut the homeopathic physicians are but slowly increasing in numbers. In 1898 nine applied for examination, in 1899 eight, in 1900 eleven, in 1901 eight, and in 1902 seven. Connecticut always has been and is still a good field for homeopathy, but there is a subtle change going on, it seems to me, which should not be overlooked. As a school homeopathy has not the hold upon the people that it formerly possessed. The homeopathic physicians themselves are not losing business, but they gain it and hold it largely because of their individual force and ability, and not because they are homeopaths. Formerly it was the system which drew patronage, now it is to a greater extent the man. The children of families who, a generation ago, were ardent supporters of homeopathy, care much less for it than their parents did, and as likely as not select for their family physician one who knows

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not the old faith. When an old homeopathic physician dies, where does his practice go? It scatters to the four winds of heaven and I doubt if half of it stays in the homeopathic camp. This is food for thought. I believe that the homeopaths are gaining more than they are losing, and they have no reason for discouragement, but times are changing, and it is but common sense to observe what is going on and to reflect. I have my own ideas as to the reasons for these changes, but, as I said at the outset, I am not going to express opinions but chronicle facts. Besides, I have already occupied far too much space in chatting about the affairs of so small a State as Connecticut. I must, nevertheless, not fail to note that the relations existing between the Old School physicians and ourselves are far pleasanter and more harmonious than they used to be. Their attitude toward us varies, however, in different parts of the State. In New Haven, for instance, there is more of the old hostility than elsewhere, far more indeed than exists in Hartford, where our relations are particularly friendly. Consultations are of common occurrence, and social relations bring many of us together in intimate association. Our Old School friends have a beautiful building, the gift of a deceased physician, known as the Hunt Memorial, which is the home of the Hartford Medical Society, their city organization. We are often invited to attend their meetings when some noted physician is their guest, and to take part in the discussion following his lecture.

At the semi-centennial celebration of the Connecticut Homeopathic Medical Society held in Hartford in 1901, the President and Secretary of the Hartford Medical Society were our guests at dinner, and responded in a most cordial manner to the toast of "Fraternity in Medicine." Truly, the old things are passing away and we know not yet what these changes portend.*

EDWARD BEECHER HOOKER.

Hartford, May 11th, 1903.

RHODE ISLAND.

DEAR NORTH AMERICAN:

The absolute standing of scientific medicine in the land of Roger Williams is indeterminate. A consideration of certain facts of public record will demonstrate the accuracy of the assertion.

Polk reported in 1902 that 652 medical practitioners reside more or less of each year in Rhode Island, of whom but sixty-one claimed to be homeopathists. In other words, but 9.36 per cent. of its physicians acknowledged Hahnemann as their chief instructor. Four years earlier, however, they numbered 12.17 per cent. of the profession. It appears, therefore, that the new school experienced in the space of four years a proportional lapse of nearly 25 per cent. It not only failed to secure recruits concordant with the growth of the State, but there was an actual depletion of its ranks apart from losses by removal and death. For example, an ex-member of the American Institute was reported a homeopathist in 1896, 1898 and 1900, but a regular in 1902, a title claimed for himself, however, when complying

*In the New London Hospital the homeopaths form a part of the staff and are assigned one fourth of the patients.

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with the registration law, June 1, 1895. An ex-president of the Homeopathic Society was appropriately listed in 1893 and 1896, but was designated a regular in 1900 and 1902. In March, 1903, he resigned from the society because his views on homeopathy had undergone modification and were no longer in consonance with those held by its members. A prominent State official was styled a homeopathist in 1893, but since 1896 he has been classed a regular, though registered with the State Board of Health as the former. More surprising, however, was the discovery that a member alike of the Institute and of the State Society had notified the Board of Health that the "school or system of practice (he) intended" to follow was the regular, while one of our ex-presidents declared his practice would be "doctor of medicine!"

Again turning to Polk we find a gentleman who has been identified with the Rhode Island Homeopathic Society since its reorganization, soon after the Rebellion, has been listed in recent editions as a regular, while one of the younger members of the Rhode Island Medical Society has been rated as a homeopathist. *Perhaps* these apparent misrepresentations are due to errors on the part of one of Mr. Polk's employees. But equally interesting is the record of an enterprising graduate of a recognized homeopathic college, who in six years secured the diplomas of the State and National Societies of corresponding faith and, upon examination, that of the Rhode Island Medical Society (Allopathic). Of course, prior to his chef-d'oenore he had resigned from the two former organizations. Naturally his rating has been conformed to his acts.

As still farther indicative of the difficulty in ascertaining the precise standing of homeopathy in the Providence plantations another kind of evidence must be introduced. For reasons that will readily appear it must be strictly impersonal. The reader may place such credence in the assertions as to him seem judicious. An ex-president of our State Society remarked one day, "People don't think so much pathy as they did formerly; they don't care what a man calls himself; all they ask is to get cured." At its last meeting one of the youngest and most promising members asked another ex-president, who ranks as our most successful general practitioner and, as might be expected, our most accurate prescriber, why we should maintain our entity as a distinct school. It is needless to add he received his answer. At the annual banquet in 1902 my *vis-a-vis* remarked to the next diner, but with gaze fixed on me, "I never use anything but compound tablets." The member on my right promptly added, "I'm with you there," while the person first addressed smiled his approval.

Enough has been said to reveal the unrest, the indecision of a certain portion of the alleged homeopathic profession of Rhode Island. What are its causes? Half a century ago Abraham H. Okie, Ira Barrows and Henry C. Preston practically monopolized the silver bell pulls of the State. When the first of these, a man whose brilliancy has been but rarely exceeded and whose course was correspondingly erratic, sold his birthright for a mess of potage and coquetted with the allopathic profession that he might secure its consultations (even requiring his wife to withdraw from the Board of Directors of the Ladies' Homeopathic Hospital Aid Association)

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local scientific medication received a well-nigh mortal wound, from whose effects she is to-day suffering. In due season he reaped his reward. So far as the medical world is concerned he died "unwept, unhonored and unsung." Well would it be for us always to remember that however much men may love the treason they *despise* the traitor.

A second cause of remoter origin and of deeper influence is the principle of soul-liberty, the clear enunciation of which immortalized Roger Williams. Individualism is rampant. Its demoralizing effects are more conspicuous in the stranger within our gates than in him to the manor born, howbeit even there they are sufficiently noticeable. Preacher, politician and physician are alike its victims. Law is ignored, self rules. The proper thing to do is that which none other hath done. Twenty-five years hence the nation, the world will here witness its ultimate fruitage.

A third cause is the manufacturing pharmacists who, with a bewildering flourish of trumpets, herald to the world the advent of each new preparation. It is safer, surer, pleasanter than anything hitherto devised. The credulous forget that in *each* particular the homeopathic preparation of the indicated remedy is still immeasurably in advance.

The collapse of the Rhode Island Homeopathic Hospital through overbuilding disproportionate to its capitalization, was a severe blow alike to the profession and to the laity. The loss is partially remedied, however, by the elegant private hospital of Dr. Henry A. Whitmarsh, and the less pretentious but equally serviceable Channing Hospital, under the management of Dr. Waldo H. Stone. Other eligible institutions conducted by private individuals are open to all reputable practitioners, so that when the practical benevolence of most of our profession is taken into account, anyone that can meet a moderate board bill may enjoy ample hospital facilities under his chosen attendant.

Our school is well supplied with specialists. Among the surgeons is Charles L. Green, honored and loved by all, who commenced his professional career on the battlefield of Gettysburg. The next in seniority are the gentlemen mentioned in connection with their hospitals. Among our younger members a number are winning their way in this field. Of our occulists and aurists, Sayer Hasbrouck alone has attained national reputation.

Of the twenty-four medical examiners four are homeopathists: George F. Allison, of East Providence; Charles A. Barnard, of Centerdale; John C. Champlin, of Block Island, and Robert G. Reed, of Woonsocket. So also are two of the five physicians on the State Board of Health; Albert G. Sprague, of River Point, Chairman, and John C. Budlong, of Providence. Nor was the New School overlooked by His Honor William H. Sweetland in the appointment of Court Alienists for the District of Providence where he presides.

In view of the foregoing circumstances it is evident the outlook for Scientific Medicine in the "State of Rhode Island and Providence Plantations" is by no means discouraging, though not as favorable as might be desired. It is still possessed of a strong band of champions who entertain no thought of surrender, but combat Æsculapian

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errors and superstitions as zealously, if not so successfully, as disease and death. Magna *tamen* veritas et prævalebit!

GEO. B. PECK, M.D.,
Providence, R. I.

VERMONT.

DEAR NORTH AMERICAN:

Homeopathy has found its way into the homes of our people in Vermont more thoroughly than in any other district of like character made up as the commonwealth of Vermont is, largely of country life and rural hamlets, including the larger cities where it also has many loyal supporters. This may surprise many of your readers. However, as a matter of fact, Vermont is an old field for homeopathy. Early pioneers of the faith were few and widely separated throughout her rugged domain, but the "new school" was well represented, and they builded well. The leaven worked among her people rural though intelligent, and from the widely separated areas extended in all directions, until it has embraced the whole, north, south, east and west. The old practitioners of homeopathy had to cover large territories, extending sometimes twenty miles in each direction, carrying the light and "little pills," much scoffed and damned, still working cures without violence, supplanting bleeding, puking and purging, which was the "long suit" of the dominant school sixty or more years ago, which were the early days of homeopathy in Vermont. The people were ready for it, anything to escape calomel, emetics and the lancet, and they were quick to take up the better way, the much derided "diluted water" and "sugar pills." Thus homeopathy, speaking in the parlance of modern commercialism, drummed its own trade in Vermont, and thus it is that many of the more intelligent people, rich and poor alike, all over Vermont, are to-day employing homeopathic physicians.

The days of opposition, derision and persecution are past. No longer is a homeopathic physician designated as a "knave or a fool." The older physicians who were most bitter have passed on, and the younger allopathic are more liberal, and homeopathic physicians in all parts of the State are recognized and stand for what they are worth with fellow practitioners of whatever school, working in entire harmony.

Among the early pioneers above mentioned were Dr. C. B. Darling at Lyndonville, Dr. Taplin at Montpelier, Dr. Brigham at Waitsfield, later Montpelier, Dr. Eells at Cornwall, Dr. G. E. E. Sparhawk at Gaysville, now Burlington, and a little later Dr. Van Duesen at Waitsfield, Dr. Scott at Irasburgh, Dr. A. E. Horton at Poultney. All of the above are now deceased except Dr. Sparhawk and Dr. Horton. These men were all sturdy, zealous advocates of homeopathy, and laid the foundation of our present status. We have now about sixty-five physicians practicing homeopathy in Vermont. We have a flourishing State Society chartered in 1858, holding regularly annual and semi-annual meetings. There is but one strictly homeopathic institution in the State, the Sparhawk Sanitarium at Burlington, Vt., founded about twenty years ago by Dr. G. E. E. Sparhawk, now

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retired, his son, Dr. Sam, being in charge. This is a prosperous and admirable institution with capacity for twenty patients, including all kinds of baths and electrical appliances.

The House of Correction, at Rutland, a State institution, is under homeopathic control, Dr. E. I. Hall being the physician in charge. Dr. T. R. Waugh is superintendent of the hospital at St. Albans, though the staff is allopathic. Dr. Sam Sparhawk is a visiting physician to the Mary Fletcher Hospital in Burlington, which is the hospital of the University of Vermont Medical College. Dr. Charles A. Gale has been a trustee of the Rutland City Hospital since its organization in 1894. Dr. Hall and Dr. Gale are also on the attending staff, composed of twelve members.

Dr. G. E. E. Sparhawk, a graduate of Hahn, Philadelphia, '53, a classmate of our late lamented Helmuth, is the Nestor of our school in Vermont. He has been in active practice ever since, a much beloved, honored, brilliant practitioner. For years he was located at Gaysville, where for miles around "Dr. George" was a familiar figure and a welcome visitor in many homes. About twenty years ago he moved to Burlington, where soon after he built the Sparhawk Sanitarium, which he conducted successfully until three years ago he gave up the active management to his son, Dr. Sam.

Another notable practitioner of our State is Dr. A. E. Horton, East Poultney. He was graduated from the medical department of the University of Vermont forty-five years ago this June. He soon adopted homeopathy as his medical creed, and is still in active practice. He is "nigh on to seventy," but still robust, thinks nothing of a twenty-mile drive any forenoon, has a large and very loyal clientele, who honor and love him. He is an enthusiastic botanist, and makes all his tinctures of native plants used. He has two sons who are also practicing homeopathy successfully. Dr. A. E. Moore, Woodstock, is a great student in homeopathy and an accomplished microscopist. He has proven several drugs, notably Solidago, a valuable remedy in la grippe, and especially hay fever. There are many others, skilled practitioners, upholding the faith in our school, but space forbids, and enough has been said to show that homeopathy is on a substantial basis in Vermont, as firm as her green mountains.

Fraternally yours,

Rutland, Vt., May 14th, 1902. CHAS. A. GALE.

MAINE.

DEAR NORTH AMERICAN:

Fifteen years after Mr. Gram returned to this country to practice the new doctrine which he had learned in Europe, a foreign practitioner of homeopathy named Dr. Sandicky came to a hotel in Bath where the late Dr. W. E. Payne was boarding. He loaned him the Organon to read; and the description of his reflections, as, unmindful of the fleeting hours, he read on and on, until the gray light of morning broke in upon him, is charming. "Give me a rule," he thought, "that will hold good in all parts of the world, as well in the Eastern as in the Western hemisphere—in the malarious regions of India, as well as in the salubrious climate of New England. Is similia simili-

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bus curanture this rule? Is all this true, and will it stand the test of experience?" He obtained a copy of Hernig's Jahr and a few remedies. His trial case was a desperate one of pneumonia that had threatened to defy all routine treatment. The promptness with which the disease yielded to his remedies gave him courage to proceed with his experiments, and as brilliant success crowned his further efforts he abandoned the old practice utterly and cordially embraced the new and better system. To quote his own words: "On the 16th of October, 1840, I made my first prescription in accordance with the law of similars; and according to the best information I have been able to obtain, this was the first predetermined and conscious homeopathic prescription ever made in Maine by a resident practitioner." Dr. Payne was president and corresponding secretary of the American Institute of Homeopathy and for several years a member of the Board of Censors. He was the first president of the Maine Homeopathic Medical Society. As a member of the Bureau of Materia Medica of the American Institute he aided in the provings of the following remedies: Rumex Crispus, Mercurius Jodatus Rubrum, Polygonum, Glesemium and Lilium Tigrium, the last of which he had the honor of introducing into the Materia Medica. Many of our physicians in the State have been largely influenced and aided by his teachings and he is known as the father of homeopathy in Maine.

The Maine Homeopathic Medical Society was organized in 1867, and now about seventy of the one hundred and twenty physicians practicing in the State are members of the society. One or more homeopathic physicians are located in the larger towns and cities of the State, except at Brunswick, which for years has been the seat of the Maine Medical School. Drs. Hanscom, of Rockland, and Trull, of Biddeford, have private hospitals that are a credit to homeopathy. There are also one or two hospitals in the State that permit homeopathic physicians to enter patients and care for them themselves, but generally speaking, the dominant school has effectually kept us out of public institutions, and there is need of much persistent and united effort from the physicians and the people desiring homeopathic treatment, in order to admit us to the insane and general hospitals of the State.

CORA M. JOHNSON.

MASSACHUSETTS.

DEAR NORTH AMERICAN:

Here at the Athens of the New World where the American Institute is soon to be held, there are a few matters of some general interest, and first, perhaps, the hospital may claim attention. The report of this institution recently published is an interesting one, and shows practically the capacity taxed throughout the year to the utmost. No special changes are apparent in the policy, and with over seventy free beds maintained throughout the year the expenses exceed the receipts by something more than twelve thousand dollars. This shows a balance on the proper side if the public is to continue its interest in the work.

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The recent meeting of our State Society was quite successful. Especially so was the banquet and the bureau which reported immediately afterwards. I say reported, which it did in part, but much of the time of the bureau was occupied by a discussion over the proposed advance in the price for beds in the Homeopathic Hospital. The society holds no legal relationship to the hospital, but since it is the oldest and largest homeopathic hospital in the State, and is the result of the efforts of the leading members of the society of one and two decades ago, naturally the members have much interest in it and its future. As is usual in any discussion diverse views were held and many facts were brought out, the essential underlying one being that the work of the hospital has incurred 20 to 25 per cent. annually and now its utmost capacity is taxed, and no provision has been made for further expansion. Thus there has come to be a long waiting list, and as a business proposition the price of rooms might be advanced and still be filled all the time. The protest came not on the high-priced rooms, but that the hospital might not become a hospital of extremes of free and high-priced patients excluding the middle class. However, the hour or more was lost to the scientific session, while the moral influence had been felt at a conference held some days before. But we have digressed, and in returning to the original topic, we must bear witness to the general high character of the papers presented at this annual meeting. How to find time for the many good papers and the proper discussion of the same, is still an unsolved problem, and one which will require much careful planning to perfect. One suggestion is that two full days be occupied for the meeting, but that one or more days intervene so that the practitioners out of Boston may better plan their work so that they may attend all the sessions. Financially and numerically the society is advancing and it must yet adapt itself to the larger numbers and the spirit of the age.

Again, there is a movement among the trustees of the Dispensary to increase their working space and complete the building. One hundred thousand dollars is the sum estimated to be necessary to complete the building on the original lines and when completed they will have one of the finest and most valuable out-patient buildings in the world. This has been the hope and intention of those interested in it and now the movement has gone farther than ever before, and we hope the work will continue till the result is gained.

And now, in closing, just a word as to the American Institute, which will be assembling soon after this is in type. It is confidently expected that it will be a large meeting and a profitable one. Most of the plans are made and the working out of them will show how well the work thus far has been done. But all who ever care to enjoy the Institute should come and be prepared to make much of the opportunity and also help to make the session a marked success.

A. H. POWERS.

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BOSTON.

SOME INTERESTING FACTS FOR INSTITUTE MEMBERS.

Granted that a city be a good place for holding a meeting for the American Institute of Homeopathy, it is doubtful if any other center of population in the country can outstrip Boston in its advantages; and while it may be that some who go to Boston ostensibly to attend the Institute will be lured away from some of the sessions by the attractions of the city itself, it is more than probable that these very attractions, taken in conjunction with the scientific sessions, will prove a magnet drawing a much larger attendance of members than would sessions held at some summer resort.



Faneuil Hall.

Boston has charms for the admirer of the past and for the lover of the present, for the man of historical instinct who can read sermons in stones, and for the man who thinks the good old times were not nearly as good as those in which his lot is cast. To the inlander Boston has a further charm in its proximity to the ocean, affording him to get a whiff of the salt air, and bidding him tempt the sportive breeze.

The Hotel Somerset, the headquarters of the Institute, is situated at the junction of Commonwealth avenue and the Fenway, in the aristocratic residence portion of the newer city, and the other hotels which will receive the patronage of the attending members are within a few minutes' walk of it. All these are situated in the Back Bay district, almost within sight of the Charles River Basin. Across the street from the Institute headquarters is the Fenway, one of the public grounds of the Boston Parks System. It is connected to the Public Gardens by Commonwealth avenue, one of the finest boulevards in

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the world. This system of parks is well worth investigating, and a drive through the parks and parkways is one of the things that the visitor must "do" before he leaves the city. Boston has also a Metropolitan Park System which embraces a number of reservations containing many hundreds of acres in different suburban districts.



Bunker Hill Monument, Charlestown.



Public Library, Copley Square.

A number of the hotels at which members will find themselves quartered are within a stone's throw of Copley Square, the headquarters of literary, artistic, and ecclesiastical Boston. Here, facing on the Square are to be found the Free Public Library, the Museum of Fine Arts, Trinity Church, and the new Old South Church. The

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magnificent library building houses the largest and most important collection of books in America outside of the Congressional Library at Washington; but to the casual visitor this fact gives way in his estimation to the intrinsic beauty of the structure itself. It is a granite quadrangular building surrounding an inner court, built in



King's Chapel, corner Tremont and School Streets.



Trinity Church, Copley Square.

the Italian Renaissance style of architecture. The grand staircase of marble is surmounted by mural paintings by Puvis de Chauvannes, and more of his work is seen in the corridor at the head of the stairs. In the delivery room is Abbey's famous series of pictures illustrating "The Quest of the Holy Grail." Sargent's pictures representing

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"The Triumph of Religion," are found in Sargent Hall, on the third floor.

The Boston Museum of Fine Arts ranks next to the Metropolitan Museum in New York. Admission is free on Saturdays and Sundays, a fee of twenty-five cents being charged on other days. The collection embraces casts, bronzes, pottery, and paintings. Trinity Church will be associated for many generations with the eloquent Bishop Phillips Brooks, and the new Old South is the successor of the Washington Street Church that went by that name.

The Public Garden, with its shrubberies and bedded plants, and its fine equestrian statue of George Washington, is a little nearer the heart of the city, and adjoining it is the historic Boston Common, which carries us back at once to 1640, when the space was laid out



The Old South Meeting House, corner Washington and Milk Streets.

as a training ground. Across from one corner of the Common is the Massachusetts State House, surmounted by a golden dome that Oliver Wendel Holmes declared to be the hub of the universe. Doric Hall, Memorial Hall, and the Council, Senate, and Representatives' Chambers should be visited. The State House occupies the summit of Beacon Hill, and running from it and skirting the northern ends of the Common and Public Garden is Beacon street, once the home of all that was fashionable in Boston.

The State House is a sort of a link between old and new Boston. Not far from the Common down Washington street is the Old South Meeting House, built upon Governor John Winthrop's garden, the point of departure of those concerned in the "Boston Tea Party," and now used as a historical museum. This part of the city abounds in quaint little streets, often dignified by the name of avenues, that are at once a delight and a source of vexation to a visitor. They lure the unwary traveler on to a short cut that seems inevitably to lead him within a few feet of the point he started from. The oldest build-

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ing in Boston, the Old Corner Book Store, is on School street, close by, and the City Hall is but a step from it. At the corner of School and Tremont streets is the King's Chapel, the first Episcopal Church in Boston, where Washington attended service; later it passed into the hands of the Unitarians. The King's Chapel Burying Ground, attached to the church, contains the remains of a number of Boston's worthies.

The Old State House is on Washington street, at the head of State; it is the center of much of the history of revolutionary days. In front of the State House the Boston massacre took place. A few short blocks north of here is Faneuil Hall, the "Cradle of Liberty," named after Peter Faneuil, who gave the first building to his fellow-townsmen for a market and town hall. Here were held the town meetings, and here were laid the plans that culminated in the War of Independence. In the cramped little streets in this neighborhood lived the principal men of the times; here also were to be found the



The State House, Beacon Hill.

Hancock, Sun, and Green Dragon Taverns, in which the notables were lodged as guests. Christ Church, the Old North Church, is near the north end of the city. From its steeple the signal flashed that started Paul Revere on his famous ride.

Charlestown, West Roxbury, Roxbury, Dorchester, and South and East Boston are outlying sections that have been annexed to the main city. Charlestown is famous for its Navy Yard and the Bunker Hill Monument, and some of the others are delightful residence sections.

Cambridge, Boston's largest suburb, vies with New Haven for the honor of being the most famous American university town. On Harvard Square will be found the group of university buildings, consisting of various halls, dormitories, museums, etc. Of particular interest to members of the Institute will be the Museum of Comparative Zoology, which is open free to visitors every week day from 9

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to 5. This collection has no equal in America. The Medical, Dental, and Agricultural Departments of Harvard are to be found in Boston, and the Arnold Arboretum, which forms one link of the Boston Public Parks System, is its botanical garden. Christ Church, on Garden street, dates from 1761, is associated with Washington's stay in Cambridge, and has relics of revolutionary days that make it worth a visit from those historically inclined. Near it is the Washington Elm, bearing Longfellow's inscription, "Under this tree Washington first took command of the American Army, July 3, 1775." Brattle street is not far away, and here will be found the Vassall House, Washington's headquarters while in Cambridge, and Longfellow's home from 1835 to his death.

The harbor, its shores and islands, are among the great attractions of Boston. On either shore the city controls great sweeps of beach to be preserved as pleasure places forever, and the seventy-five islands that dot the bay are, with few exceptions, owned by the city, state, or national governments. Winthrop, Revere Beach, Nahant and Salem Willows are on the north shore; on the south shore are Hull, Nantasket Beach, Hingham, and historic Plymouth with its famous Plymouth Rock. These places can all be easily reached from Boston, either by trolley, steam cars, or boat. The boats going to the south shore resorts give a fine view of the harbor and carry one among the islands, many of which are occupied by public buildings belonging to the national, state, or city governments.

A number of places of historical and literary interest can be reached from Boston by trolley, including Lynn, Salem, the "witch city," with the Roger Williams House, Hawthorne's birthplace, and the House of the Seven Gables, Danvers, with its homeopathic insane hospital; Gloucester, the famous fishing town; Lexington, with its historical Common; Concord, of revolutionary fame, where the first blood was shed in the War of Independence; Brookline and the Newtons.

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INSTITUTE PROGRAMME

MONDAY June 22	TUESDAY June 23	WEDNESDAY June 24	THURSDAY June 25	FRIDAY June 26	SATURDAY June 27
	9.00 a. m. Inst. Bus.	9.00 a. m. Inst. Bus.	9.00 a. m. Inst. Bus.	9.00 a. m. Inst. Bus.	9.00 a. m. Inst. Bus.
10.00 a. m. O. O. & L. Society	10.30 a. m. Bureau of Pedology	10.30 a. m. Bureau of Homeopathy	10.30 a. m. Bureau of Materia Med.	10.30 a. m. Bureau of Clinical Medicine	10.30 a. m. Unfinished Proceedings Adjourned Bureaus
	12.00 m. Sanitary Science				
1.00 p. m. Luncheon	1.00 p. m. Luncheon	1.00 p. m. Luncheon	1.00 p. m. Luncheon	1.00 p. m. Luncheon	
					Local
2.30 p. m. O. O. & L. Society	2.30 p. m. Obstetrical Society O. O. & L. Society Bureau of Sanitary Science and Public Health	2.30 p. m. Bureau of Homeopathy Obstetrical Society O. O. & L. Society Surgical and Gyn. Society	2.30 p. m. Bureau of Pedology Electro-therapeutical Society S. & G. Society	2.30 p. m. Bureau of Clinical Medicine S. & G. Society Elec.-ther. Society to 6 p. m.	Committee Excursions
4.00 p. m. Institute Opening				4.00 p. m. Bureau of Materia Med.	Local Committee
6.00 p. m. Dinner	6.00 p. m. Dinner	6.00 p. m. Dinner	6.00 p. m. Dinner	6.00 p. m. Dinner	Entertainment
8.00 p. m. Opening Exercises Institute Reception	8.00 p. m.	8.00 p. m. S. & G. Society O. O. & L. Society	8.00 p. m.	8 p. m.	

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Materia Medica.

CONDUCTED BY
J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M.D.

Death of a Fetus Following an Injection of Diphtheria Antitoxin into the Mother.—Dr. E. R. Houghton, in the *Medical Record,* says: A question, to which as yet I have been unable to obtain an answer, has arisen in my practice. What is the effect of antitoxin on the child of a pregnant woman? My case was as follows: Mrs. A. engaged me for her confinement when she was eight months pregnant. I examined and measured her. It was to be her second child, and everything seemed normal. The fetal heartbeat was 165. In two weeks I examined her again, and found the child very vigorous and heart strong and the sound loud. A day or so later she visited a friend. While there, a doctor came in and informed my patient that there was diphtheria in the room and she must take antitoxin to render her immune. She objected and wished to consult her physician, but her objections were overruled and she submitted to the injection. At once she felt faint and very cold, but after a few moments rallied and went home. The outside air revived her. She noticed that afternoon and evening that there were no fetal movements. She sent for me. On examination, I found no fetal heart, no movement, and discovered that the child had changed from a head to a breech position. The child was freely movable, but did not respond in any way.

I saw the woman several times before satisfying myself that the child was dead. The woman was confined two weeks later at term. The child was born dead, and showed that it had been dead some time, the skin being macerated and the placenta very friable. The confinement occurred two weeks after the injection of antitoxin. The woman did nothing to cause the calamity, and it seems improbable that there was any internal cause of death, as she had previously carried and given birth to a normal full-term child. The question is, did antitoxin affect the child or did the shock of the exposure, and the antitoxin injection cause a subplacental hemorrhage and subsequent death of the fetus?

Potassium Permanganate as a Specific Antidote in Morphine and Opium Poisoning.—Dr. S. A. Finkelstein (*N. Y. Med. Jour.*) reminds us of the doubts of the value of atropine as an antidote to morphine, and of the Moor treatment as a substitute for it. W. Moor, of New York, has reported 71 cases of morphine poisoning treated by potassium permanganate with marked success. The doses used are from 30 to 60 minims of a four to five per cent. solution in water, subcutaneously, until improvement is noted. Internally, it should be given in doses of four grains of potassium permanganate to each three grains of morphine taken, and for each ounce of infusion of opium six grains of potassium permanganate should be given. If the amount of poison is unknown, then from eight to ten grains of potassium permanganate are given in a glass of water, and then the stomach should be washed with a weak solution of the same salt. The author reports the following case in which he used the Moor treat-

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ment. A young woman had taken about a gramme of morphine hydrochloride an hour and a half before the physician arrived, and was found unconscious, pale, with froth at her lips, lying perfectly relaxed. Her respiration was slow, interrupted, resembling the Cheyne-Stokes type, eight per minute; her pulse slow 36 per minute, small and irregular. The reflexes were absent and the pupils were greatly contracted and insensible to light. A bottle with the remains of the solution was found on the floor next to her bed. One gramme of a four per cent. solution of potassium permanganate was injected under the skin. After ten minutes a marked improvement set in. The pulse and respiration became more rapid and more regular. The injection was repeated after half an hour, and within three hours the improvement was so marked that the patient could be left alone. There is no question that in this case the antidote suggested by Dr. Moor saved the patient's life.

Melilotus.—Dr. E. B. Nash, in the *Advance*, gives this clinical evidence: During an attack of typhoid fever a young lady suffered with profuse epistaxis. One attack followed another, once, sometimes twice in twenty-four hours, until I became alarmed on account of the great loss of blood. The attacks occurred mostly at night. She had been subject to frequent attacks of nose-bleeding since childhood, from the time she was injured in the nasal passage by a button she pushed up her nose, and which a "regular" claimed, after much violence, to have pushed down her throat, but which in reality remained in her nose a long time—several months—when it was finally ejected in a sneezing or coughing fit. Two years before the fever I carried her through a very severe attack of diphtheria, which was also attended by severe nose-bleed, also occurring at night, the blood hanging in clots from the nose, like icicles. Mercurius sol. 30 then stopped it very nicely. Now the blood clotted some but not so readily. Mercurius did no good. Every attack was preceded by the most intense redness and flushing of the face and throbbing of carotids I ever saw. The nose-bleed would invariably follow within a few hours, with apparent rush of blood to head and face. Belladonna would not help, nor Erigeron, which in Hering's Condensed has "congestion of the head, red face, nose-bleed and febrile action." Melilotus 30 relieved the nose-bleed and the attacks of rush of blood to the head promptly and beautifully, and the case progressed without further trouble or an untoward symptom to perfect recovery.

Ocimum Viride and Ocimum Canum.—The following note appeared in the *Chemist and Druggist* of January 10th:—

"Ocimum Viride (Willd.)—This is the name of a plant, identified by Mr. A. E. Shipley (*Nature*, 1903, 205), used in Northern Ligeria for driving mosquitoes out of the house. Several of the living plants kept round ones' bed ensure a quiet night's rest, and even after being bitten the plant is useful, as the leaves possess anti-febrifuge properties not much inferior to quinine. Mr. E. M. Holmes has already commented upon the use of the plant as a medicine in Liberia."

Ocimum is an extensive genus of the Labiatæ. According to the *Treasury of Botany* it is "widely dispersed throughout the tropical

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and sub-tropical countries of Asia, Africa, and America, and consists of strong-scented annual or perennial herbs or small shrubby plants, with flowers disposed in whorls forming terminal interrupted racemes." According to the same authority *O. Sanctum* is much used in medicine by the Cingalese. The leaves of *O. virde,* "which is native of Western Africa, possess febrifugal properties; and at Sierra Leone where it bears the name of Fever-plant, a decoction of them, drank as tea, is used as a remedy for the fevers, so prevalent at that place." It is an interesting observation that the same plant which keeps off mosquitoes, the bearers of fever, also cures the fever. (This calls to mind that our "insect-powders" are made of the *Pyrethrums* or "fever-fews.") *Ocimum canum* was introduced into homeopathic medicine by Mure, and has proved on his indications a remedy of the first rank in cases of renal colic. It has also striking symptoms in connection with the female breast and the function of lactation. It is sudorific, and is used in bilious and remittent fevers.—*Hom. World,* Feb., 1903.

Report of a Case of Almost Fatal Poisoning by Six Grains of Quinine.—Dr. Lewis A. Connor reports this case, with comments: (*Med. Record,* April 4, 1903). A healthy man, twenty-seven years old, of medium height and slender build, was brought to the Hudson Street Hospital on the afternoon of May 11 last, in a condition of collapse. Less than an hour before he had applied to an apothecary for medicine for a "cold" and had been given five pills said to contain quinine. He had taken two pills at once, and about fifteen minutes later had noticed a burning of the skin and fluttering of the heart. To these symptoms were soon added vertigo, faintness, tachycardia, and great weakness. These symptoms had so rapidly grown worse that he had been hurried to the hospital.

When seen by the acting house physician, Dr. Beckwith, the man was conscious and complained of some abdominal pain and of intense weakness. His face was pale and was covered with cold sweat, his respiration shallow, and no pulse whatever could be felt in the radial arteries.

On listening over the pericardium, faint heartbeats, too rapid to be counted, could be heard. The patient was given vigorous stimulation subcutaneously, together with external heat, and half an hour later the radial pulse could be felt, although still very feeble. The count at this time showed 180 beats to the minute. The burning and itching of the skin, which had been noticed early, gradually increased, and about an hour after admission, there appeared over trunk, extremities, and face a diffuse scarlatiniform rash with much swelling of the skin, especially about the face. At this time the temperature was 100° F. Under very active stimulation the patient's general condition improved steadily, although the swelling, heat, and itching of the skin caused great discomfort and restlessness. On the following morning the eruption had well-nigh disappeared, and the patient, although still very weak, insisted upon going home. Two days later he was seen again. The pulse was normal in rate and of fair force, but was somewhat irregular and occasionally intermittent. The patient still felt very weak but was able to be about. There was still some unpleasant itching of the skin. It is interesting to note that

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at no time during the attack was there either ringing of the ears or deafness.

The remaining three pills proved, on analysis, to contain each three grains of quinine sulphate. These symptoms had, therefore, been produced by six grains of the drug.

The patient volunteered the information that there existed in his family a distinct idiosyncrasy toward quinine. One sister had twice been violently poisoned by the drug and had shown symptoms similar to his own. A brother had also shown the same susceptibility. On the other hand, a second sister and his parents had never displayed any such peculiarity. He himself some years before, had had some disagreeable symptoms after taking quinine, but they had been mild as compared with those of the present attack, and had not made much impression upon him.

The extreme cardiac depression seen in this case, which, for a short time, was such that death seemed imminent, is the feature which chiefly distinguishes it from the many other cases in which marked susceptibility to the drug is shown. The rash, the itching and burning of the skin, and the vertigo are not uncommon symptoms, and have sometimes been produced by doses smaller than that taken in this case. Such an effect upon the heart, however, seems very rare among the published cases of poisoning by small or moderate doses of quinine. Wood[1] speaks of a case in which two grains administered by the mouth produced a furious general urticaria and cardiac depression of the most alarming character. Upshur[2] saw, in the case of a susceptible woman, thirty grains, administered in the course of sixteen hours, produced intense nausea, diarrhea, abdominal pain, and a very feeble pulse; and saw in the same individual, one year later, eight grains produce similar symptoms with a "thready pulse."

Huseman[3], in 1888, collected four cases of fatal poisoning by quinine, but in all of them the amounts were relatively large.

The most noteworthy case found is that reported by Micciché[4] in 1894: A girl of thirteen years, suffering from a severe form of malaria was given about eight grains of quinine hydrochlorate subcutaneously. Within fifteen minutes there developed severe abdominal pain and vomiting. Following this there were prostration, a small frequent pulse, high fever, great nervous depression, and later stupor, jaundice, hematuria and anuria, with death from uremia on the seventh day. The autopsy showed marked swelling of the liver and spleen, swelling and fatty degeneration of the kidneys, and evidences of great destruction of red cells. The girl had previously shown great susceptibility to quinine, and each administration of it had been followed by vomiting, fever and hematuria. The possibility that the symptoms and fatal ending in this case may have depended upon the malarial infection rather than the quinine is not discussed by the writer.

REFERENCES.

1. Wood.—Therapeutics; its Principles and Practice. XI Edit., page 545.
2. Upshur.—*Atlan. Jour. of Med.*, Richmond, 1883-4, I, page 828.
4. Huseman.—*Therap. Monat.*, Berlin, 1888, II, page 97.
4. Micciché.—*Riforma Medica*, X, 1894, page 14; also Schmidt's *Jahrbücher*, No. 249, page 133.

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Electro-Therapeutics.

CONDUCTED BY WILLIAM H DIEFFENBACH, M.D.

Piccinino and Sbordone (Naples) report a *"New Efficient Treatment for Trachoma"* by means of electricity. Treatment consists of cocainizing (4 per cent.) the parts to be treated and after a five-minutes' wait applying the high-frequency sparks to the diseased conjunctiva and the cornea. The electrode is held ½ inch from the parts and the application lasts for two minutes. Treatment is given daily. In a large number of cases treated, they report excellent results even in lesions of long standing, two or three treatments sufficing in some cases for a cure. The average number of treatments required in all cases was six. These positive statements of the above physicians should induce American ophthalmologists to give the high-frequency current a trial in trachoma and other infectious diseases of the eye. The high-frequency spark is germicidal and produces marked tissue changes when applied intelligently and its scope of therapeutic utility is constantly increasing.

Von Lutzenberger (Naples) reports a number of cures of *Varicocele* treated according to the method of Wiederhold. A very small electrode is kept moving along the spermatic cord while the stabile electrode, larger in diameter, is fixed at the internal abdominal ring. A mild galvano-faradic current is employed for five minutes, treatment being given daily at first, and, later on, three times a week. The labile electrode in moving along the spermatic cord must be applied with moderate pressure and the direction should be from below upward, following the venous current.

The Bactericidal Action of the Ultra-Violet Rays.—Strebel (Muenchen) reports a number of experiments with cultures of pathogenic bacteria with ultra-violet rays at varying distances, and notes that the micro-organisms are absolutely destroyed even at distances of from 10-20 inches from the quartz lens through which the light is filtered.

Kaiser (Vienna) some months ago reported his investigations on the *blue rays* with reference to bacterial affections, an extract of which we append.

"He threw the light of a powerful lantern, filtered through a glass which allowed only blue rays to pass, directly upon cultures of tubercle bacilli. Similar cultures were attached to *the back* of a patient whose *chest* was exposed to the light at a distance of fifteen feet for half an hour daily for six days. In all the experiments the bacilli were killed, even when the invisible heat rays were also filtered out. This proved conclusively that the blue light was able to penetrate the body.

"The effect of exposing tuberculous patients to the light was markedly beneficial. A few days' treatment produced perceptible improvement and a diminution of the number of bacilli in the sputa. Tuberculous abscesses which had resisted every other treatment during three months were healed by the blue light in four weeks."

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Piffard (*Medical Record,* March 7, 1903) in an interesting article on *Radio-praxis* reviews the present status of photo-therapy, offering a comparison between the physical properties of the X-ray and ultra-violet ray. He emphasizes the fact that the ultra-violet rays, while absolutely inimical to bacteria, cannot penetrate tissues unless the latter are dehematized, as the circulatory fluid offers sufficient resistance to prevent penetration. He makes a strong plea for a trial of the *blue-violet* rays in tuberculosis, citing the much-quoted cases of Sciascia (Rome), who absolutely cured a supposedly incurable cases of tubercular peritonitis in a child of nine years by means of concentrated solar rays. A trial of the blue light by the authorities of the municipal tubercular infirmary during the coming summer would be of great value in determining the usefulness of this agent in the treatment of the "great white plague."

In this connection we would state that the X-ray and static breeze will be subjected to a thorough test at the Metropolitan Hospital, Blackwell's Island, during the next month as an adjuvant in the treatment of pulmonary tuberculosis and phthisis. Dr. E. Guernsey Rankin proposes to select a number of cases in varying stages of the disease which will remain under perfect control and supervision and will receive treatment at different intervals in order to eliminate any doubt as to the source of improvement if such should supervene.

French Electro-therapeutic Journals at regular intervals publish extracts on the treatment of *Alopecia Adnata, Presenilis, Areata* and even the *senile form* of baldness. The current employed in most cases is the high frequency; some recommend the static head-spray. When we consider the nutritional changes which these currents can induce in all tissues, it might well be accepted as a fact, that hair bulbs or follicles unless absolutely atrophied can also be stimulated to renewed activity through properly applied agents. We have experimentally treated a case of alopecia senilis of a man seventy years of age, with surprising results, the bald pate becoming completely covered with a fine, downy new growth which appears to be becoming denser with each succeeding week. This case is treated with glass-vacuum electrodes, very mild currents being employed for one minute at each station or until an erythematous glow is produced. Treatment is given every other day.

Von Lutzenberger (Naples) in an excellent review of the progress of electro-therapeutics for 1902 (*Zeitschrift fuer Electro-therapie,* March, 1903) deplores the fact that medical universities as a whole seem to ignore the subject of physical therapeutics. He asserts that this agency is destined to revolutionize the practice of medicine and notes with gratification that the University of Rome (Italy) has recently added a chair of physical therapeutics to its teaching staff.

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Vol. LI. JULY, 1903. (VOLUME XVIII. Third Series.) No. 7.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

Original Articles in Medicine.

POSOLOGY.

BY E. B. NASH, M.D.,

Professor of Materia Medica New York Homœopathic Medical College and Hospital.

THE question of dose, or potency which by most physicians is understood to be the same thing, is one that has caused more bickering and strife in and out of our school than anything else. Nor do we expect to settle it to the satisfaction of all at this time.

We will start out by affirming that the word "dose," in the general acceptation of the term, does not by any means cover the ground of what is accepted by Hahnemann as the significance of the word *potency*.

The first signifies quantity, more or less from a materialistic stand-point, this and nothing more, while potency means power even beyond the material discernible by any existing tests, except the physiological. This power or potence is discernible in substances that were never known in the material substance. Notable instances are in the case of *salt*, *carbon* and *silex*. Discovery of this was like many others; for instance, the discovery of gravitation, steam, electricity, etc., by accident.

Attempts to apply remedies according to the law of similars were followed in several instances by terrible aggravations of the sickness. This led to a reduction of the size of the dose. In carrying out this reducing and subdividing process, it was discovered that new and important energies were developed in the remedies, and substances comparatively inert proved to be of great power. Provings instituted upon persons in health brought out effects that were entirely foreign to anything that had ever occurred in poison-

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ings or material doses. Not only this, but similar symptoms were also removed by the same remedy, in potency far beyond any discoverable material. This was true with symptoms produced by the potencies, and symptoms similar to those occurring in the proving of the drug in material doses were also removed by the potencies. This being true the question naturally arises: At what potency does the material disappear? A good deal of microscopic investigation has been done to answer this question, and the end is not yet. The microscope can trace the drug in the 9th potency, the spectroscope in the 12th; and we cannot say what further developments in these and other means of discovery will disclose in the future.

"Professor Cook shows that there are one hundred thousand million, million, million molecules in a cubic inch of gas, and that each of these smallest points of matter possesses all of the attributes of its mass. These figures represent the 23rd power of ten, and correspond with |our 23rd decimal potency. And, even then, the countless multitudes do not fill the space of the cubic inch, but have room to 'fly back and forth with inconceivable rapidity' and do so fly."—(HAWKES.)

There has recently been discovered a new substance called radium, a new element, which possesses light intrinsically to an extent ninety times greater than any substance previously known.

Professor Thompson has shown, and his conclusions have been confirmed by others, that it gives off luminous particles which are less than 1,000th part as large as the molecules of hydrogen, which have hitherto been regarded as the smallest of all known substances. So small are these particles that the ceiling of a room 20 feet square would, according to Professor Becquerel, "give off only one two-hundredth of a grain of radium in a thousand years." Supposing the amount required to cover such a ceiling to be one hundred thousand grains, the supply of light would not cease or *diminish* in less than one hundred million years. But why multiply words along this line? The possible limit to which matter can be subdivided has not been reached, nor in all likelihood been yet approached; and when such astute observers and scientists as Loeb and Mathews, failing to account for the action of the molecules of salt, ascribe its action upon the heart muscle to the electrical condition of those molecules, we may well give up the chase.

That they do so is unquestioned, and that *Nat. Mur.* in potencies as high even as the 200th cent. has cured many cases of intermittent fever, notwithstanding the patients were taking salt in natural quantities every day, has proof in abundance. Most, if not all of our Polychrest remedies have just as positive proof as Natrum.

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Let me cite a case from my own experience, which is one out of many:

A maiden lady of my acquaintance was an invalid for fourteen long years. During that time she had not averaged to go out of the house once a year. Her disease had been named many times by the many physicians who during that time had treated her. For a long time she had been hardly able to take food enough to keep her alive, because she vomited it all up. After ten years of trial of as many physicians, all old school, she came into the hands of my first preceptor, Dr. Geo. Roberts, of Greene, N. Y. Under his treatment she came to be able to eat Graham bread and milk, and got strong enough to be able to be about the house from bed to chair. Even with this amount of improvement she was still so emaciated that she was called the walking skeleton, and once in half to one hour she would spit up a mouthful of green bitter-tasting substance—which she called bile. For the last year or two she had not taken medicine, thinking she had gotten about as well as was possible, thankful that she was so much better than she used to be. I opened an office right opposite where she lived. There were other young people in her family, and I, as a young man near by, often called and made quite long visits (there was another sweet girl in the family). When other conversation flagged Susan would tell me the story of her suffering, and, being a young physician, I had rather listen to her than to the other girl, who didn't care so much for the young physician as I would have liked. But I liked to hear her story, and after hearing it many times I asked her one day if she had ever had any skin disease. She answered very promptly, No. Her mother who sat near said: Yes, you did; don't you remember that salt-rheum on the back of your neck and head? Oh, yes, said she; I had forgotten that, it was so long ago. Well, how long ago, said I. So they put their heads together, saying at last, *Fifteen years ago.*

Well, what came of it? Oh, mother made an ointment of elder blows, red precipitate, etc., and *cured it*, and I have never seen a vestige of it since. Wasn't that a pretty good cure? Y-a-a-s, but your stomach and other troubles came on soon after that? Yes; I had not then used high potencies (so called) much—didn't believe in them, you see. But I had been taking and reading the old "American Homœopathic Review," conducted by P. P. Wells, Carrol Dunham and Henry M. Smith of New York, with a good deal of skepticism, for I had been brought up differently; but they claimed to make such wonderful cures with high potencies that I sent and got a few of them—Lehrman's 200th. Without drawing

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out in detail all the symptoms in the case I am reporting, acting entirely on the fact that the suppression of the eczema had been followed by all her long suffering, I said to myslf: here is a chance to try Sulphur, 200th, and if it fails no one would be the wiser. So, the next time I called I carried along a half-dozen powders of Sulphur and told her to take a powder two nights in succession and then wait two nights, etc. In three weeks' time the eruption blossomed on the back of her neck like a rose, with a corresponding relief of all her internal troubles. She got perfectly well in a short time; got married, out-lived her husband and is alive to-day at over eighty years of age. Now is there any reasonable doubt that this exhibition of Sulphur had something to do with the cure of this patient, notwithstanding the microscope, spectroscope or molecular theory could not have discovered a single molecule in this medicine? And when this experience has been multiplied a hundred times, not only in cases depending on suppressed eruptions but in obstinate intermittent fevers with Nat. Mur., Eupat., Ipec., Pulsatilla and other remedies too numerous to mention here, I do not see how any candid scientific man can ignore potencies.

In the fall (Oct.) of 1897, a young lady, member of one of my best families, came to my office to consult me in regard to a sore throat. Examination showed swelling of the left tonsil of a bluish cast, and other symptoms decided me to give her *Lachesis*, which I did. In a day or so she came back. Throat no better, but worse. Careful examination discovered nothing new in the case, and Lachesis in a different potency was prescribed with no better result. I did not like the appearance of the throat; thought of Syphilis, as there now appeared signs of breaking down of the soft parts and extension to the soft palate and posterior nares. Her sister, who was a physician, came home on a visit and called on me in regard to the case. I spoke of my fears in the case, and she threw up her hands in holy horror at the suggestion. But I insisted, and directed her how to proceed; and she did so with the result that the patient confessed to having contracted some disease of the genitals in the chair of a traveling dentist. Now the case was treated with the usual remedies, among which were Merc. Prot., Kali Hydr. and others, and progressed with little if any relief. There was great destruction of the soft parts of the mouth and throat; and finally there began to appear upon the skin what appeared to correspond to illustrated chart of Duhring's skin disease, chart A. A., under the name of *Syphiloderma papulosum*. This continued to spread until the whole body was thickly covered. The patient all this time, nearly two months, was growing weaker

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and greatly emaciated. Could not get out of bed and could hardly lie there on account of her Job-like boils. Finally she began to complain bitterly of intense pains in the *tibia*, especially worse nights. She cried with the pains night after night. Asafœtida and Aurum did no good, and I studied. I remembered a proving of years ago in one of the old journals, in which such pains were produced, and studied up *stillingia*. Determined to try it, as I had such unsatisfactory results so far. I had only one preparation of the drug in my office, Swans D. M. M., so thought I would try that first and go lower if I got no result. I never had to go lower. The pains were relieved the first night, and every vestige of the disease rapidly disappeared, except the fallen out eyebrows—which remain to this day, over five years later. And, to speak in the vernacular of the street, "the cat never came back." Now, if any one will undertake to explain away this case of cure with a very high potency, he is welcome to the task; I cannot.

In an article written by Dr. Neidhard, for the October Number (A. D. 1902,) of the *British Journal of Homœopathy*, on the subject of dose, entitled "Experience with High and Low Dilutions," he says: "In trying to define when and where low dilutions act best—Syphilitic diseases, I have never been able to cure without the employment of the lower preparations." This case of mine seems to be a marked exception. Neidhard (and we give his opinion because he was not prejudiced in favor of high or low) gave it as his opinion that "the higher and highest dilutions are useful (a) in all diseases of the brain, spine and nervous system generally, as well as in all violent neuralgic pains of various kinds; (b) in all sensitive persons of both sexes, particularly those who have never taken much medicine of any kind; (c) as a general rule diseases of the skin are more remediable by the highest, or at least higher dilutions. The lower dilutions and more material preparations are more useful: (a) in all diseases of the mucous membranes; (b) particularly those of the bronchia and lungs. All chronic diseases of the liver require the largest doses." Then the Syphilitic disease, to which we have already referred. He says, however, that there are many exceptions to these rules, to which all who use high potencies will respond, Amen. Now he goes on to give examples confirming these statements and instances: Sars 300, Crotalus 400, Phos. 300, Sulph. 300, Calc. Ost. 2,000, Spig. 1,000, Sepia 2,000, Graph 2,000. On the other hand, he gives instances where the high failed and the low cured, of Kali hydrad, Calc. Phos., Canth., Iris, the Mercuries, Leoctuca, Digitalis and others.

Now what shall we gather from all this? Having been over the

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whole scale of remedies from the material to the highest fluxion potencies made by Finke, Swan, etc., and that for a period of forty years, I think I am justified in giving as my opinion that in order to get the best results possible from homœopathic remedies, we must not fail to use, and feel free to use, the whole scale from tincture to C. M. or D. M. M. potencies. I have already given two cures with high potencies; I will here give one with a lower preparation.

Several years ago I was called to a case like this: A lady about thirty years of age had been treated by a specialist for what he called ulceration of the womb. The treatment had been purely local, and, as a consequence, a profuse leucorrhœal discharge had almost entirely disappeared. Soon severe pains in the uterus and ovaries, with intense inflammatory symptoms appeared. The doctor (an Allopath) endeavored to control the pains with chloral, morphine, etc., but without success. Her cries could be heard by the neighbors around. She had been a former patient of mine, but her husband called the other doctor. She now begged for me, and as the other doctor gave them no hopes of her recovery I was called so as to be "in at the death;" was very anxious to grant her last request. Found her in such pain as I have described, in spite of chloral and morphine. Abdomen distended enormously and tympanitic. Flatulence all *pressing upward* so as to fairly choke her (so she described it); high pulse and temperature. Now, taking the two symptoms, flatus all pressing upward and the fact that this condition had followed the suppression of a discharge of long standing, I was led to a further examination of Asafœtida. Without going farther into detail, I found her case well covered by the remedy and administered it in the 200th; *no result.* Gave it in the 3rd with better effect; the 1st with still better; but not until I gave her four-grain pills of the substance was I rewarded with a reappearance of the suppressed discharge and a corresponding abatement of all the other symptoms, and a prompt and satisfactory recovery. Now there are three things that prove to my mind that I had the true similimum in this case:

1st. It covered the symptoms and causes, or conditions.

2nd. Re-action did not take place until the proper dose was administered.

3rd. Restoration of a suppressed discharge.

4th. A perfect and prompt cure followed when it was properly applied.

I could give other equally marked cases, but this is all that is necessary. The point to be made, and that all experience bears out, is that the dose, or, if you prefer the word, the potency is an

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all-important question. In order to get the most prompt and radical cure it must be the minimum dose, and that minimum may be found in the tincture or the M. M. M. Hahnemann's old 30th centesimal, or Dunham's 200th, is where I generally begin, unless my forty years' experience tells me to begin higher or lower. I have no fault to find if a man can *succeed* better with the 3rd potency, provided it is the similar and the single remedy; but his experience will differ greatly from mine if he does. I began a very low dilutionist; and, like the Master, was *forced* higher until I found where I could prescribe and get the desired results without unnecessary aggravation.

The habitual alternator always gives his remedies low, and often succeeds because the remedies alternated are antidotes to each other, the one that is not homœopathic to the case modifying by its antidotal power the over-effects of the homœopathic one; but it is a loose and unsatisfactory practice, and nothing is learned by it. The one remedy given in the proper potency, and its action patiently waited upon, is always the best.

A discussion at length took place a few years ago between two of our ablest writers in regard to this dose, or potency question. One claimed that the question of dose was an open one, the other that it was not, that Hahnemann had himself closed it; and, if I remember rightly, put it at the point where all material disappeared from the drug. I do not believe that Hahnemann or any mortal man could thus close it. 1st, because it is not known where the material disappears; 2nd, if that were possible, and it could be shown to have occurred at the 30th, for instance, what would have been the use of going on to the 200, 1,000, C. M., etc.?

That the 55 M. of Sulphur will do what the 30th or 200th cannot do I have observed many times. That salt will do in the 200th and upwards what the 12th or 30th cannot has again often been proven.

A sneerer at potencies once came into my office and said: "Doctor, you are a high potency man, I believe." "No, sir," I said. "Oh, are you a low potency man?" "No, sir." "Well, I know you reported cases cured with the very high potencies." "So I do with the low. I have a right to use any potency I please, and do so, and report the same." That man, I am told, sends his prescriptions regularly to the allopathic drug stores to be filled.

There has been a great deal of speculation upon how potencies act, or how a remedy or a substance potentized can cure diseases which remain unaffected by the same substance in a material form. That it is true is no longer doubted by those who have experimented

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along these lines without prejudice. About as good an illustration of the homœopathic law and the infinitesimal dose as I have seen, is given by Professor Tyndall in a lecture on chemical rays and the light of the sky. He said: "Those waves are absorbed whose vibrations synchronise with those of the molecules or atoms on which they impinge. A principle which is sometimes expressed by saying that 'bodies absorb and radiate the same rays,' is precisely analagous to our assertion that 'medicines cause and cure the same symptoms.'" But Professor Tyndall has proved experimentally that the *quailty* and not the *quantity* is the essential point in such an action; that the ray of light whose vibratory force is millions upon millions less than another ray, will still have the desired effect provided its vibrations synchronise with those of the substance upon which it falls. He tells us that his own retina remained totally unconscious of the presence of rays which had "twenty thousand million times the energy" of others which at once affected his eye, because the "periods" were not those demanded by the retina, whereas the latter were adapted to its physiological sensibility. Surely we have here an exact analogue of the action of infinitesimal, and at the same time a triumphant answer to the oft-repeated boast of the skeptic that it is impossible our medicines can have any effect, since we profess to cure by drops or globules, whereas a whole bottleful may be swallowed without perceptible effect. In the case of the physiological action of light on the retina, it is thus proved that quality and not quantity, adaptation and not brute force, is that which rules the result; and who will presume to assert that the retina in its functions follows one law and all the other organs follow quite a different law. (Dr. H. K. MADDEN, *Monthly Hom. Review*, Vol. 13, page 271.)

The effects of most profound significance to the homœopathic therapeutist is the rule enunciated by Prof. Adolph Gubler, of the Faculty of Medicine, Paris. He says:

"The effects of remedial agents are more intense when the economy is already turned in the direction towards which the medicaments tend to impel it; the effects, on the contrary, are less intense, or what amounts to the same, tolerance is greatest when the economy is turned in the direction opposite to that towards which the remedial agent has a tendency to impel it."—"The Principles and Methods of Therapeutics," p. 408. American Edition.

"Thus, if you have a subject in the state of ischæmia, and if you introduce substances capable of inducing hyperæmia, he will resist the action of the medicaments. If, on the contrary, he was already in a condition resembling that which the remedial agent

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would place him, then the action of the medicament is intense and toxic effects are induced with extreme facility."—Loc. Cit.

Can there be a clearer or more emphatic expression of the fact of the "homœopathic aggravation" from an improper dose, and also of the other fact of the differing sensibility found in the prover and in the patient?

Professor Gubler next proceeds to consider the origins of "these deviations, these organic predispositions."

"A subject may be in a state of ischæmia or of anæmia; or of a condition favorable to phlogosis and to hyperæmia through natural predisposition, as in subjects who have an inherited congestive tendency; or the individual may have acquired these deviations from the natural state in virture of entirely artificial conditions, and it may be that remedial agents, poisonous substances, or the conditions under which he has lived have induced them."

These dicta of an unquestioned authority in the science and art of therapeutics should convince any candid student that the "personal equation" of each prover is a factor which may not be determined *a priori*, but must be made known almost entirely by the consonance between the results observed by him and by others.

With this Hahnemann-Gubler lamp to guide him, the student will safely find his way through the intricate mazes of provers' day-books.

I fully believe that Professor Gubler reached his "rule" as to the result of independent reasonings from his own experience; but this very rule had been laid down before he was born. Let me cite from a volume concerning which there are traditions still lingering in the homeopathic school ("Hahnemann's Organon"):

"In the employment of this most appropriate homœopathic remedy it is only the symptoms of the medicine that correspond to the symptoms of the disease that are called into play, the former occupying the place of the latter in the organism and thereby annihilating them by overpowering them; but the other symptoms of the homœopathic medicine, which are often numerous, being in no ay applicable to the case of disease in question, are not called into play at all. The patient, growing hourly better, feels almost nothing of them at all, because the excessively minute dose requisite for homœopathic use is much too weak to produce the other symptoms of the medicine that are not homœopathic to the case in those parts of the body that are free from disease, and consequently can allow only the homœopathic symptoms to act on the parts of the organism that are already most irritated and excited by the similar symptoms of the disease."

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What is this but a recognition of "the economy being already turned in the direction towards which the medicaments tend to impel it?" The truth of this is one to Hahnemann and to Professor Gubler. These traditions of Homœopathy are worth treasuring, lest the practice of homœopathic medicine shall become a lost art.

This looks quite reasonable, and many and various are the speculations and attempts to account for the results that follow the exhibition of our remedies in potency.

As long ago as 1879 the Milwaukee Academy of Medicine, or, as it was then called, the Milwaukee Bureau, proposed to settle this potency question, and Dr. Lewis Sherman wrote an article in the April number of the *Hahnemannian Monthly* in answer to his own question, "Is there any medicinal power in the 30th attenuation?" It was fondly hoped by some at that time that no one would be so foolish as to ever use a potency so high as the 30th, because it had been clearly *figured out* that by any known test beside the *physiological* there was no medicinal properties there. Strange to say the test did not settle it there, and educated men, both at home and abroad, still report remarkable cures with the 30th and much higher.

And, it is not so much to be wondered at either, for if we come to figure the smallness of the amount of material in even the 12th potency, at which there is allowed to be some of the material present, does it seem possible that much in the way of curing the sick could be accomplished with it?

Take the 6th centesimal potency, and who will dispute curative power for that in a diseased organism made susceptible to its action. *Doncherknow* there is only one-trillionth of a drop in a dose of that potency? Is it the power of the medicine from a material standpoint that cures here? If not, and the physiological test must decide here, where shall we refuse to accept the same test along up the scale?

The microscope can see what it could not of the material a few years ago, and if gentlemen will insist upon such recognition of material now, what shall the microscope tell us a few years hence?

But this potency question will not down, and I propose to allow the scientific physician to use just what he pleases, *from the tincture* to the C. M. or M. M. fluxion potencies, and report his result which shall be subjected to the keenest scrutiny of the medical world.

But one thing I insist on—that the physician shall prescribe according to the law of similia, giving his indications for the prescription before he lays any claim to having performed a homœopathic cure. Remedies will not *cure* whether prescriped high or

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low unless indicated, or, in other words, unless they are homœopathic; and while potency is an important factor the *similar* is the *first* one.

If you can succeed better with potencies below the 12th than above, all right; I cannot. I believe that a thorough understanding of our Materia Medica from a Hahnemannian standpoint (that is, symptomological) will lead the prescriber higher and higher, to the highest. The reason for so much skepticism along this line has grown out of bungling with alternation, rotation and the disgraceful practice with combination tablets so common in these days.

The study of the Materia Medica, which makes us distinctive as a school of medicine, is too much neglected nowadays, and as a consequence our young men are chasing like the old school after fads, toxins, etc., when they might be able to do much better. It is a confession of weakness or laziness for a man to say (as I have heard): "Well, Guernsey, Hering, Raue, or Dunham can succeed with the 200th, but I can't." And when I hear a man mourning his failures along such a line of bungling, I pity him and think of the epitaph the cow-boy placed upon the headboard of his friend:

"He did his damnedest,
Angels could do no more."

We, in common with the old school, are making great progress along surgical lines, and the only criticism I have to make is that we are resorting too often to surgical measures, when a better application of skillful homœopathic therapeutics would be better for us *as a school* and better for our patients. When a surgeon says: "Whenever you get a patient with a nodule in the breast, do not let her go three months, six to the outside, before you operate or bring the case to the attention of the surgeon." I demur. Now, I have let many a patient go longer than this and seen the nodule disappear under the potentized remedy within a year or two. I believe that this is the better way; and certainly if cancer is a constitutional disease, which I believe, simply extirpation without constitutional treatment may put off the evil day, but that is all, as I have witnessed in many operated cases.

Again this same surgeon says: "How are we going to know when to operate in cases of appendicitis? Every time you get a case and there is fever, you may *assume* that pus is present, or something worse, and have the patient operated upon immediately. This is a bold position to take, isn't it? Yes, I know it is; but we are prepared to sustain that position, and I challenge any man to show before us to-day that it is not the only safe course."

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Well, I do not wonder that no one accepted the challenge. To a man who has practised medicine forty years and had many cases of appendicitis, has treated them all without operation and not lost one; to other men who are now using the oil treatment with certainly as good success as can be shown for operation, men whose ability to diagnose this disease ought not to be questioned, I say such a challenge ought not to be noticed or considered.

I am ready and willing to accord all honor to surgery and to call in the surgeon when I need him, but to assume that pus is present in every case in which fever is present to the degree that operation is necessary, I will not admit, and shall watch out sharp for the homœopathic remedy to beat him out of a job.

Pardon this digression, and let me close this lecture with the advice that you experiment along the line of potencies, from the lowest to the highest, making as sure as possible that you have the *similar* first, then giving it a fair chance to act according to well-known principles as laid down in the *Organon*, and illustrated by cures as performed by such men as Hering, Raue, Dunham and many other masters in the art of healing now gone to their rest, and many others who still live to corroborate the efficacy of such practice; and if you do not become satisfied that the potentized remedy is the best, and in the great majority of cases prefer it, your experience will be very different from mine.

PROVISION FOR THE INSANE IN GENERAL OR PSYCHOPATHIC HOSPITALS.*

By George F. Adams, M.D.

Gowanda, N. Y.

INASMUCH as the insane of the State of New York are now cared for under the State-Care Act, I want to call the attention of the Society to a recommendation of the State Commission in Lunacy in their last annual report. Referring to future construction for the insane the Commission advises:

"Small hospitals for the acutely insane, to be erected in cities and colonies for the chronic or mixed classes of insane in the adjacent country. The hospital for the acute insane should be located as general hospitals are, in the most populous portions of the city, to afford convenient access from every quarter. It should have an

* Read before the Western New York Homœopathic Medical Society, Rochester, N. Y.

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out-door department or dispensary, where mental cases may be seen in the very earliest stages. It should have its staff of internes and its attending or consulting physicians and surgeons, a well-equipped laboratory and auditorium for teaching, and opportunities should be given for the professors in medical schools in the city to utilize the hospital material for the instruction of students and physicians in the still neglected specialty of psychiatry. Patients should be received for diagnosis as emergency cases without commitment papers, legal forms to be made use of only after a specified time has elapsed, and when it becomes evident that long detention will be necessary. Such psychopathic hospitals are now organized in every university town in Germany.

"The colony should be situated in the country where out-of-door employment, so useful as a remedial measure for long continued cases of insanity, can be provided. To the colony the reception hospital of the city may transfer the proper cases—convalescents, cases of slow progress, chronic cases and incurables.

"The State should therefore construct reception hospitals for the acutely insane in the cities and colonies, for the mixed classes of insane in the country. No State government should at this time undertake a system of care of the insane without careful consideration of this twentieth century method.

"In the older States where the methods of care of the insane have already been long established, modifications to follow along this line can only occasionally be undertaken. In new States this system should be organized from the first; but even in such a State as New York, where much progress has been made in the system of caring for the insane, we find that many changes are not only desirable but may readily be made.

"The large cities like New York and Brooklyn have an imperative need for reception hospitals for the insane. There should be one on Manhattan Island to accommodate 100 to 200 patients, and one in the center of Brooklyn to accommodate 50 to 100 patients. It will surprise many to learn that acute cases of insanity in many cities and towns in this State are still taken to jails and station houses until such time as they can be removed to a hospital. At Albany a reception hospital for the insane has been constructed by the county as a pavilion of the general hospital, and this is an excellent plan to follow in cities of the size of Albany. It seems an absurd arrangement, but the nearest hospital to which the acute insane of so large a city as Syracuse can at present be taken is situated at Ogdensburg, a weary journey of many hours, and it is stated that for the immediate reception of urgent cases in Syracuse the

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station house must be employed. Even in Buffalo, which has a large State hospital in the city limits, emergency cases are taken to the station houses until commitment papers can be prepared. Buffalo has a population large enough to support a hospital for nervous diseases, and in the event of such a hospital being established in the populous center of the city, a pavilion for the reception of the acutely insane might be constructed in connection with it. In three other cities—Utica, Binghamton and Rochester—there are State hospitals within the city limits but no proper modern provision in any of them for the reception and treatment of the acutely insane. This state of affairs is shortly to be remedied in Rochester by the construction of a pavilion for acute cases, with every facility for treatment.

"The Commission hopes that at some future time arrangements may be made for our State hospitals and licensed private asylums to receive urgent cases for 48 to 72 hours upon an emergency certificate, to be signed by the family physician, while the regular lunacy certificates are being prepared. This would do away at least with the present use of jails and station houses as places of reception for persons ill of brain disease."

As evidence of the importance attached to the recommendation of the State Commission in Lunacy, I would also call attention to the message of Governor Odell to the legislature where he says: "With this recommendation I am in hearty accord."

From a recent personal interview with Dr. Frederick Peterson, President of the State Commission in Lunacy, I think we have every reason to believe that the present legislature will provide funds for the erection of two psychopathic hospitals, one in New York City and the other in Brooklyn. These institutions shall serve for these two cities as reception hospitals for all cases of insanity until their character and prognosis have been determined. Some time will elapse before these two psychopathic hospitals are ready to receive patients, and a greater length of time must pass before any similar provision can be made in any of the smaller cities of the State. Something should be done, and at once, for the care of insane persons while legal proceedings are being taken for their commitment to a State hospital. Rich and poor alike are afflicted. The sentimental side of the question is one that will appeal to most people. Heretofore, if a person developed acute insanity, he or she was usually arrested by the police charged with insanity and lodged in the station house or in jail to await examination and the commitment papers from the judge. The thought that a relative or friend was behind bars in a penal institution, was suffi-

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cient to cause many to criticise the lack of a proper place to detain the prospective and unfortunate patient. We shall have to turn to the general hospital for relief. No adequate provision exists at present for the right treatment of the early stages of such diseases as have mental disorder for their chief symptoms, or for the slighter or more transient insanities among the class who come to our general hospitals for advice or treatment.

Dr. Clouston, in a very able and exhaustive discussion of the Possibility of Providing Suitable Means of Treatment for Incipient and Transient Mental Diseases in our General Hospitals, at the Annual Meeting of the British Psychological Association, says in answer to the question, "Is it desirable to supply this want?"

"The whole history of modern hospitals and the whole trend of philanthropic efforts to cure diseases have of late years been in the direction of providing for the poor every means of treatment for diseases of every class. In regard to mental diseases, it is in the early and incipient stage that it is most curable. Every case of mental disease has an early and incipient stage. During that stage it is not a case of technical legal insanity. It is a condition where you require to make the patient realize that there is something wrong with him. It will be admitted that men on the point of insanity add daily to the risk of what I may call the organization of the morbid process, and every day adds to the difficulty of getting the case off the morbid and on to the normal mode of working. That, as neurologists and physiologists, none of us will deny. The rich can and do have such means of treatment; the poor at present cannot. This does not apply to any other class of disease. Mental disease is the most pitiable of all. To allow such mental symptoms to run to such a degree of disturbance that they can be officially certified as technical insanity, seems a cruel neglect as well as an expensive dereliction of duty on the part of society. For the man so afflicted ceases to be a producer and becomes incurable.

"Firstly, any one may go to seek advice at a hospital, or to be treated in one without losing any of his self-respect, injuring his prospects in life, or going counter to any special prejudice in his mind. Secondly, the treatment of this class of disease—I attach enormous importance to this argument—would educate our poorer population, and, indeed, the whole population into entertaining the belief that mental disease is on all-fours with other classes of disease, and that it in no way implies shame or repulsion. If this education should take place to any degree it would sweeten life to every family in which mental disease has occurred, and that would probably comprise every fourth or fifth family connection in the

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land. Besides, it would diminish one of the most poignant terrors in the lives of those who have suffered from the disaase or fear its occurrence. The absence of this prejudice and fear would of itself greatly aid recovery."

Professor Pontoppidon, of the Copenhagen General Hospital where mental cases have been treated for the past forty years, says:

"The adding of the pavilion as an integral part of the hospital for general somatic diseases has influenced public opinion in modern and scientific directions, and has done away with much of the mysticism which, in public opinion, too often clings to mental disorder. Patients and relations, as well as doctors, seldom hesitate to make use of the insane ward of the Commune Hospital in the hope that the patient will soon recover, knowing that he will at once be placed under rational treatment, which so often greatly improves the prognosis."

To meet this want our general hospitals must provide by the erection of special wards or pavilions. Until recently the pavilion for the insane at Bellevue Hospital, New York City, was the only provision of that kind in the United States. About a year ago a department was opened at the city hospital, Albany, N. Y. The attention of alienists through the United States has been attracted to this departure in general hospital construction. It is known as Pavilion F of the Albany Hospital system. I visited the hospital in July in company with Dr. J. Montgomery Mosher, who for ten years was connected with the State hospital system and is in charge of Pavilion F. I cannot speak in too high terms of the work he has accomplished. From an article read by Dr. Mosher at the Annual Meeting of the American Psychological Association at Richmond, I quote as follows:

"Under the stimulus of the repeated abuses that occur in the disposition of acute cases, the physicians of Albany represented to the county supervisors the need of this building, and have received a generous response in an appropriation of eighteen thousand dollars. The Albany Hospital is constructed upon the pavilion plan, permitting the annexation of an additional building. The administration is to be in the hands of the Governors of the Hospital, as a part of the general organization, the county's rights being protected by agreement to care for its patients at rates conforming to those of other public patients. (The plan of the new building, which owes its perfection to the suggestions of Dr. Chapin and Dr. Cowles, has been prepared by Mr. A. W. Fuller, architect of the hospital).

"The design provides a two-story building for the separation of the sexes, connected with the main hospital by a corridor and con-

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forming with the latter in architectural style. The outside dimensions are eighty by forty feet. From the main entrance to a large day-room, traversing the center of the builidng, sleeping rooms lie on either side of a corridor. This space provides for one single bedroom 11x15. The day-room, with bow windows at either end, supplies ample cross light and adjoins the service room, thus permitting complete distinction between the day and night habitation. Beyond the service rooms, sixteen feet of the distal end of the buildings are separated by a double brick partition. This gives a distinct section, with entrance and stairway, containing two bedrooms and service rooms for the use of excited persons. The disturbing element is thus removed from the quieter class during the night by half the length of the building, with several intervening doors and walls. The location of the pavilion protects the city from noise, a result which might otherwise be obtained by special disposition of the windows of the extension.

"The scheme (thus outlined) represents the logical development of the modern idea of the demands of the insane. There is no precedent upon which to formulate a prophecy of the ultimate field of usefulness or results. It is anticipated that this pavilion will furnish (1) transient accommodation for insane patients committed to a State institution and, (2) for patients who need observation before the advisability of commitment to a State institution is determined; that it will be available (3) for mild cases of insanity who may recover in general hospitals; (4) for victims of drug addiction: and, lastly, as an emergency resort, will minister to (5) rapidly developing and critical cases of delirium, and (6) to the sudden and often dangerous forms of mental disorder which occur in the course of general disease or after the shock of surgical operations and anæsthesia.

"In this legitimate extension of its work the general hospital in no way conflicts with the institution for the insane, but becomes an adjunct or integral factor. As a clearing house, opportunities are offered for the determination and preparation of patients for the latter which should greatly add to its effectiveness.

"In conclusion it may be said that with the adaptation of the facilities afforded by the general hospital, all claim of the insane may be met, and as conditions may demand treatment may be had:

(1) At home.
(2) In private institutions.
(3) In general hospitals.
    (a) In out-patient departments.
    (b) In specially arranged words or pavilions.

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(4) In hospitals for the insane.
  (a) In hospital structures for the actual treatment of the acute recoverable cases.
  (b) In detached blocks or colonies for the custodial care of chronic cases."

The history of the system established in the Albany Hospital is that only incurable cases are sent to the State hospitals, and even these cases are placed under observation in the insane department of the general hospital until the physicians believe that treatment there will not result in cure in a short time. Instead of being "railroaded" to a State hospital, patients are quietly removed to the mental department of the general hospital and are there under the care of competent physicians. The same rates are charged in the insane department that are in force in the hospital proper. Perhaps in the course of a month a patient becomes well and he then returns to his home mentally sound; no one is the wiser. Every one is made happier and the patient has a different feeling himself, that he does not have to worry over the idea that he has been taken to an asylum. The financial saving is considerable; for, while the support of the insane is a direct charge upon the State, yet the town, city or county has to pay for the examination and proper clothing of the patient. This in individual casses will range in price from $35 to $50 per patient. In many cases where it is found unnecessary to commit the patient to a State hospital, this amount would be saved and a like amount would not be expended for the care and treatment of that individual patient in the observation hospital.

President Peterson, who is doing so much to improve the medical service of our State hospital system, refers to the future in the following terms:

"The twentieth century system of caring for the insane by psychopathic hospitals in the cities and colonies in the country would be incomplete if special stress were not laid on the scientific features of this system. The twentieth century finds us on the verge of a remarkable development of clinical and laboratory methods of research in the domain of morbid psychology, and the new system demands that each institution, whether reception hospital in the city or colony in the country, shall be provided with all the facilities for scientific investigation, and it is not too much to expect that present research may bear such a scientific harvest during the new century that its discoveries will startle the world; and, in any event, the unfortunate sufferers from insanity will gain immeasurably by better methods of care, treatment and cure to be ascertained in coming years.

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"From the chain and dungeon to the psychopathic hospital and colony is a measure of the progress of the nineteenth century in the care of the insane. May we not employ that gauge as a measure of the possibilities of the twentieth century in the same direction?"

In addition to all the State can do, individual general hospitals must do their share by falling into line with the Albany Hospital.

The homœopathic hospitals must not be behind in this advancement. New York City and Brooklyn may be provided for by the State, but that is no reason why the general hospitals, under our control in these two cities, should not have a mental department and do their share of this twentieth century system of caring for the insane. Buffalo, Rochester, Albany and all other cities where we have homœopathic general hospitals, must prepare for a similar line of work.

After the record made by the Middletown State Homœopathic Hospital for the past twenty-five years, under the administration of the late lamented Dr. Selden Haines Talcott, the Homœopaths of this State, or of the United States, must not lag behind in caring for our insane.

Thirteenth Annual Report State Commission in Lunacy.
Annual Message to Legislature—1903. Hon. B. B. Odell, Jr., Governor State of New York.
Journal of Mental Science.—Oct., 1902.
American Journal of Insanity. Vol. 57, No. 2, 1900.

A STUDY OF THE PRIMARY AND SECONDARY EFFECTS OF PHOSPHORUS.*

By Eldridge C. Price, M.D.
Baltimore, Md.

IN the rush of active practice the physician is prone to forget the law in his search for the means which demonstrate the law. He may know the drug and the definite preparations of the drug that will relieve or cure the given case, but he does not know upon what law the cure depends. In fact, there are some who go so far as to say a knowledge of the laws of cure is of no practical utility, that the physician can cure as well without such knowledge as with it.

While it may be possible to accumulate a sufficient number of isolated facts to give one a fair working knowledge of therapeutics, yet, certainly, a knowledge of the reason for these facts make one both broader and more thorough in his knowledge of the practical application of these facts.

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* Read at Maryland Homœopathic State Medical Society.

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In very truth it would seem that an avowed denial of the value of a knowledge of therapeutic principles is but a cloak to cover ignorance. And though it is true that we know but little of this great field, yet that is all the more reason why we should add to this little.

The attitude which declares the superfluousness of approximate correct knowledge, defeats the very end which is claimed to be attainable through ignorance; the ability to arrive at a maximum degree of therapeutic effectiveness. It is this unwillingness to undertake the solution of certain discouragingly vast problems that is responsible for the unsystematized records of physiological experiments, found in our works on alleged pharmacodynamics. It is this spirit that ignores the crying need for a standard of physiological drug dosage, and it is this spirit that would turn a deaf ear to the claims of every drug for a recognition of its double action.

In this study of phosphorus an endeavor has been made to discover the primary and secondary effects of the drug, despite the absence of a standard of physiological dosage and a general lack of system in making records.

Before considering some of the more prominent symptomatic details that have been credited to phosphorus, it will be profitable to regard this agent from a more general standpoint.

Phosphorus is "a constituent of most of the important tissues, and is especially abundant in the nerve centres." This fact suggests that phosphorus bears a food relationship to the organism. It is also well known that in large quantities phosphorus will cause changes in the organism such as no food *per se* will produce, and these changes will sometimes go so far as to cause death. Like some other substances, iron, for example, phosphorus may, therefore, be regarded both as a food and as a drug. If phosphorus be given in proper amount to supply the needs of the organism, when this agent is lacking, it will simply restore the normal health of the individual without causing morbid disturbance of any kind; but if it be given in quantities too large, or continued too long a time, trouble is sure to result.

So far as it is possible to disentangle the effects of phosphorus as a food and phosphorus as a drug, it is found that different amounts of this agent produce different sets of symptoms. Thus, when given to the healthy in what are considered moderate doses, i. e., 1-30th to 1-15th of a grain, it increases appetite, muscle power, stimulates the circulation, facilitates mental processes and ultimately increases the weight. In addition there is sometimes an increase in sexual power. With this general improvement in health, analy-

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sis of the blood shows that a favorable influence has been exercised upon the composition of hæmoglobin, the proportion of red corpuscles being increased. This action as a whole may be regarded as "tonic," and probably due to the food relationship of the element to the organism.

It is obvious that the principle involved in the foregoing action of phosphorus is that of dissimilars, whether interpreted as a simple food effect or as drug action.

When phosphorus is given in larger doses, doses short of immediate fatality, debility rapidly results, and such symptoms as denote blood degeneration, independently of local suffering; the condition which develops being exactly opposite to that resulting from the smaller "tonic" dose above noted, or similar to the condition for which the smaller dose is sometimes given.

At one time it was thought that the systemic effects of phosphorus were due to the sulphurous and sulphuric acids into which it was supposed to be decomposed when introduced into the circulation, but more recent investigations lead to the conclusion that it enters the blood in its "elemental form," and doubtless acts in this form.

The destructive changes, including hepatization of lung tissue, fatty degeneration of the liver, heart, kidneys, etc., and osseous involvement, which are reported as following the administration of phosphorus, while they may be due to an excess of this element yet it is more than the mere presence of too much of a certain kind of a food to which such morbid changes are due. Such pathological conditions, together with their indicative symptoms, are without doubt due to that peculiarity which constitutes phosphorus a drug as well as a food.

Having taken a cursory glance at the general action of phosphorus, let us now examine a little more closely the minuter effects of the drug.

In this study the endeavor has been to separate the effects into two groups of details—the primary effects and the secondary effects. To do this it has been necessary to adopt some clear idea of how to identify a primary effect and a secondary effect, respectively.

In the first place, it has been assumed that in the usual material dose, phosphorus may be regarded as stimulant to the general function of the organism, and, consequently, all symptoms resulting from material doses of the drug which are consistent and congruent with stimulation of the organism have been classed as primary, and all symptoms congruent with an opposite or depressed state of the system have been classed as secondary. Adopting as a standard of

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dosage the usually accepted physiological "tonic" dose of phosphorus, the matter is much simplified, from the fact that all effects suggesting an increase of functional activity may be always regarded as primary, and effects suggesting depression or sluggish activity of function may be regarded as secondary.

All experimenters with phosphorus do not report the earlier symptoms of drug influence. In some instances such manifestations are doubtless regarded as mere indications of excellent health, and hence are not recorded. In consequence, in such cases the first effects noted are, as a matter of fact, secondary symptoms, and should be so utilized. Recognition of this fact will often save one much confusion and annoyance.

The endeavor has been, in this examination of effects of phosphorus, to avoid arbitrary classification and to base the differentiation of details upon the two different states of the organism which always follow the administration of drugs in pathogenetic doses. This has necessitated a careful study in detail of all the symptoms of all the records found in the Cyclopædia of Drug Pathogenesy; thus entailing much tedious analysis which during the process seemed almost interminable, but which it is to be hoped has amply repaid for the labor. In this way, what is hoped to be a rational classification of the effects of phosphorus has been constructed.

PRIMARY EFFECTS OF PHOSPHORUS.

In large doses of phosphorus, its local irritant action causes the tissues with which it comes into immediate contact to bear the brunt of the attack, and as the drug has also a dynamic effect upon the intestinal tract, it is sometimes difficult to separate the two causes of its derangement by this drug. The many symptoms suggestive of gastric derangement which are recorded in the Cyclopædia of Drug Pathogenesy, therefore, such as pain, nausea, vomiting, etc., are probably due to local irritation, as the experimenters in whom such effects are recorded were those who took material doses sufficiently large to cause local irritation.

Lower down in the tract there are certain manifestations, such as pain in abdomen, rumbling, heat and pains in hepatic region which suggests a continuity of the local action, though from further developments corroborated by autopsies the pains in the right side of the abdomen may be regarded as most probably dynamic in their origin. Further down in the intestines there is little evidence of the primary effect of phosphorus.

One of the early effects of the drug is the response of the circulation. The pulse beats increase in rapidity, the blood being driven

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throughout the organism causing various deviations from the normal; the head feels full, confused, heavy and hot, the face is flushed, the temples ache, and there is marked vertigo. In some cases the mind is stimulated to unusual activity and the imagination is excited. The sexual mentality has been stimulated also; but whether this is due to congestion of the nerve centres simply, or to direct action of the drug upon nerve tissue, is not altogether clear. Perhaps both methods of action are conjointly responsible. Libidinous desires and thoughts, and in one case outright masturbation resulted.

Whether or not phosphorus acts in the sexual sphere simply because of its general stimulant influence or because of specific action, it is somewhat difficult to say, though evidence rather tends to suggest that a specific influence is exerted. We know that a stimulant *per se* does not necessarily stimulate the sexual function, while we also know that phosphorus causes increased sexual desire, together with increased power, and sometimes emissions result from this state of over-sexual stimulation. Erotic dreams also haunt the experimenter. This action is not confined to the male sex, but woman in some instances responds also.

Some of the women experimenters suffered from painful menstruation, which we are left to assume was unusual, and the discharge was scanty and too early in others. Possibly the explanation of this early and scanty menstruation may be that the congestive tendency of phosphorus precipitated premature flow, but there was insufficient sustained determination of blood to the uterus to furnish the usual amount of discharge.

Whether through attempted elimination, or because of impression made through the nervous system, phosphorus affects the kidneys. The urine is reported darker than normal; but as no urinary tests were made it is impossible to say whether this discoloration was due to the presence of blood coloring matter or to an excess of uric acid, or what. It is possible the pain in the urethra and the urging to urinate may have been due to uric acid.

The respiratory tract is also sensitive to phosphorus. The mucous membrane of the nose becomes congested, producing a stuffed feeling; sneezing follows, and a discharge of water accompanies the latter. The throat is found to be irritable, and is rough and dry. Cough develops, hoarseness co-exists, respiration is oppressed, a sense of "tightness" being present, and chest pains afflict the sufferer, which pains are sometimes "acute." As to expectoration, there is very little. One experimenter notes "difficult expectoration"; another, "large quantity of grayish phlegm," and

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another, "considerable mucous accumulation in trachea"; but whether this is easily expelled or not there is no mention.

The general cerebro-spinal nervous system also responds to phosphorus. From the experiments the idea is gleaned that the drug causes general exhilaration and increased power for both mental and physical work. Such a peculiar sensation as, "feeling as if blood were too restless," may be regarded as due to stimulated circulation, while the "sensation of increased muscular and mental power," may be due to both circulatory stimulation and nerve invigoration. Some unpleasant effects, however, may be noted, e.g., general transient pains throughout the body. There are also more permanent pains in the back, particularly in the lumbar region, and in the nape of the neck there is a tense feeling. In the limbs are mentioned pains, and these are distributed generously, being found in the arm, forearm, right hand, fingers and legs. Owing to nervous involvement the nights were restless, sleepless from mental excitement; dreams were sometimes present and were vivid, sometimes most disagreeable, and sometimes erotic.

With this stimulated condition of the organism there was increased heat of body. In some instances the nervous state of the experimenter caused a chilliness. Sweat was also caused, which seemed to be due to the stimulated condition of the sweat follicles rather than to a relaxation of tissues.

SECONDARY EFFECTS OF PHOSPHORUS.

As may be expected from the primary stimulation of function caused by phosphorus, the reaction brings about an opposite condition of depression. The appetite is, therefore, diminished, and in some cases complete anorexia exists. The tongue is furred, and the mouth is flooded with saliva. From the relaxed state of the gastric mucous membrane nausea becomes prominent, eructation is present and even emesis may follow. The tendency is to serious involvement of tissue, Virchow's observations revealing fatty degeneration of the stomach glands in death from the drug.

The discomfort in the abdomen develops into acute pain, diarrhœa supervenes, with bloody evacuations; tenesmus is present, and flatus may be discharged suggesting food decomposition rather than digestion.

Anal pruritus has been recorded; but whether this is, properly speaking, a secondary symptom, is, I believe, debatable, though in the experimenters recording the symptom it appeared among secondary effects. It may, however, be caused by hypersensitiveness

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of the part due to stimulated sensibility, in which case it should be regarded as a primary effect.

Pain in the hepatic region, together with icterus, shows serious secondary involvement of the liver, and this is fully corroborated in the fatty degeneration discovered after death.

Autopsies also show similar degeneration of the kidneys. The discoloration of urine noted under primary effects is carried beyond the point due to immediate stimulation, and as the tissues become over-taxed, losing their resiliency, blood appears, and pain in the renal region persists.

Fatty degeneration of the heart has also been found, and from the weakening of function due to this condition it is not surprising to note congestion of the cerebral venous capillaries, causing a confusion and heaviness of the head, and, because of the pressure, positive ache, ranging from dull to acute pain. The vertex, the occiput, or the side of the head may be the seat of pain, especially. Vertigo may also exist because of the venous congestion. Tinnitus aurium may also be another indication of this deranged cerebral circulation.

Phosphorus, as is well known, has a peculiar elective affinity for the bone of the jaw. At first the gums become inflamed and swollen, the teeth begin to ache, and finally exfoliation of the bone occurs. The drug does not confine its attack to the lower jaw only, as has sometimes been supposed, but the superior maxilla also suffers.

Because of the nervous exhaustion due to the reactionary effect of phosphorus, the mind no longer regards life from the standpoint of normal equilibrium. There is sometimes indifference, or irritability, or the experimenter may even manifest causeless fear, but most frequently there is decided mental depression.

The whole body becomes relaxed, which is evidenced in weakness, languor, weariness, prostration or complete exhaustion. Even the blue rings around the eyes, caused by nervous exhaustion, are present. Of course there is a disinclination for both mental and physical work, and accompanying there is great nervous sensitiveness, the prover starting at influences that impinge suddenly upon the senses.

The limbs have a feeling of heaviness, there is a gone-to-sleep feeling in the arm, a formication and even pain in the fingers, pain in the thigh, cramps in the calves, heaviness, numbness and sometimes pains in the feet. In fact, the whole tendency is to paralysis, which may involve either the motor or sensory nerves. This paralytic tendency is especially shown in the weak back and "a sensation of trembling in lower part of spine," besides a numbness and stiffness of feet in one experimenter, caused by pressing on the las

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two lumbar vertebræ. All this is evidently due to the profound influence of phosphorus upon the nervous system, but the muscle tissue itself does not escape, as is shown in the fatty degeneration discovered by Virchow in the general musculature of the body.

There are reactionary effects to be found in the respiratory tract, such as bloody sputa, more or less, with accompanying dyspnœa due to lack of oxygenation, and which must be differentiated from the dyspnœa of acute congestion; and, finally, in cases of dissolution, fatty degeneration of the parenchyma.

As the primary effect of phosphorus is to stimulate the sexual function, so the secondary effect is to weaken both desire and power; and though emissions may possibly occur, they are due to a relaxed state and not to over-stimulation. One prover whose nervous system was strongly involved reported a sensation "as if fluid went from trunk into limbs;" such a sensation as is sometimes felt after exhaustion of the nervous system from sexual excess. The apparent prostatic fluid and mucus discharged from the urethra, and the whitish discharge from the vagina, suggest a weakened state of the tissues of the genitalia of both sexes.

Demonstrating the degenerative tendency of phosphorus, eruptions appear on the skin. These conditions come with the other evidences of lowered vitality, and consequently must be classed with the secondary effects. The rash is sometimes red and itching, causing usually more or less irritation. Accompanying, the general relaxation of the sweat glands cover the surface with moisture.

The circumstances producing aggravations are as follows:

Moving feet caused discomfort in them.

Pressure on part affected caused pain. This refers especially to the lumbar region and to the head.

The stomach was irritated by introducing food into it. This, however, may be because of the sensitiveness due to the local irritating effect of the material doses of phosphorus taken.

The ameliorations are:

Symptoms better in fresh air.

Numbness and pain in thigh relieved by moving thigh.

Headache relieved by eating.

Pains in abdomen and back relieved by pressure. (Not the sensitiveness in the lumbar region.)

Assuming that drugs generally have a double action, and that the assumption is demonstrated to be a fact in this study of the effects of phosphorus, it remains to determine the relationship existing between these two groups of effects and practical therapeutics.

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The two extremes of these primary and secondary effects are represented, respectively, in the accentuated functional activity of the organism and in the opposite paralytic development and such other serious conditions as bone destruction and fatty degeneration of vital organs. Between these two extremes there is a dividing line most difficult to define. However, it is not so difficult to classify the two groups of effects when the extremes are kept in mind, and the symptoms and conditions more strongly affiliating with the given extreme differentiated and associated.

Assuming that phosphorus is used therapeutically in doses containing appreciable quantities of the drug, it becomes evident that acute conditions of disease, such as congestions and inflammations, yield to phosphorus in accordance with the law of similars, while in such difficulties as are characterized by relaxation and depression of the organism, the relationship between the drug and the condition is that of dissimilars. Whether phosphorus acts as a food in restoring carious bone, or whether it acts dynamically it is difficult to say, but in either case the principle of its action is the law of dissimilars. The same may also be said of its influence in fatty degeneration.

In this study of a much used drug the endeavor has been to throw some light on a most knotty problem—the problem of primary and secondary drug effect. It is only necessary to make a superficial examination of our text-books to find that very little is known on this subject, and yet it is a subject of such importance that it is impossible to be sure whether one is prescribing in accordance with the law of similars or of dissimilars, unless the two classes of effects of the drug prescribed be known.

With the available material, whose reliability in some instances is only too questionable and whose character is so indefinite, it has not been possible to make this study exhaustive; the most that can be said is that it is suggestive. The sense of discomfort in the eyes, recorded of several experimenters, and the tinnitus aurium have a significance that can only be surmised. How different might this significance have been if proper examinations had been made of the organs involved. These records, however, are of the past; we hope for better things in the future.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

SURGERY OF THE URETERS.

BY DEWITT G. WILCOX, M.D.,

Buffalo, N. Y.

THE subject of ureteral surgery is full of interest to the surgeon and is at present receiving much attention. A sufficient number of cases are now on record to demonstrate that the ureter of both the male and female are surgically accessible at any point from the kidney to the bladder, and that concretions lodged anywhere along the track of said ureters can be successfully removed.

The ureter has four points of congenital narrowing: 1st, below the renal pelvis; 2nd, where it crosses the brim of the pelvis; 3rd, at its vesical junction; 4th, at its orifice in the bladder.

In the case which I here record, the calculus was lodged in the lower ureter at the paraischial portion, or between the 2nd and 3rd congenital narrowing. From a study of the literature upon this subject I find that the lodgment of a calculus at this point is quite rare; thus far only eighteen operated cases have been reported for removal of stone from that point. Of the various routes chosen for reaching the ureter, the following have been recorded together with the results:

I. Intravesical, 9; result not noted, 3; recovered, 6.

II. Perineal (prerectal), 1; recovered.

III. Intrarectal, 1; died.

IV. Iliac (extraperitoneal), 8; recovered, 6; died, 2.

Total, 19 cases; result not noted, 3; recovered, 13; died, 3.

In my case I chose the extraperitoneal (Iliac) operation, because it seemed more rational for reaching the affected portion of the ureter, notwithstanding the fact that up to last year only two published cases of the iliac (extraperitoneal) operation for stone in the lower pelvic ureter in the male were recorded—one in a child, the other in an adult, and with fatal results. The view was generally held that this portion of the ureter could not be reached by the extraperitoneal iliac route, and the French were advising nephrostomy rather than an attempt at removal of the calculus. And as late as 1898 Fenger asserted that this portion of the male ureter was beyond the reach of the surgeon. I was fully convinced, however, that this method (iliac) was superior to the others, particularly this case, as it allowed opportunity to explore the entire length

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of the ureter, from kidney to bladder, which would have been impossible by any other route.

HISTORY OF CASE.

Mr. W. of Utica, aged 47. Active business man, nervous temperament, appearance delicate. His father, brother and one uncle died of Bright's disease. Was operated upon in Boston for hæmorrhoids two years prior (American operation); general health much improved after the operation. Three years prior, while in the Adirondacks, had a severe attack of renal colic and passed one or two jagged stones; during the last year has had slight indications of renal attacks but has passed no stones. Frequent examinations of the urine showed no disease of the kidneys. During the last year has had an increased soreness to deep pressure in the left hypochondriac region; this has gradually increased until it amounts to a steady pain extending from kidney to bladder, but particularly on deep pressure below and internal to the left superior spinous process. He has also had some mucous discharges from the bowel, indicating a membranous enteritis. At times the urine would be very scant, when he would be conscious of a full feeling over the region of the left kidney. This would sometimes be relieved very suddenly by a copious flow of urine, which would be normal in quantity for a number of days following the relief.

The patient first consulted me June 1, 1901. I noted his history carefully and sounded the bladder for stone, but got no evidence of such. I wrote his family physician that the evidences of impacted calculus were so clear that I should consider that the condition; and while I was not ready to recommend an operation until all other measures of treatment had been exhausted, yet ultimately such would be necessary.

After consulting me he visited surgeons in New York and Chicago, most of whom suggested operation but did not urge it. He went to Dr. Weigel of Rochester, and had a very excellent radiograph taken, which showed the shadow of a calculus about two inches from the bladder on the left side. In October, 1901, I was requested to come to Utica to operate, as his suffering was beyond endurance. The patient was at the Utica Homœopathic Hospital, where I was most ably assisted by Dr. Haines, as anæsthetist, together with Dr. Kilbourn, Dr. Terry, Dr. Grant, Dr. Chase and Dr. Groesbeck.

The bladder was first explored with the cystoscope, but nothing unusual was there noted. The orifices of the ureters appeared normal, yet I was unable to pass the ureter catheters. The patient

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was then placed in a lithotomy position and an intraperitoneal incision was first made, precisely as a left lateral colotomy would be made. This was done for the purpose of exploring the iliac wall intraperitoneal, with the hope that a thorough manipulation of that portion of the pelvis extending from the bladder upward, would indicate the location of the calculus, and then an extraperitoneal opening could be made and the ureter reached very quickly.

This, however, was not successful; no evidence of the calculus could be obtained. The peritoneum and muscular aponeurosis were then closed securely and the incision through the skin was drawn outward toward the inguinal line and the same extended until it reached from the middle of Poupart's ligament to a point above the superior spinous process, about eight inches in length.

When the peritoneum was reached it was rapidly stripped from the iliacus and psoas muscles and the search for the ureter begun. This structure should lie close to the peritoneal wall between that membrane and the iliacus muscle, down at the bottom of the pelvis; but unless one has had some experience in recognizing it, he may quite easily overlook it, as it appears so nearly like a thickened fold of the peritoneum. Before I was able to fully satisfy myself that I really had the ureter in my finger, I was obliged to expose the iliac blood vessels where the ureter crosses the internal iliac artery.

After I was entirely satisfied I had the ureter in hand I followed it downward to within two inches of the bladder; here I distinctly felt the concretion, and while I was freeing the ureter for the purpose of better exposing the concretion, the latter slipped past my fingers toward the bladder. I then concluded that the danger of further trouble from the concretion after it once got into the bladder was less than the risk of opening the ureter, hence I urged it on until the concretion had passed into the bladder.

I then directed my attention to the remaining portion of the ureter which I exposed to its kidney origin. The ureter was then carefully "milked" from its origin to its entrance into the bladder for further concretions, but none were found. The wound was closed with a small drain and patient removed to his bed. The operation lasted two hours.

His recovery was slow but uneventful. His greatly reduced state at the time of the operation was a factor which militated greatly against a rapid recovery. Since the operation his kidneys have acted perfectly normal and he has been entirely free of all pain. The iliac and psoas muscles have not yet regained their full elasticity, which obliges him to walk with a slight limp, but of that he is improving.

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Contributions, Exchanges, Books for Review and all other Communications Relating to the Editorial Department of the NORTH AMERICAN should be addressed to the Editor, 181 W. 73d Street. It is understood that manuscripts sent for consideration have not been previously published, and that after notice of acceptance has been given will not appear elsewhere except in abstract and with credit to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE INSTITUTE IN BOSTON.

THE Fifty-ninth annual meeting of the American Institute of Homœopathy has now become a matter of history, and Boston has for the fourth time played the role of a magnificent and generous entertainer. Those who feared that a meeting in a large city would be detrimental to the best interests of the Institute were, we think, happily disappointed; the interest in the meetings was sustained to the end, and the attendances were large. It may be that the weather was partly responsible for this; the substitution of early April weather for that usually associated with the end of June made a strict attention to business not only easy but the most enjoyable thing under the circumstances.

Too much cannot be said in appreciation of the work of the local committee, both in planning the details of the arrangements, and for the hospitality they exercised. It was too bad that the *piece de resistance* they had planned—the harbor trip—had to be given up, owing to the inclemency of the weather: too bad not only for those in attendance, who had looked forward to what would have been to many an unaccustomed pleasure, but also to the entertainers themselves, for having worked out every detail up to the last minute, it meant a great disappointment to them not to be able to carry their program through. We trust that the evident pleasure given by the impromptu vaudeville compensated them somewhat.

President Cobb acquitted himself well, proving himself to be an excellent and efficient presiding officer. His formal addresses were well thought out and well delivered; and he struck more than one

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keynote that needed to be sounded at this time. He did well in calling the Institute's attention to the splendid organizing that was going on in the old school ranks; unless we take the lesson and put our house in order by a more thorough organization of our local, state and national societies, the time is coming in the not far distant future when we may find ourselves in some tight places. President Cobb was not afraid to come out boldly and not only say that the time was not yet ripe for an amalgamation of the schools, but to turn his fire upon the enemy and charge them with sectarianism in that they will not investigate facts and a law founded on facts. At the same time he wisely spoke of homœopathy as a system of therapeutics, not the whole of medicine. A suggestion that seemed to meet with much favor from his audience was that for a present day text-book, the Organon needs revising; while the essential truths it teaches will always be the same, they need to be expressed in the light of the science of the opening years of the twentieth century, not in the language of a hundred years ago. It was well, too, that the president should sound a warning as to the future of our medical colleges; while our average may still be above the average of our competitors, individual colleges in the old school ranks are ahead of anything that we can present. Our institutions of learning have got to be endowed; and that will probably mean their incorporation in some way into universities, for the moneyed men of to-day are slow in putting large sums into the hands of more or less irresponsible boards of trustees.

To those who recognized the reception given to the happy and eloquent speeches of Dr. Sutherland it came as no surprise that he should be elected to the presidency of the Institute for the ensuing year without a contest. There never was a clearer case of the office seeking the man. President Sutherland is one who inspires confidence by his lack of self-seeking and his anxiety that all associated with him in any enterprise receive their due meed of praise. Such an attitude compels loyalty; and we predict that the year just entered upon will be a red-lettered one in the Institute's history because of the spirit of disinterested devotion to its welfare and success that he will inspire into his fellow-workers in office and into the rank and file of the members.

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The plan of letting the sectional societies take entire charge of the bureaus relating to their respective specialties seems to have worked well on the whole. We cannot see that the societies themselves lost anything of importance; and on the whole they gained by the wider interest taken in their work. If their part of the program can be balanced by strong contributions from the bureaus of Materia Medica, Homœopathics and General Medicine, the whole will be a combination hard to beat.

The item of business that called forth the most discussion was the proposal, finally laid on the table, of constituting the ex-presidents of the Institute a Nominating Committee. This committee was to nominate at least two members for each elective office, two hours being given after the publication of their nominations for the filing of additional nominations by members generally, if they so desired. The avowed object of this proposal was to drive politics out of the Institute. A full report of the meeting will be found in another column.

And now for Niagara in 1904. Knowing the thoroughness characteristic of all President Sutherland's work, we look forward with confidence to an exceptionally good meeting.

TRANSMISSIBILITY OF PLAGUE.

DR. CALVERT, lecturer on Tropical Diseases in Washington University at St. Louis, has a valuable contribution on the "Transmissibility of Plague" in a recent number of the *St. Louis Medical Review.*

The importance of an accurate knowledge of this subject is self-evident. It is known that plague can exist in any climate. At the present moment the disease is more widely distributed than at any previous time in the world's history. For the first time cases have appeared at various places in the Western hemisphere. No great epidemics have recently appeared outside of the far East. But the persistency with which cases have kept cropping up in San Francisco for the last three years, and the many widely separated points at which the disease has shown itself, all point to the absolute need of constant vigilance on the part of the medical profession.

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Dr. Calvert made a personal study of plague at Manila. The result of his study and observations are therefore worthy of note. He found that the bacillus pestis (the plague bacillus) had great viability. Strips of paper inoculated with the germ and kept at a temperature of 32° to 34° C. (just below the body temperature) all gave positive results after twelve days, and one strip gave positive results after forty-four days. That is, rats inoculated with cultures from the paper after that length of time died of plague, and the bacillus pestis was obtainable from their dead bodies.

Similarly prepared strips of paper, exposed to direct sunlight lost their virulence in two hours and forty-five minutes. The bacilli were killed in that time. Antiseptic solutions killed them in a very few minutes.

Cultures of the bacilli retain their virulence for many months. Full virulence has been noted after fifteen months. Calvert also found the virulence of the germ unimpaired in dried organs after forty-eight days.

The lymphatic glands harbor the first organisms entering the body. The blood may be infected from the second day until death. Calvert found bacilli in the blood of one patient for forty-five days. After septicemia develops bacilli may be found in the saliva, urine, feces, in short in all the secretions and excretions of the body. One patient developed plague two days after sexual intercourse. He died, and at autopsy the bacilli were found in the seminal fluid.

Calvert states that, although direct infection from patient to patient has occurred, yet this is so infrequent that nurses and attendants are in practically no danger provided proper precautions are used.

He believes that infection is secondary, that is, from fomites, and that it enters the system through slight abrasions. Experiments made by him where virulent cultures were introduced into the stomach of monkeys in capsules, failed to inoculate them, although they are very susceptible. Calvert therefore believes that when food causes infection it is mostly through abrasions in the buccal mucus membrane. The bacilli are not often transmitted through the air.

People who go barefooted show a preponderance of inguinal buboes. Calvert therefore argues that infection is probably through the feet and legs. Children show a preponderance of cervical or axillary buboes, probably due to infection through the mouth or the hands and arms. Their habit of putting everything in the mouth, and of playing on the ground is responsible for this.

Various insects, flies particularly, have been found to die of plague, and their bites undoubtedly inoculate many cases.

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Notes and Comments.

Some Important Suggestions.—In his very interesting paper read before the Western New York Homœopathic Society, and published in this number of the NORTH AMERICAN, Dr. George F. Adams makes some very pertinent and important suggestions regarding the care of the acutely insane. There should be special wards or pavilions attached to all general city hospitals for the reception and treatment of those in the early stages of mental disorders. At present, one unfortunate enough to betray symptoms of incipient insanity is, in the majority of cases, arrested by the police and lodged in jail to await medical examination and the commitment papers. Not only is the stigma of "jail bird" incurred, but most valuable time in treatment is lost. For about the only time troubles of this kind can be treated with any great hope of success is at the very beginning. For a long time Bellevue had the only pavilion for the acute insane, but now, both at Albany and Rochester provision has been made for the treatment of these cases. The homœopathic hospitals in the State should take this matter up at once, and make adequate provision for this most helpless class of patients. We commend the suggestions of Dr. Adams to the favorable consideration of the managers of the new Syracuse Homœopathic Hospital. They should not be left behind in this matter.

Sanitaria for Consumptives.—It is impossible to resist the conclusion that in the approval of the Goodsell-Bedell Bill, Governor Odell has seriously checked the efforts to lessen the ravages of consumption. Under the existing law it was necessary, in order to establish tuberculosis hospitals, to obtain the consent of the local Board of Health and the State Commissioner of Health. But now, in addition, the consent of the Board of Supervisors and the local town board must be added. It is quite unlikely that the concurrent approval of the town authorities and the county supervisors could be had for the establishment of a hospital for the treatment of consumption. There would be an exaggerated and mistaken idea of danger and local interests would be in arms against such a proposal. The whole matter should be either in the hands of the State Board of Health or there should be a commission of experts.

Substitution and the Druggist.—The failure of the Bostwick bill is to be regretted. It has been repeatedly shown that there is enough substitution in the drug business to make it an evil of sufficient magnitude to warrant legislative interference. The druggist must be taught that it is imperatively necessary for him to put up just what the physician's prescription calls for, and not substitute something cheaper for the sake of dishonest gain. The customer, as a rule, knows nothing about drugs; what he wants is the filling of the prescription accurately and quickly. To deceive him is not only merely a sneaking thievery, but a possible tampering with life. The character of the defense offered by the representatives of the druggists at Albany shows there is little hope that they

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will ever offer to reform abuses so profitable as those found in the substitution of cheap and inferior preparations. That there are many honest druggists is undoubted, but there ought to be some way of drawing the line between responsible and irresponsible ones. But the failure to correct the evil this time should incite to greater effort next winter.

The Minnesota College.—Under the head of "Correspondence" may be found an interesting letter from Dr. W. B. Hinsdale, dealing with the critical situation at present existing in the Homœopathic College of the Minnesota State University. It has been an open secret for some time that the college was losing ground and unless some remedy was found ultimate extinction would be the result. A survey of the situation would seem to indicate that the college ever since its organization has labored under serious embarrassments and restrictions incident to its establishment as a part of the State University, and equally as important it had never received the active and hearty support, to which it was entitled, of the homœopathic profession of the State itself.

In placing the teaching of the elementary branches of medicine common to both schools in the college of science and arts and out of allopathic control and influence, and in providing for a special committee of the Regents of the University to represent and absolutely control in conjunction with the Faculty, the homœopathic college, very decided steps in advance have been taken. Why these measures were not taken some years ago is perhaps explained by the fact that it sometimes takes a crisis to bring about reforms. But reorganization is not all that is needed. It must be recognized by the homœopathic profession that the failure of any one of our State schools means a loss of prestige to all and perhaps the final abandonment of all. The profession of Minnesota and the neighboring States are in great part responsible for the weakness of the Minnesota college. Get them now to make amends, create and sustain one of the strongest homœopathic colleges in the United States; with them the college succeeds, without them it fails.

Appropriations for Medical Institutions.—The chief bills signed by Governor Odell carrying appropriations for hospitals and asylums are as follows: For the erection of new administration buildings, isolation hospitals and buildings to provide for fifteen hundred additional patients $1,303,713.77—all this, an extra appropriation, to provide practically for the deficiency last year. The million that was "saved" last year by putting the control of the insane hospitals in the hands of the able financiers of the Lunacy Commission, appears now as a "deficiency" of nearly a million and a half. The Syracuse Institution for Feeble Minded Children received $3,700; for the purchase of a site in the northern part of the State for a new insane hospital, $50,000 was appropriated; for the improvement of the State consumptive hospital at Ray Brook, Essex County, $115,000 was given; $50,000 was given to the Home for Crippled and Ruptured Children, and $40,000 for new dormitories at the Craig Colony.

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Correspondence.

THE MINNESOTA STATE MEETING.

DEAR NORTH AMERICAN:

The Minnesota State Homœopathic Institute held its annual meeting at St. Paul, May 19th, 20th and 21st. The attendance was large, interest good and a programme of high merit was well carried out.

The special feature of the meeting, one of National importance, was the consideration of the conditions existing in the Homœopathic College of the University of Minnesota. Owing to circumstances which had culminated in a crisis, the existence of the college, in its integrity, was involved. The Institute devoted considerable time to the consideration of the college question and, to a man, wisely and determinedly rallied to the support of the department. Some decided action was taken relative to the management of the college and, co-operating with the faculty, the Minnesota Homœopathists will undoubtedly secure concessions, which were informally practically promised by the regents, freeing the institution from some serious embarrassments. With re-organization and the improvements which seem sure to come, the faculty will enter the college upon an era of growth and prosperity, making it, in a few years, the delight and pride of the profession of the State, which supports it; a condition which should exist in all States where we have colleges, especially State colleges and university departments.

Resolutions were passed very complimentary to Dean Williamson who has withdrawn from the deanship. Dr. Williamson has done more than the most of the general profession appreciate to develop homœopathic education in the Northwest.

The following is taken from the *St. Paul Globe* of May 20, 1903.

Dr. E. L. Mann, of St. Paul, another member of the committee, presented the following resolutions addressed to the regents of the university, which were at the close of the meeting unanimously adopted:

Whereas, The Minnesota State Homœopathic Institute, in convention assembled, realize that crisis has come in the history of the Homœopathic College of Medicine and Surgery of the State University, and that the life and perpetuity of the college is in great danger because of impossible conditions of growth, and

Whereas, It has been demonstrated in other universities that under proper conditions, growth is unquestionable; therefore as furthering the individuality and entity of our college, be it

RESOLVED, That the elementary branches of medicine common to both systems of practice, be placed in the college of science, literature and the arts, and further be it

RESOLVED, That a standing committee be appointed from your honorable body who shall represent the homœopathic college, and who, in conjunction with the faculty shall have absolute control of all matters pertaining to qualification and government of the same, and further be it

RESOLVED, That we are unalterably opposed to the abolishing of the homœopathic college and the substitution therefore of two professorships in materia medica and therapeutics in the department of medicine.

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REGENTS WISH TO ABOLISH—Dr. Wilcox, in his explanation of the work of the committee, said the regents of the university had been found to be strongly in favor of the abolishment of the homœopathic college, as above stated, but he and the other members of the committee felt that if the homœopathic physicians of the State would indicate to the regents in some convincing manner what they wanted, some attention would be given to their wants. The plan proposed in the resolutions, he explained, possessed the advantage that students in the elementary branches would be in the academic department, and not, as now, subjected to the influence of the allopathic school of medicine. Under this arrangement those branches would be part of the regular course, and those who might later elect to adopt either one or the other of the schools of medicine, would all be on an equal footing, and instructed without regard to either school of medicine.

MUST BE SUSTAINED—Dr. W. B. Hinsdale, Dean of the Homœopathic College of Medicine at Ann Arbor University, Michigan, spoke, upon request, of the experience of that institution, which he said had had its nucleus in one homœopathic professorship in the general medical college. At the present time there are five professors in the college of Homœopathy, and the college has a handsome hospital, where most of its work is done. He said that there are at the present time three State universities which have homœopathic colleges of medicine and all of them must be maintained, for if either the Iowa, the Michigan or the Minnesota College is permitted to fall, the others will be greatly weakened. Dr. B. H. Ogden, of St. Paul; W. H. Leonard and R. D. Matchan, of Minneapolis, and several others contributed to the discussion.

After the adoption of the resolutions the informal committee was made the regular committee of the Institute, and requested to continue its work.

The officers were selected with special reference to getting the best men for college advancement and development in office. Dr. Henry C. Aldrich, of Minneapolis, was elected president, and Prof. E. L. Mann, M.D., of St. Paul, secretary.

W. B. HINSDALE.

A LETTER FROM LONDON.

[FROM OUR SPECIAL REPRESENTATIVE.]

LONDON, June 1, 1903.

From what can be learned from inquiry among our brethren in London, Homœopathy is holding its own in England. Accessions to the ranks of its professional adherents are few and far between, only just frequent enough, perhaps, to fill the vacancies caused by death. The new comers are usually either sons of present homœopathic practitioners or the out-going house staff of one of the homœopathic hospitals. The leading men are grappling with the problem of spreading a knowledge of homœopathy among English medical men, and the newly-formed British Homœopathic Association is a means to this end. Between forty and fifty thousand dol-

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lars has been received by the Association, and a certain proportion of this has been set apart for the prosecution of the propaganda. Under its auspices a series of lectures on Homœopathy and on its application to certain classes of diseases has been inaugurated. They are, of course, intended for medical men, and as it was feared that prejudice might prevent an audience gathering at the London Homœopathic Hospital, a hall on Regent Street has been engaged for the weekly lectures. I understand that out of the forty or fifty people who have attended the lectures thus far, there are less than half a dozen *bona fide* members of the old-school profession. The Association also offers a scholarship for the prosecution of the study of Homœopathy in America.

The British Homœopathic Society holds its monthly meetings at the London Homœopathic Hospital, and secures a good attendance. At the May meeting, Dr. Burford and Mr. Johnstone dealt exhaustively with the subject of "Saline Infusion." The June meeting is to be devoted to the "Medical and Surgical Treatment of Appendicitis," a general practitioner from Croydon dealing with the medical, and Mr. Knox Shaw with the surgical side of the question. The Society includes nearly all the known homœopathic practitioners, but it is said that there are a number of men who have studied Homœopathy and make use of it in their practices who do not come out and openly pose as Homœopaths.

The London Homœopathic Hospital is an institution of which British Homœopathy may well feel proud, and it is a pity that it has to struggle hard with the financial problem. Some of the leading men look forward to the day when it will be able to add another hundred beds to its accommodation, and thus enable it to qualify as a training centre for medical students. At present post-graduate teaching is all that can be offered, and, as intimated, there are few applicants for that. The idea entertained by a few that it may be possible to secure a special Act of Parliament enabling the hospital to give a special qualification of its own, seems somewhat chimerical in view of the widespread opinion that there are already too many institutions granting medical qualifications.

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Book Reviews.

Zapffe's Bacteriology. A Manual of Bacteriology for Students and Physicians. By Fred C. Zapffe, M.D., Professor of Histology in the College of Physicians and Surgeons, and Professor of Pathology, Bacteriology and Hygiene in the Illinois Medical College, Chicago. In one 12mo volume of 350 pages, with 150 engravings and 7 full-page colored plates. Cloth, $1.50 net. Lea's series of Pocket Text-Books, edited by Bern B. Gallaudet, M.D.

Professor Zapffe's compendious manual covers the theoretical and clinical aspects of Bacteriology in a manner answering the needs of general practitioners as well as of students. He accomplishes this by eliminating unnecessary discussions. Starting at the very beginning he carries his reader systematically up to the point of gaining a full and comprehensive view, not only of Bacteriology, but also of its practical relation to medicine. The whole trend of the book is distinctly clinical—the proper object for a work designed to be of service to medical students and graduates. A course of practical laboratory exercises is likewise included in this comprehensive volume.

Findley's Gynecological Diagnosis.—The Diagnosis of Diseases of Women. A Treatise for Students and Practitioners. By Palmer Findley, M.D., Instructor in Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. In one octavo volume of 494 pages, richly illustrated with 210 engravings and 45 full-page plates in colors and monochrome. Cloth, $4.50, net; leather, $5.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Professor Findley has appreciated the fact that medical literature in the English language has hitherto lacked any work paralleling several important books of which German practitioners have had the advantage. Of course, Americans have a number of excellent treatises on Gynecology as a whole, but their great scope prohibits a full consideration of two of the most important bases of the whole structure, namely, the special pathology and diagnosis. In the present work this desideratum is completely supplied. The author never loses sight of the fact that the purpose of his book is clinical, and to this end he focuses in it all the most modern as well as the long-established methods of arriving at a diagnosis. The well-recognized procedures for pelvic examinations, the macroscopic appearances and the microscopic findings are all fully represented, special stress being laid on the latter on account of their great practical importance. "Without the microscope," he writes, "a diagnosis is not always possible," a statement which implies that modern methods in their entirety are competent to guide to a diagnosis in all cases. It is singularly rich in engravings and colored inset plates.

The Composite Man as Comprehended in Fourteen Anatomical Impersonations.—By E. H. Pratt, A.M., M.D., LL.D., Chicago. The New Age Publishing House, 100 State Street. 1903. pp. 233.

What Dr. Pratt writes is always interesting, and this is shown very clearly by the fact that this is the third edition of "The Com-

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posite Man." It may be well to state again in the author's words the purpose of the book: "First, to render the study of anatomy sufficiently simple and novel to be attractive, in hopes that it may be popularized; second, to secure recognition, on the part of those who heretofore have been inclined to overlook them, of the existence of man's spiritual parts as essential elements in all that concerns his every possible condition; third, to unify the conceptions of the various parts of a human being, which are usually prone to suffer a too isolated consideration."

The interest in the work has been pronounced, and it is likely to run through more editions.

Veasey's Opthalmology. A Manual of Diseases of the Eye. For students and General Practitioners. By Clarence A. Veasey, A.M., M.D., Demonstrator of Ophthalmology in Jefferson Medical College, Philadelphia. 12 mo. 410 pages, with 194 engravings and ten full-page colored plates. Cloth, $2.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

As an authoritative and convenient manual of practical ophthalmology, this new work by Dr. Veasey is likely to prove a favorite. It is written for students and general practitioners, two classes of medical readers who should assuredly be or become familiar with all that is contained in this little volume. The author has shown excellent judgment in what to include and what to omit—a very important matter for the reader. He has been guided in this by his experience in teaching both under-graduate and post-graduate students, and this same teaching ability is manifest in the systematic, practical and concise manner in which he has marshalled and presented his facts. The book has nearly 200 engravings and 10 full page colored plates.

Lea's Series of Medical Epitomes. A Manual of Genito-Urinary and Venereal Diseases for the Use of Students and Practitioners. By Louis E. Schmidt, M.D., of the Chicago Polyclinic. In one handy 12mo. volume of 250 pages, with 21 illustrations. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia & New York, 1902.

Dr. Schmidt has furnished a compendious treatise written in clear, intelligible language, and covering the essentials of his important subject in its most modern development. The first portion of the book is devoted to Syphilis and Chancroid, while all of the other diseases are described under the heading of Genito-Urinary affections. In this latter section a very valuable feature is the description of the general complications of all Urinary Diseases, whether directly or remotely associated with Syphilis, Chancroid or Gonorrhea. Throughout the work all questions of Diagnosis have been made especially clear.

Dr. Schmidt has adapted the work especially to the needs of medical students, but it will be found peculiarly convenient as a ready reference work for the physician.

For the convenience of students who desire to form quiz classes, a series of questions is appended to each chapter. Illustrations are used whenever they can serve to clarify the text.

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Diseases of the Intestines: Their Special Pathology, Diagnosis and Treatment, with Sections in Anatomy and Physiology, Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Feces and Urine, etc., etc. By John C. Hemmeter, M.D., Ph.D., Professor in the Medical Department of the University of Maryland, etc. In two volumes—Volume II. with plates and many other original illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Pp. 679, cloth $6.00.

This, the second volume of Prof. Hemmeter's great work, is as valuable and instructive as volume I. Here we find these pathological conditions that occupy the borderland between medicine and surgery. The author says, referring to the uncertainty of knowledge that still exists on the pursuits discussed: "The modern evolution of the exact methods of clinical diagnosis relating to many diseases of the human body, cannot but command universal admiration; but the technics of the microscope, and clemical as well as physiological investigation, have as yet left large vacancies in the pathology of the intestinal function; and where these exact methods desert us there is but one beacon light for the general practitioner, and that is *clinical experience.*" The subjects treated of in this volume are as follows: I. Appendicitis; II. Infectious Granulomata of the Intestine—Tuberculosis of the Intestine; III. Intestinal Occlusion; IV. Contusions, Rupture, Perforation (Trauma) of the Intestines; V. Enterorrhagia; VI. The Clinical Aspect of Intestinal Surgery: Border Lines Between Medicine and Surgery. VII. Intestinal Atrophy; VIII. Abnormalities of Form and Position; IX. Diseases of the Intestinal Blood Vessels and Influence of Intestinal Affections upon the Blood; X. Intestinal Neuroses, Nervous Diseases of the Intestines; XI. Parasites of the Intestinal Canal; XII. Diseases of the Rectum. There is besides an index of authors and subjects. The work is a most valuable one, and cannot be too highly commended.

Uterine and Tubal Gestation.—A Study of the Embedding and Development of the Human Ovum, the early growth of the Embryo, and the Development of the Syncytium and Placental Gland. By Samuel Wyllis Bandler, M.D., Instructor in Gynecology N. Y. Post-Graduate Medical School. Illustrated by ninety-three drawings. New York. William Wood & Co. 1902. pp. 159. Cloth, $1.50.

This attractive volume will be of great value to the general practitioner. It deals with some of the more vexatious and troublesome problems that vex the doctor, and it gives great aid in reaching conclusions. The processes antedating and accompanying uterine gestation are complete and up-to-date, and the description is clear and simple although the subject is difficult. It is a most practical work and will be widely popular.

Disease of the Stomach.—A Text-Book for Practitioners and Students. By Max Einhorn, M.D., Professor in Clinical Medicine at the New York Post-Graduate Medical School, etc. Third Revised Edition. William Wood & Co. 1903. Pp. 534.

This valuable work has received in a marked manner the approbation of the profession. The first and second editions were speedily exhausted, and a third is now required.

The present edition has been thoroughly revised and somewhat

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enlarged, but preserves the conciseness which was one of its chief features. Dr. Einhorn's work is a model of its kind. It is brief but clear, condensed yet adequately full in description. It has been brought again up-to-date, and may be consulted with confidence.

A Text-Book of Clinical Medicine.—Principles of Diagnosis. By Clarence Bartlett, M.D., Professor of Clinical Medicine in the Hahnemann Medical College of Philadelphia. With 245 illustrations, including 6 colored plates. Philadelphia: Boericke & Tafel. 1903. Pp. 976. Cloth, $7.00.

This very excellent work is a credit to the Homœopathic School. It shows on its face that it is the product of much toil and research. There are many very admirable works on Diagnosis, but they are mostly built on the same plan. Dr. Bartlett, however, had a plan of his own, and wrote his book in accordance with the plan. Perhaps no better idea of the work may be obtained than by giving the author's own words in the preface. He says: "In presenting a review of practical medicine, one may proceed in one of two ways: He may adopt the method in vogue for many years, that of describing the clinical features of the various diseases, presenting details as to their etiology, symptomatology, diagnosis, prognosis and treatment. Or he may approach the subject from the opposite standpoint, describing the various symptoms which go to demonstrate that a person is ill, and give details as to their clinical relations and diagnostic significance. Inasmuch as the latter plan follows the lines of argument one employs when examining a case, it may be called the clinical method. . . Approaching the subject from the reverse side—the clinical—the study of cases becomes interesting and easier. The problem is solved not by matching the case in hand with the type as described in a standard text-book, but by a process of reasoning. This method of study is, in reality, the only one possible in unravelling the mysteries of the majority of cases of chronic disease."

The book faithfully follows the plan outlined, is well arranged and has a great number of comparative tables. There is no work to compare with it in homœopathic literature, and it equals or exceeds anything allopathy may offer. We cordially commend it to our readers.

The Eclectic Practice in Diseases of Children.—For Students and Practitioners. By William Nelson Mundy, M.D. 12mo. 631 pp., cloth, $2.50 net. The Scudder Brothers Co., Publishers. Cincinnati, O., 1902.

Part I. of this book treats of Infantile Therapeutics. The author takes the remedies separately, and gives a few of the leading indications for each one. As many of the eclectic remedies are the same as the homœopathic, and used in the same indications, this part of the book is valuable to homœopathic physicians.

Part II. treats of the Care and Management of Infants. It gives the hygiene and general care of healthy children.

Part III. is devoted to Diseases of Childhood. The question of etiology, symptomatology and treatment is gone into. Altogether the book can be cordially commended.

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Saunders' Medical Hand Atlases: Atlas and Epitome of Diseases of the Mouth, Pharynx and Nose.—By Dr. L. Grunwald, of Munich. Fromthe second revised and enlarged German Edition. Edited, with additions, by James E. Newcomb, M.D., Instructor in Laryngology, Cornell University Medical School; Attending Laryngologist to the Roosevelt Hospital, Out-Patient Department. With 102 illustrations on 42 colored lithographic plates, 41 text-cuts, and 219 pages of text. Philadelphia and London: W. B. Saunders & Co. 1903. Cloth, $3.00 net.

In designing this atlas the author has kept constantly in mind the needs of both student and practitioner, and as far as possible, typical cases of the various diseases have been selected. The illustrations are described in the text in exactly the same way as a practised examiner would demonstrate the objective findings of his class, the book thus serving as a substitute for actual clinical work. The illustrations themselves are numerous and well executed. The editor has incorporated his own valuable experience, and has also included extensive notes on the use of the active principle of the suprarenal bodies in the materia medica of rhinology and laryngology. The work, besides being an excellent atlas and epitome of the diseases of the mouth, pharynx and nose, serves also as a text-book on the anatomy and physiology of these organs.

Stepping Stones to Neurology.—A Manual for the Student and Practitioner. By E. R. McIntyer, B.S., M.D., Professor of Neurology in the Dunham Medical College of Chicago. Philadelphia, Boericke & Tafel. pp. 200, $1.25.

This little book contains an outline of the anatomy and physiology of the nervous system, and tells of the various methods of examining neurotic patients. Successive chapters treat of intracranial diseases, diseases of the spinal cord, diseases of the peripheral nerves, and functional nervous diseases. Each disease is taken up separately and spoken of under the following headings: definition, varieties, etiology, morbid anatomy, symptoms, diagnosis, prognosis, and treatment. The treatment is each case is divided into general, local and medicinal. Medicinal treatment is always homœopathic, the indications being given for a few of the most often needed drugs, and the names of others that may be called for. The book is well thought out and planned, and is altogether useful.

Uricacidemia: Its Cause, Effects and Treatment.—By Perry Dickie, M.D. Published by Boericke & Tafel, Philadelphia. pp. 150, $1.00.

The best comment on this book is to quote the preface in full: "Knowing full well that the very complete and voluminous work by Haig on 'Uric Acid' exists, and to which, by the way, the writer is largely indebted for much general information as to his interesting, ingenious and valuable theories on this subject, in the preparation of this work, however, believing that something smaller and more compact might be acceptable to the physician, on this assumption he launches forth this little volume upon the sea of chance, hoping that it will meet with some success as to proving of slight value to the medical profession in elucidating the question as to the importance of uric acid as a disease factor."

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A Physician's Practical Gynecology —By W. O. Henry, M.D., Omaha, Neb., Professor of Gynecology in the Creighton Medical College. With five full-page illustrations and sixty-one illustrations in the text. Lincoln, Neb., The Review Press, 1902. pp. 226.

This little book is just what it claims to be—a practical book for the busy man. It is useful alike for student and practitioner. It is not for the specialist.

International Clinics.—Vol. IV., Twelfth Series. Philadelphia, J. B. Lippincott Company.

This volume contains articles on Therapeutics, Medicine, Neurology, Surgery, Dermatology, Ophthalmology. Also biographical sketches of H. C. Wood and W. W. Keen. The articles are all written by representative men, and are up to the usual high standard of the series.

A Text-Book of Histology. By Dr. Ladislaus Szymonowicz, Professor of Histology and Embryology in the University of Lemberg. Translated by John B. MacCallum, M.D., Johns Hopkins Medical School, Baltimore. Octavo, 437 pages, 277 illustrations, including 57 full-page plates in colors and monochrome. Cloth, $4.75, net. Lea Brothers & Co., Philadelphia and New York. 1902.

Histology underlies anatomy, which is in turn the basis of medicine and surgery. The practical importance of the best books on histology is accordingly paramount. This science has been especially developed in Germany, and the work of Szymonowicz there stands at the head. In selecting it for presentation in the English language, the publishers have been guided by the belief that its merits would be widely recognized. It is especially notable for the beauty and instructiveness of its illustrations, in which colors have been used with great liberality. Dr. MacCullum has added to the text such points as were desirable to adapt it completely to the needs of American students, and while doing so has still further enriched its series of engravings and colored plates.

A Pocket Text-Book of Anatomy. By Wm. H. Rockwell, Jr., M.D., Assistant Demonstrator of Anatomy, College of Physicians, Columbia University, New York. In one 12mo. volume of 600 pages, with 70 illustrations. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M.D. Cloth, $2.25, net; Limp Leather, $2.75, net. Lea Brothers & Co., Philadelphia and New York.

Like its companion volumes in Lea's Series of Pocket Text-Books, this work presents a compendious and trustworthy account take the place of large complete volumes, such as Gray or Gerrish, it gives those facts of anatomy which are essential to the student, of the most recent knowledge in its subject. While not intended to physician and surgeon in concise, readily accessible form, and in clear, plain language, illuminated, where necessary, by excellent illustrations. This manual embodies an earnest endeavor to furnish a safe and competent guide to the student, as well as a convenient and trustworthy reference hand-book for the physician and surgeon who may wish to refresh his memory.

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A Text-Book of the Surgical Principles and Surgical Diseases of the Face, Mouth, and Jaws. For Dental Students. By H. Horace Grant, A.M., M.D., Professor of Surgery and of Clinical Surgery, Hospital College of Medicine; Professor of Oral Surgery, Louisville College of Dentistry, Louisville. Octavo volume of 231 pages, with 68 illustrations. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, $2.50 net.

This text-book, designed for the student of dentistry, succinctly explains the principles of dental surgery applicable to all operative procedures, and also discusses such surgical lesions as are likely to require diagnosis and perhaps treatment by the dentist.

The work includes, moreover, such emergency procedures as not alone the dentist and physician, but also the layman, may be called upon to perform. These, like the other subjects in the book, have been described in clear, concise language, admitting of no unequivocalness. Whenever necessary, for the better elucidation of the text, well-selected illustrations have been employed.

PAMPHLETS RECEIVED.

"Fifty Cataract Extractions." By C. H. Helfrich, M.D.

"The Law of Unity and Homœopathy." By Arthur A. Beale, M.B., C.M., Glas.

"Abscess of Brain Due to Ear Disease." By J. Martine Kershaw, M.D.

"Neurasthenia Cordis — Weak Heart—Irritable Heart." By Egbert Guernsey Rankin, A.M., M.D.

"A Consideration of Urethral Stricture." By L. T. Ashcraft, A.M., M.D.

"Diseases of Children and the Relation of the Physician Thereto. By John Prentice Rand, M.D.

"Primary Colloid Cancer of the Omentum." By E. G. Rankin, M.D.

"Tuberculosis." By Addison W. Baird, M.D.

"How Best to Meet Modern Requirements for a Medical Education." By James E. Gilchrist, M.D.

"Microbes and Common Sense." By W. J. Shrewsbury, M.D.

"President's Address." By C. Gurnee Fellowes, M.D.

"Treatment of the Senile Heart." By. Wm. H. Van Den Burg, M.D.

Medical Jurisprudence.

CONDUCTED BY

HON. JOSEPH M. DEUEL — EDWIN A. JONES, LL.B.

CIVIL MALPRACTICE.*

BY EDWIN A. JONES.

Assistant Professor and Lecturer on Medical Jurisprudence, New York Homœopathic Medical College and member of the New York Bar.

THIS article, necessarily limited in its extent for this occasion, is but a resumé of the general law of malpractice from the physician's standpoint. As much, perhaps, might be said on behalf of the patients. It is intended to point out what to do and what to avoid in order to protect you from unjust claims or wrongful inva-

* Read at the 37th Annual Session of the Minnesota State Homœopathic Institute at the State Capital.

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sion of your legal rights. The decisions of the courts in cases of this class are so various and turn on such technical reasoning, that the physician who is his own lawyer is perhaps at as much of a disadvantage as the lawyer who tries to be his own physician.

Civil malpractice is the failure to do or not to do that which an ordinarily skillful practitioner would have done or would not have done under the same circumstances. The physician, in the treatment of a patient, undertakes that he possesses the requisite amount of knowledge, skill and experience; to exercise the degree of care and skill which physicians practicing in similar localities ordinarily possess, and in cases of doubt to use his best judgment. The liability arises out of the relationship of physician and patient. He undertakes to bring to the exercise of his profession a reasonable degree of care. He does not undertake to perform a cure, nor to use the highest possible degree of skill. There may be many other persons of higher education and of greater advantages than himself in that regard, but this does not increase his undertaking. He may be a leading specialist and yet he is judged by the same standard of ordinary skill. When a claim is brought against a physician by a patient, the question for the jury to determine is, whether the injury complained of must be referred to a want of ordinary care and skill on his part or not.

No physician is presumed to contract for extraordinary skill, diligence or care. It is a general rule that when he undertakes to perform any work, he is bound to use a degree of diligence adequate to the performance of his undertaking, and this degree increases in proportion to the nature and severity of the disease treated or the operation performed. The law does not require him to do more than he undertakes, nor in a manner different from the school he professes. Quacks are not countenanced by the law. The uneducated practitioner, who represents himself as one well qualified to administer medicines and perform operations, does so at his own risk. The so-called well qualified practitioner, when he hears some of his brethren testify, wonders doubtless whether he knows anything about a specialty to which he has given a life-long study, and when the jury comes in with its verdict, he may feel that there is no justice whatever.

The jury should always find its verdict upon the evidence produced before it, but many times the reason for the verdict can only be attributed to the fact that some of its members may have been afforded an opportunity to hit back at some physician whom he thinks treated him unreasonably.

Mankind is subject to many infirmities, ills and injuries which

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human skill cannot relieve. Nevertheless, the public have a right to rely upon the fundamental principles that those who endeavor to cure them of their ailments possess the necessary degree of skill. A physician should never perform an operation without the patient's consent, or that of his nearest relative. A very late case in Chicago illustrated this point, where the physician sued operated upon a woman without her husband's consent, and he was held liable in heavy damages for so doing.

A mere error of judgment resulting in an injury, does not make him liable, if he possesses the requisite amount of knowledge and exercises his best judgment as experience has shown him.

He should be very careful to advise his patient and the nurse or attendant what to do and what to avoid doing for the interests of the patient. His liability may be for failure to advise the family of the presence of a contagious disease, or for failure to take proper remedies to prevent the spread thereof.

He should not leave his practice without notifying his patients, giving them a reasonable opportunity to find a physician in his stead. Many cases have come to light where the physician has left on his vacation without notifying his patients, or where his attention has been arranged for and relied upon, but when needed he was not to be found. He may be liable the same as all others for the failure to carry out his contracts, and he may just as well be liable because he omitted to perform it, as though he had performed it unskillfully.

There is no law to compel a physician to accept or treat a person as a patient, but once undertaken he must continue until relieved by the patient, or by giving the patient sufficient notice to secure another physician. He is the sole judge as to the necessity of his continued professional attendance. The fact that the physician has not been paid for his services, or that he had performed the services gratuitously, affords no reason for his failing to give the case the necessary attention.

Curiosity upon the part of a physician to ascertain the cause of death does not give him a right to perform an autopsy. If he desires an autopsy, he must obtain the consent of the nearest relative, or the direction of the properly constituted legal authorities. A recent case has been brought against a physician who performed an autopsy without the consent of the next of kin, and he will doubtless be required to pay for his experiment. He may be liable for a wrongful certificate of insanity; for the presence, without consent, of one not a physician while performing an operation; for making a negligent examination of a person for and on behalf of a third

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person; for examining a person without consent; for negligently writing a prescription.

A physician guilty of malpractice is liable for damages recoverable in a civil action, and this is so whether the person injured employed the physician to treat him or not.

He must adhere to the practice of his own school, and he must keep pace with the advancement of that school. If a homœopathist he should not practice allopathy or vice versa unless he is a graduate of that school. He must know that if he practices with leeches and bleeding indiscriminately, as was done years ago, it will be difficult for him to excuse his ignorance, though he would have then, perhaps, been in difficulty if he had not so practiced. What would have been but a few years ago fully recognized by the courts as ordinary skill for the treatment of diseases and the performance of operations, would now be regarded as antiquated and less than the required skill, because of the great advancement in the knowledge and means which can be devoted thereto. The advancement applies in the same way to every other profession or business.

Homœopathists should not violate the rules of homœopathy, for if they do, they would be bound to show some very good reason for so doing, if it was attended with injurious effects.

The constant changes and improvements which are going on in medicines and surgical operations, the discovery of new remedies and methods of treatment and the invention of new instruments constantly elevate the average skill of the profession, and with that the standard by which the courts will determine any negligence in that regard. It therefore behooves the practitioner to see that his learning and skill increases in a like proportion, otherwise accepted principles of a few years ago may now be the subject of a just finding of negligence upon his part.

You may feel that these are hard rules to impose, but you must consider the character of the work the physician undertakes to do. It involves the existence and continuance of the human life, and the public have a right to expect that one who engages in that profession shall do nothing but that which is for its best interests. The standard of average skill set up is not too high. It requires that you possess the average skill of the practitioner in your locality. You are not required to be Koch's or Lorenz's, nor any other leader in medicine, but the law does require that you possess a fair general average.

Negligence of the patient to be a defense must be shown to be contemporaneous with the alleged negligence of the physician, or to be co-operating with it in such a way as to contribute to the alleged

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injury. If the patient's neglect can be separated from the physician's then it is no defense, but may be shown in mitigation of damages.

The general rule of law is that the burden of proof is always on the patient to establish his claim, and to prove by a fair preponderance of evidence that there was no negligence on his part and that there was negligence on the part of the physician.

Claims for malpractice would not be so frequent if the members of the medical profession would not lend their services to their prosecution. Practically every claim for malpractice would fall, were it not for the fact that some physician testifies that the practice of the physician sued was not that of average skill. It is necessary to have this testimony in order to create any question of fact for the jury to decide, and when that testimony has been introduced it is then for the jury to say whether the practice as outlined by the physician testifying for the patient was the proper practice, the practice of average skill, or whether the practice of the physician sued was that of average skill. We can all judge what should have been done, by looking backward and having the benefit of that experience, better than we can to look forward and say what should be done.

The practice of medicine is a learned profession, and one which leads to honor and financial success. It is most attractive to the young man anxious to make his mark in life. Its ranks include the brightest men in the country; its usefulness and standing will ever increase, and its aim is the most laudable of all professions—the alleviation of suffering and perpetuation of human life.

Pediatry.

Temperature of 110° F. in an Infant.—Kahl (*Pacific Medical Journal*, December, 1902) reports a rectal temperature in an eleven days old infant of 110° F. The mercury went to the top of the thermometer. There had been no movement of the bowels for twenty-four hours. There was tympanites, child refused to nurse, lips parched, eyes staring, head rolled from side to side. Breathing was shallow, child appeared to be in great pain. Strychnine, quinine, castor oil were given internally; sweet oil and turpentine externally. Temperature next day 101½° F. As there had been no movement from the bowels, sulphate of magnesia was given. At 6 P. M. a hard curded movement was had, followed by green slimy stools. The child made a complete recovery.

Coryza in Nurslings as a Symptom of Syphilis.—Carralero, of Madrid, in a paper presented to the Fourteenth Inter-

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national Medical Congress, stated his belief that persistent coryza in a nursling was one of the most constant symptoms of hereditary syphilis. He even went so far as to say it might be the only symptom. If coryza persists, the child should be put on anti-syphilitic treatment. It is of itself a dangerous symptom, as it prevents sucking, and may cause broncho-pneumonia or ear troubles.

Cause of Chorea.—Dr. Poynton reported to the International Medical Congress his belief in the rheumatic origin of chorea. In investigating the origin of rheumatic fever, rabbits injected with the diplococcus of rheumatism, had developed chorea. After death the diplococci were found in the pia mater and in the endothelium of the cortical capillaries. His associate, Dr. Paine, had also found the micrococci in the mitral valve, the cortex and the pia mater in a case of human chorea. The urine in one case of chorea presented the same diplococcus. This diplococcus produced chorea, endocarditis and rheumatism in a rabbit. Poynton thinks other bacteria, as erysipelas, may also produce chorea.

Tuberculosis of Children.—Drs. Josias and Roux, of Paris, reported to the Fourteenth International Medical Congress on 46 cases of tuberculosis in children, 30 of which were pulmonary. Their treatment consisted in feeding with 150 grams of muscle juice and 100 grams of raw meat each day. They found this treatment to ameliorate the general condition, increase the weight and arrest the progress of the local condition. They believe the cures so resulting to be permanent. The treatment is without avail in far advanced cases.

Diarrhea in Infants.—An article with this title by W. J. Fenton appears running through several numbers of the *Medical Times and Hospital Register* (London). He calls attention to the fact that although microörganisms are killed by sterilization of artificial foods, spores are not, and these spores may be developed in the milk or in the intestines after sterilization. He also calls attention to the infectiveness of diarrheaic stools, and says that ordinary cleanliness is not sufficient where diarrhea exists. Under the head of Treatment—Prophylaxis—Fenton says "The most important point is breast-feeding. No artificial food, however carefully prepared, has the same value either in regard to general health and nutrition or the prevention of diarrhea. Its importance should be carefully explained, and its practice insisted upon wherever possible. A second point is to avoid weaning either immediately before or during those months when diarrhea is most prevalent." He believes in sterilization of artificial foods by boiling when the infant is bottle fed. For diet in infantile diarrhea Fenton recommends entire stoppage of milk. In its place he gives albumen water (white of one egg to a half pint of previously boiled tepid water), rice or barley water; beef, mutton or chicken broth, either alone or diluted with barley water; meat-juice, scraped meat, thinned by the addition of an equal quantity of water; whey, thin arrowroot or barley water peptonized. In severe cases water alone may be all that can be

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retained. [To the above the editor would add somatose and water in the strength of 60 grains to 8 ounces. This may be given every two hours. Several severe cases have done well on this and had no other food for two or three days. Water is always given *ad libitum.* It is best not to allow more than 120 grains of somatose in 24 hours.] In the way of drug treatment Fenton seems to rely principally on calomel, 1/6 to 1/4 of a grain, frequently repeated, plus castor oil, a few minims thrice daily. The homœopath should get the best results with the indicated remedy. Probably the most useful are pulsatilla, ipecac, arsenic, calcarea carb., mercurius, according to the case. Any other drug may be called for.]

Edema, Apparently Epidemic in Character: Thirteen Cases.—De Wolf (*Archives of Pediatrics*) reports on the above. All the cases occurred at the Providence Lying-In Hospital, and all followed gastroenteritis. Nine died. The other four were removed from hospital treatment against advice. All were bottle babies.

The writer searched the literature quite thoroughly for similar cases. He found that edema often occurred in weak children. He concludes that all of the patients, run down by the preceding gastroenteritis, were infected, possibly by the milk (which, by the way, was not examined), as a result of which the edema occurred.

Foreign Body in the Bronchus.—Dr. Hopkins (*Laryngoscope*) reports the case of a girl of 15 who swallowed a toy consisting of a tube two inches long with a thin rubber bag attached, into the larynx while skating. She was seized with dyspnea and coughing and removed to her home. Ether was given, but taken badly, and finally tracheotomy performed. The toy was found in the right bronchus. Recovery was uneventful. The case was reported to the American Laryngological Association. In the discussion many cases of foreign body in the larynx and trachea were reported. Many of the discussors seemed to think that a local anesthetic was preferable to a general anesthetic when tracheotomy was called for.

The Negative Side of Sterilization of Milk in the Artificial Feeding of Infants.—Dr. N. F. Daniloff (*Roussky Vratch*, February 15th) concludes, after a critical study of this subject, that the disadvantages of sterilizing milk in the artificial feeding of infants lie chiefly in those changes effected in milk by high temperatures. These alterations are not only chemical, but also physical, and are so profound and important that they interfere seriously with the absorption and assimilation of the milk. A prolonged feeding with sterilized milk not only destroys the balance of nitrogenous metabolism, but also interferes with the growth of the body, all the more because the salts are changed in character by sterilization, and so an insufficient amount of the salts necessary for nutrition is absorbed. Sterilized milk, therefore, induces a defective development of the body and renders it more susceptible to the invasion of diseases, especially to maladies of the blood, the general metabolism and constitutional diseases. These facts, the author believes, should be sufficient to relegate sterilization to the past.

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Medical Progress.

CONDUCTED BY

J. T. O'CONNOR, M.D., PH. D., AND WALTER SANDS MILLS, M.D.

Injurious Renal Mobility.—An editorial in the *Therapeutic Gazette* advocates the method of examination for movable kidney described by Glenard: "The patient is placed flat on the back with the thighs flexed and a slight lateral bending of the body toward the side to be examined. The fingers of the surgeon are placed over the twelfth rib behind, whilst the thumb gently grasps the anterior parietes immediately below the costal margin. The patient being told to breathe quietly, the loin is gently compressed until the thumb can feel the anterior surface of the quadratus lumborum, whilst internally its tip rests against the ridge formed by the spine and psoas muscle. The patient is told to breathe deeply and quietly, the compression of the loin being maintained. With the descent of the diaphragm the lower pole of the kidney is projected against the barrier formed by the approximated fingers and thumb. After the examiner clearly identifies the push of the kidney, the patient is told to take a deep inspiration, and as the kidney descends the thumb is slightly raised, when the organ then passes either wholly or partly within its grasp. At the height of inspiration, the thumb with a sweeping movement upward sharply compresses the loin against the fingers behind, thus "nipping" the kidney. If the lower end of the organ be so nipped, the kidney recedes upward under the shelter of the ribs, and cannot be arrested in the loin. This is the first degree of renal mobility. If the organ can be caught exactly at its middle, it can be held so in the loin, though this causes pain. This is the second degree of renal mobility. If the upper end be grasped the kidney is forced downward, and the compression of the loin prevents the respiratory return of the organ. This is the third degree of renal mobility. The standing position should always be adopted after the examination in the horizontal position, the patient leaning slightly forward and toward the side to be examined."

Aortic Regurgitation. — *Treatment* contains a paper on Aortic Regurgitation, by Dr. Syers. He says that in young and otherwise healthy people nature corrects the evil by hypertrophy of the left ventricle. Then he says let well enough alone. Digitalis, caffeine, strophanthus, convallaria, strychnine, etc., do more harm than good. He says such drugs "are nothing more nor less than most potent workers of evil in compensated heart lesions of all kinds, and in none more so than in aortic regurgitation. The already forcible contraction of the ventricle is rendered still more powerful, the strain on the arteries is increased, and the frequent contemporary presence of atheroma of these vessels may lead to the production of fatal cerebral hemorrhage. Again, "when compensation begins to fail then, indeed, the drugs alluded to have their use." Otherwise the case should be treated by hygienic means.

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Resuscitation in Syncope Due to Anesthesia.— Starling in *Lancet* reports the case of a man aged sixty-five who was being operated upon for appendicitis. All at once pulse and respiration stopped. Artificial respiration and traction on the tongue were performed without success. The surgeon, W. Arbuthnot Lane, gave the heart a few squeezes through the diaphragm, and caused it to contract. Artificial respiration was continued for twelve minutes, when the patient began to breathe again. The operation was finished without further trouble, and the patient made a good recovery.

Direct Infection in Typhoid Fever.—Dr. P. Horton-Smith, London (*Lancet*), reports a series of nine cases of typhoid, the first being unrecognized as such until some of the others became ill. Case 1, a girl of 15, was taken ill the second week in September. She died Oct. 15 of what was supposed to be tuberculous ulcer of the intestines. Case 2, sister of the preceding, aged 8. She slept with the first patient, and became ill early in October. She was sent to a hospital and her illness diagnosed as typhoid. She was discharged cured Dec. 16. Case 3, mother of both the above, aged 35, became ill at the same time as case 2. She was sent to a hospital and recovered. Case 4, son of above, aged 11, hospital case, recovered. Case 5, aunt of above, aged 23. She developed a mild case in hospital. She was three months pregnant, but did not abort. Case 6, husband of case 3. He had a relapse, but was finally pronounced cured on Jan. 11.

Case 7, boy aged 8, son of preceding. On October 20, when several of the others were ill, he was removed to the home of an aunt. He became ill a few days later and was treated as an outpatient in another hospital. The aunt refused to consider the case typhoid, although so diagnosed after the Vidal test by the physician. This case was very mild and recovered. Case 8, boy of 13, living in house where above patient went to visit. He had a mild attack of typhoid developing about Nov. 12. Case 9, girl, aged 16 months, belonging to the first family. She was taken to the aunt's home Oct. 28. Was taken ill Nov. 17, and died Dec. 10.

Perforation of the Bowel in Typhoid Fever.—C. E. Armstrong (*Annals of Surgery*) states that in 932 cases of typhoid fever treated in the Montreal General Hospital in six years, perforation occurred in 3⅔ per cent., or 34 cases. In 33 of these the abdomen was opened and the perforation closed. In six the patient recovered. He claims that nearly all cases of perforation without operation die. He believes that those that recover without operation will recover sooner with operation, and that a goodly percentage of those that would die without operation will be saved by operation. The trio of symptoms relied on by Armstrong as diagnostic of perforation are pain, localized tenderness in a fixed spot, and rigidity.

A New Sign of Pleuritic Effusion.—The *Louisville Monthly Journal of Medicine and Surgery,* for March, in an editorial draws attention to a communication of Dr. Samuel W. Kelley, of Cleveland,

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recently published in the *Archives of Pediatrics.* After reviewing the usual signs and symptoms of pleurisy, Dr. Kelley says: "In the course of symptoms which indicate the early stage of pleurisy, among which is the attitude of lying upon one side or bending toward or pressing upon one side, this position changes, and the patient instinctively turns and prefers to lie upon the back or to be propped up high in bed, and avoids bending toward that side or pressing upon it. This is a sign of an effusion—probably of an effusion of considerable bulk and poured out with a degree of rapidity." This sign is not always present, but is conclusive, according to the author, when it occurs. The posture on the affected side in cases of effusion, as usually described by medical authors, is altogether a later phenomenon. Kelley's sign occurs at the time of onset of the effusion, and he attributes it to the assumption of a new position which allows the greatest freedom to the compressed viscera, thereby easing the breathing and circulation.

Treatment of Pulmonary Tuberculosis in Sanatoria.—The *Lancet* of January 3 contained three prize essays on sanatoria for the treatment of tuberculosis in England. Each was gotten up by a physician associated with an architect. All laid stress on the need of southern exposure for the rooms, plenty of ventilation, and prompt disposal of all sputa and excreta.

The Kidney of Pregnancy.—Dr. Polak has a paper with this title in the *New York Medical Journal* for April 25. He says that during pregnancy the urine is increased in quantity and is of lower specific gravity than normal. Albumin may be discovered in the urine of 50 per cent. of all pregnant women. Many of these patients enjoy perfect health. Polak says: "While albumin indicates a renal insufficiency, its appearance, unless in quantity, is of little clinical significance, *except* it is associated with diminished excretion, deficient urea elimination, or fatty, granular or waxy casts. *The presence of these abnormal constituents determines the necessity of interrupting pregnancy.* He says that as many women suffer from leucorrhea during pregnancy its admixture with the urine may give the reaction of albumin. He therefore recommends catheterized urine for accurate analysis. Polak considers *a diminution in the excretion of urea* as the most important preeclamptic signal.

Diagnosis of Pulmonary Tuberculosis.—Dr. C. T. Williams (*British Medical Journal*) believes the initial signs of phthisis in most cases are crepitation and slight dulness in the suprascapular region. He believes the location rather than the physical signs are of most importance. Signs of no significance at the base are very serious at the apex. He says the earliest sign to be heard is crepitation—the crepitation heard on coughing. Dulness is important, but in some cases there may be no dulness at all. The presence of bacilli of course makes the diagnosis certain, but they may not be found at the beginning, or they may be so few as not to be found until after several slides have been examined. A low temperature may be as indicative of phthisis as a high one.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY.

ALONG the many spokes which lead to the Hub, came, on Monday, members of the American Institute of Homœopathy and their families, intent on reaching headquarters in time for its opening sessions and festivities.

The headquarters at the Somerset proved fairly satisfactory. All the departments were accommodated under one roof except the Obstetrical Society, the Electro-Therapeutical Society and the Trades Exhibits, which had headquarters at the Charlesgate about 200 feet distant; and a goodly number of visitors were housed under the same roofs.

FIRST DAY—MONDAY, JUNE 22.

Institute Meeting.—The first meeting of the American Institute of Homœopathy for 1903 was called to order in the new ball-room at the Hotel Somerset promptly at 4 P. M. by the president, Jos. P. Cobb, M.D., of Chicago, and proclaimed formally open for the transaction of business and the holding of scientific sessions. Then followed the President's preliminary address, and a committee on the President's annual address was appointed.

The Executive Committee reported that the published official program was the practical embodiment of its work. Reports were heard from Committees on Publication and of Local Arrangements and various vacancies in committees were filled. The chairman of the Committee on Local Arrangements, Dr. J. P. Sutherland, said that the many meetings of the committee had been marked by great interest and harmony, and that a partial report of its work was to be found incorporated in the official announcement and in the daily bulletins which were to be issued.

At 10 A. M. and 2.30 P. M. were held meetings of the O. O. & L. Society.

Opening Evening Exercises.

No more brilliant gathering ever graced a function of the American Institute than that which taxed to its utmost capacity the immense new ball-room of Hotel Somerset on Monday evening. This beautiful apartment was but a fit setting for the company of handsomely gowned women and men in evening dress, which filled the hall with light and color and gaiety. On the platform sat His Excellency the Governor of Massachusetts, with his brilliantly uniformed staff; the Rev. Edward Everett Hale, the President of the A. I. H., Jos. P. Cobb, M.D., of Chicago, with the Executive Committee, M. Belle Brown, M.D., 2nd Vice-president, the Chairman of the Local Committee J. P. Sutherland, M.D., of Boston,

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Frank C. Richardson, M.D., Vice-Chairman, and a score of others well known to the profession. Music was furnished by Swansbourne's Orchestra of fourteen pieces. The meeting was called to order with a few remarks by the Chairman, Dr. John P. Sutherland. Dr. Edward Everett Hale was then introduced and offered the Invocation. Probably no clergyman is better known to-day throughout the land than Dr. Hale, and when, a little later, he left the hall the audience rose *en masse* in token of respect. Following music His Excellency, John L. Bates, in a few eloquent and glowing words extended the welcome of the Commonwealth to the American Institute of Homœopathy. Hon. Patrick A. Collins, Mayor, who was to have spoken in behalf of the City of Boston, being unable to be present a letter from him was read by Vice-Chairman Frank C. Richardson, in which he tendered to the Institute the hospitality of the city.

John P. Sutherland, M.D., Chairman of the Local Committee, then greeted the Institute in behalf of the physicians of Boston, and welcomed its members and their friends to the scientific sessions and festivities of the 59th annual meeting. The President of the Institute, Jos. P. Cobb, M.D., responded briefly to the addresses of welcome, and after another selection by the orchestra, presented his annual address.

President's Address: After a few introductory remarks Dr. Cobb referred to Dr. Wood's admirable presidential address of last year, and said that he should devote a portion of his own address to a recapitulation of some of his facts, figures and quotations from his arguments showing the growth and spread of the homœopathic principle. In his subsequent remarks President Cobb strongly expressed his own belief in the increasingly wide dissemination of the truths of Homœopathy and discountenanced the pessimistic view which would predicate otherwise.

Following the adjournment of the meeting, a reception was held in the red parlor, twenty-four present officers and ex-presidents standing in the receiving line. Refreshments were served in the Dutch dining-room, and dancing was continued in the new ball-room until midnight when the company dispersed, thus closing this most auspicious opening of the Institute meeting of 1903.

Second Day—Tuesday, June 23.

Institute Meeting: The business meeting was called to order promptly at 9 P. M. by the President, and a full program was considered. The Treasurer, Dr. T. Franklin Smith, reported a balance in the treasury at date of $2,125.06. The Chairman of the Com-

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mittee on Memorial Meeting, Dr. Edward B. Hooker, also reported. Dr. C. E. Sawyer for the Committee on Transportation, reported some difficulties which it had met with in obtaining rates. The Committee on Proposed Changes in the Publication of Transactions urged the omission of all superfluous matter from the published transactions, and brought in a resolution to that effect which was finally referred to the Joint Committee on Publication to report during the Institute session.

Several letters were read from absent members. The Nominating Committee submitted its list of names. Meeting adjourned at 10 o'clock.

General Meeting: The general session for this day was occupied from 10 to 11.30 by the Bureau of Pedology. Anne Whitney Spencer, M.D., of Batavia, Ill., Chairman. After a brief address by Dr. Spencer two interesting papers and their discussions followed.

At 11.30 was convened the Bureau of Sanitary Science and Public Health, John P. Sutherland, M.D., of Boston, Chairman. An unusually interesting series of papers was presented this year by the bureau, and there was a most gratifying attendance at this meeting, over seventy remaining twenty minutes beyond the advertised time of adjournment. At 2.30 P. M. was held the second and last meeting of the bureau, and the remainder of its eight excellent papers were listened to by about two hundred people. Especial mention must be made of the unusual and scholarly paper of J. D. Buck, M.D., of Cincinnati, on "Mental and Psychic Calisthenics in the Education of the Young," in the course of which he clearly distinguished between the conscious and the sub-conscious self, defined telepathy and concluded with the statement of his belief that *love* should be added to the Materia Medica. This paper was discussed by Dr. E. H. Pratt, of Chicago, in his usual happy manner.

At 2.30 were also held meetings of the Obstetrical Society and the O. O. & L, Society.

Alumni Conclave and Pop Concert.

The Alumni Conclave took place on the evening of June 23. Its form was this year quite different from any preceding year; but the result proved that those who planned and carried out its details are to be congratulated upon its complete success. Around small tables on the floor of the beautiful Symphony Hall were seated one thousand members of the institute and their friends to listen to the splendid music of Boston's Symphony Orchestra and to indulge in informal sociability. The alumni of colleges, of which seventeen

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were represented, wore their college colors, and slips were passed about explaining their identity. Between the musical numbers people moved from table to table, searching out old classmates and visiting friends.

Third Day—Wednesday, June 24.

Institute Meeting.—Meeting called to order by the president shortly after 9 A. M. There were no important reports.

Under new business the most important item was the consideration of several amendments to the Constitution and By-laws relating respectively to a change in the method of composing the Nominating Committee, a definition of Homœopathy, the inscription for the seal and the appointment of an assistant secretary. These amendments were all defeated with the exception of the one regarding a new method of composing the Nominating Committee, the further consideration of which was deferred to Thursday morning.

General Meeting.—At 10.30 A. M. the Bureau of Homœopathics was opened with an eloquent and enthusiastic address by its Chairman, Thomas Y. Kinne, of New Jersey, in which he voiced a most optimistic view of the continuous progress of unadulterated homœopathy, and urged the members to absolute loyalty to the cause. This meeting was one of the most largely attended of the Institute, fully six hundred being present.

The papers were all of a scholarly character and the discussions of interest, and as demonstrated at this meeting, there is no falling off of interest in technical and practical homœopathy. Several animated but friendly passages-at-arms between differing members enlivened the meeting.

Afternoon Sessions.—At the 2.30 P. M. session, the Bureau of Homœopathics completed its series of five papers. At this hour also were held meetings of the Obstetrical Society, the Surgical and Gynæcological Society and the O. O. and L. Society.

Evening Sessions.—In the evening further meetings of the two last-named societies took place, while the National Society of Electro-Therapeutists held an X-ray Conference that was well attended.

Fourth Day—Thursday, June 25.

Institute Meeting.—The business meeting of Thursday morning was called to order by the president at 9 A. M. sharp, and a number of reports were listened to. At 9.30 a special order of business was entered upon, during which a report was received from the committee on place of meeting for next year. After a warm discussion,

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Niagara Falls was decided upon, the choice being by only four votes over Saratoga Springs.

The election of officers was then announced as follows:

President, John P. Sutherland, M.D., of Boston; First Vice-President, H. E. Beebe, M.D., of Ohio; Second Vice-President, Anne Whitney Spencer, M.D., of Illinois; Treasurer, T. Franklin Smith, M.D., of New York; Secretary, Charles B. Gatchell, M.D., of Chicago; Registrar, J. Richey Horner, M. D., of Ohio. Censor: W. E. Riley, M.D., of Portland, Maine.

The report of the election of Dr. Sutherland was received with the greatest enthusiasm, and in response to loud calls, he spoke a few words, in which he said he was very proud and happy, but that he accepted the honor rather as a tribute to his colleagues in Boston than for himself personally.

At 10.30 a short reception was held in the red parlor by the visiting women physicians to the women physicians of Boston, which was well attended.

The report on the change in composition of the Nominating Committee so that it shall in future be made up of the ex-Presidents was then considered, and after an excited debate was voted upon and declared adopted. Further consideration of the matter went over until Friday morning.

General Meeting.—The Bureau of Materia Medica was called to order promptly at 10.30 A. M. by Geo. Royal, M.D., Chairman. In a few remarks he outlined the work of the present session as comprised under three heads: First—The construction of the Homœopathic Materia Medica. Second—Its teaching. Third—Its application. Two of these heads were developed at the forenoon session in two admirable papers by J. Herbert Moore, M.D. and J. C. Fahnestock, M.D., respectively, which were instructively discussed. At this session also, Dr. H. P. Bellows, Chairman of the Committee to co-operate with the O. O. and L. Society in the Test Proving, submitted his report concerning the best ways and means to accomplish this object. Meeting adjourned at one P. M.

Afternoon Sessions.—At 2.30 P. M., the Bureau of Pedology held its second meeting, and the papers presented were of an interesting character.

Meetings were also held at this hour by the Electro-Therapeutical, the Surgical and Gynæcological and the O. O. and L. Societies.

The Vaudeville.

This was an unexpected feature of the week's entertainment. On account of the weather, the harbor trip to which many had been

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looking forward, had to be abandoned, and in its stead a vaudeville was announced for eight P. M. Thursday evening. This proved to be the third brilliant gathering of the week, about one thousand being present.

After the performance refreshments were served, and the company departed at a late hour.

FIFTH DAY—FRIDAY, JUNE 26.

Business Meeting.—The business meeting opened shortly after 9 A. M. The Committee on Resolutions brought in a resolution regarding the restrictions of child labor. Report adopted.

A resolution was reported by Dr. O. S. Runnels, urging all subsidiary societies to become integral parts of the American Institute, in accordance with certain changes in the By-Laws. This called out some discussion, and brief reports were given of the position of the several societies in regard to this question.

The question of amending the By-laws so that the Nominating Committee should consist of the ex-presidents came up for discussion, and a motion was finally carried to lay on the table.

On the report and recommendation of the Senate of Seniors, presented by Dr. J. H. McClelland, Dr. W. A. Shepard, of Colorado Springs, was expelled from the Institute.

The Committee on the Hahnemann Monument reported work not completed, as some of the construction of the monument was faulty and certain bequests were at present in litigation. Report accepted and Committee continued.

General Meeting: At 10.30 the Bureau of Clinical Medicine was called to order by the Chairman, Jno. W. Dowling, M.D., and introduced in a brief address referring to recent discoveries along the line of Bacteriology, after which a most interesting series of papers was presented, the one by Dr. N. Emmons Paine on "Bad-Nauheim" and Dr. H. C. Clapp's on the "Rutland Sanatarium" being especially attractive.

Afternoon Meetings: At 2.30 P. M. the Bureau of Clinical Medicine convened for its second session, and the remainder of its program of ten papers was given.

At 4 P. M. the Bureau of Materia Medica completed its series of five papers.

During the afternoon meetings were also scheduled for the Surgical and Gynecological Society and the Electro-Therapeutical Society.

Memorial Service. Friday Evening.

On Friday, at 8, memorial services were held at Hotel Somerset, in honor of members of the Institute who have passed on since the last meeting, Dr. Edward Beecher Hooker presiding. An Invoca-

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tion was offered by Rev. J. Snyder, of Wellesley Hills, after which music was rendered by the Harvard Male Quartette. In the absence of the Necrologist, C. A. Weirick, M.D., Dr. Hooker read the roll of names of twenty-eight deceased members. In his address, which followed, he spoke briefly of a few individuals, among them Dr. Nancy T. Williams, of Augusta, Maine, "who," he said, "had loved much, for she left all that she had to the cause of homœopathy."

Eloquent addresses were also given by John Prentice Rand, M.D. on "The Relation of the Physician to the Public," and by Professor Flavel S. Luther, of Trinity College, Hartford, on "The Relation of the Public to the Physician." The exercises were interspersed with beautiful selections by the quartette.

Sixth Day—Saturday, June 27.

Institute Meeting.—The very brief business meeting of this morning was called to order by the President at 9.30 A. M. Reports were heard from the Committee on Homœopathic Pharmacopea and from the Committee on New Membership and Registration, which gave their final statistics. The new method of registration proved very satisfactory.

Appointments for the following year were read by the President. The final adjournment was at 9.45.

Exhibits.

The Educational Exhibit.—Last year for the first time it was attempted to have an exhibit from the various medical schools which should show something of their methods of teaching, especially of laboratory work. At that time only the Boston University School of Medicine responded, and showed two cases of specimens. This year Hahnemann College of Philadelphia joined forces with the B. U., and a good-sized room was required for the material.

This exhibit was felt to be a success, and it is expected to continue it in future years.

Trades Exhibits.—At the Charlesgate were shown the trades exhibits in a series of apartments well adapted to the purpose. Thirty-five firms showed invalid foods, germicides, surgical supplies, books, sanitary clothing, etc. Here one might lunch on Eskay's or Mellin's food or gratify a taste for bovinine or panopepton on ice, or other hygienic delicacies, and go home laden with parcels for later investigation and digestion. The Deimel Linen Mesh Co. had a display of their underwear and the Boericke & Runyon Co. showed publications and their well-known homœopathic specialties. At the Charlesgate was also an exhibit of electrical apparatus, oper-

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ating chairs and tables, cabinets and especial surgical apparatus.

The Meissen and the Ladies' Reception Committee.

No one of the visitors of the Institute will in the future need assurance of Boston's warmth of welcome and generous hospitality, for literally every hour of their stay was filled with diversion and pleasure. So carefully was each day scheduled that each lady could find at any time some form of pleasure suited to her taste, and so liberally were guides provided that the most timid arrived, without difficulty or anxiety, safely at her destination.

The larger events were the lawn party, at the residence of Dr. and Mrs. Paine in West Newton, which, on account of the weather, was changed to an in-door reception, Mrs. Joseph P. Cobb, wife of the President of the A. I. H., and Mrs. Edward Beecher Hooker, President of the Meissen, receiving with Mrs. Paine about 100 ladies; the drag ride in which 174 participated and enjoyed a four-hour drive through a part of Boston's beautiful park system, stopping for luncheon at the Country Club, and the Musicale on Wednesday evening. They were all in their way most charming events. Teas were held each afternoon in the red parlor and on Tuesday a special reception.

The ladies who carried out this entertainment are to be congratulated both upon the results of their efforts and the hearty, harmonious spirit in which they were carried out.

The officers for next year are as follows:

President, Mrs. H. H. Baxter, of Cleveland; 1st Vice-President, Mrs. George W. Roberts, of New York; 2nd Vice-President, Mrs. Howard P. Bellows, of West Newton; Secretary, Mrs. William H. Van Den Berg, of New York; Treasurer, Miss E. Louise Kinne, of Patterson, N. J.

The Obstetrical Society.

This society held its second annual meeting at the Charlesgate on Tuesday and Wednesday afternoons, from 2.30 to 6. Its financial standing is not as yet very promising, and for this reason it may later return to the A. I. H. as a Bureau of Obstetrics.

The President, Wm. D. Humphrey, M.D., in his opening address gave some valuable suggestions regarding the instruction of the laity in the matter of selection in marriage, and urged the wisdom of stricter legal supervision of marriage. Following this eight interesting papers were presented and the discussions were animated.

The Surgical and Gynæcological Society.

The Surgical and Gynæcological Society, O. S. Runnels, M.D.,

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President, held four meetings at the Somerset on Wednesday, Thursday and Friday evening. The session was a very successful one, though there were some irritations connected with it, as the hall furnished was altogether too small, and could not be well ventilated.

Twenty-five papers were presented, some being read by title. Many of these were extremely technical, but judging from the prolonged discussions were of great interest to the specialists concerned.

The O. O. and L. Society.

The society of Ophthalmology, Otology and Laryngology met this year at the Somerset, June 20, two days before the Institute meeting. This is the largest and most prominent of all the societies and its proceedings arouse much interest. It has as yet taken no decisive action regarding affiliation with the Institute. It held nine sessions, which were attended by a goodly number, and thirty papers were presented.

The officers for the ensuing year are as follows:

President, H. D. Schenck, M.D., of Brooklyn; Vice-Presidents, E. B. Hooker, M.D., of Hartford and D. A. Strickler, M.D., of New York; Secretary, J. I. Dowling, M.D., of Albany; Treasurer, G. W. McDowell, of New York. Censors: G. A. Suffa, J. H. Ball, M.D., Bay City; J. W. Fawcett, M.D., Wheeling; H. W. Woodward, M.D., Washington and George Rhoades, M.D , Springfield, Mass.

The National Society of Electro-Therapeutists.

This society, which last year could not hold a meeting, owing to lack of interest, this year not only carried out the program scheduled for its two meetings, but in addition held an extra session which was given up to an X-ray conference. This proved an attractive feature, and will bear repeating. One session was given up to the neurologists of the Institute, and a committee was appointed to consider the advisability of enlarging the scope of the society so as to include these specialists. The same committee was entrusted with the work of arranging for an amalgamation of the society with the Institute. The old officers were continued, viz; President, N. B. Delamater, M.D.; First Vice-President, E. P. Colby, M.D.; Second Vice-President, J. T. Greenleaf, M.D., Secretary, Hills Cole, M.D., Treasurer, J. Oscoe Chase, M.D.; Executive Committee, the foregoing officers and W. Harvey King, M.D. and W. R. King, M.D. The general interest manifested in the program offered showed that there was a good future before the society.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

Original Articles in Medicine.

THE FUTURE OF DRUG-PROVING IN THE LIGHT OF THE TEST-PROVING OF THE O. O. & L. SOCIETY.*

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

Boston, Mass.

THE test drug-proving inaugurated by the Homeopathic Ophthalmological, Otological and Laryngological Society is nearly concluded. Three years have been occupied in this work. In eleven different cities proving boards, organized for this express purpose, have completed their task, and have forwarded to this city the records of tests made by the administration of one and the same drug to fifty-one provers—both male and female. These records are inscribed in over five hundred separate record books, consisting of bound sheets of printed forms filled in, day by day, by various examiners representing all the specialties in medicine, and in manuscript reports of each proving as a whole, by the directors of the different boards. All this material must pass under the eye of the general director of this proving, and be published in book form, after being collated and classified and reduced to its ultimate constituents, so as to be serviceable alike for study and practical application. Only upon the completion of this supplementary task can the true value of this proving be apparent or the real points of difference between this and our former provings be brought clearly into view. Upon the contents of the forthcoming book the judgment of the medical profession will be based, and until its appearance any final judgment must be held in abeyance.

In the meantime, however, the proving in some of its aspects can

* Presented to the American Institute of Homeopathy, Boston.

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already be brought under consideration and free discussion. We have been applying a double test in the work which we have carried forward. We have at the same time been testing a ***drug*** and testing a ***method*** of drug-proving. The former part of the work relates to the development of all the symptoms which can be produced by the administration of a single drug, and ends in the record of the pathogenetic effects of the drug's action. The second part of the work is of larger scope. It concerns the whole method of procedure in obtaining drug effects and, looking beyond the records of any single drug, it opens up the whole vast question of the re-proving of our Homeopathic Materia Medica and the manner in which this can best be accomplished. Of the individual drug which we have proved I will say no more, interesting as the subject is, but will turn to the larger aspect of our work. To this I beg your attention.

The distinctive features of the scheme upon which we have been working may be enumerated as follows: The removal of the work of drug-proving from the hands of any single individual, and vesting it in a specially constituted board of physicians, representing all the medical specialties, with laboratory analysts, and presided over by one director. The use of an assayed drug. The employment of paid provers. The thorough examination of these provers by the director and specialists, both previous to the administration of the drug and upon the conclusion of the proving. The daily examination and questioning of the provers by the director, and the daily adjustment of the dosage. The regular routine examination of the provers by the specialists during the continuance of the proving, whether subjective symptoms have been noted by the provers or not. The verification or explication by the specialists of any symptoms of special or doubtful import which may be observed by the local directors. The use of printed forms for recording symptoms by the special examiners and the analysts. The preparation of a general summary of each proving by the local directors before the records are forwarded to the general dlrector. The concerted action of all the boards under the instructions of one general director. The defraying of all general expenses of the proving from funds placed in the hands of the general director and the exclusive use of funds raised in different localities by the local boards under the expenditure of the local directors.

Let us briefly take up these various points and see how they have stood the test of three years' experience. The greater efficiency of the proving-board as compared with the individual in conducting provings, does not admit of a moment's doubt. No one man in these modern times can compass the knowledge of the medical pro-

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fession as a whole, and without such breadth and diversity of knowledge much of value in every proving is inevitably lost. Not only division of labor but vastly increased discernment and accuracy in observation is secured by the concerted work of a proving-board. Experience has shown, however, that the number of physicians constituting such a board can, with practical advantage, be rather lessened than increased over the number originally proposed. If any locality, for instance, is fortunate enough to possess one man equally competent to examine the eye and the ear—or the ear, the nose and the throat—the practical efficiency of the board will be increased by having one examiner do the work of two, provided, of course, that the work is equally well done. It has been demonstrated that it was a wise course and one conducing to harmonious action for the local directors to be first chosen in each city and to rest in their hands the appointing of the various members upon the boards, rather than to choose the members of the boards and have them appoint their directors.

The wisdom of using only a previously assayed drug, the absolute purity and exact strength of which is determined, is self-evident. The employment of paid provers has been characteristic of this test-proving and has been advocated wherever possible. The services of volunteer provers have been accepted in some places, however, these provers being, for the most part, medical students. Such volunteer provings, in many instances, were abandoned as soon as the preliminary examinations were finished, or after two or three days of routine work. Many sets of printed forms have been ruined to no purpose, and little but disappointment, as a rule, has resulted from dependence upon this class of provers. In a few praiseworthy instances, such provings have been carried through to a finish, but when that is the case, the difference in quality between these and provings made with paid provers is apparent at a glance. An equal degree of regularity and punctuality in the visit to the special examiners is never attained in the volunteer provings. Even though the payment which is received is small, it carries with it the sense of a contract which has been entered into, and a daily obligation which must be fulfilled. This, doubtless, explains the greater regularity and persistency of the paid prover. It was claimed in the most explicit terms at the beginning of this undertaking that no student could possibly find time to carry out a proving in a proper manner while he was in attendance upon lectures and engaged in the routine of college work. The truth of this claim is absolutely demonstrated by the result of these test provings. The only college in which students have carried these provings which compare favor-

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ably in any way with those of paid provers, is one in which, during the continuance of the provings, certain college exercises of the students so engaged were suspended. I believe that such is the only possible course to pursue if students in medical colleges are to make satisfactory provings. Either the work must be done by them in vacation time, in the autumn preceding the opening of the college courses or in the three weeks immediately following commencement in the spring, or else the proving must be made the regular part of the college curriculum, say in the senior year, and supersede all, or nearly all, other class exercises during its continuance. Further than this, in order to attain the best possible success, it would be necessary to make it a requisite for graduation that, during his course of study, each student should satisfactorily complete at least one proving, unless he is excused from this, for just cause, by the faculty or executive committee of his college.

As to the thorough preliminary and final examination of the provers by the director and the special examiners nothing need be said—its necessity in a scientific proving is apparent. A tendency on the part of both provers and examiners to neglect or slight a final examination is shown, however, in the practical outcome of our tests. The daily examination of the provers by the director, the record of weather conditions, and the daily adjustment of the dose are features of the proving which require no comment, as the advantages resulting are perfectly evident. The wisdom of the regular routine examination of the provers by the specialists during the continuance of the proving, whether subjective symptoms have been noted by the provers or not, has been called in question on account of the amount of time and the increased labor which it requires. My only answer is an appeal to actual experience. Both subjective and objective symptoms of great practical importance have been recorded in this test-proving by the special examiners when no hints or suggestions of any such conditions are to be found under the same dates in the records of either the prover himself or the local director. Without the specialist's routine examinations these facts, of such value to specialists and so distinctive and characteristic of our newer and more exact scientific method of proving, would have been absolutely lost. This feature of the new proving scheme, which more than any other single feature distinguishes it from the older methods, should not be condemned, therefore, but should be preserved and developed in the future, while a way is sought in which the same results can be obtained, if possible, with less expenditure of time and labor than has been required in our test-proving.

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Let us proceed rapidly with the remaining points to be covered in the review of our practical experience with this proving scheme. The provision for the verification or explication by the specialists of special symptoms which were observed by the local directors worked admirably when it was followed. It is most gratifying and satisfactory when the director's record for the day mentions the appearance of an eruption, for instance, to turn to the records of the skin specialist for the same day and find the exact nature of the eruption expressed in explicit and scientific terms. It is correspondingly disappointing, in some other proving, to find the simple record by the director "An eruption appeared to-day upon the skin" and find on the part of the skin specialist no entry of any sort whatever—probably because the prover, perhaps an overworked student, never went to him at all for the examination in question, or failed to find him when the call was made. So the new proving in this instance remains as meaningless and valueless as the older provings upon which we are endeavoring to improve. The fault is not with the method but with the failure to carry it out. The method should be continued in the future, but the recurrence of such failures in its application should be guarded against.

The use of printed forms by the special examiners and analysts in making their records has been shown to be an essential feature of the new scheme and to work admirably in securing thoroughness of inspection, uniformity in the daily records and a working basis for the proper comparison and grouping and final recording of the symptoms observed. In our test-proving these examiners' forms were made as comprehensive as possible, with the idea that their practical use would show in the best possible manner what parts could be dispensed with in the future, or abridged, without loss of accuracy or of any useful details in our final records of a drug's pathogenic action. It is expected, therefore, that these printed forms will be simplified and condensed in the future in such ways as may be indicated by the practical tests to which they have been subjected, and will not preserve the bulky and somewhat formidable aspect which they at present possess.

The preparation of a general summary of each proving by the local directors, before the various records are forwarded to the general director, has proved a veritable thorn in the flesh to almost every local director upon our list. To prepare such a summary a man should have at his disposal sufficient time to sit down with a clear head and every examiner's record conveniently outspread before him and devote himself to this task and this alone, without interruption, until the proving upon which he is engaged is re-

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viewed, day by day, in all its aspects, and the final narrative written in an orderly sequence of days and events from beginning to end. What man in the active practice of the medical profession can obtain either the requisite time or the necessary seclusion and concentration of mind and energy to do this as it should be done? The result has been a waiting from day to day, from week to week, and, in some instances, from month to month in the hope that some opportunity more favorable than the present would eventually be found. This has proved to be the greatest source of delay in the completion of our proving, and the responsibility does not attach to any one director alone—in fact scarcely more to one than to another. This is a part of our scheme which needs revision if the records of future provings are to be brought to prompt completion. One man, with time sufficient and with the proper bent of mind for this part of the work, should, so far as possible, assume the summarizing and condensing and editing of all these diverse records. Then, and not till then, will this most difficult part of the task be executed with equal thoroughness and despatch.

The concerted action of all the various boards in our test-proving has been its main source of strength, and any plan for future work which looks to the re-proving of our Materia Medica as a whole, and not simply to desultory work upon its individual parts, should have as its keystone the principle of organized co-operation and a central direction of the whole movement. The plan of defraying all the general expenses of the proving from a fund created for that purpose and leaving to each local board the unrestricted expenditure of all funds raised in its own locality, has worked to the absolute satisfaction of everybody concerned and requires no comment, bearing, as it does, mainly upon the past.

And, now, what for the future? I have assumed that the forthcoming book will demonstrate that we are upon the right track as regards the general method of future drug-proving. I believe that the scheme which we are pursuing, with the modifications which have been suggested and those which further experience will indicate, will yield most definite and satisfactory results and meet every demand of modern science. Though somewhat laborious in its application, this method will provide for us provings which, as the study of each drug is completed, will stand without revision for years to come, and may, indeed, be regarded as a finality, a permanency, so far as they go, requiring only addition, and not correction, in the future. But how are we to proceed in the application of this method? Are we to follow the working-plan which we have thus far pursued, and seek to establish each of the local boards in our

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various cities and educational centres upon a permanent basis, and add to their number as such additions become possible? Are we to continue this work under the auspices of the Ophthalmological, Otological and Laryngological Society which has conducted it thus far? Are we, perhaps, instead of this, to seek for this movement henceforth a larger and more influential support than can be afforded by that or by any specialists' society, and continue to work upon the same general plan under the auspices of this American Institute of Homeopathy? It may occasion surprise when I state my individual judgment, founded upon three years of experience as the general director of this movement, that the further pursuit of the plan which we have followed, so far as it relates to the systematic re-proving of our Materia Medica, whether this plan be continued under the auspices of the O. O. & L. Society or under that of this American Institute, is impracticable and, in the end, will prove utterly futile. Do not think me disheartened or discouraged. While this adverse opinion is founded upon my personal experience, I am to-day more sanguine in regard to the ultimate success of this movement than when I entered upon the work three years ago. The reason why I do not advocate the continued following of the plan for proving by means of the local boards as now constituted is because, in its practical application, this plan has been found to bear too heavily upon the busy practitioner. Any man who is competent to act as an examiner in accordance with this scheme is a man who has thus qualified himself by long experience in medical practice and such men are, in a measure, no longer masters of their time. We have, in many instances, secured the regular attendance of the provers upon the examiner, but to secure the regular presence of the examiner in his office at the time of the prover's call, or for him to so arrange his time and engagements that he can promptly examine the prover upon his arrival, is a vastly more difficult problem, as our experiment has conclusively shown. Let us give all due credit to these many physicians, mostly specialists, who have succeeded in carrying through fifty-one provings in order to demonstrate how such work should be done. Let us give due credit to the eleven local directors who have shouldered through their part of the task, standing between provers and examiners, and have grappled afterwards with the examiners' records and their own, through weeks of broken time, in the effort to bring the various parts into proper relation with each other, and present each proving as a concrete unit. But, after giving all due credit and all just allowance, the facts remain that, with the very best efforts which could be put forth, it has required a year and a half of valuable time, after everything

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was in perfect readiness, to bring the work upon one drug by fifty-two provers, to its present stage, and that, even now, many records of examinations are either wholly wanting or are far from satisfactory. This is a loss of time and a waste of material which surely cannot be contemplated for the future. Re-proving our Materia Medica at this rate is simply working for posterity and scarcely for ourselves at all. It is not probable that continued experience with our present plan will sufficiently correct its faults in this regard, and therefore I advocate its abandonment in favor of some modified plan which bears less heavily upon special examiners and local directors.

Provings made by students in medical colleges as a part of the course required for graduation would be an exceedingly valuable means of instruction to them, and would produce results good as far as they go; but inadequate to the demand for an exhaustive re-proving which is laid upon us. Unless one common drug were chosen for provings in all the colleges, until a sufficient amount of material is accumulated before another is taken up, the results would be scattering and desultory, and even then a uniform mode of procedure in all the colleges would have to be adopted, and the final results be edited from a common center before the work accomplished upon any drug could be considered in any sense complete. Would it be possible to secure such uniformity and agreement between rival educational institutions—even when the rivalry is entirely friendly? Would not each professor of Materia Medica prefer so strongly his own mode of procedure in this or that particular that uniformity would be well nigh impossible? And would not insistence upon the work of proving as requisite to graduation, deter a timid student from studying in a homeopathic college at all, or influence him to choose some college of our school where proving is either not required, or where it is known to be easy to secure an excuse from the faculty? The imagination of prospective medical students is sometimes very impressionable, and the fears of fathers and fond mothers easily aroused. The final choice even between a so-called "regular" college and one of the homeopathic school is often determined by some consideration less weighty than this. Yet we have seen that where thorough work in proving is required, volunteer student provers are practically a failure. Provings by students, on any system of merits, can only be arranged in vacation time, and then the college professors, who act as examiners, are often absent and their services unavailable. If done with any real prospect of success, therefore, it must be made a requisite for graduation. If, however, this is not done by all our colleges alike, or if compliance with this

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requirement is less rigidly enforced in one college than in another, it carries an unfair advantage so far as the enrollment of students is concerned. Can all our colleges be brought to take and to maintain uniform action in this regard? The whole plan for re-proving our Materia Medica by means of college provings turns, therefore, for its success upon the idea of *uniformity*, and, as between medical colleges, what is more hopeless of attainment? If, for lack of better resources, we are forced back upon our colleges and our college students to bear the brunt of the work of drug-proving, for a few years at least, there is ample scope for our intercollegiate committee to exercise its function here, and to evolve a common working plan which can be entered upon in hearty accord by all the institutions which this committee represents. It is my belief, however, that the full fruition of our hopes and desires as regards systematic re-proving, will not be realized from the work of our colleges.

Having dwelt sufficiently long upon the negative side of this question, and stated pretty explicitly what our test-proving has taught us should not be done in the future, let me now turn to the positive side and state, as clearly as I can, what, in my view, our future course should be in the advancement of this work of drug-proving if, by any means, we can attain its realization. To my mind there is only one way in which further drug-proving can be done as it should be done to meet the demands of modern times, and that is in an institution founded and equipped for this purpose. What we need now, and what we must have sooner or later, if this work of re-proving our Materia Medica is to go on to successful completion, is an Institute of Drug Proving. Until we do have such an institution the best work which can be done by individuals, or by proving boards, or by colleges, will prove inadequate to the requirements which modern methods in other lines of research lay upon us. In my judgment we might almost better conserve our energy and concentrate our forces, so far as systematic re-proving is concerned, until such time as an Institute of Drug Proving is within our reach rather than struggle with the problem and make ineffectual efforts to accomplish the well-nigh impossible with the means now at our command. Let us go into particulars and see just what the establishment of such an institution implies. In the first place it is not at all necessary that a fine building be erected for the purpose, although the cause is worthy of even that. A medium-sized private house upon some quiet and unfashionable side street, could be rented or purchased and would serve the purpose well, provided it be conveniently accessible by main lines of city

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travel, and be near some large hospital or dispensary or medica college which constitutes a medical centre. It goes without saying that the home of such an institution should be in one of our larger cities, where there is a medical college of our school and large public or medical libraries available for research, and a city in which the homeopathic profession is strongly represented. The house which is chosen for the use of the Institute should be refitted so as to contain a large library or working room, a small and private Director's room, a waiting-room for provers or visitors, three or four examining rooms fitted with all instruments and appliances necessary for the convenient use of the various special examiners so that three or four can be working at the same time, a well-equipped laboratory for the analyst and bacteriologist, and quarters for a janitor. The working-room should contain all the time-saving appliances—a telephone, typewriter, mimeograph, letter-press, filing cabinets, a large safe for the protection of manuscripts and records, and an extensive reference library. This library should comprise all the standard works upon Materia Medica, Toxicology and Pharmacology in both schools of medicine, a standard medical dictionary and encyclopædia, the Index Medicus, from the first volume to the time of its discontinuance and the new issue now undertaken by the Carnegie Institution, the Bibliographia Medica, published in Paris, and the various indexes to medical publications issued by periodicals like the *Medical Review of Reviews*, our *Homeopathic Journal of Ophthalmology, Otology and Laryngology*, etc., during the discontinuance of the Index Medicus and, lastly, there should be on the shelves of the library for convenient reference complete sets of the Transactions of all our State and other Societies which publish such, and, so far as possible, a complete file of every homeopathic periodical which is published, or has been published, in the English, French and German languages. Probably many of these sets and files would be gladly supplied by the societies and the publishers and editors of the various periodicals, or would be donated by physicians having them in their possession—the particular sets or numbers needed being made known by an appeal through the columns of our medical press. Loose periodicals should be serviceably bound in canvas or buckram, or arranged in substantial cases, so as to bear the handling to which they will be subjected for years to come in the practical work of the institution. An important adjunct of the office fittings should be a small card-catalogue which shall show at all times the names and addresses and qualifications of persons available for employment as provers. There is opportunity for much personal tact and the exercise of

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personal influence in obtaining these names and the consent of prospective provers to act in such a capacity. To obtain the names alone is likely to require frequent personal conferences with physicians in their offices and at dispensaries, with college professors and instructors with reference to the employment of students during vacation seasons, with the superintendents of various charitable institutions, with people engaged in so-called "settlement work" among the intelligent poor of the city, and with any others suggested by necessity or opportunity. All practical results of these conferences and subsequent ones with the candidates themselves will appear in the card-catalogue of available provers, which will require constant revision.

So much for the house and its fittings, now for the *personnel* of the proposed Institute. In charge of the entire Institution and its work should be a General Director. At the house in constant attendance during working hours the director should have an efficient office assistant who understands stenography and typewriting, and can do proof-reading and have a knowledge and control of many small details which commonly need not occupy a director's time and thought. The whole building should be in charge of a janitor, and this is the entire force whose daily attendance is necessary. At times work might be assigned by the director to two or three extra helpers, medical students or recently graduated physicians, in looking up wide-spread records of provings and poisonings and submitting these to the director for the preparation of abstracts when the work upon a particular drug is being edited. The remainder of the *personnel* of the Institute consists of the special examiners and the analysts, in accordance with the working scheme which we have just tested and found worthy of adoption with slight modifications. These special examiners and analysts should be in regular routine attendance at stated hours or stated days during the period of active work upon each drug—the whole class of provers being present at the Institute for examination at the specified times, following each other from room to room until the observations of the day are finished, the provers thus rounding up for the examiners at the Institute instead of scattering over the city to seek them at their several offices. The examiners, on their part, upon these days make a professional call at the Institute, by appointment, where their examining room and special apparatus are in readiness for them, and despatch the work promptly without any interference with private practice or confliction with private patients. Each examiner and analyst should have an understudy, a younger man who can be called upon by the examiner, or from the office, to do the required

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work when unavoidable detention occurs. In this way regularity in the observations can be ensured—the lack of this regularity being the fault which chiefly marred our test-proving and robbed it of its best results. All these physicians who make up the *personnel* of the Institute for Drug Proving, as well as the provers who are employed in the work, should, in my judgment, receive payment for their services, and here lies the chief expense of such an institution. The director must give practically his whole time and his whole strength to the undertaking. To be fitted for the position he must either be a general practitioner of large experience, or if a specialist he must have had ample experience in general medicine previous to his special work. The continuance of general practice would be utterly out of the question, however, for the General Director of an Institute of Drug Proving, and, if he were a specialist, it would at best be possible to see only a few patients each day by special appointment, probably at times when he was already fatigued by the work of the day at the Institute. It is very doubtful if the fees thus earned would much more than pay a specialist's heavy expense for office and equipment, or if the practice so accomplished would be anything but a source of dissatisfaction to any conscientious physician. In fact, with the best salary which could be expected in such an institution the man chosen for the directorship would be called upon to exercise self-renunciation, so far as financial matters are concerned, in accepting the proffered position, because any man fitted by professional experience to fill the director's position is capable of earning far more money in the practice of his profession than such a directorship can possibly yield in its salary. It goes without comment that the office assistant and janitor should be salaried. The occasional work of assistants in searching for scattered records of previous provings and cases of poisoning can be paid by the hour. The special examiners should receive professional fees for their visits actually made to the Institution for the purpose of examining the class of provers, so much per visit, and if their under-studies make the visit for them the under-study should receive the fee. The analysts should also be properly compensated for the time which they spend working in the laboratories of the Institution. All this, together with the payment of the provers, means much expense. It would almost seem to preclude the development of the scheme. Until such time as the expense can be afforded, however, we might as well suspend our expectation of any adequate, systematic re-proving of our Materia Medica, for no work which we can accomplish under less favorable conditions can be regarded as final—it must all be gone over again in

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future, drug by drug, almost as though it had never been done at all.

An Institute, to possess and administer the means which this requires, should be incorporated. This must, of course, be done in the State which is chosen for its location. Incorporation means a Board of Trustees—men who stand so high in the public estimation throughout the country that their very names guarantee the solidity and success and the scientific character of the Institution under administration, together with men of such experience with financial trusts in the community in which the Institute is located that the permanence and wise investment of its funds is assured. I would propose, therefore, that to meet this demand, should such an Institute of Drug Proving be established, the American Institute of Homeopathy, through its Executive Committee, appoint a board of fifteen trustees, ten of whom shall be physicians prominent in the membership of the Institute and five of them men prominent in business in the city chosen for the proving center. Three trustees (two physicians and one business man), shall be appointed for one year's service, three for two years, three for three years, three for four years and three for five years. Subsequently, each year the Executive Committee of the American Institute shall fill the three places regularly becoming vacant upon the board of the Institute of Drug Proving and any other vacancies which, from any mishap, may from time to time occur.

To this Board of Trustees may be entrusted any funds with which an Institute of Drug Proving may be endowed permanently; any funds which are to yield their interest for a stated number of years for the use of the Institute, with reversion of the principal at the end of the specified time to some institution or object or to the heirs of the donor, as may be designated; the income of funds similarly entailed but resting in the interim in the keeping of Trust Companies; or current funds for expenditure, either principal or interest, at the discretion of the trustees. The expenses of such an institution would be much greater in the earlier years of its existence than later on, for the reason that every drug which is well proven lessens the task which devolves upon the Institute, and when the Materia Medica is well gone over years hence, the new drugs to be tested will require comparatively little time. In the next twenty years or so the work should be pushed to its utmost, however, until we have re-proved all our polycrests and most commonly used remedies. It is to be hoped, therefore, if such an institution be established, that the funds at the command of the trustees will more than suffice for the running expenses of a central Institute of Drug-Proving, and

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that the surplus of these funds, or the income of funds contributed for that purpose in different cities, may be devoted to the establishment of branches of the Institute of Drug Proving in these several cities. To secure harmony in work and uniformity in result, these branches should be under the general administration of the Board of Trustees of the central institution. The local directors of the several branches, as well as the general director of the central institute, should be appointed, or re-appointed annually, by this Board of Trustees—but all other appointments upon the several boards should be left entirely to the director of each, together with all matters of their routine administration and governance. In matters relating to the proving itself, the local directors should be under the instruction of the general director, receiving the remedy to be proven, and all general directions concerning the work of proving, from him. The choice of the remedies to be proven, and the general conduct of the Institute in all particulars, so far as its practical work is concerned, should rest with the general director. The local directors should annually report to the general director, the general director to the Board of Trustees, and the trustees make an annual report to the Institute of Homeopathy. Thus the coherence of all parts of the work is secured and all progress is upon a definite plan. The work of the local branches, if such can be established, is much simpler than that of the central institute and far less expensive, since it will only be necessary for the local director to secure from his provings, with the co-operation of his examiners, a record of the results individually obtained, and forward these records to the central institute without any attempt to summarize or collaborate them. This does away with the greatest source of delay in our test-proving—the summarizing by the local directors. All editing and all publication is thus done at the central institute, and the reference library and all the expensive paraphernalia of office work, once provided, serves for the use of all the branches without additional expense. The local boards only work, therefore, when a drug is being actually proven by them—but work upon the results obtained goes on without ceasing, except, perhaps, for summer vacations, at the central institute. Should any of our colleges make provings a required part of their curriculum, the drugs thus proven should be the same as those chosen for the local branches of the Institute, if indeed the colleges be not themselves the local branches, and the results, being forwarded to the central institute, can be incorporated in its publications and come into the general scheme as a very useful and harmonious part.

It is an interesting question in relation to the work of such an

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institute whether the drugs for proving should be in all respects the same as those which we have commonly been using in our homeopathic practice, or whether, for the sake of simplicity and scientific accuracy, we should not make greater use than heretofore of alkaloids. Some of our polycrests owe their medicinal properties to more than one alkaloid which they contain. In our day such polycrests have become as much medicinal compounds as some of the mixtures which Hahnemann inveighed against when striving for purity and simplicity in our Materia Medica. To be sure, these remedies are compounded in nature's laboratory, and not in that of the chemist—but the chemist's laboratory now resolves for us these compounds of nature into their component parts if we wish to employ them in their simplicity. Probably this question can only be settled satisfactorily by proving a polycrest in our modern fashion, then proving each of its constituent alkaloidal elements in similar manner, and making an exhaustive study and comparison of the results thus obtained, with a view to their practical application in the practice of medicine.

And now more particularly in regard to the publishing work of an Institute of Drug Proving. When the records of new provings are at hand, whether made at the central institute or sent in from any of its branches, the first work in editing should be to reduce each individual proving to the form of a concise but comprehensive narrative, showing all drug effects and related conditions in orderly sequence from day to day. Then more should be collected from all sources, every well authenticated proving of the same drug which can be similarly stated in narrative form—the narrative being the only satisfactory and truly scientific basis for the study of drug action. The Cyclopædia of Drug Pathogenesy is already a storehouse of such records, and should be incorporated in the new Materia Medica practically in its entirety. Next should be gathered together all well authenticated narratives of poisonings by the drug which is being studied, and in this connection records of post-mortem observations would be of special value and importance. One of the results of our test-proving is to show us how largely our previous knowledge of drug pathogenesy has been drawn from the effects of poisonings as distinguished from the milder effects produced by provings, properly so-called. Lastly, as casting an important sidelight upon the drug's sphere of action, all narratives of its effects upon animals and animal organs and tissues should be collected, but these should always be kept clearly distinct from effects produced upon the human organism and never incorporated or allowed to be confounded with them. All these narratives, made as

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concise as possible and shorn of redundancies, should be published as they stand, and, in addition to this, for quicker study and reference and practical service in prescribing, there should be published a carefully constructed schema in the time-honored form. This should contain no symptoms, but first, those isolated symptoms vouched for by Hahnemann, personally and distinctly so designated by some printed sign; second, symptoms derived from the preceding narratives of provings, showing distinctly the relative frequency of their occurrence and, if possible, affording a key to their grouping; third, symptoms derived from the preceding narratives of poisonings, these being properly designated by a printed sign, and fourth, parenthetical allusion to effects developed in animal organs and tissues, distinctly set off from all symptoms foregoing. Books constructed upon this plan should be published by the Institute of Drug Proving in uniform size and binding, from time to time, as material permits, it being hoped that there would be at least one annual volume, and these books, especially if the institute be endowed, should be furnished to the profession as nearly as possible at cost price.

And now, in closing, let us put fairly the question: Is this whole scheme Utopian? Is it merely visionary, or at best only prophetic? Let us frankly acknowledge that it may be slow of realization; that before it is attained we may even be forced to modify the plan here presented and deliberately cut our pattern to fit our cloth, but let us recognize that in so doing we are adopting half-measures and working for partial results. Let us not deceive ourselves by thinking that the highest aim which we set before us, that is an exhaustive, systematic and strictly scientific re-proving of our Materia Medica can ever be accomplished by any means less thorough than by Institution work. In projecting a scheme of this magnitude and in working for an end so inspiring and of such momentous importance, why should not our first aim, at least, be high? Why should we not set clearly before the mind the ideal course to pursue, and follow it if we can? When we know that our aim must be lowered, it will be time to devise substitute plans which we may regard as temporary expedients. The coming year is one for deliberation, for no final action can well be taken until the results of our test-proving are published and thrown open to scrutiny and criticism. During this year let us not think any aim too high which most surely and directly leads to the accomplishment of our object. And, after all, is it presumptuous? Is it merely visionary? On the contrary, is it not both reasonable and in conformity with experience in other lines of research, in these days when the Government itself is conducting

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costly experiments to prove the effects of food adulterants upon the healthy human system—in these days of the Carnegie Institution and the Rockefeller Institute for Medical Research, with their princely endowments—is it not both reasonable and in conformity with the experience of other earnest workers in the field of science to believe that some large-hearted and broad-minded man, blessed with ample means at his command, and appreciating the grand opportunity here presented for the advancement of medical science, the promotion of medical unity, and the betterment of humanity through more accurate and dependable therapeutical resources, will come forward, sooner or later, before many years have passed, and will endow an Institute for Drug Proving which will place upon a permanent basis and establish in its true position, the most reliable and the most beneficent means of healing the sick which rests in the hands of the medical profession—the Homeopathic Materia Medica.

DESULTORY NOTES ON THE HOMEOPATHIC MATERIA MEDICA.

*Eleventh Paper.**

BELLADONNA.†

By Walter Sands Mills, M.D.

New York City.

BELLADONNA, commonly called deadly night-shade, is one of the oldest known of medicinal plants. It is native to central and southern Europe. Its intoxicating and poisonous properties have been known for centuries.

Provings of belladonna were among the earliest made by Hahnemann. Since then it has been one of the most valuable remedies in the homeopathic Materia Medica.

There is a typical belladonna condition which is not easily mistaken. The patient is drowsy; he has a flushed face, bright, shining or congested eyes, hot skin, high temperature and full accelerated pulse. This combination of symptoms may be met with in the beginning of many different acute diseases. Whenever found belladonna is the remedy.

In the grip prevailing in New York City during the winter of 1900 and 1901, this group of symptoms was frequently met with. Perhaps scarlatina and tonsilitis most often present typical belladonna symptoms in their initial stages. In scarlatina belladonna must be followed by some other remedy. In belladonna sore throat this remedy will frequently cut short the disease in a few hours.

* Tenth Paper published in the North American for July, 1902.

† Presented to the Homeopathic Medical Society of the State of New York.

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The delirium of belladonna is the result of active congestion of the brain, and is associated with flushed face, congested eyes, and rapid pulse. I have records of several cases of facial neuralgia cured by belladonna. The remedy acted as quickly as any anodyne possibly could have done.

Case I.—A married woman aged thirty-five, of gouty diathesis. She was subject to attacks of facial neuralgia and of acute gout. On March 3, 1894, she sent for me after having suffered paroxysms of acute pain for twenty-four hours. The pain followed the mental and the supraorbital branches of the trifacial nerve on the right side. During the paroxysms the patient could not close the teeth because they were so sensitive. Between the paroxysms the teeth were not sensitive. The pains were aggravated by hot applications.

My first prescription was aconite which had no effect whatsoever. A few hours later a second prescription was made of belladonna, third centesimal. The patient and her husband both begged that morphine be given, but she did not get it. The first dose of belladonna stopped the pain in a few minutes. There was no return until July 29 following, when the same symptoms in somewhat milder degree developed. Belladonna third again relieved at once. There was a slight recurrence a few hours later. After that and until I left Stamford, two years later, she never had another attack.

Belladonna has a hacking cough, found most often in acute bronchitis. Usually it is associated with flushed face. The effort of coughing produces a throbbing headache. Occasionally a phthisical subject will exhibit a belladonna cough, but only in an active stage of the disease.

Belladonna will be found a useful remedy in localized inflammations in any part of the body. I have records of a number of cases of toothache from decayed teeth, where the cheek was swollen and hot and there was a rise in temperature with full rapid pulse,

Case II.—A similar condition to the above, but on the left sid of the face. This patient was also a woman of about thirty-five, who was treated in August, 1897. Belladonna third relieved this case promptly. promptly relieved by that drug. Belladonna is useful in acute gout, when the great toe is swollen, inflamed, and exquisitely tender.

Another condition where belladonna is useful is in the onset of appendicitis. Hale (Practice of Medicine) says that belladonna and mercurius are the only remedies that he has found of much value in this disease. I have a record of one case where belladonna alone relieved every clinical evidence of appendicitis in a young man of twenty-five within eighteen hours. This was in July, 1895, and there has been no recurrence.

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Another case was that of a young woman of twenty-two. She had two acute attacks of appendicitis at intervals of a few months that kept her in bed for some time, the last in March, 1898. Both of these attacks were treated by the family physician. In August, 1898, she suffered more or less for the entire month with what I finally diagnosed as chronic appendicitis. Belladonna alone helped her some, but not so much as belladonna in alternation with mercurius dulcis. As the symptoms did not become unbearably acute, surgical counsel was refused by the patient although it was asked for. She eventually recovered and married.

A third case occurred in January of this year at the Metropolitan Hospital. The patient, a woman aged twenty-one, was delivered of twins January 17. On the 19th her temperature started up, reaching 102 4-5 on the 22nd. Careful examination showed normal lochia with very slight odor. The only tenderness was in the region of the appendix, and there was distinct rigidity of the abdominal muscles of the right side. Two bichloride douches, an enema, and belladonna brought the temperature to normal in a few hours. I believe the remedy helped.

Belladonna is useful in profuse menstruation, when the patient exhibits the characteristic facial expression of that drug. I have used it successfully a number of times in that condition. The patients were young and vigorous women who had excessive flows of bright red blood. In each case it was the first menstruation after confinement and several months nursing.

To sum up, belladonna is an extremely valuable remedy. There are many conditions where it is of service that have not been mentioned in this paper, but my object has been to speak of nothing that I have not verified many times.

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.

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SOME OF OUR RESPONSIBILITIES.*

By John L. Moffat, B.S., M.D., O. et A. Chir.
Brooklyn, N. Y.

ONE of the great advances in philosophic thought during the last fifty or a hundred years is the increasing recognition of the *maximus homo*, "the grand man." Not only are the stages of infancy, childhood, youth, manhood and decrepitude recognized in the development of the race, of nations, civilizations, churches, communities and societies, but within each of these are to be found component parts analogous to the various functions of the human mind and body. Last month President Hopkins in his Anniversary Address to the Old School State Society in this city said: "All the dead, the living, the unborn, are one moral person." Without stopping to inquire the correspondence of the medical profession in the body politic, let us consider a few of our responsibilities as citizens, physicians and Homœopathists.

Our profession, in its literature and organizations, as well as by individuals, is each year exerting a more active, powerful and widespread influence in and upon the community—moral, educational and sanitative.

Among our responsibilities as members of one of "the learned professions" is that of being scholarly and of exercising an elevating influence upon the language. Nowadays the dictionary follows rather than leads in the usage of words; its compilers quote medical journals as warrant for certain expressions. English is a living, and therefore a changing, growing language; but I plead for more attention to purity of our written and spoken language and to literary style.

Largely owing to the deplorable influence of the daily press, partly to deficient education but principally to carelessness, there is to be found upon the lips and from the pens of medical men an inexcusable and increasing frequency of distorted words, such as "to diagnosticate', instead of to diagnose, "preventative" for preventive—and of ungrammatical expressions, like "to remember of" a thing, and similar uncalled-for interpolations of this and other prepositions.

Spelling reform has come to stay, but it should not prevail to the extent its enthusiasts advocate. The meaning of a word should be perceivable from its spelling. This seems to be a safe and practicable rule. The diphthong æ should be retained in words derived from the Greek *haima*, conveying the idea of blood in some of its relations. Take, for instance, the word *hemiangiosarcoma*. If

* Presidential Address, New York State Homeopathic Medical Society.

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spelled with the diphthong, one who has never before seen it would understand at once that a hæmorrhagic vascular sarcoma was alluded to; but without the diphthong the first part of the word, hemi, would signify half, and possibly cause a momentary hesitation as to which was meant.

The word homeopathy without its diphthong is etymologically meaningless; if for no other reason the œ should be retained in order to avoid embarrassment in reading the word when it is so divided that opathy comes upon the second line. Home-opathy is a pronunciation that no one could seriously advocate.

There is room for argument and for conscientious diversity of opinion, as to the advisability of attempting to change the form of a word that has been in general use for a number of years—even regardless of the merits of the case. But it can, and at times should, be done. A generation ago the word *astigmatism* was coined to express that defect of the eye in which a bundle of parallel rays cannot be focussed to a point. In 1895* Dr. Georges Martin called attention to Rev. Dr. Whewell's error when the latter coined this word. Instead of basing it upon the Greek *stigma*, *atis* which signifies a point in the sense of a prick, mark, sign or wound, the reverend scholar should have derived it from the next word in the lexicon, *stigme*, *es*, which means a mathematical point. From this, with a privitive, the English word is *astigmia*, as aphonia comes from *a* and *phone*, *es* (sound). It is as practicable to substitute astigmia for astigmatism and astigmic for astigmatic as are many other reforms which are being accomplished, and is more scholarly than some of them.

Physicians have the opportunity—and therefore the responsibility—of exercising a greater influence for good upon the morals of the community than has any other one class of men.

Some years ago this society discussed the social evil and came to the wise conclusion that the only effective remedy is education; naturally this education must be more or less directly by and from us. Let each of us be ever alert to disseminate the idea that the bride has as much right to demand purity on the part of the bridegroom as has the latter to expect it of her. Whenever occasion arises let us encourage the women to ostracize men who are known to persist in leading impure lives.

I am ashamed to acknowledge that the physician is too often responsible for such men by advising illicit sexual indulgence upon the specious plea that it is necessary for the health. The doctor

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* *Annales d'Oculistiques*, December.

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who gives such immoral counsel is a leprous spot, a rodent ulcer, in the body politic; he should be expelled from medical societies and lose his license to practice! Codes of ethics have less force than of yore, but I hope to see a paragraph to this effect inserted in the codes of the American Institute of Homeopathy and of the American Medical Association.

One of the most important and difficult problems facing the sociologists of this country to-day is the alarming decrease in birthrate among our native Americans; in two generations this has fallen from forty to fifteen per thousand of population. The most serious element in this is not the physical barrenness of the over-worked or over-nervous woman, it is the moral degradation of so many young married people of both sexes who openly express, before and after marriage, the determination to have no offspring. Witness the rarity of large families and the increasing prevalence of families of but one or two children.

The responsibility for this rests very largely with members of our profession. In violation of the spirit of the Hippocratic oath, some physicians, to their shame be it spoken, take the lower fork (as Cable says in "The Cavalier") and not only encourage this frame of mind but teach, and actually help, their patients to avoid conception. From this to infanticide the descent is by steps so gradual that it is impossible to draw the line between what is right and what is wrong, or, as some might euphemistically put it, between the justifiable and the unjustifiable, the harmless and the harmful. As has been well said:*

"The ephemeral pleasure by which nature beguiles the irrational creature into the propagation of the species is lusted after with effeminate propensity, and it has become an art or science how to indulge and evade the end designed. The secrets of nature are sought out, and the knowledge gained is used to cheat her of some of her rewards without fulfilling her nobler purposes. At what cost, let the nations and civilizations that have perished in their corruption tell."

In olden days medicine received the greatest impulse in its history by experimentation upon condemned criminals. Such is now unnecessary and contrary to the spirit of this age; but it is safe to predict that before the twentieth century shall have expired society will have adopted, as one way of protecting itself against the increase and the degeneration of the criminal class, a law providing for castration and spaying of confirmed criminals.

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* R. P. Brorup, *Modern Medical Science* (*and the Sanitary Era*), Aug. 1902.

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It would almost seem as if homeopathy's long fight were drawing to a close; but our cause is not yet won. The mistaken, albeit conscientious, efforts of those of our number who sought to lower the barriers between the schools by dropping the word homœopathic from the names of our societies and journals, or by accepting the recent invitation to join old-school societies without renouncing Homœopathy, have been ineffectual—they have not contributed to the desired millenium.

In his anniversary address the other day to the Medical Society of the State of New York President Hopkins, one of the chief exponents of liberalism, said that "medical unity is tacitly recognized by ourselves as present in a greater degree than some would admit —from filing a death certificate all the way up to the highest function performed by a medical man, service upon a board of State examiners for State license." We agree with him that "the most important event in our medical history of the last half century was the institution of State examination for license to practice the healing art." But, my warning of last September is justified; for almost in the same breath Dr. Hopkins exclaimed: "There are in this State three examining boards where there should be but one." Why? Our boards work harmoniously; Dr. Couch was long president of the joint board. See us now. The legislative committees of that and our State societies have for years worked successfully together as one committee.

Trust no future howe'er pleasant—

trust not to the liberalism of even the New York State Medical Society, but let us stand firm and demand our full political rights under the constitution. Now is no time to forsake the advantages already won by our numbers and organizations. The official definition of a homœopathic physician is "one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of Similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." This definition places us upon a broad, sound, unassailable platform, from which we will soon overcome the allopathic bureaucracy which still bars us from appointments in the medical and surgical service of the United States government.

Let us lose no opportunity to impress upon all physicians and upon the public at large this definition and the fact that it is the Allopaths who are the sectarians, just in so far as they close their minds against homeopathy and their eyes to our literature, thus

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depriving their patients, and failing to avail themselves, of all the resources of therapeutics.

WHAT IS HOMEOPATHY?

In two words, it is the reason why—or the principle upon which—a physician, surgeon or specialist prescribes a certain remedy *after he has decided that the case is one calling for medicinal therapeutics.*

It is not all there is in the practice of medicine, it is not the whole of therapeutics, but it is as yet the only science of therapeutics.

According to the Standard Dictionary, science is the formulation into law of correlations of observed facts; it is "knowledge gained and verified by expert observation and correct thinking, especially as methodically formulated and arranged in a rational system." Does not homeopathy fulfill these requirements?

In homeopathy expert observation and correct thinking arrange two series of correlated facts: on the one hand, the "totality of symptoms," by which we mean everything that we can learn about our patient with the help of all modern aids to diagnosis, instruments of precision and our knowledge of anatomy, physiology, pathology and nosology; on the other hand, the pathogeneses of the various drugs—that is, all their effects upon the healthy human body, even to the extent of pathological anatomy in poison cases and in animals, observed and interpreted with the above mentioned aids. The law of the correlation of these two series is formulated as Similia Similibus Curantur, inaccurately translated, Likes cure likes; had Hahnemann meant that he would have written sanantur. As a matter of fact, what Hahnemann really wrote was *Similia Similibus Curentur*—let likes be treated with likes. He, one of the best scholars and linguists in Europe, knew the difference and deliberately used the subjunctive mode.

Critics who deny that "like cures like" is one of nature's laws need not hesitate to essay as a rule of practice "let likes be treated with likes."

The experience of a century has demonstrated that when we find the drug which can cause a totality of symptoms similar to those of our patient, that remedy, given in sufficient but not too large a quantity, will cure the patient if he be curable with medicine. This is not easily done; real homœopathic cures are comparatively rare, because homeopathy is the most difficult of all the sciences, in that it has to deal with the most intricate thing in nature—the human body in health and in disease.

Imperfect as our data still are, our principle is right, the system

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is rational and practicable. Not only is it more rational to build our drug pathogeneses from the effects of drugs upon the healthy instead of the diseased body, it is simpler, more uniform and intelligible—in fact is the only sound, practicable method which is unaffected by changes in our knowledge or theories of pathology and nosology. Similia is more rational than contraria, because the only contrary to disease is health; we can conceive the opposite condition to a symptom but not to the totality of symptoms.

It has been said: "If homeopathy would claim to be a science it should enable one to predict results and to repeat its experiments." This it has been accomplishing for the last hundred years. The failures, which of course occur, no more disprove it than does the testimony of twenty men who did not see a crime committed weigh against that of two who did.

When cholera first appeared in the outskirts of Europe Hahnemann, who had never seen a case, studied the symptoms as reported by his pupils who were combatting it, and predicted that patients presenting a certain group of symptoms would be cured by camphor, another type by arsenic, another by cuprum, and still another by veratrum album; these predictions were verified at the time, and they hold as true to-day. This and similar experiments have been repeated times without number.

Verifications—cures of symptoms under our law—form an essential part of our literature, provided they are properly reported. Each should be so recorded that the reader can form his own judgment and agree that there was nothing but the remedy (whether crude or in potency) to account for the disappearance of that symptom. Unfortunately most of our reported cures are in reality only assertions instead of the *demonstrations* that they should be. The model cure of a case or of a symptom should be so clear a report that the reader can make his own diagnosis, it would be well to distinguish the pathogenetic symptoms from those which are clinical, all adjuvants should be mentioned—together with anything else which might have had a beneficial effect—and the time should be given of the duration of the spmyton or disease, how soon after administration of the remedy improvement was noted, and how long the cure had persisted at the time of the report.

This naturally infers the single remedy. The question of dose is entirely secondary. It is possible to be as true a homœopath with tinctures, the crude drug and the lower triturations as it is with the high potencies. But the more thoroughly one studies our Materia Medica and the more closely he prescribes the single remedy, the more apt is he to give the potencies—and vice versa.

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It is a matter of regret that instead of striving to find the least dose—the highest potency—that will cure, the rule has not universally been "Do not give a dose of medicine large enough to do any harm."

Another responsibility inherent to a "liberal profession" is that one should be broad minded and open to conviction in favor of anything that bids fair to cure our patients surely, safely, quickly and, if possible, pleasantly; one should be loyal to new truth. The abuse of this would be degeneracy to empiricism. One should have a good reason for what he does, in medicine as in other walks of life; but we have no right to let our patients suffer from our narrow-mindedness.

For hundreds of generations has the idea been implanted in our minds that a medicine to be good, should be strong—should have color, taste, smell, in short, be tangible by at least one of the senses. But each year it should be more easy to realize that medicines may act by some property (whether called dynamic, medicinal or pathogenic) other than their chemical or physical properties and activities. To deny the dynamic theory now is materialism of the past century, in view of telepathy, in view of the fact that our bodies are explored with the X-ray and Marconi is sending aerograms across the ocean. We learn the chemical properties of a drug by chemical experiments, but the only way to study its dynamic medicinal effects is to introduce it into the living body.

Even then we do not know, we cannot comprehend how it acts.

How do the molecules of a drug affect the adjacent molecules of the tissue with which it is incorporated? How can the energy or motion of our drug molecule reach the neighboring molecules and influence their motions?

As George Eliot said: "To advance in knowledge is to outline more perfectly our ignorance."

The theory of dynamization may be compared with the development of magnetism in a piece of steel by stroking it with a magnet, or with the excitation of frictional electricity by rubbing glass with silk. Those are phenomena which were discovered, as was the phenomenon of potentization discovered; they are observed facts, their respective tentative theories offered in explanation are comparatively unimportant.

Friction, or impact in a mortar and succussion in a vial in some mysterious manner does impart to the menstruum (sugar of milk or alcohol) the medicinal properties of the drug being diluted or potentized. Why or how we do not know. But how else can we

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explain the fact, for fact it is, that the 30th potency of lycopodium, for instance, acts medicinally according to similia, relieving the symptoms of lycopodium, but not directly affecting other symptoms?

According to acknowledged leaders in science there is no tenable ground to-day for believing that there can be any of the original drug in the 30th centesimal dilution.

A miracle is an unusual unexplainable occurrence. The action of the high potency is no more miraculous than is that of the crude drug, except to those to whom it is more unusual.

Another grave responsibility resting upon us, and the one which is perhaps the most frequently neglected, is that, whatever one's private practice may be, once having accepted a position upon the staff of an avowedly homœopathic institution he is in honor bound to practice there according to similia—or to make room for one who will. Not only are we under this obligation to the patients and students who come or are sent upon the understanding that it is a homœopathic institution, but also to the people who gave their time, money and labor to found and maintain it upon that understanding, as well as to our school at large, whose growth and influence are enhanced by the number and success of its institutions. Empirics and allopaths should not be the representatives of homœopathy.

Man is a gregarious being; no one can help being of some influence in this world. If one is known as a homœopathist he thereby represents homœopathy in his community by his personal life and his practice.

Allow me to quote a letter received from one of the most prominent old school men in the country. He wrote me: "I have a personal friend, one of the high lights in homœopathy in this city, who recently, while suffering from grip, informed me that he was treating himself with ten grain doses of quinine, truly more heroic than the regular practitioner will subscribe. I was encouraged to observe to him that I was happy to note that he had discarded—so far as he himself, at least, was concerned—the practice of homœopathy for that of medicine and I asked him why, if he did not practice homœopathy, he should use the name of 'homœopath' save as a measure to gain practice."

Our "high light" was within the measure of his personal rights, but unwittingly took the lower instead of the upper fork and thereby injured homœopathy—was false to its pioneers who by their sufferings made it financially worth his while to pose as a homœopathist. Had he studied the epidemic conscientiously he would have been using the indicated remedy and might have demonstrated

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the superiority of our practice to that influential friend of the other persuasion who, in the same letter, writes: "If there is anything in homeopathy that is of good I, or any other regular practitioner *should* [italicizing is mine] not hesitate a moment to make use of it."

If the self styled "regulars" do make use of it they should not ignore where they learned of it, and if they find it good they should, as scientific men, honestly investigate our system instead of taking credit to themselves for an empirical discovery of their own—which is their usual course.

My failures in homeopathic prescribing can not logically be held as indicating that homœopathy is inadequate; the inadequacy is in me, in the inherent difficulties of the problem, in the incompleteness as yet of our Materia Medica.

We homeopathic specialists possess an advantage over our old school brothers in our medicinal therapeutics—*if* we study and apply them. A so-called homeopathic oculist confessed that he did not believe internal medication could affect the interior of the eyeball, whereupon he was asked upon what ground did he expect the homeopathic general practitioners to send their patients to him in preference to the old school oculists. A similar question might be asked of some so-called homeopathic surgeons and other specialists.

We homœopathists should have the courage of our convictions, as had our fathers who established upon a sound footing this the science of therapeutics. As men, do we measure smaller than they? Intellectually are we not their inferiors, and we have the advantage of much better educational facilities.

Our medical colleges graduate at least as good physicians and surgeons as do the allopathic schools, men entitled by law to all the rights, privileges and immunities of medicinæ doctoris, plus four years training in the knowledge of, and with each class more experience in, homeopathy. The standard demanded and furnished is higher each year. It was the legislative committee of this society that drew up and secured the enactment of the New York Medical License Law in 1890,* establishing three boards of examiners, and which has been copied by other States, although none has as yet set so high a standard.

Fully abreast with the times our New York college is now teaching hæmatology. I am in hopes that to this department will belong the credit of establishing what seems to me will be an early if not the next important achievement of medicine in hæmatology—the detection and measurement of the sugar in diabetic blood.*

* Chapter 507.

* *Journal of Ophthalmology, Otology and Laryngology*, Sept. 1902, Editorial.

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Sugar, unfortunately, has no characteristic spectrum, but there is one form of polariscope with which may be recognized two-tenths of one per cent. of diabetic sugar in any transparent physiological or pathological fluid, while with another polariscope it can be delicately measured. Flower Hospital presents such clinical facilities in connection with the college that we may not unreasonably look there for a solution of the problem and the establishment of a practical clinical procedure.

Loyalty to Alma Mater is one of our responsibilities upon which it should not be necessary to dwell. No medical college is, or desires to be, independent of its alumni.

Ultimately, a fair and thorough course of instruction in homœopathy will be an essential not an optional part of the curriculum in each old school medical college. Then, but not until then, will the two schools unite and "our warfare be accomplished." Our homœopathic societies and journals will, however, still exist as do those of other specialties; homeopathic practice is really a specialty, but it should not be narrowed down to exclusivism.

TWO CASES FROM THE BACK OF MY CASE BOOK.

By David Moulton Gardner, M.D.

Montclair, N. J.

IN a limited career as a practising physician there have been several occasions when certain things have been learned by me in a very short time. They are things that we ought to know when we are turned loose by the State Examining Boards, and perhaps do know from a theoretical standpoint. However, I will place some of them on paper with the idea that they may provoke controversy which may be of service by bringing out other experiences.

Case I.—A male patient, 67 years old, required catheterization. I could not pass the soft rubber catheter I carried in my case, and found that I only had a metal one beside. It is one of the kind that is found in pocket cases, made of three pieces the outside piece having an enlargement. This third piece was missing. The genitals having become atrophied it seemed as if the two remaining pieces would be long enough. I inserted these and found I was right. The urine was flowing freely and I was waiting patiently when all of a sudden my patient rolled to one side, and my catheter slipped from my fingers and went out of sight. Imagine yourself

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in my position. The perspiration started on my forehead and I thought fast. The end was one inch inside of the meatus, and I could not get it out by any manipulation. I tried a finger in the rectum and all the little devices I could think of; it did not come. But I knew it might slip into the bladder. Visions of supra pubic cystotomies floated before my eyes. The patient was delirious and had a temperature of 102, with a nephritis undergoing an acute exacerbation besides his retention. Well, after considerable strong language and the judicious use of a pair of long narrow forceps, I managed to get a grip on the catheter by putting one blade inside and one out, and was much relieved to remove the catheter and relieve my patient. After the manner of Buster Brown of *Herald* fame, I made a resolve never to use a catheter again that did not have something on it to keep it from slipping inside the urethra, and go on an exploring tour up amongst the convoluted tubules of the kidney or some equally accessible place. I may have known better before; I am sure I do now.

Case II.—While in a hospital as interne I aided in opening a cervical abscess. The incision was about one and one-half inches long. The pus rolled out. We used peroxide of hydrogen to aid in the process. As I remember it now the strength was one part peroxide to one of water. We injected considerable of it, and it bubbled out so nicely and looked so scientific that we used some more. Then we finished our cleansing and packed the cavity with gauze and were ready to stop. Just then I thought the patient's neck looked funny and I called the rest of the men to see it. It began to swell. On palpation a crepitation was made out. This condition extended across the median line and below both clavicles. It was perfectly possible to feel the crepitation two inches below the clavicles. The neck was swollen like the neck of a puff adder. There was no pain. We thought it was due to the peroxide being injected into a space with too small an opening. The reaction was too rapid for a ready escape of the gas and it went through the cellular tissues, causing an emphysematous condition of the same. We expected that the pus from the abscess would have been carried along at the same time and looked for a general cellulitis in a rather bad place. As a matter of fact the swelling disappeared, the abscess closed up and the patient was discharged, much to our relief.

Resolved, never to use peroxide of hydrogen until the cavity has been first rinsed with sterile water, and unless the opening is large enough to let out the gas.

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URINALYSIS. *

By Ralph I. Lloyd, M D.

Brooklyn, N. Y.

IN the year 44 B. C., Marc Antony prefaced his remarks to the Romans with this statement: "I only tell to you the things that you yourselves do know." On this occasion I will say the same thing; but, on the contrary, "not in verbiage pedantic, designed to cloak some stale idea in copious dress."

Nephritis is insidious in onset and protean in manifestation, and we cannot be too careful in our urinary examinations. When I graduated from college I had but a faint idea of the importance of the kidney in the human economy. Soon after entering the hospital, a patient under the influence of alcohol applied for admission. He was given a thorough examination of the chest, temperature, pulse and respirations noted, and as these were negative, he was refused. In about two hours he had a "fit" on the street, was removed to the police station, and from there to the hospital, where he died twenty minutes later. Autopsy revealed chronic interstitial nephritis, with acute exacerbation.

The newspapers became interested in nephritis, and so did I.

Many acute diseases are accompanied by nephritis. Especially is this the case in scarlet fever. Twenty per cent. of all cases are complicated by it. Edema is in most cases late in appearance, and urinalyses should therefore always be made early. The severity of the attack has no relation to the nephritis, and a mild case demands this precaution as well as a severe one.

Diphtheria is less frequently associated with inflammation of the kidney, but we should always be on the watch.

Nephritis is rare in measles, and when present occurs about the time of the rash.

Typhoid fever frequently produces an acute desquamative nephritis, which has a bearing on the prognosis. This is present in nearly all severe cases.

Every case of delirium tremens demands an early examination of the urine. Nephritis and albuminuria of high degree are often present, and materially affects prognosis and treatment. Alcohol is not tolerated by this type, and a fatal outcome is usual.

All forms of jaundice are apt to set up nephritis, due probably to passage of bile salts through the kidney.

The differential diagnosis of uremia, apoplexy, epilepsy, opium

* Read before the Homeopathic Medical Society of the County of Kings.

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poisoning, alcoholism, insanity and latter stages of meningitis, is very difficult.

Biting of the tongue, so common in epilepsy, occurs in uremia. Unequal pupil is not confined to apoplexy, neither is the contracted pupil found in opium poisoning alone. Again, uremia may appear in the garb of insanity.

The only reliable method of solving the question is in urinalysis.

I know of one case of so-called epilepsy that ran for a year before an analysis revealed the true cause.

Chronic interstitial nephritis is far-reaching in its effects. Hemorrhages from nose and stomach may result from the diseased arteries; headaches, gastric catarrh, vertigo, anemia, and many other ailments, may be classed among its results.

It is the custom to rely for a diagnosis upon the specific gravity, and test for albumen and sugar.

Acute parenchymatous nephritis frequently occurs with little alternation in the specific gravity; moreover, many of the urinometers on the market are absolutely unreliable. I have seen instruments register five points from the standard, and one to two degrees in error is common.

In seventy per cent. of cases of high fever albumen is present, but that does not mean nephritis necessarily; due in this case to congestion of the kidney.

On the contrary, chronic interstitial nephritis frequently has no albumen. If we rely on these tests alone, cases of mild nephritis can smoulder, waiting only for some indiscretion to fan the spark into a blaze that will destroy or cripple the unfortunate patient. Such analyses can never give more than a passable idea of the case.

Tests for amount of urea, chlorides and phosphates, etc., certainly take too much of a busy physician's time; but it seems to me that any analysis, to be of use, must include quantity passed in twenty-four hours, and also a microscopical examination. From the quantity in twenty-four hours can be obtained the total solids, giving the best idea of kidney power. The presence or absence of albumen in itself means little, and only the microscope can decide just where it comes from.

Sugar should be tested for in every case irrespective of specific gravity, as glycosuria, has been found in urines of low gravity. Especially should this be one in cases of recurring boils, persistent neuralgias, carbuncles and necrosis of bone in adults.

From the above we deduce the following:

Every chronic disease should have a urinalysis; every case of coma, convulsion or insanity should likewise be honored.

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Every infectious disease and every severe acute ailment require it.

To constitute a reliable urinalysis the following tests are necessary:

Specific gravity, taken by a certificated hydrometer.

Presence of albumen and sugar.

Quantity for twenty-four hours and the

Microscope, most necessary of all.

If these rules are observed, we will have more accurate diagnosis, better treatment and prognosis, and truly scientific reports in place of the present unreliable data of kidney cases.

BACTERIOLOGY, ITS RELATION TO MEDICINE AND SURGERY.*

J. B. Brown, M.D.

Denver, Colo.

BACTERIOLOGY is practically a new science and one of incalculable importance to medicine and surgery. Though much has been accomplished along this line, rich stores of knowledge lie waiting for the patient investigator.

When Louis Pasteur in 1858 proclaimed to the world that microorganisms were the cause of fermentation, the profession became convulsed, and a bitter controversy ensued. "Pasteur claimed that every fermentation has invariably its specific ferment; that this ferment consists of living cells; that these cells produce fermentation by absorbing oxygen from the substance acted upon; that putrefaction is caused by an organized ferment; that all organized ferments are carried about in the air, and that to exclude the air entirely prevents putrefaction and fermentation." Lemaire found by adding phenic acid that all fermentation ceased, thus leading him to believe that fermentation must be due to living organisms. Next came the carefully conducted experiments of Lister, which showed that upon filtering the air putrefaction ceased. These experiments led directly up to the antiseptic method of treating disease and as the result of this method was born aseptic surgery. Being a profound thinker and investigator, Pasteur was not deterred from the pursuit of his theories by the adverse criticism. He made no statements which he could not prove. At that time some of the agricultural interests of France were in danger of extinction from

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* Read before the Denver Homeopathic Club.

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the ravages of swine plague, charbon diseases of the silk worm and wine industries. Pasteur immediately applied the principles of his new discoveries to the eradication of these diseases and was entirely successful. As a result of these brilliant discoveries the people of France were saved millions of francs, and Pasteur crowned with glory. These demonstrations convinced many of his adversaries. Others began investigation along these lines which finally resulted in the birth of the science of bacteriology. Further research on this subject has given us serum therapy, protective innoculation, an increased knowledge of pathology and scientific surgery.

When Koch discovered the bacillus of tuberculosis and was able to reproduce the disease in a susceptible animal, he claimed that he had found the cause of that dread disease. Though there is a difference of opinion among the members of the profession, his germ theory is the one generally accepted, and the recognition of this fact has aided materially in the treatment of tuberculosis, especially in regard to prophylactic measures.

Other investigators working on the microbic theory of disease have been able to prove the cause of many of the contagious and infectious diseases we have to-day.

The development of the microscope, with the discovery by Koch of the cultural methods which make differentiation of bacteria possible, has practically proven the bacterial cause of tuberculosis, diphtheria, typhoid fever, cholera, pneumonia, erysipelas, gonorrhœa, the plague, charbon, influenza, glanders, pyogenic processes, epidemic meningitis, epidemic dysentery, tetanus, malignant œdema, and leprosy. While in such diseases as syphilis, smallpox, chickenpox, measles, scarlet fever, German measles, mumps, whooping cough, hydrophobia, typhus fever and dengue, the bacterial cause has not been proven as yet; perhaps further research will soon demonstrate the causative factor. Some recent investigators claim that possibly the microbes are so minute that the modern microscope fails to reveal them. The discovery of the parasites that infect man and beast has been the means of a more exact knowledge of the clinical phenomena of disease. It has given us the cause of malaria, actinomyces and amebic dysentery. This knowledge of the nature of parasites, developed further by Munson, gives us the invaluable fact that malaria is transmitted by the mosquito of the genus "anopheles."

The recognition of the rôle the mosquito plays in malaria stimulated further effort in its relation to many other infections. In Cuba, in 1900, Reed and Corroll working on this basis proved that the mosquito, of the genus "stygomia fasciata," was the means of

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the transmission of yellow fever from man to man; and for the first time the past year has found Havana practically freed from this disease. With this knowledge and the proper precaution against infection, yellow fever will soon be eradicated from civilized communities. But, the mosquito is not the only transmitter of disease; the common house fly has been convicted of carrying the germs of typhoid fever from open sewers and cesspools to our kitchens and thus contaminating our food and infecting us with the fever, and perhaps, various other diseases. From these facts it is plain that bacteriology is the foundation upon which scientists worked in making these discoveries, thus giving us the cause and method of transmitting disease. The old theory of spontaneous generation is no longer worth considering. With this knowledge the scientist will, in the future, make more rapid progress in studying the phenomena of disease; in perfecting more rigid sanitary rules; in promoting the system of preventive medicine and perhaps such pests as the plague, cholera and yellow fever will be entirely stamped out.

Since the discovery of bacteriology, medicine has made rapid strides. It has proven a great stimulus to the study of pathology, and the physical and chemical changes of the fluids and tissues of the body. Associated with this the clinical diagnosis by aid of the microscope has been also a great factor in revolutionizing medical science. Through the indefatigable labors of Professor Koch, Behring and others, serum therapy was established. An immunizing serum has been manufactured for Asiatic cholera, tetanus, diphtheria, the plague, erpsipelas, streptococcic infection and other diseases. Aside from the diphtheritic antitoxine, these serums do not appear to be efficacious. Greater good has resulted from protective innoculation. This system not only benefits mankind but is invaluable in the animal industry. Bovine vaccine was discovered over a century ago, but it remained for bacteriology to perfect its production and method of innoculation. Those who believe in statistics cannot doubt the protective influence that vaccination produces against smallpox.

Briefly reviewing micro-organisms, their action, morphological characteristics and habitat, it is inconsistent to aver that such microscopical bodies cannot produce injury to the animal kingdom. In medicine we have to deal with infinitesimal quantities and their cumulative effect.

Every physician of the new school is well aware of the rapid and efficient action on the human system of an infinitesimal amount of medicine prescribed according to the law of similars. Why, then, should we be loath to accept the theory that the infinitesimal

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bacterial cells can cause disease? Nuttall and Buchner, in their scientific demonstrations and pathological researches, discovered that the blood serum was germicidal to certain bacteria and named this substance "Alexin." Perhaps this explains Nature's method of combating disease. Accepting this theory we are able to form an idea as to how certain medicines act so rapidly. Being reduced to microscopical bodies the medicines are in such a form as to be readily assimilated by the blood and fixed tissue cells, thus stimulating them to throw off a greater amount of alexins, thereby increasing phagocytosis and reinforcing the body to eradicate the disease. Perhaps there are other methods of cure. However, the above method seems plain.

This paper would be incomplete without further remarks concerning the relation of bacteriology to surgery. Lister, when working upon his antiseptic theory, possibly did not realize that he would become famous through his discoveries and be heralded the father of aseptic surgery. His experiments with antiseptics proved to be a valuable addition to surgical science, and as a result of these researches we have the system of asepsis which has practically perfected that science.

Though dissention among the members may occur in regard to the bacterial cause and method of transmitting disease, there can be but one belief among those who have investigated this subject concerning the action of bacteria in the field of surgery. We know that pyogenic bacteria cause pus.

Since the discovery of bacteriology the surgeon can invade any part of the body, and thousands of lives are saved through the skill and knowledge of perfect cleanliness, whereas a quarter century ago similar cases succumbed from infection or were considered inoperable.

It is doubtful if the surgical achievements at the present time could have resulted from any other source than bacteriological.

To recapitulate: bacteriology, though young in years, has worked wonders for the profession. It has made the application of medicine more exact, has enhanced the art of diagnosis, augmented preventive medicine, revolutionized pathology and made surgery paramount among the sciences.

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Original Articles in Surgery.

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WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

PRELIMINARY WORD ON THE SURGERY OF THE PROSTATE.*

BY HORACE PACKARD, M.D.,

Professor of Surgery, Boston University School of Medicine.

THE following brief article is intended only as a prelude to a subsequent communication, and as a prophecy regarding the future of the surgery of the prostate gland. The management of sufferers from the effect of prostatic hypertrophy has been something of a reproach to the medical profession in the past.

It has been the prevalent custom, and is such even at the present time, for physicians to introduce these patients to the catheter habit, with the understanding that they will drift along until the condition becomes more and more grave, and until either some sort of an operation must be performed in the face of an absolutely impervious urethra and menacing retention, or a gradual deterioration of strength until death ends the scene.

During the last five years I have given much serious thought to this subject, and it has been my ambition to devise, or find out, some way of meeting the menacing conditions which we find in these cases. They surely appeal to one's deepest sympathy. There can be hardly any other condition which entails so much of suffering and discomfort, as the advanced years of manhood accompanied by obstruction to the free flow of urine from prostatic hypertrophy.

Many men who have led exemplary lives, who have been industrious, who have amassed a comfortable competency, and who, at the age of sixty or sixty-five have anticipated that they might retire in comfort to enjoy their old age, find themselves confronted with this menace. The initial symptoms are hardly sufficiently severe to cause them anxiety, and years are likely to slip by—from two or three to six or eight—without serious damage to the health. But all this time the way is being paved to the serious sequelæ which most always manifest themselves.

Little by little the patient finds himself unable to completely empty the bladder. This results in the accumulation of residual urine, with little space remaining for reaccumulation, and within a short time, a half an hour or an hour, there comes again the great

* Written especially for THE NORTH AMERICAN JOURNAL OF HOMEOPATHY.

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urgency to empty the bladder; the difficulty increasing until the bladder remains full to overflowing, with a slight dribbling all the time, beyond the patient's control, which keeps him constantly wet. Or, there may have come about a great thickening of the bladder walls, with concentric hypertrophy, and a constantly diminishing capacity of the bladder. Any of these conditions are painful enough, but usually long before this stage has arrived the patient has been initiated into the use of the catheter; and while this in a measure alleviates his suffering, it introduces a new and a menacing feature, for catheterization cannot be practised long without the establishment of a cystitis. Once this is established and septic material has entered the bladder, there may be no end of more serious trouble in the shape of a serious cystitis and an ascending ureteritis, and, finally, a pyelitis with constant pus in the urine.

Every physician of considerable experience can look back to cases of prostatic hypertrophy which have gradually gone on to a fatal termination, and, in the care of which, he has felt the embarrassment of his inability to give relief. Medical treatment is usually unavailing. In fact, there is no system of medical treatment which has ever given satisfactory results in warding off prostatic hypertrophy, or in curing cases where it is already established. In addition to the misery of urinary retention, the accumulation of residual urine, cystitis and pyelitis, not infrequently stone forms, the presence of which gives added pain and discomfort to the patient.

In my research of the past five years, I have endeavored to give faithful trial of all methods which have ever yet been devised to relieve these unfortunates. Castration has now been largely abandoned as too uncertain in its effect to be worthy of much consideration. The same may be said also of vasectomy. Now and then a patient has improved after these operations, but so many have failed to show any improvement that it seems futile to further exploit such a course. Besides these indirect methods of operating, with the hope of reducing a prostatic hypertrophy, the only other resort is to apply surgery directly to the prostate gland itself. It has been a cherished thought of the surgical fraternity that some way might be discovered to remove, or to modify, the enlarged prostate so as to re-establish voluntary urination. Attempt at the total removal of the prostate gland has been accompanied with such great mortality in the past, and so many undesirable sequelæ in the shape of more or less permanent fistulæ and of incontinence of urine, that surgeons have felt a great hesitancy in resorting to such heroic treatment, especially since all of these patients are far beyond the middle time in life—in fact are in old age, when the vital forces are

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ebbing, and when any operative measure is less well borne than in earlier years.

Three or four years ago, Bottini, surgeon of Pavia, Italy, published the report of the treatment of a large number of cases of prostatic obstruction with the use of the electro-cautery. His result seemed so flattering that immediately surgeons in various parts of the world took up that method and exploited it. Many excellent results have been reported. At the same time, many results have followed which have been unsatisfactory.

The feature of this operation consists in cutting a new channel through the part of the enlarged prostate, which impinges upon the urethra.

Whatever the operation may have been in the hands of its originator—and very likely no follower of his has yet been able to equal him, because an operation may do in the hands of its originator what no one else can do with it—there have been many failures.

It is impossible to know beforehand just what obstacles will be met. Sometimes there is a middle prostatic lobe which projects directly into the bladder and stands before the aperture of the urethra like a valve. There is no way of knowing that such a physical condition exists prior to operation, and the Bottini operation is futile under such a condition.

Not infrequently the lateral lobes are both of them greatly enlarged laterally and longitudinally, and encroach upon the neck of the bladder in a way so that their surfaces come together and form a valve. Under these conditions the Bottini incision is futile.

I began investigating the Bottini method soon after it was introduced in America. I failed to get the result which had been reported by others; however, I persistently investigated the subject, provided myself with the best apparatus available, and while some of my cases have done well others I have totally failed to relieve, and have been obliged to resort to other measures.

It is now these other measures which I wish to briefly speak about, and these consist of attacking the prostate itself for the purpose of removing it, or removing it in part.

My results during the past year have been such as to make me feel very sanguine that the operation of prostatectomy is already, or very soon will be, among the operations which will be performed with as great success, and with as great certainty of cure without material danger to the patient, as ovariotomy and as hysterectomy for fibroids are now performed.

I should not dare to make this statement had my results not been such as to warrant me in so doing. The suprapubic operation

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I condemn as useless and unnecessary. The perineal route is the path of election to reach the prostate gland, and through it by means of the inverted Λ incision of Murphy, by the use of suitable instruments for retracting or pressing down the base of the bladder and with it the prostate gland, and with a suitable instrument for separating the gland from its attachment to the base of the bladder and to the urethra, the operation is performed quickly and safely, and the patient makes a rapid convalescence, with resumption of continence within three days and with restoration of the urinary current through the normal passage in three weeks or less.

The good results which have been obtained, and which are hoped for in the future, depend in a considerable degree upon the general physical condition of the patient; and it is my belief, in fact it is my knowledge, that to secure the results which I have mentioned above, prostatic hypertrophy must be recognized early, operation must be performed while the general health of the patient is still good and while he still has strength and vitality to withstand anesthesia, operation and repair.

I predict that, in the near future, cases of prostatic hypertrophy will come to operation promptly, because of the knowledge that when done at that time, i.e., early, it can be done with safety and with a permanency of result which is altogether gratifying.

The laity have been educated in the matter of appendicitis, and seek operation early; so, at the present time, we meet with a far less number of suppurative cases of that disease than we did formerly.

The same custom will be established in the matter of prostatic hypertrophy, and we shall not in the future see so many valuable lives sacrificed from neglect and fear of surgical treatment.

I cannot speak with sufficient enthusiasm upon this subject. It is to me full of promise. I have, during the past year, been using with much satisfaction, a set of instruments which have been suggested by the varying conditions which I have met. These include a sphincter dilator and a bladder irrigator combined in one instrument; a prostatome for dissection of the lateral lobes of the prostate from their close attachment to the bladder and urethral walls; a combined staff and depressor for sinking the wall of the bladder deeper into the perineum; a prostatic volsellum for grasping the parts as they are excised, and incision scissors for the removal of projecting enlargements of the middle lobe.

With this brief resumé of the subject, and the intention of presenting to the profession, at a later date, an exhaustive paper and a description of the instruments used, I submit this hastily written preliminary survey of the "Surgery of the Prostate."

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DECIDUOMA MALIGNUM.*

With Report of a Case.

By Edward G. Tuttle, A.M., M.D.
New York.

THE term deciduoma malignum is one of many that has been used to describe a peculiar malignant disease of the uterus, which always develops coincident with pregnancy. Syncytioma malignum, sarcoma chorio-cellulare, sarcoma deciduo cellulare, chorio epithelioma malignum, and several other terms, are used by different pathologists in describing what is apparently the same disease. The reason for this disparity in naming the disease arises not so much from the difficulty in describing what is actually found in the microscopical study of the specimens, as in determining the origin of the physiological cells from which the pathological cells are developed in the progress of the disease.

In 1888, Sanger[1], before the Obstetrical Society in Leipsig, reported two cases, describing a tumor to which he gave the name deciduoma malignum. In 1893, after further study of his former case and a study of eleven other cases reported up to that time, determined to change the name to "sarcoma uteri deciduo-cellulare,"[2] believing that the tumor was made up entirely of the decidual cells undergoing a sarcomatous degeneration.

About this time Gottschalk,[3] in a published article, gave as his conclusions that the chorionic villi had undergone malignant degeneration, and in destroying the serotina had encroached upon the uterine wall. He called his tumor the sarcoma chorio-cellulare.

In 1895 Marchand[4] demonstrated the epithelial structure of these tumors, and in 1898[5] concluded that these tumors were epithelial in structure, and were made up of the two layers of cells covering the chorionic villi, viz.: the outer layer that is nearest the external wall, called the syncytium, and the inner layer or Langhan's cells. Beneath these is the connective tissue stroma of the villi; thus making the tumor an epithelioma, which view, with some slight modifications, is the one largely held by authorities to-day. Marchand therefore calls the tumor chorio-epithelioma malignum.

The question now between pathologists seems to be as to the origin of the epithelial covering of the chorionic villi, i.e.: the origin of the syncytium and Langhan's cell layer. Some believe that they are both of fetal origin; others that one or the other is of maternal origin. Thus we may have a growth which may later be decided to be either a sarcoma or carcinoma, or a combination of both, and

* Read before the Homeopathic Medical Society of the State of New York.

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which may have its origin in fetal or maternal structure, or in both.

The definition of Pierce[6] then is, perhaps, the best, i.e.: "Chorio-epithelioma malignum is a peculiar form of tumor occurring only in women, and during, or as is more usual, following pregnancy, whose parenchyma consists of the epithelial element of the chorionic villi, which have proliferated and developed as a malignant growth in maternal tissues."

We must admit, however, that the exact origin is still unsettled, and that in conformity to the majority of clinical cases reported and in order to avoid confusion of terms, we will use the term as originally proposed by Sanger, deciduoma malignum. While thus the real source of the disease is obscure, clinically the history is clear. From the report of authentic cases we learn that it only occurs during or following pregnancy, which may be intrauterine or tubal. It may occur following a normal labor or an abortion, or, as has frequently occurred, following a hydatid-mole pregnancy.

Ladinski[7] reports: One hundred and twenty-eight cases in which the nature of pregnancy was recorded, 51 cases followed hydatid-mole pregnancy, 42 followed abortion, 28 followed labor at full term, 4 followed premature labor and 3 tubal pregnancy. In 40 per cent. of the cases, then, the disease followed mole pregnancy. Regarding the age of the patient, in 124 cases the average is 32 years, which corresponds to the average age of reproduction; while for carcinoma, in 3,500 cases, as given by Gunsser,[8] over 70 per cent. occurred after forty years of age, thus showing that we are dealing with a different clinical class of tumors, dependent on, and associated with, the reproductive function. It differs from sarcoma in that it is composed of epithelial elements.

The symptoms of the disease are clear and pronounced. Hemorrhage is almost invariably present, and is the symptom which first attracts attention. It is persistent, and does not yield to ordinary treatment. This hemorrhage may at first be referred to retained placenta or membranes. It may occur immediately following delivery or some weeks after. The blood at first is red, and comes in gushes; later, or as the disease is more advanced, it is dark and offensive. Pain is not a constant symptom, although in my case the pain existed all through pregnancy and was not relieved by delivery. As the disease becomes further advanced there is a watery discharge; The patient becomes weakened and anemic, loses flesh, and bears the characteristic cachectic appearance of advanced malignant disease. Early metastasis is characteristic, first usually in the upper posterior wall of the vagina, then the lungs, broad ligaments and

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intestines. Kidneys, thyroid gland and liver may become involved. Fever is not unusual, varying from 100° to 104° F., and a pulse characteristic of anemia. Digital examination shows the os uteri dilated, so as to admit of one or two fingers. The cervix is soft and patulous. Conjoined manipulation reveals an enlarged, somewhat tender, freely movable uterus. The surface may present irregularities. Within the uterus is a soft, pliable mass, which feels like placental tissue, is friable, and bleeds easily. Microscopically these tumors are dark red or purple, soft and spongy, and the tissue bulges on a cut surface. The disease develops very rapidly, and after curettage the hemorrhage returns and tumor masses fill the uterine cavity. Metastases develop rapidly, except those in the vagina. Positive diagnosis is only made by the microscope.

The prognosis is unfavorable. Deciduoma malignum is the most fatal of all neoplasms. The only hope lies in early diagnosis and complete removal, preferably by the abdominal route. To illustrate the rapid course the disease may take I will recite in brief the history of my patient:

Mrs. W., age 29. Family history negative. Has borne six children and had no miscarriages. Oldest child was eight years of age, youngest eighteen months. Menstruation was always irregular, always free, and recently, before last pregnancy, rather profuse.

In the second month of her last pregnancy an effort was twice made to produce an abortion by, as the patient expressed it, an electric needle and shock. Since this treatment the patient claimed she had never been free from pain. This she described as a continual distress in the abdomen. As pregnancy advanced the abdominal pain and distress become more severe, notwithstanding medicine and treatment from several competent physicians. These pains were aggravated at night, and in the later months very severe. Her physician had noticed a peculiar sallow, yellow, anemic condition of the skin. A slight cough and night sweats developed during the last months of pregnancy. Examination of the lungs was negative.

On February 11, 1902, she was delivered of a healthy male child weighing 8 pounds. Labor was prolonged, apparently owing to weakness of patient and lack of uterine contractions. Otherwise the labor was normal. The placenta came away completely in thirty minutes. The immediate hemorrhage was not unusual. The next day the flow was not diminished; the abdomen became sore and tender. This continued for three days. Shreds, mucus, and pieces of tissue resembling somewhat retained secundines were frequently passed. The temperature and pulse, without any chill,

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gradually rose until on the third day the temperature was 101° and the pulse 110 and weak.

On this third day, February 14, 1902, with the above history given me by the patient and attending physician, I first saw the case. She impressed me at once as being anemic and cachectic, but not septic. Examination showed the uterus large, fundus on level with umbilicus; os wide open admitting easily two fingers. By conjoined manipulation pieces of tissue, as I thought at the time resembling retained placenta, were easily drawn out. I advised curettage at once, which was performed under chloroform. In the right upper segment of the uterus a soft spot was located which continued curettings failed to remove. The remainder of the uterine mucosa appeared of normal firmness, and fearing a perforation of the uterus if curetting of the soft area were continued, I desisted and packed the uterus. The patient rallied well from the curetting. The following is the microscopical report of the curetting:

"The tissue from the uterus sent for examination is from a malignant growth, sarcoma, of the mixed-cell type. In some respects, but not perfectly, it resembles the deciduoma which has been recently described as developing from chorionic villi. The deciduoma is malignant, grows rapidly, and forms metastases, and resembles sarcoma in its clinical course. Early extirpation of the growth and a wide margin of surrounding tissue is advisable.

(Signed) GEO. F. LAIDLAW."

On the day following curettment, February 15, 1902, the patient was no better, although the bleeding was less. Hysterectomy was advised, and, as the home surroundings were not suitable for an abdominal operation, she was removed to the hospital on February 16, and abdominal pan-hysterectomy performed early on the morning of February 17.

On admission to the hospital the patient's pulse was 120, temperature 103; and this was the record when she went to the operating room the following morning. There was slight distention of the abdomen. Gas was passed per rectum and bowels had moved. I mention these records of temperature, pulse, and condition of the abdomen and bowels to show that there were no signs of septic peritonitis, which was later confirmed on opening the abdomen. We did find that the growth had infiltrated the right broad ligament, and excision wide of the infiltration was necessary. The operation would have been simple and short had it not been for the difficulty in controlling the hemorrhage, due to the friable, spongy condition of the tissues to the right of the uterus. As it was the operation was less than two hours.

The patient died thirty-six hours after the operation; not from

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shock, not from septic peritonitis, but apparently from sepsis due to metastasis, which had taken place prior to the operation. Permission for an autopsy could not be obtained, but I firmly believe metastasis to other parts of the body had taken place.

Microscopical examination of the uterus showed it enlarged. In the right cornu surrounding the right fallopian tube there was an area of degeneration 1½ inches in diameter. Microscopically, the syncytium and Langhan's cells were found.

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2. Archiv. für Gyn. Bd. LIX, 1893.
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LAMINECTOMY FOR GUN-SHOT WOUND OF THE FIFTH CERVICAL VERTEBRA.

By H. T. Miller, M.D.

Springfield, Ohio.

Surgeon to the City Hospital.

THIS case, a burly negro, was shot while engaged in a game of craps, and immediateiy taken to the hospital. It was found that the missile, 38-calibre, had entered immediately below the right ear and lodged in the outer third of the left clavicle. Cerebral function undisturbed, temperature and pulse normal, and motor and sensory paralysis below clavicle and upper third of arm complete. Breathing diaphragmatic. Retention of urine and feces. Patient able to take nourishment.

Under X-ray examination the bullet was located in the outer third of the left clavicle; of the spine, however, we could not define which of the vertebræ was injured. There being faint sensation over the biceps and more marked over the deltoid muscles, and as these muscles were supplied by the circumflex, a branch of the posterior cord of the brachial plexus, the fibres of which may be traced, in common with the muscular spiral nerve, to the fifth, sixth, seventh and eighth cervical, the conclusion was, that if the injury had been to the fifth cervical, the outer cord of the brachial plexus, the paralysis of the muscular tissue around the shoulder joint would have been complete.

The sixth cervical nerve joins with the fifth to form the outer cord, and as the sensation of the muscular and cutaneous tissue

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around the shoulder joint (supplied by the circumflex and muscular cutaneous nerve), and the muscular and cutaneous tissue above and immediately below the clavicle remained normal (tissue supplied by the sub-clavian, supra-scapular, external anterior thoracic—branches of the outer cord—and upper sub-scapular and scapular, branches of the posterior cord, which receive filaments from the fifth nerve), we concluded that the greatest pressure on the spinal cord must be in the neighborhood of the sixth cervical nerve, which is opposite the fifth cervical vertebra—the vertebra supposed to be fractured.

As there had been no improvement at the end of forty-eight hours, we concluded to operate. Using the spinous process of the seventh cervical vertebra as our landmark, an incision was made exposing the spines of the fourth, fifth and sixth, and the laminæ of the fifth and sixth cervical were exposed. The course of the bullet was found to have gone through the laminæ of the fifth cervical near the spinous process. The spinous process and the laminæ of the fifth and a portion of the fourth were removed with bone-gnawing forceps and the cord exposed. A clot about the size of a pea was found and removed. Otherwise the cord seemed normal. The canal for some distance above and below the exposed portion of the cord was probed, and no projection of bone found. While probing the canal the nerves supplying the muscles of the chest and arm were touched, being manifested by marked convulsive movements of these muscles. Gauze was used for drainage and the wound closed. The missile and a portion of the fractured clavicle were removed.

For forty-eight hours following the operation the symptoms did not change. At one time the patient felt that the bowels would move, which they did a few hours later. On the third day the temperature rose to 103° F. and pulse to 120. Breathing diaphragmatic and labored, death following.

We removed post-mortem the fourth, fifth, sixth and seventh cervical vertebræ. The cord was carefully removed from the detached vertebræ, and found to be in a normal condition. It is to be regretted, however, that the cord had not been more carefully dissected, for in all probability we would have discovered a hemorrhage within the substance of the cord. The surgical wounds were found in a healthy condition. A small quantity of pus was found where the missile had entered. Hypostatic pneumonia was found in both lungs. Both lungs were intensely engorged, and on section had the appearance of liver. The tubes, particularly the bronchioles, were filled with a substance closely resembling pus. Many old pleuritic adhesions were found.

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THE HIGHER DUTY.

IN addition to problems of diagnosis, prognosis, and therapeusis, and the responsibilities resting upon the medical attendant of a sick member of a family, and the anxieties which press upon him as he sees one in whom he takes more than a professional interest pass downward to the grave in spite of all that medical or surgical science can do, the practitioner of medicine is often called upon to face grave questions of moral conduct. In these cases he very frequently has to decide some nice points of duty on the spur of the moment; and if he makes an error of judgment, abundant charity should be meted out to him. Rarely do we find him deliberately casting his lot for the lower of two courses.

If in times of peace one should prepare for war, it is well for the medical man occasionally to discuss impassionately hypothetical or actual situations, so that, when confronted with a similar condition of affairs, he may be the better prepared to make a right, if necessarily hasty, judgment. With this end in view we desire to draw the attention of our readers to one or two cases calling for a choice of procedures in which, as it appears to us, the wiser course was not chosen.

When called upon to make a hasty judgment we are apt to overlook a defective ultimate result, if what appears to us to be a sufficiently satisfactory solution of a present difficulty is offered to us. This may be excusable in the untrained critic acting on the spur of the moment; but it ought not to be expected that physicians would deliberately shut their eyes to future possibilities of very grave nature when there is ample time for mature judgment. In view of the epidemic of typhoid at Ithaca, the Faculties and Trustees of

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Cornell University sought a thorough investigation of the situation for the benefit of the students and their parents, and the public generally. As a representative of the *New York Times*, Mr. James C. Bayles, formerly president of the Board of Health of New York City, took part in this investigation. In his first letter to the editor of the newspaper that commissioned him, Mr. Bayles made the following statement in which serious charges are brought against the medical profession of Ithaca:

> In view of the fact that most physicians have neglected, and that some have refused, to make returns, and that in death certificates some of them persistently refrained from assigning causes likely to be recognized as typhoid complications. I venture the opinion that the number of cases, etc.

Further on in his letter, speaking of the prevalence of endemic typhoid in Ithaca during the past ten years, Mr. Bayles says:

> For at least ten years the cautionary signals have been obvious to any one who might have chosen to look for them. A mistaken loyalty to the public interest has imposed the obligation of silence upon those who should have spoken through a megaphone into the dull ear of municipal authority.

If the medical men of Ithaca are not able to clear themselves from these charges, it would seem as if their professional brethren and the public at large, which implicity placed a large trust in them, must judge them guilty of deliberately refusing to follow the highest path of duty. It grieves us to see members of our noble profession sell their birthrights for a mess of pottage.

The recent Burdick murder gave rise to an incident that might have paralleled the above in its breach of trust toward the public. It was brought out in the course of the proceedings that one of the physicians called into the case suggested to his fellow that for the sake of protecting the memory of the dead patient and sparing the sensibilities of the living, the fact of the murder should be suppressed, and the death reported as a suicide. Happily for both, the second physician refused to entertain the idea. The tendency here obviously was to exalt the individual at the expense of society. The interests of the latter demanded that efforts be made to bring the murderer to justice; and the consideration of the physician for the memory of the dead and the feelings of the living, eminently proper and natural though it was, was a comparatively small thing to bring forward as a reason why higher duties, the duties of a citizen, should not prevail.

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Happily, in the last instance, the intention did not come to fruition; but the March issue of the *Medical World* reports a case where concealment of the truth did happen; and we regret to see that our contemporary condones the medical man. The case was an exceptionally trying one, we admit. A physician was called to a case of confinement where the parents had been married about three months only. For obvious reasons the doctor was enjoined to keep perfect silence. When a living child was safely delivered, the father approached the accoucher, and asked how the baby could be best put out of the way. The physician courageously advised the unnatural parent not to add a crime to his mistake. The following morning the doctor found the mother doing nicely, but on inquiring after the child, was informed that it had had bronchitis during the night and had died. In view of the father's attitude of the previous day, the only conclusion to be drawn was that the child had been murdered. What was the physician's duty? What the doctor did was to say nothing; but later he poured his trouble into the ear of the Editor of the *Medical World* to learn what was his duty in case he was confronted with a similar case. The editor's judgment was that he made the best of a bad job, that to have laid the facts and his surmises before the public authorities would have done the baby no good, and that in all probability the parents would never be guilty of a similar offence.

It may be judged that the doctor's conscience troubled him, or he would not have chosen the Editor for a father confessor and gone to him for direction and advice; and it is evident that the latter does not feel sure of his ground, for he appeals to his readers to express their opinions on the subject. It would seem as if from motives of self-interest the doctor should have acted differently; for if, in a moment of remorse, or as a result of conviction of their sin, the parents should some day disclose their deed, would not he be liable to be held as particeps criminis? On the higher ground of morals, it is once more his duty as a physician against his duty as a citizen. Society is jeopardized if such actions as these can go unpunished; and it seems almost inconceivable that a man of judgment can lose sight of the larger problem in the immediate interests of the present.

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If there can be an amusing side to such a pathetic incident, it exists in the fact that the Editor of the *Medical World* is an extreme altruist and socialist, always counseling his readers in his "Monthly Talks" that the interests of society are paramount to the interests of the individual.

INSTRUCTION IN SEXUAL MATTERS FOR THE LAITY.

THE maxim that "the blood of martyrs is the seed of the church" holds good in other matters than religion. When Anthony Comstock, in his self-righteous zeal on behalf of public morality, persecuted the late Ida C. Craddock in one place after another on account of her writings on sexual matters, until, finally, he drove her to self-destruction, he gave an impetus to the whole question that will work directly against his views. Miss Craddock's booklet, "The Wedding Night," which is under the ban, had met with a qualified approval from not a few physicians and clergy. While, perhaps, we could not agree with all that the writer says—and this might apply to writings on any subject—there is much in what she says that is good, and nothing that could be called vicious. We believe that the authoress was impelled by the highest motives in writing and circulating the pamphlet; and, so far as we have been able to learn, no evidence has been produced that anyone's morals have been injured by its perusal.

We think that physicians are increasingly realizing that for the laity to become better informed on sexual matters will contribute to the solution of some of the most vexed social problems; and it is a pity that a misguided monitor of public morals should be able to secure the assistance of a prejudiced judge in an attempt to check the movement. As a matter of fact, this incident comes closer still to the medical profession. These subjects are sometimes discussed quite freely in the medical press; and who can guarantee that a copy containing such a discussion may not fall into the hands of somebody outside of the profession? Or, again, any physician might write a letter containing the substance of any of the indicted paragraphs in "The Wedding Night," in answer to a patient's inquiry. The question therefore arises: What are our legal rights in the matter? We doubt if the laws governing the practice of medicine have anything to say upon such a topic. If Anthony Comstock is going to exercise a censorship over our literature and correspondence, he will meet with some opposition. And if he spares us, what right had he to single out for his attentions somebody else whose motives were exactly those of the physician, the imparting to those who seek it, of advice on sexual matters?

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Notes and Comments.

The Increase of Cancer.—The Registrar-General of Ireland reports a steady increase in the frequency of cancer. In the United Kingdom the rate per 10,000 of population increased from 3.5 in 1864 to 7.6 in 1900. One year seems to be the limit of the disease in the greatest number of cases. Ninety-six cases out of 2,893 reported as dying from cancer in Ireland in 1901, were of three years' duration. The greatest mortality was amongst farmers. As to causes, immediate or remote, judging from the reports furnished by medical men signing the death certificates, the following may be given in their order of frequency: Irritation of lip from smoking clay pipes; after effects of wounds and injuries; long contact with cancer patients; chronic dyspepsia and irregular meals; drinking impure water; inherited predisposition; consumption of neat alcohol, use of pipes belonging to sufferers; unfavorable conditions of life; food and residence.

A Traveling Ophthalmic Dispensary.—In Egypt every other person suffers more or less severely from ophthalmia; little children, hopelessly blind, swarming in the towns and villages. The contagion has doubtless been largely carried by flies which the children have been taught not to disturb when they settle on their faces. Sir E. Cassell has given $200,000 to the Sanitary Department of the Egyptian Government; and it is proposed to establish a traveling dispensary, in the form of a large tent, for operations and treatment. A staff of medical men, post-graduate students and nurses will accompany the tent.

Surgery without Anesthesia.—Dr. Simmons, a medical missionary in Canton, China, reports that anæsthetics are rarely needed in Chinese hospitals, patients enduring the most serious operations without flinching. The average Chinaman will assume the required position and hold it like a statue. When the knife touches the flesh he begins a slight monotonous moan, and keeps it up until the ordeal is over, but he gives no other indication of pain.

A Crusade against Contract Practice in Germany.—The great bulk of the medical practice in Germany consists in contract work for Sick Fund Societies, on which the great bulk of the nation depends for medical attendance during sickness. The remuneration received by the contract physicians works out at less than five cents a visit. An organized effort is being made to bring about a general strike of the physicians very soon, under the auspices of the National Physicians' League. The contract physicians at Gera and Mulhausen have set the example, and compelled the administrators of the sick funds to pay ordinary fees to outside doctors.

The Causes that Influence Sex —The subject of sex production has attracted much thought; but, unfortunately, the necessary investigations have not been conducted on properly scientific lines. Starting with preconceived ideas, the endeavor has been made to fit facts to the theories, instead of deducing laws from a

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wide range of observations. Kolipinski has investigated the records of 192 families, in which there were 1,170 children. These records he has classified according to the "will power" of the parent, and he claims that the sex of the first child will be that of the parent having the strongest will power, that in degree as the will power of one parent exceeds that of the other so the sex of succeeding children will be influenced. Supposing, for instance, that the father has the stronger will power, and confining the observations to the first three children (the average size of a family), if the father's will is very strong compared with the mother's, three boys will be born in succession, next in the scale two boys and a girl, then a boy, a girl and a boy, and lastly a boy and two girls. From his statistics Kolipinski makes some further generalizations: 1. More males than females are born, 594 boys to 576 girls, or 103 to 100; 2. twin births occur once in 80 to 90 single births; more twin boys than twin girls, and mixed twins more numerous than either; 3. older fathers produce more boys, and wives older than their husbands produce more girls (when there is much disparity in ages the older is theoretically the stronger willed); 4. prostitutes give birth to boys (strength of will is not marked in this class); 5. Jews produce more boys than the people of the race or nation with whom they live; 6. male drunkards produce boys (the wives of such are usually cowed and depressed).

Auscultation and Percussion as an Aid to Diagnosis of Fractures —If one epiphysis of a sound bone be tapped a certain clear sound will be transmitted to the ear through a stethoscope applied to the other epiphysis; but if an incomplete fracture has taken place there is an alteration in the quality of the sound perceived through the stethoscope. When the fracture is complete no sound will be heard unless the fragments are in apposition, and then its quality is that of crepitation. By gradually moving the stethoscope the exact location of the fracture can be determined by the change in the quality of the sound heard when the instrument comes over that part of the bone on which the percussion is made. Dr. J. Plesch (*La. Sem Med*) has verified this method on the cadaver as an exact means of diagnosing fracture.

Relation Between Animal and Human Consumption. According to the daily press the German Tuberculosis Commission, in its preliminary report, seems to uphold Professor Koch's view that animal consumption is not a marked factor in producing human tuberculosis. This report covered the results of introducing tubercle bacilli into calves.

The Commission decided to attempt the innoculation of calves not with matter taken directly from human victims, but with cultures made therefrom. The experimentation covered thirty-nine separate cultures, twenty-three from adults and sixteen from children. The results were that nineteen calves subcutaneously treated did not show the slightest effect, nine showed, after four months, the slightest changes of condition, and seven showed more marked symptoms, but the propagation of tuberculosis in the body did not occur. On the other hand, four innoculations from tuberculous

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children infected calves with a disease which resembled a weak type of animal consumption, and two of this number died from tuberculosis. The commission summarizes as follows:

"The series of experiments strengthens Prof. 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."

A Difficult Operation Performed by a Surgeon's Wife.—Dr. W. H. Logan, a medical missionary stationed in China, eight hundred miles from the nearest medical missionary, was lately attacked by appendicitis, and realizing that an operation was necessary to his recovery, imparted the diagnosis to his wife, and instructed her how to perform the operation. The heroic woman put her husband under anesthesia, and performed the operation so well that in a short time she transported the convalescent and her baby the eight hundred miles in order to have the advice of a surgeon as to whether further work was necessary. After a short rest at the hospital the family returned to their work at the distant station.

Rush Medical Earns Big Endowment.—The Trustees of Rush Medical College, having obtained a fund of $1,000,000, will be taken into the University of Chicago, and will receive the further endowment of $6,000,000 promised by Mr. Rockefeller. Rumor has it that the donor of this princely gift, who is the patient of one of our best-known homeopathic physicians, would like to see Homeopathy represented in some way at the University; and we have it on good authority that two of the professors of the Chicago Homeopathic were offered professorships at Rush, which they declined. Homeopathy ought certainly to be represented at the University, and by the best men we have in Chicago, providing always, of course, that we are to receive fair treatment.

An Endowed Medical Journal.—It is said that we are to have the pleasure of welcoming in the near future *The Journal of Infectious Diseases*. The editors are to be Professor Ludwig Hektoen and Professor Edward O. Jordan, of the University of Chicago. This journal will hold a unique position in medical periodical literature in that it will be the only endowed publication of the kind in the world. The expenses of the journal, estimated at $5,000 a year, will be met by Mr. and Mrs. Harold McCormick, whose son died a few years ago of an infectious disease.

Origin of the Term "Roentgen Ray."—One would have thought that any schoolboy was posted on the reason for calling the X-ray the Roentgen ray. Yet we are gravely told in a recent number of the *New England Medical Gazette* that "it is from the cathode or chemical pole of the battery that the Roentgen (X) ray has received its name." Until we had read this we were a little bit mixed as to the nationality of the great physicist; we did not know he was a Pole. But why a "chemical" Pole? We suppose that Roentgen's cathode is a complementary volume to Xenophon's Anabasis. And this from a "specialist."

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Book Reviews.

The Refraction and Mobility of the Eye, for Students and Practitioners. By William Norwood Suter, M.D., Assistant Surgeon, Eye, Ear and Throat Hospital, Washington, D. C. Illustrated with 101 engravings in the text and 4 plates in colors and monochrome. Pp. 390. Lea Brothers & Co., Philadelphia and New York, 1903.

An especially good, concise text-book, complete enough to meet the requirements of the more advanced students and practitioners, yet simple enough for beginners in ophthalmology. The minimum number of mathematical formulæ are given, more clearly explained than in some other books we have reviewed, and the reader who is satisfied with a comparatively superficial understanding of these subjects may skip these theoretical demonstrations and learn only the conclusions reached.

The typography, illustrations, binding and paper are superior to most books of this kind. The arrangement is very good, as is the ten-page double-column index.

The Optician's Manual, A Treatise on the Science and Practice of Optics.—Compiled from the serial written for *The Keystone* by C. H. Brown, M. D., Graduate University of Pennsylvania; Professor of Optics and Refraction; formerly Physician of the Philadelphia Hospital; Member Philadelphia County, Pennsylvania State, and American Medical Societies. With illustrations. Published by *The Keystone*, Philadelphia, 1902 $2.00. All rights reserved. Vol. 1, Chapters 1 to 10, Optics proper; Vol. 2, Chapters 11 to 14, Refraction and Muscular Anomalies.

Volume 1 is the fifth edition of The Optician's Manual; the second volume is newly written. We note a failure to define or allude to centrads and prism diopters. Evidently written for opticians, this work, we fear, will have the bad effect of encouraging such to become what they are pleased to style Refractionists. Suter's less pretentious book is far better in every respect.

A Text-book of Minor Surgery, Including Bandaging.—By Newman T. B Nobles, M.D., Professor of Surgery at the Cleveland Homeopathic Medical College, Attending Surgeon to the Cleveland City Hospital, The Cleveland Homeopathic Hospital, The East End Hospital, and Children's Hospital. 325 pages. Cloth, $2.50, postage 15 cents. Boericke & Tafel, Philadelphia. 1903.

This book goes quite fully into the technique to be observed in antiseptic and aseptic operations. Next, the various methods of anesthesia are described. Then comes "Minor Surgical Miscellany," including lumbar puncture, aspiration, stomach tube and lavage, transfusion, skin grafting, venesection, etc. Next, a chapter is devoted to "Wounds," another to "Burns and Scalds." Considerable space is devoted to regional minor surgery, speaking briefly of surgical diseases and accidents of the various parts of the body. The final chapter is devoted to "Bandaging." This is a good, practical book. Everything in it ought to be known by every practising physician. It is the kind of knowledge every one needs, and the book ought to find a place in every physician's library.

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Saunders' Medical Hand Atlases: Atlas and Epitome of Traumatic Fractures and Dislocations.—By Professor Dr H Helferich, Professor of Surgery at the Royal University, Griefswald, Prussia. Edited with additions, by Joseph C. Bloodgood, M.D., Associate in Surgery, Johns Hopkins University, Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts, and 353 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3 00 net.

An explanation is doubly clear when the eye helps the ear to understand. Accordingly, the Hand-Atlases published by W. B. Saunders & Co. are ever useful. And in a treatise dealing with fractures and dislocations, where inspection plays so important a part in the diagnosis and treatment, the advantage of this method is especially marked.

In this book the well-known descriptions of Professor Helferich are supplemented by the excellent hints of the translator and editor.

The author has brought together in this work a collection of illustrations unrivalled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the X-ray shadow, the anatomic preparation, and the method of treatment.

A new edition of a book which so admirably meets all the requirements for both student and general practitioner, cannot fail of a welcome from the medical fraternity.

The Office Treatment of Rectal Diseases Explained and Simplified.—By Rufus D. Mason, M.D., Omaha, Nebraska, Professor of Rectal and Pelvic Surgery in the John A Creighton Medical College Surgeon to St. Joseph's Hospital, etc. Illustrated Second edition revised. Published by the Author. Pp. 128. Price, $1 50.

This little book went into a second edition in less than a year. It is for the general practitioner and covers only what may be done in the doctor's office. The book is very explicit in explaining methods of treatment in the diseases mentioned. The author speaks of constipation, hemorrhoids, rectal abscess and fistula, ulceration, prolapse and cancer. The work is well written, and the mechanical make-up of the book is good.

Essentials in Pharmaceutics.—By L. H. Witte, Cleveland, Ohio. Pp. 78.

This is written especially for homeopathic students. It contains the essentials needful for any medical student, plus information regarding preparation of homeopathic medicines needful for homeopathic students.

A Lecture on Homeopathy.—By John Henry Clarke, M.D Price, One Shilling. 12 Warwick Lane, London, E. C : Homeopathic Publishing Co. 68 pp.

This little volume offers to a larger audience a lecture delivered by the eminent author to the Sisters and Nurses of the London Homeopathic Hospital, to whom the book is dedicated. The lecture is worth a place on the reception room table, and can be placed with advantage in the hands of a nurse who has not had the benefit of training in a Homeopathic hospital. We like what the author has to say in his preface with regard to the vibrations of a healthy

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and diseased body, and their behavior when under the influence of drug vibrations.

A Text-Book of Physical Diagnosis.—For Students and Practitioners of Medicine. By Egbert Le Fevre, M.D., Professor of Clinical Medicine and Associate Professor of Therapeutics, University and Bellevue Medical College, Attending Physician to Bellevue and St. Luke's Hospitals, etc., New York. 12mo, 440 pages, with 74 engravings and 12 plates. Cloth, $2.25, net. Lea Brothers & Co., Philadelphia and New York.

Dr. Le Fevre gives careful directions and instructions for Inspection, Palpation, Percussion, Auscultation, etc., in Diseases of the Respiratory and Circulatory systems of the abdominal organs. The significance of these manipulations, respiratory and cardiac sounds, their production and modifications, both normal and pathological, receive very full explanation. Special chapters are devoted to Diseases of the Respiratory Tract, Heart, Pericardium, Blood-vessels, etc., and in an excellent section, illustrated with 12 full-page plates, the author covers the latest results in X-Ray Diagnosis.

Applied Surgical Anatomy.—Regionally Presented for the Use of Students and Practitioners of Medicine. By George Woolsey, A.B., M.D., Professor of Anatomy and Clinical Surgery in the Cornell University Medical College, etc., etc. With 125 illustrations, mostly colored. Lea Brothers & Co. New York and Philadelphia. 1902. 521 pp.

This volume is virtually a series of didactic lectures on Applied Anatomy, presented in a form developed by twelve years' experience in teaching the subject. It is a valuable and interestingly written book, designed not only for the student completing the study of anatomy and taking up the study of surgery, but for the practitioner desiring to refresh his knowledge of the essentials of anatomy. The illustrations are clear and well done. Our only criticism is what seems to us as an excessively free use of italics.

Diseases of the Heart and Arterial System.—Designed to be a Practical Presentation of the Subject for the use of Students and Practitioners of Medicine. By Robert H. Babcock, A.M., M.D , Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons (Dep't. Illinois State University), Chicago, etc., etc , with three colored plates and 139 illustrations. New York and London: D. Appleton & Co. 1903. Pp. 853. Cloth, $6.00.

This book possesses special interest for the physician who desires a working knowledge of the subject of which it treats. Special attention has been paid to treatment, and this part of the subject will be found far more detailed than is the case in most books dealing with diseases of the heart. Physical signs are considered especially for the sake of facilitating a knowledge of that most difficult subject, the diagnosis of cardiac disease. Many instructive cases are given, in the belief that they will serve to elucidate and emphasize important facts. The author has been for twenty years actively engaged in the practice and teaching of this special line of work, and his reputation as a diagnostician is well known.

The Mallison Method in Morphinism.—By. J. B. Mallison, M.D. E. B Treat & Co., New York. 1902 $1 00.

This very slender volume may be of interest to those who make a specialty of this line of treatment.

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The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis.—By William Allen Pusey, A.M., M.D, Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B.S., Director of the Edward N. Gibbs X-Ray Memorial Laboratory of the University and Bellevue Hospital Medical College, New York. Handsome octavo volume of 591 pages, with 180 illustrations, nearly all clinical W. B. Saunders & Co. 1903 Cloth, $4 50 net; Sheep or Half Morocco, $5.50 net.

It has been the aim of the authors of this work to elucidate fully the practical aspects of the subject. The value of the X-rays in diagnosis has been discussed in a thoroughly practical manner, and their limitations in this field indicated. Particular attention has been devoted to the use of the X-rays in therapeutics. Nearly all the illustrations in this section represent actual clinical subjects, and show with unusual fidelity the condition before the use of the X-rays, at various stages of their application, and, finally, the therapeutic results obtained. Full details are also given as to the use and management of the apparatus necessary for X-ray work. All the methods with which the best results have been achieved have been carefully described in a comprehensive way.

A Compend of Human Physiology.—Especially Adapted for the Use of Medical Students. By Albert Brubaker, A.M., M.D., Adjunct Professor of Physiology and Hygiene in Jefferson Medical College, Phila., etc., etc. Eleventh edition revised and enlarged, with illustrations and a table of Physiologic Constants Philadelphia: P. Blakeston's Son & Co., 1012 Walnut Street. 1902. Pp. 270. $0 80.

This little work, running through eleven editions in a brief period, has well proven its worth and popularity. It has been thoroughly revised, some parts re-written, and no advance in the science of physiology remains unclaimed in its pages. It is one of the best of the numerous compends.

Materia Medica.

CONDUCTED BY

J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M. D.

The Bilberry (Vaccinium Myrtillus) in Typhoid Fever.—For fourteen years Dr. Max M. Bernstein (*Mo. Hom. Review*, Mar. '03) has been experimenting with this remedy in intestinal diseases. He gives their general history:

The small, almost black, and sweet berries of this well-known shrub (bilberry, blueberry, or whortleberry) growing all over the Continent, Great Britain, and Ireland—preferably in heathy woods, bogs, moors, and mountains—have in this country never had any medicinal application, and have been only used in jams and tarts.

In France (*airelle*, *myrtille*, *brembelle* or *brinbel'e*, etc.), and especially in the northern provinces, the berries are very popular for eating, and are sometimes used as a light astringent.

In Germany (*heidelbreren*, *bickbeeren*) they are a favorite popular remedy for diarrheas, and are used either in the form of dry berries, tinctures, extracts, or fruit wines (*Obstwein*), or syrups. During the last ten years they have claimed greater attention on the part of the medical profession, and have been recommended by Winternitz for skin affections and burns, and by others for superficial chronic glossitis, and as injections and suppositories in colitic conditions, etc. In other countries the bilberries have likewise been known only as a popular remedy, and are mentioned in the older editions of the pharma-

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copeias of Finland, Belgium, Sweden, and Spain, but have nowhere at any time attained to the position of a recognized drug.

Bernstein used them in decoction first as astringent. Observing an anti-fermentative effect, he tested typhoid and other intestinal bacilli with the bilberry decoction, and proved it to possess a powerful bactericidal action, though non-poisonous. Pleasant to take, and unmodified by the stomach and bowels, it reaches the lowest parts of the bowel in an active form. He therefore advises it as an intestinal antiseptic, preventing re-absorption and shortening the duration of the infection. He also claims for it a soothing and healing action on the ulcers, and by reason of its anti-fermentative action, a prevention of over-distension and consequent perforation.

Pyrogen—A Nosode.—Dr. M. M. Fleagle, in the *Am Med. Mo.*, Mar., '03, outlines clearly the scope of this poorly understood remedy. He emphasizes these characteristics: mental excitement and loquacity; a sort of clairvoyant state, cannot tell whether he is dreaming while awake or asleep. This followed by anxiety and restlessness like arsenicum alb. Intense coldness, cannot be kept warm, trembles with coldness and shakes the bed; or chilliness intermingled with heat.

On the other hand there is great heat, with profuse hot sweat, but the characteristic is that the sweating does not cause a fall in temperature. When in this state, however, the patient will chill as soon as the covers are raised.

The pulse may be so rapid that it cannot be counted, or it may be very little above the normal rate, while the temperature is very high. This is one of the grand characteristics of Pyrogen, the pulse loses its relationship to the temperature.

The temperature may be subnormal with rapid pulse, or very high with slow pulse.

The discharges are all very offensive, horribly so. Thus, the menstrual discharge, lochia, vomited matter, diarrhea, retained secundines, etc., are all horribly offensive.

The tongue is usually clean, or thinly coated, but flabby or fiery-red and dry, smooth and shining. The taste is sweetish, pus-like, or very offensive.

In recapitulation he says that Pyrogen has the restlessnsss of rhus tox, the anxiety of arsenicum alb., the aching of eupatorium perf., the rattling of mucus in the chest of antimonium tart., the soreness of arnica and baptisia, the loquacity of lachesis, offensive discharges like baptisia, and the sensitiveness and excitability of coffea.

Septic conditions in the beginning often present symptoms that may look like aconite, belladonna, bryonia, etc., but do not be deceived, for they cannot hold a septic case, as they have nothing truly septic in their nature. We only lose time, and in septic conditions it is highly important that we get them under control within twenty-four hours, so let us study closely such remedies as sulphur, lycopodium, arsenicum and the ophidia, and we will have fewer death certificates to sign.

Dr. Fleagle naturally urges the use of this remedy in the potency, as indicated, and not empirically.

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Cuprum Metallicum and Morning Vomiting.—Early morning vomiting before eating, of tough masses of mucus, usually in habitual drinkers, is usually due, says Dr. Berlin (*Leipziger Pop. Z. f. Hom*, translated in *Hom. Recorder* for May) to faucal and gastric catarrh. The hawking of tough mucus from the naso-faucal cavity and larynx, irritates the mucous membrane, all being supplied by the same nerve (the vagus), and vomiting results. The use of Cuprum metallicum for this condition, first discovered by Dr. Sauer of Breslau, has never disappointed Dr. Berlin. This case is illustrative:

Merchant B., before he entered on his military service—he has been discharged now for a few weeks—used to drink considerable beer, and was even at that time afflicted with retching and vomiting in the morning. The youth was not then living with his parents, but was out of a place. As he otherwise felt well, he did not give much thought to it. While a soldier he did not drink beer so regularly, but now and then in larger quantities. The vomiting, therefore, did not pass away entirely, but became less frequent. When the time of military service was past, and the young man did not find a place at once, he stayed again for a few weeks with his parents, and now began again to drink beer regularly, three to four glasses a day, and the vomiting at once became worse again. When the parents became aware of this retching, the mother at once called me in to examine the son's stomach. On being questioned, he confessed to his drinking beer. The examination showed chronic catarrh of the stomach and fauces. I gave the patient Cuprum met. 4 trit., prescribing a dose the size of a bean, morning, noon and night before meals. He was directed to limit himself to one glass of beer a day, but I scarcely believe that he obeyed this direction. After taking Cuprum in a few days the retching ceased, and has not returned since, a space of three months.

Cypripedium Spectabile—The *Hahn. Mo.* (Feb. '03) thus comments on a case of poisoning:

We presume the variety of lady's slipper referred to in the article by R. K. Paine in *Medical Magazine* is the pink and white cypripedium that is cultivated in our gardens. The cypripedium pubescens, of which we have an incomplete pathogenesis, is the yellow variety, growing, for the most part, wild. There must be much in common in the effects of these varieties. In this article there appear some symptoms which are very suggestive of the possible value of the spectabile as an antidote for the poisonous effects of rhus. In the summer of 1889, Mr. Eggleston, of Rutland, collected an armful of the flowers from a swamp near his residence. He held the flowers to his face to inhale their fragrance. A week later, his entire face was badly swollen, his features being distorted so that he could hardly see. The attack lasted two weeks. The gentleman repeated this experiment, with similar effects; but he was inclined to think that the dermatitis had been due to poison ivy, which also grew in the swamp Mr Ezra Brainerd, of Middlebury College, had several similar experiences, in which there was no possibility that the skin symptoms could have been due to ivy poisoning. A certain lady, whose name is not given but who appears to have been a direct descendant of Mother Eve, determined to test the cypripedium in such a manner as to preclude the possibility of its effects being mistaken for those of any other plant. She rubbed the leaves and stalks on her wrist, forearm, and upon the back of the hand. The effects were as follows: First day—slight reddening and itching of the parts. Second day—swelling in blotches; these quite red; burning sensation in the blotches; no fever. Third day—right hand and arm swollen, blotches dark red; great burning and itching; headache across the temples; blotches appeared also upon the opposite arm and hand, and also upon the face and chest, under arms. Vesication appeared in some of the blotches, followed, on ninth day, by desquamation. The experiments of this lady have given us valuable information regarding the pathogenic effects of this plant in the skin sphere; and it is hoped that she may be persuaded to continue her investigations for the benefit of science.

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Clinical Medicine.

CONDUCTED BY

JOHN L. MOFFAT, M.D. AND JOHN B. GARRISON, M.D.

Diagnosis of Syphilis.—After the active symptoms have subsided: Scars on the skin, radial about the angle of the mouth, especially in the young from rhagades, kidney shaped, smooth scars particularly on the leg in the adult, having no hair nor follicles. In young children, the claw shaped and other deformed nails, sometimes persist after other symptoms and signs are gone. The tibia is sometimes found with nodosities. Scars from syphilitic ulceration of the buccal cavity, the pharynx or larynx should be looked for, and perforations of the hard palate or the septum nasi, are almost always syphilitic. Extreme deafness in the young not found attributable to severe otitis following some infectious disease, point strongly to hereditary syphilis. Many eye affections—iritis, interstitial keratitis, etc., and persistent ptosis should lead one to suspect a syphilitic origin. Hutchinson's teeth are not apt to be overlooked. Some affections of the lungs have been known to be syphilitic, although resembling closely, both in physical signs and symptoms, tuberculous phthisis.

Carcinoma and Gall Stones.—Kehr (*Muencher Med. Woch.; Phil. Med. Jour.*) gives the following parallel comparison:

CARCINOMA.	GALL-STONES.
More common in men.	More common in women (5 to 1).
Pain and colic often absent.	Colic usually present.
Jaundice gradually developing and finally intensified and diffuse.	Jaundice variable; often disappearing.
Feces gray in color.	Feces brown or gray.
Duration six months.	Duration many years.
Fever and chills are rare.	Fever and chill are common.
Cachexia pronounced.	Cachexia, when disease has lasted a long time, and cholangitis, etc., is present.
Gall-bladder is large and palpable—80 per cent.	Gall-bladder is small and not palpable—80 per cent.
Ascites confirmatory.	Ascites rare.
Splenic tumor of no significance	Splenic tumor of no significance.

Diabetes Mellitus.—Mossé declares the objective point in the treatment of diabetes mellitus to be the prevention or reduction of the hyperglycemia either through the stimulation of organic combustion, thus increasing the destruction of grape sugar, or by a reduction of the carbohydrates of the diet which may be converted into glucose. Differing from the common opinion, Mossé believes that potatoes are not injurious to the diabetic, but rather are of decided benefit.

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Electro-Therapeutics.

CONDUCTED BY - - - - - - - - - WILLIAM H. DIEFFENBACH, M.D

In answer to several queries regarding the most approved manner of keeping static machines in good working order during *moist weather*, we append the following method which we have found very efficient and which will permit running of the apparatus even if the atmosphere is most humid.

Take two Mason's jars (such as are used for preserving purposes), fill same ¾ full of cracked ice and the balance with ordinary rock-salt. Screw on the caps and set into the case. Within twenty to thirty minutes the jars will be covered with frosted ice; they are then removed and the frost and moisture wiped off and the jars thoroughly dried and replaced in the case. This is repeated two, three, or four times, or until no further moisture collects on the jars, when same are taken out and a small vessel containing baked calcium chloride is placed in the case. This will, in most cases, absorb the balance of the moisture remaining, or, if the calcium becomes quite moist, it is best to change it for fresh calcium on the next day. This method will dry out the machine and, if the case is well constructed, the apparatus ought to run for months without further difficulty from moisture. In many cases the addition of calcium chloride is entirely unnecessary, as the ice and rock-salt method is sufficient for all practical purposes.

The daily press mentions several cases of cancer cured by *radium rays*, as reported before the Imperial Academy of Sciences at Vienna. The cases were supposedly inoperable, one a case of melanosarcoma, the other, one of carcinoma of the mouth. In this connection it will be interesting to quote the investigations of Loudon (Berliner Klin. Wochenschrift, June 8) on this new element. Radium bromide was used in the experiments, which were as follows:

I. If a piece of sealing-wax is rubbed with flannel it will attract small pieces of paper. If this piece of sealing wax is now passed over the receptacle which contains the radium, its power to attract the pieces of paper is lost.

II. Animals were killed by exposing them to radium, even at a distance of 4-5 inches. The animals experimented upon died within five days with symptoms of paralysis of the nerve centers.

III. The human skin, if exposed to radium, becomes hyperemic, and dermatitis sets in, with supervening ulceration. Arterial blood becomes dark in color under the radium rays.

IV. Blind people who can distinguish light can see same brighter than before if placed before the radium ray; while the blind who have no susceptibility at all to light are not affected. In persons with sound eyes, if same are closed and tightly bandaged and radium is brought to from 2-3 inches of the forehead, bright light can be distinguished.

V. Radium rays can so illuminate a dark room as to permit microscopic examinations.

Polonium, another of the radio-active elements, is even more

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powerful than radium, one gramme sufficing to illuminate a room. Radium can now be purchased for $4.50 per gramme, and some experimenters suggest that it may replace the x-ray in the treatment of malignant tumors. Further research will probably determine its therapeutic uses and limitations.

Senn (N. Y. Medical Journal, April 13) reports two cases of *pseudo leucemia* cured by x-rays. He submits photographs taken before and after treatment and the results are very convincing. Both cases were marked and the diagnosis absolute, and the results admit of but little doubt that a symptomatic cure of this disease can be achieved with the Roentgen ray. We have treated several cases of tubercular glands of the neck, and one case of pseudo leucemia, with the same gratifying results Treatment must be so conducted as to exclude severe dermatitis, as the glands are apt to ulcerate and break down too quickly. If the raying is done persistently and with conservatism, a gradual softening and diminution in size will be noted, and after twenty of more treatments a symptomatic cure will be recorded.

Lanoline is reported to be an excellent preparation for treating X-ray dermatitis. We have usually found antiphlogistine applied warm over the affected surface to answer very well. In acute cases, with severe burning, cantharis 3x dilution dropped on the parts, or applied by means of moistened gauze, acts quickly in alleviating the pain.

The Tenth Annual Meeting of the National Society of Electro-Therapeutists was held in Boston June 25 and 26 in conjunction with the meeting of the American Institute of Homeopathy. A number of interesting papers were read and discussed which will appear among the transactions of the parent body in due time. A telegram of sympathy was sent to Dr. William Harvey King, the founder of the society, who was prevented from attending owing to a temporary attack of illness. All homeopathic physicians who are interested in medical electricity should find membership in this special society, so as to increase its sphere of usefulness. By addressing Hills Cole, M.D., Secretary, 107 West 69th Street, New York, further information regarding the society can be obtained.

X-Rays, a Form of Light.—Blondelot, a French physicist, has, after repeated experimentation, been able to polarize the X-ray. If this is corroborated and the rays are transversal as Blondelot asserts, it follows that the X-ray answers all the tests of ordinary light but is of *extremely short wave lengths* many times shorter than the waves of light perceptible to the eye.

For a comprehensive review of *"The present status of the X-ray treatment of malignant tumors,"* we would refer our readers to the recent article of Coley (*Medical Record,* March 21, 1903).

Dr. Coley's conclusions are as follows:

I. There is abundant evidence that the X-rays have an inhibitory action on all forms of malignant tumors.

II. Sarcomata of lymph-glands and superficial epitheliomata

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yield most readily to treatment. Recurrent carcinomata have also disappeared after prolonged exposures to X-rays.

III. Sufficient time has not yet elapsed in a single case of cancer treated with X-rays to justify us in regarding it as cured.

IV. While the X-ray has a legitimate place in the treatment of *inoperable* cancer, present data do not warrant us in advising the method in *primary operable* cases.

We append another quotation: "One cannot witness the marvellous melting away or disappearance of an undoubtedly malignant tumor under a few weeks' or months' treatment with the X-ray, without feeling that we have a new and powerful addition to our hitherto scanty means of attacking this disease."

The Morning Drop.—We have for the past year employed electricity in the treatment of this persistent symptom of chronic gleet and catarrhal prostatitis with excellent success. Treatment consists in applying the high-frequency spark over the perineum for five minutes, the patient in a dorsal position. The current is regulated according to the tolerance of the patient and is passed through the clothes, the necessity of undressing being avoided. As a rule, ten treatments given at intervals of a few days, restore tone to the parts and the discharge ceases. There have been recurrences in some cases, but these would again disappear after resumption of treatment. *Eberhardt* (*American Electro-Therapeutic and X-Ray Era,* Feb., 1903) has recently worked along the same lines with the X-ray and claims to have *cured a number of cases of gleet,* the history of which he cites in detail. His technic is as follows: "In giving the treatments I place the patient on his back with the legs flexed and spread apart. The penis and scrotum are drawn up on the abdomen, the patient grasping one testicle in each hand and drawing them apart. Strips of sheet lead are then adjusted so that only the ventral surface of the penis and the perineum are exposed to the rays. The treatments are given for ten minutes with a low tube on a 110-volt direct circuit and about 1½ ampere current. I now follow each with a short treatment with a high-frequency tube giving a blue or violet light and spark. I start out to give five daily treatments, then five treatments every other day and then gradually drop off. Irregularity on the part of patients usually prevents this from being carried out exactly as the physician would desire."

Medical Progress.

CONDUCTED BY

J. T. O'CONNOR, M.D., PH. D., AND WALTER SANDS MILLS, M.D.

The Bacteria of Ice-Cream—Miss Henrietta M. Thomas, a medical student (*Maryland Medical Journal*), examined ice-cream. Her observations thus far have led her to the conclusion: First, that cheap ice-cream is extremely poor in fat, and that even in specimens from good confectioners the percentage is not high. Secondly, that the number of bacteria in ice-cream is not materially higher than that found in fresh cream, though it is slightly higher. Thirdly, that the kinds of bacteria found in some of her specimens

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indicate either that the cows from which the milk was obtained were infected, or that the handling of the ice-cream was very careless, thus rendering it unsuitable for food. Both of these causes of contamination can and ought to be obviated. Thoroughly clean handling of ice-cream is of as great importance as is that of milk, and the sooner doctors insist that ice-cream given to their patients be only from entirely trustworthy sources the sooner will this care be given.

"Bad" Subjects for Anesthesia —In his lectures on "The Anesthetization of So-called 'Difficult' and 'Bad' Subjects" (*Lancet*), Hewitt brings out some interesting points. He says the freedom with which a subject breathes through the nose is more important than the action of the heart. In a general way he recommends chloroform as the safest anesthetic for cases presenting any respiratory difficulty. Patients who have been ill for some time generally take anesthetics better than those who are strong and vigorous. Hewitt says nitrous oxide is contra-indicated in advanced heart affections. In such cases he prefers chloroform and ether mixed, or the A. C. E. mixture. Hewitt remarks that the difficulty in anesthetizing subjects who use alcohol to excess is well known. He says "great smokers may be quite as difficult to anesthetize as great drinkers."

Cyanosis.—In a communication on this subject *(Lancet)* Gibson, of Edinburgh, makes some interesting observations. He has tried inhalations of oxygen as a method of treatment, but so far has failed to note any change in the blood or any benefit to the patient following its use.

Diffuse Carcinomatosis of the Stomach and Intestines. —Mithall and Emanuel (*Lancet*) give detailed histories of three cases of colloid cancer of stomach and intestines. Colloid cancer is found more or less often, but usually localized. In each case the stomach, small and large intestines, were all extensively involved, the extent varying in each case.

Persistence of the Widal Reaction after Convalescence in Typhoid.—H. S. D. Browne and K. E. Crompton of St. Thomas Hospital, London, report on this subject in the *Lancet.* They examined serum from 68 cases. Two cases were examined within 6 months after recovery; one gave a positive, one a negative reaction. Eleven cases were examined during the second 6 months; one gave a positive, ten a negative reaction. Fifteen cases were examined during the third 6 months; all negative. Seventeen were examined during the fourth 6 months; fifteen negative, two doubtful. Seven were examined during the fifth 6 months; all negative. Nine during the sixth 6 months; all negative. Four during the seventh 6 months; one positive, three negative. Three during the eighth 6 months; all negative. Their percentage of persistence is considerably less than that reported by any one else. Some have reported the reaction persisting in more than a quarter of the cases examined.

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Original Articles in Medicine.

TWENTIETH CENTURY SANITATION.*

BY J. ARNOLD ROCKWELL, SC.B., M.D.

Cambridge, Mass.

IN this age of startling achievements and remarkable discoveries, medical science holds a distinguished position. In its various branches Surgery has achieved its greatest triumphs, Pathology has made decided progress, Materia Medica has exerted a peculiar reconstructive influence, while Sanitation and care for the public health has received a tremendous impetus and has become a controlling element in, if not the basis of, modern life.

Questions arise every day which demand our attention, not only as physicians and sanitarians, but as public-spirited citizens. Physicians more than most men come in closer contact with the need of sanitary reforms; and it becomes our duty to see that proper laws are passed by our legislatures, and further to see to it, and this is quite as important, that they are intelligently enforced. We are bound to protect the public, who look to us for honest, scientific, continuous effort toward the improvement of the public health. We meet with opposition on many sides; city and town officials overrule our carefully studied and necessary recommendations for sanitary reform; either through ignorance or interested motives legislators fail to enact the laws which public health demands, and the struggle goes on against great odds. Yet we must stand for the right until a day will come when our labors will be rewarded and the public health improved, our obligations to the city, state—yes, nation, fulfilled. To-day we are equipped with the knowledge and skill which has been acquired during the last quarter century,

* Read before the American Institute of Homeopathy.

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and we must go forward in our day with the spirit of investigation which has given us the knowledge which we now possess. Human existence is surrounded by so many unfavorable conditions that whichever way we turn the dread enemy, disease, is awaiting a favorable opportunity to attack. The air we breathe, so essential to life, is laden with pathogenic germs; the elements that supply nutrition are carriers of disease. Our efforts are not limited to preventing the extension of disease in the homes of our trusting patients, but include the protection of the whole community in which we move, the State in which we hold a legal right to practice, the nation of which we are justly proud. We have but to review the greatly reduced mortality rates in civilized countries generally, to appreciate the beneficent results of enforced sanitation. These results have followed our knowledge of how to combat certain maladies and how to prevent widespread epidemics, which formerly claimed their tens of thousands.

The plague is no longer known in Europe. Typhus fever has been greatly limited. Small-pox, in countries where vaccination is enforced, is more a sporadic than epidemic disease. Cholera is much less prevalent and was entirely excluded from the United States during the last two epidemics in Europe. Yellow fever is now well within our control. Malarial fever should no longer be an enigma. Typhoid still claims many victims, notwithstanding our knowledge of its cause and means of its extermination. Tuberculosis also swells our mortality tables; here again we know its source and how best to combat it. Diphtheria is another malady which demands keener recognition and more prompt isolation.

There can be no better demonstration of the need of preventive measures than the fact that no less than 35,379 deaths from typhoid fever and 110,000 from tuberculosis were recorded in the year 1900 by the United States census.

With our present resources in what direction should our energies be exerted?

We must solve the problem of river-pollution in its various phases, especially as to sewage disposal and the provision for pure water supplies.

We must more successfully combat the persistent appearance of typhoid fever.

We must insist upon the extermination of insects, which are the means of transmitting infectious diseases.

Tuberculosis, "the white plague," must be treated as modern research demands.

We must practice absolute isolation and disinfection in connec-

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tion with contagious and infectious diseases in general, and with diphtheria and scarlet fever in particular.

We must continue to investigate disinfecting agents, and master their most efficient means of application.

We must insist upon continued advance in the purification of air for ventilating purposes, physically, chemically, and bacterially alike. Legislators must be educated to appreciate the importance of preventive medicine and the necessity of the application of preventive measures.

Climate, dress, exercise, dietetics, disposal of the dead, and kindred subjects, strictly come within the scope of this paper. However, they will simply be noted in passing as topics of great interest and deserving of further development, though hardly of an imperative nature. Of the topics just enumerated, only those will be considered which have appealed to the writer as of particular importance.

RIVER-POLLUTION AND WATER SUPPLIES.

Fifty years ago water was first recognized as a vehicle of infectious disease, while our scientific purification of water dates back only to 1886. Our advance in the direction of this most vital engineering and sanitary reform has resulted from the persistent, ever progressive spirit that prompts investigation. In the laboratories of this State, under the direction and supervision of such men as Drown and Sedgwick, new and original methods of research and analysis of drinking water were developed. The unqualified excellence of these methods is exemplified in that to-day they are universally adopted as the best outlines for this branch of water sanitation. Rivers and other sources of water supply, when contaminated, are natural vehicles for distributing poisonous metallic salts, and the germs of infectious disease.

The action of free carbonic acid on lead pipes has caused many an epidemic of lead poisoning, one of the most recent being the experience of Lowell, Mass., where a public supply rich in free carbonic acid, proved to be a dangerous solvent of lead. Prof. Drown's discovery of the action of spring water containing free carbonic acid upon brass piping is of importance in this connection, and should always be borne in mind when considering the action of water upon metallic pipes. It is a well-known fact that the solvent action of rain water on lead pipe is greater than the ordinary well water.

Water courses which are depended upon for domestic purposes should not be exposed to the pollution resulting from manufacturing industries. The time-honored theory of the self-purification of

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streams is true in so far as it is affected by dilution and by the displacement of dissolved gases. But for the direct oxidation of organic matter or the destruction of many living bacteria it has been shown to be erroneous. Prof. Sedgwick[1] says that "it would be more correct to say that quiet water purifies itself, since under these conditions microbes tend eventually to disappear, either dying from old age or inanition or settling to the bottom and being there detained."

The primitive disposal of sewage by allowing free drainage into streams has been tolerated at the expense of thousands of lives. The increase of population and growth of towns and cities make it impossible longer to neglect a danger that is increasing rapidly. The disposal of sewage is consequently a matter of the first importance. Some of our large cities have been more or less successful in disposing of their sewage, but the time has come when every town of importance must deal with this question in a thorough and scientific manner. It is equally important that the refuse from certain manufacturing and industrial establishments, whether or *not* it shall have become an ingredient of the sewage of any city, should not be allowed free drainage into streams. The State Legislature alone can deal effectively with many of these questions, restraining towns from disregarding the rights of other towns on the same stream.

I have drawn freely from Prof. Sedgwick's "Principles of Sanitary Science and the Public Health,"[2] in the consideration of sewage disposal. Sewage disposal became such a problem in this State that in 1886 a statute entitled "An Act to Protect the Purity of Inland Waters" was approved, and has without question been the most satisfactory enactment for the benefit of the public health undertaken in America. The special functions of the State Board of Health as presented in this statute concisely stated by Prof. Sedgwick are as follows:

1—To have the general care and oversight of all the inland waters of the Commonwealth.

2—To recommend legislation and suitable plans for systems of main sewers for the State.

3—To cause examinations of the waters of ponds and streams to be made.

4—To recommend measures to prevent the pollution of waters.

5—To conduct experiments on the purification of drainage.

6—To conduct experiments on the disposal of manufacturing refuse.

7—To consult with and advise the authorities of cities and

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towns, or with others, with reference to water supply and drainage.

8—To consult with and advise manufacturers with reference to the disposal of manufacturing refuse.

9—To bring to the notice of the Attorney-General all omissions to comply with existing laws.

The act further provides that authorities of cities and towns, and all others intending to introduce systems of water supply or sewerage shall submit to the Board outlines of their proposed plans or schemes in relation to these subjects, and that manufacturers intending to engage in any business, drainage or refuse from which may tend to cause the pollution of any inland waters, shall also give notice to the Board of their intentions."

This extension of the powers of the Board of Health resulted in elaborate experimentation, which has formed the basis of methods of sewage disposal and purification of streams that are now quite universally adopted. For large cities, intermittent filtration has stood the test of time where other methods have failed. From the sanitarian's standpoint it is of the greatest importance to know what becomes of the infectious material in sewage when subjected to filtration. One of the most surprising phenomena which takes place in the treatment of sewage by filtration is the remarkable disappearance of millions of living bacteria present in the crude sewage. While some are undoubtedly mechanically detained in the jelly-like masses covering the filter bed, others die in the lower layers of the filter from want of food, where they are bathed in the new purified effluent which before purification contained the material necessary for their existence. It is on the upper layer of the filter that a high degree of nitrification is accomplished by a marked disappearance of bacteria. Repeated experiments have shown that the effluent from a well-constructed filter is incapable of supporting any considerable number of bacteria, and consequently is practically innocuous. It is not claimed that sewage effluent is desirable for drinking purposes, but there is little doubt that this effluent may be discharged with safety into streams or other water supplies. The putrefactive and infectious bacteria held back in the filter are virtually destroyed. The average sewage applied to filter beds contains no less than one million bacteria to the cubic centimetre, whereas the effluent contains at most only hundreds. Strangely enough, however, the nitrifying organisms which play the all-important part in this treatment of sewage are not destroyed by this process, but remain to act upon fresh supplies of sewerage.

A recent development in the theory and practice of sewage disposal and purification is known as the "septic process." This

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process consists in simply allowing sewage to stagnate, ferment and putrefy in a tank. Under these conditions the sewage contains no free oxygen and the organic matter is thus more thoroughly decomposed and the sewage is more readily nitrified. It is afterwards run through slow sand filters in the usual methods of intermittent filtration, or by the ingenious modification of intermittent filtration known as "contact filters" proposed by Dibdin.[3]

These methods, of course, involve large initial outlay, but once in operation they can be extended indefinitely and maintained at a reasonable expense. Those who have given the subject attention, realize what the mass of people do not, how the sources of impurity on a distant water shed may materially affect the character of the water which flows into the streams that feed the rivers and reservoirs from which the drinking water of a city is derived. There is no better example of provision in advance for future requirement, by a well considered and elaborate system, than the Metropolitan supply for Boston and the twenty-eight cities and towns in its immediate vicinity. In preparing the large Wachusett reservoir, one of the reservoirs of this system, all organic matter of every description has been removed down to the clean gravel that there may be nothing to support microscopical organic life during storage. Similar care has been shown in the other reservoirs and the brooks and streams that supply them. Without going into detail, the aim has been, in a word:

1st—To secure water originally of a high organic purity. 2nd—To keep the water-sheds as uninhabited as possible. 3rd—To purify the water collected by long storage in an immense reservoir. 4th—To conserve its purity when this has once been established by having the reservoir at the start as free as possible from organic matter which might support bacteria or microscopical organisms.

In this connection the U. S. Government is carrying on a most important investigation of the purity and impurity of all the rivers of the country from the mercantile as well as the sanitary point of view, and great results may be expected from this investigation. Mr. Leighton,[4] as an expert, has charge of this work. His methods are novel and original. With compressed tablets of different chemical composition, which he carries with him in his boat as he floats down the stream, he is able to make on the spot most of the tests required to determine the degree of purity of the water and record his results. He expects ere long by perfecting this method, to be able to make all the required tests en route and thus to reduce to a minimum the time, expense and necessary equipment to obtain his results.

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With adequate disinfection of typhoid excreta before their ejection into the sewers, *with* well regulated intermittent filtration, the effluent alone being allowed to enter the rivers, *with* protection of the water-sheds and tributaries from contamination, *with* the mechanical filtration of all river waters used for drinking purposes, *with* these and these alone can we hope to wage successful warfare against one great cause of infectious diseases. The public is beginning to appreciate the expediency of such measures, and now is the time for us to use our influence toward this most successful sanitary reform.

TYPHOID FEVER.

Notwithstanding our knowledge of the cause of typhoid fever and the means of extermination of the typhoid bacillus, we are amazed at the tremendous death rate from this disease, not only in civil life but especially in connection with the camp and field operations during recent wars. With due allowance for what has been said of infection through drinking water, there is no reason to believe that in the experiences of army life this may not be the most fertile source of infection. If the orders that all drinking water should be boiled have been obeyed, we must look elsewhere for evidences of infection.

In the South African war, C. Childs,[5] who made an exhaustive report as Chairman of the Commission, is convinced that a great part of the sickness and death from enteric fever during that war was assignable to other causes than contamination of the water supply and that it could have been in a great measure prevented by a more rigid enforcement of sanitary measures in the camps and hospitals.

The conditions of military, as compared with civil life, present special advantages and opportunities for tracing out the source and paths of invasion by enteric fever.

Again, the study of typhoid outbreaks in military expeditions is all the more instructive, since up to the present time all wars have been carried on under conditions highly favorable to the development of these epidemics. When you consider that millions of the bacilli may be found in a few drops of the urine of a typhoid patient the difficulty of preventing the infecting of the soil round about the tents is apparent. This infected soil is brought into the tent as dust, is mingled with the clothing, bedding and food of the inmates of the tent and an epidemic is generated.

The Commission draws the following conclusions:

"1—At the time when the Commission began investigation, only about one-half the cases of enteric fever were correctly diagnosed,

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the other half being returned as malaria, simple continued fever, diarrhea, etc.

"2—The epidemics were due in large measure to the difficulty of dealing with the excreta and to the widespread pollution of the soil.

"3—Infected water was not an important factor in the spread of enteric fever, as the epidemic continued with the change of water supplies.

"4—Personal contact was a very important factor in the spread of the disease.

"Out of 1608 cases more than one-half were due to direct or indirect infection in and around the tents. The evidence indicates that when once the infection has been established in a camp, it will continue to spread in spite of shifting camp, provision of pure water and other improvements, unless the infected men be separated and the contaminated clothing, bedding and tentage thoroughly disinfected."

The foregoing clearly demonstrates the necessity of a carefully constructed camp, with explicit instructions to the soldiers of the importance of rigid sanitary camp habits.

The experience of England and the United States in their recent wars should stimulate army surgeons to anticipate future repetition of such contingencies. Physicians should instruct nurses and households, where typhoid fever exists, so definitely and impressively that every possible disinfecting precaution will be taken to prevent the extension of the disease. Boards of Health must be more exacting in the supervision of water supplies. Epidemics must be ferretted out with all possible dispatch and suspects kept under careful sanitary control. The physician must be more exact in his diagnosis and under no circumstances himself neglect to see that all essential steps are taken to stamp out the disease. The protection of food supplies from flies, ants, and other insects, which may contaminate these supplies, is of the most importance. The public must be educated to the point of fully appreciating the gravity of any lapses from definite sanitary laws affecting this disease. Not until each and every one of these requirements is fully understood and obeyed can we hope to make typhoid fever as rare a disease as is the plague in Europe and the yellow fever to-day in Havana.

YELLOW FEVER AND ITS PREVENTION.

Most remarkable achievements have been reached in the yellow fever sections through the excellent work of the American Army Commission of which Major Walter Reed,[6] Surgeon, was the head.

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The results of this investigation have shown conclusively that the stringent quarantine regulations against vessels and cargoes from yellow fever ports have been unnecessary, and this great incubus on commerce has been removed, so that to-day all civilized nations are rejoicing in the final discovery of the cause of yellow fever and the means of exterminating it. The Commission appointed in May, 1900, began work in June by establishing laboratories near Quemados, Cuba, and in the city of Havana. Yellow fever was prevailing at the time, and an opportunity was thus offered for immediate study.

Up to this time various causes for yellow fever had been assigned. Some investigators announced that the bacillus interiodes sometimes found in the blood of yellow fever subjects, was the real cause of the disease; others maintained that transmission from man to man was by fomites. These theories were soon shown by the Commission's investigators to be erroneous. To quote from the report: "They found that the specific agent of yellow fever is in the blood, at least during the first, second and third days of the attack." Also, that "the blood which conveyed the disease did not contain any bacterium which could grow on our usual laboratory media."

Again, "yellow fever can be produced by the injection of a small quantity of bacteria-free serum filtrate, obtained by passing the diluted serum through a Berkefeld laboratory filter, and further, that the blood of a case of yellow fever, thus produced, when injected into a third non-immune subject will promptly bring about an attack of this disease; thus demonstrating that the specific agent of yellow fever can find its way through the pores of a filter which ordinarily serves to prevent the passage of all known bacteria.

"These experiments appear to indicate that yellow fever, like the foot and mouth disease of cattle, is caused by a micro-organism so minute in size that it might be designated as ultra-microscopic."

Painstaking and elaborate experiments determined two most important points: First, that yellow fever is not conveyed by fomites. Second, that like malaria it is transmitted by the bite of a species of mosquito, which in this instance is the Stegomyia fasciata. It is interesting to note in this connection that twelve days must elapse from the time the mosquito is contaminated, by sucking blood from a yellow fever patient, before it is capable of transmitting the disease, since bites resulting from such recently infected mosquitos are not effectual in inoculation, until the elaboration of the yellow fever poison in the body of the mosquito. The prevention of yellow fever can, therefore, only be positively accomplished by the destruction of infected mosquitos and by the perfect isolation

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of the patients in order that the mosquito cannot get access to them and thus absorb the poison.

The general measures adopted by the Havana Board of Health include the immediate quarantine of every patient suffering from yellow fever, the prompt protection by wire screens of the room in which he remains, and the destruction of all the mosquitos in the house and neighboring houses. This is accomplished by the fumes of pyrethrum, which are used to stupefy the insects, which are then swept together and burned. These measures were so rigidly enforced in Havana that within ninety days after their enforcement there was not a case of yellow fever in the city, and this condition of things was maintained for fifty-four days. Numerous cases, however, were introduced from neighboring towns as time went on, which were immediately taken in hand, and under the same regime the spread of the disease was prevented.

As further evidence of this remarkable sanitary achievement it should be noted that for 150 years up to and including 1901, yellow fever has made its annual appearance in Havana, and if I am correctly informed, since September, 1901, not a single case has been reported on the island of Cuba. To further illustrate the magnitude of the results obtained by these investigations let us consider the following figures. The average monthly mortality from yellow fever in Havana for the twenty years, 1880–1899 inclusive, was as follows:

	1880–1899	1900	1901
June	57	8	0
July	89	30	1
August	90	49	2
September	62	52	2
October	50	74	0
November	36	54	0

As noted in the case of yellow fever, the mosquito causing malaria— Anopheles, must itself become inoculated by sucking the blood of a malarial subject, that the parasites undergo an important part of their development within the body of the mosquito, and that they are conveyed to non-immunes, bitten by the mosquito, with the salivary poison injected during the bite.

These results on the etiology of yellow fever and malaria have added a most brilliant chapter in the history of Sanitary Science.

The fresh air treatment of tuberculosis speaks for itself. Our only hope in exterminating the "white plague," as it is often termed, depends upon enforcing the use of the "spit-cup," recommending "tent life" and restricting marriages.

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The proper quarantine of diphtheria and scarlet fever patients with early recognition of these diseases are the essential steps toward their extermination. It rests with the physician more than any other man to determine the progress or decline of these two malignant diseases, and he must prove himself master of the situation.

With the disinfecting agents at our command to-day, we should be much more successful in limiting these diseases. However, it is gratifying to review the generally improved mortality tables resulting from their careful quarantine.

Every year we get a stronger hold upon the public, and the struggle for improved sanitary legislation and the enforcement of the same is not devoid of its victories. The practical and not the theoretical features of sanitary reform are forcing communities to appreciate what the medical profession is striving for and each year finds more willing ears and less opposition.

VENTILATION.

Inventive genius coupled with sanitary laws have brought mechanical ventilation to its present perfection. In England and the United States workshop sanitation has been agitated for years and to-day the contrast between the dingy, damp, foul attic room where the "sweating system" developed and the well-ventilated sunny workshop is extreme.

The satisfactory mechanical ventilation of office buildings, theatres, churches, hotels and steamers has long since passed the experimental stage and in the construction of buildings to-day a thorough knowledge of ventilation is no small part of the equipment of an architect. In factories not only is the fan and shaft system of paramount importance in maintaining a circulation of pure filtered air, but similar devices are used for the removal of metal filings, dust in wood shops, poisonous gases and other waste products of manufacturing which are injurious to the operatives. The successful adaptation of an elaborate ventilating plant in a hospital ship, is of such recent development and of such practical value and importance that I shall take it up in more or less detail.

The Boston Floating Hospital has a small steamer in commission, on which daily excursions are taken down the harbor for the benefit of sick babies and children. Returning at night the babies and children are sent ashore and the steamer tied to her wharf. Certain critically ill babies are detained over night by the physicians that they may get the advantage of careful nursing and proper feeding. The air, however, along the wharves during many of the

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summer nights is sultry and dull, with consequent ill-effects upon the little patients. The question of more perfect ventilation of the wards became a necessity, so that to-day this ship has been equipped with a system of ventilating wards where the sickest babies are cared for, so perfect that any desired temperature may be procured and maintained indefinitely; also the degree of humidity of the air can be absolutely regulated. Prof. Woodbridge and S. F. Gardiner have devised this plant and developed it to its present perfected condition. It is the first application of the principles of refrigeration to regulate the quality of the air for hospital patients, the object being to modify existing conditions of temperature and percentage of moisture to bring them to a required standard. Generally speaking, a temperature of 74 degrees Fahrenheit with a humidity of fifty degrees is desired. A suction fan draws the air down a shaft extending from above the upper deck to a receiving chamber in the hold. This receiver is divided into two compartments, the one containing a series of coils that are connected with a brine tank, through which brine at a temperature of 10 degrees F. circulates, the other holds a series of coils connected with an exhaust steam pipe. The air upon entering the receiver first passes over the brine coils and deposits a large percentage of moisture and is at the same time lowered in temperature. This air, which is now chilled and free from excessive humidity, next passes over the steam coils, is heated to any desired temperature and is then forced through specially constructed ducts into the different wards which are adapted for its use. The quantity of air circulated is about 2,000 cubic feet per minute, which for the wards in question averages something more than 50 cubic feet per patient per minute, an ample amount for the most critical cases. The ventilating ducts are arranged lengthwise through the centre of each ward and are placed just below the ceiling. As the outlet valves face upward the escaping air is deflected by the ceiling and more uniformly distributed, so as to temper the whole atmosphere and avoid objectionable drafts upon the patients. An attempt will be made this year to purify the air entering the shaft and also the air in the wards. The results of the improved ventilation were immediate, and many lives were saved that under previous conditions would have been undoubtedly lost.

SUMMARY.

During the short time at my disposal I have endeavored to present some of the important divisions of public sanitation, and have given some idea of the present stage of advancement in the several

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branches with suggestions as to what might be in store for the future.

At the head stands river pollution as a matter of the first importance. The entire community is vitally interested in provision for healthy drinking water. We have seen what has already been done on a great scale in this State by the Metropolitan Water Board of Boston and vicinity in providing pure water for domestic use. A wise provision for the future has been made, worthy of imitation by others. The same measures are being undertaken, or will have to be undertaken in the near future, by all the great cities of this country and Europe. It may be that the great difficulty in some instances of providing an adequate water supply may limit the growth of certain cities. For instance, if Greater London shall have in 1920 a population of over 8,000,000, as has been predicted, the question of adequate water supply assumes gigantic proportions. In a less degree the character, quality and abundance of a water supply may determine not only the population but the commercial importance of a city, in so far as its manufactures are dependent upon this supply.

Typhoid, as we all believe, is a strictly preventable disease, and it is not to the credit of our several communities that it should still be allowed to number its victims by the thousands yearly, to say nothing of the far greater number whose illness incapacitates them for weeks, from pursuing their ordinary vocations. If every one in a community knew how this disease is propagated and realized by what simple means the germs of typhoid as well as allied diseases could be destroyed and faithfully observed the simple measures of destruction, we might hope that those diseases might absolutely disappear. A campaign of education might lead to such a desired result.

The yellow fever problem has been virtually solved. The cause of the disease, the mode of propagation, and the means of destruction have been unmistakably determined. It simply remains by eternal vigilance to take the simple precautions which we know will prove effective. The discovery of the method of propagation of yellow fever may be very far-reaching in its effects. The knowledge that a simple insect is alone responsible for transmitting the germs of disease, as yellow fever and malaria, makes it possible to render whole sections of country attractive which have been hitherto almost uninhabitable by the white race. The importance of this discovery to commerce is second to only to that of human life.

Ventilation is capable of a far greater degree of perfection than any point yet reached. In the future it will not be considered suf-

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ficient simply to change the air of a theatre, public lecture hall, or hospital ward, but there will be a demand that the air supplied to such buildings or room shall be purified by filtration and by the removal of all noxious foreign ingredients which may impair its purity, and by the regulation of the degree of moisture which the air should contain.

Cremation may be called a burning question, perhaps, but it has not yet become an imperative one and will not until the population in this country shall be far more dense than at present.

Sanitation is prevention, and the time is coming when a physician's chief function will be more in the prevention than in the curing of disease.

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THE POSITION OF HOMEOPATHY IN THE WORLD.*

By Geo. B. Peck, M.D.

Providence, R. I.

DURING the autumn of 1902 a letter was addressed to a physician residing in each of the following countries: Austria-Hungary, Belgium, Denmark, France, Germany, Great Britain and its dependencies (Australia, Barbadoes, Cape Colony, India, New Zealand and Tasmania), Holland, Italy, Portugal, Russia, Spain, Sweden, Switzerland, Mexico, Argentina, Brazil, Uruguay, Venezuela and possibly in others. Inquiry was made concerning the existence of laws prejudicial to homeopathy and also to medicine (as the term is understood by the allopathic school) coupled with a request for the citation of unfavorable statutes. Replies were received only from Austria-Hungary, Denmark, England, France, Italy, Russia, Switzerland and Tasmania. They are given in abstract.

* Report of the International Bureau of Homeopathy to the American Institute.

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In Denmark homeopathists had the right to dispense their own medicines until 1886; since then they have been obliged to write prescriptions. Into its medical society they are not received (though they have passed an examination at the university as general practitioners), *but* when an allopath becomes needy or bankrupt money is solicited from them at once and they are addressed as "Dear Colleagues." When a sick club employs a homeopathist the old school physicians resign their positions. The state gives nothing to homeopathic hospitals. "Denmark in this respect is not a land of freedom."

In England the new school has equal rights with the old. It suffers not from the written law but from the *unwritten*. "The Royal College of Physicians acts as a kind of trades union." It does not allow its members and fellows to meet homeopathists in consultation. "We are strangled by vested interests." All medical chairs are kept in allopathic hands by election.

In France the obstacle to the growth of the new school is the extreme centralization of public teaching. As all lecturers are allopaths no homeopath can hope to be received as one. Should a lecturer become a homeopathist it would not help the cause, as other lecturers would refuse to graduate his pupils. With the private medical college at Lille the Minister of Public Instruction does not interfere, as the students are examined by a mixed board, one half of which, with its president, are state lecturers. The practice of all physicians is becoming more and more like homeopathy, but the discoveries are attributed to Professors B. and X. instead of to Hahnemann.

In Hungary there are no laws that hinder homeopathy in its scientific development. Practising physicians are obliged to write prescriptions.

In Italy doctors duly qualified may follow any therapeutic system preferred. Homeopathists may dispense medicine gratis in places where their special pharmacies are not found.

In India there is no law for or against homeopathists as regards the right to practice, but the government has no sympathy with them; even their sick certificates are refused recognition in courts, though the certifying homeopathist be a graduate of a government-recognized medical institution.

In Russia *legally* no preference is shown either school though homeopathists labor under enormous disadvantages, all government medical posts being occupied exclusively by allopathists. "But according to a statute of the Committee of Ministers confirmed by His Imperial Majesty, the Emperor, on the twenty-eighth of Janu-

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ary, 1899, the right of Crown service is granted to physicians and other officials serving the hospitals and dispensaries of the Charitable Society of the followers of Hahnemann. This right was procured through the Minister of the Interior."

In Switzerland there are no laws against homeopathy and none for it. Physicians must be old school doctors, and then they are free to practice as they like. Strictly speaking homeopathists have no right to dispense their remedies, but they do; and as yet there has been no opposition.

In Tasmania there is no state legislation that interferes with the practice of homeopathy. Foreign diplomas are on the same footing as those furnished by the Royal College of Surgeons of England. Ordinary practitioners, however, will not meet homeopathists in consultation nor give them any assistance whatever, yet homeopathy enjoys the confidence of the public. Both doctors and pharmacists are well patronized. They have a hospital of their own in the south and in the north, a strong association, and until recently have issued a monthly journal which was discontinued only when it may have been said to have served its purpose.

From these communications certain conclusions may legitimately be drawn. First, greater toleration *may* be found (in certain directions at least) under an absolute monarch than within constitutional monarchies, or even in republics. Second, the dominant, or allopathic, school has refrained from attempting prohibitory legislation against the new mainly through fear of the people. Third, the allopathic profession has tacitly adopted at least one of the cardinal principles of the trades union, ostracism of outsiders. Fourth, the vaunted humanitarianism of the allopathic school is mere pretense since it remorselessly permits anyone to die (in case of surgical or obstetric emergency) unless its claim to be the sole possessor of adequate knowledge and skill is recognized. Fifth, as the allopathic school is the only source of medical truth, all things are error that bear not the stamp of its approval. Sixth, the chief aims of the allopathic profession are to retain all public honors and emoluments now possessed and incidentally to maintain a reputation for scientific progress.

Permit me here to direct attention to another class of facts. At or about the dawn of the twentieth century there were in the United States (exclusive of Alaska and other dependencies) 9,369 homeopathic practitioners or one in 8,000 of its population; in Barbadoes 5, or one in 38,000; in British America (including Newfoundland and all of Labrador) 87, or one in 64,000; in Uruguay 7, or one in 133,000; in Switzerland 22, or one in 151,000; in Australasia 29,

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or one in 155,000; in Spain 118, or one in 163,000; in Belgium 41, or one in 164,000; in France 211, or one in 192,000; in Germany 290, or one in 194,000; in Great Britain and Ireland 201, or one in 203,000; in Holland 17, or one in 300,000; in Denmark 8, or one in 306,000; in Mexico 32, or one in 423,000; in Brazil 33, or one in 428,000; in Italy 42, or one in 772,000; in Argentina 6, or one in 809,000; in European Russia 66, or one in 1,608,000; in Portugal 3, or one in 1,674,000. There were also 41 in India, 2 in China, 1 each in Cape Colony, Sweden and Venezuela as well as 3 in the Hawaiian Islands and 1 in Alaska.

While there are reasons for a belief that quite a number of other homeopathists are to be found, not only in the countries named but elsewhere, we must rest upon the face of the returns. This indicates there are not less than 10,635 disciples of Hahnemann in the world of whom 88% reside within the limits of the United States proper. At least one-fifth of these practitioners are members of the American Institute of Homeopathy. These figures provide ample material for protracted and serious thought. The antagonism of illiteracy to homeopathy presses upon the attention. A striking illustration thereof is found just over the line in Canada where the ratio of new school men to other physicians in the Province of Ontaria is more than double that in the Province of Quebec.*

It is now important to note four comparable domestic facts. First, the publication of Ziemssen's Cyclopedia of the Practice of Medicine (seventeen volumes, 1874–8, with index, 1881) was heralded with a flourish of trumpets as yet unsurpassed. Thenceforward none need err in diagnosis, none should die except from old age. While to-day that work is invaluable as a history of disease up to the advent of the Germ Theory, the treatment it recommends is so barbarous no self-respecting American practitioner ever considered its adoption, even for an instant. Second, for years the United States has led the world in therapeutics through the attainments of men who had not dreamed of, still less encountered, examining boards. Third, the allopathic profession has adopted, because of an alleged overproduction of 2,000 physicians annually, a second trades union principle, the forcible curtailment of supply, that the lazy, the unprincipled and the degenerate in its ranks may be protected as completely as possible from the ravages of that inexorable law, the survival of the fittest. Fourth, the American Medical Association practically affirms in its Principles of Ethics but just

* To the Cleveland *Medical and Surgical Reporter* for June, 1903, we are indebted for the names of two Japanese lady practitioners of our school and for the information that no prejudice there exists against us.

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adopted (Chap. II, Art. I, Sect. I) that no law of cure has yet been found, that none is discoverable and that empiricism (guesswork) is the only possible means by which the sick can be treated. Christian Scientists likewise deny the inherent liability of matter to law!

Four practical lessons are apparent. First, homeopathists stand not merely as defenders of the Science of Therapeutics but as champions of liberty in scientific thought and action. Second, as the American Institute of Homeopathy is the largest and most powerful medical organization that declines to recognize superior authority, it is *the* bulwark of protection from oppression by one of the most formidable and iniquitous trades unions ever organized. All who prize their birthright of freedom should rally at once to its support. Third, "ye are the light of the world. If therefore the light that is in thee be darkness, how great is that darkness," how impenetrable the gloom that enshrouds the earth beyond! See to it, then, that in each prescription thou dost exemplify, according to thy best ability, the *law of cure* by administering a single proven remedy sufficiently attenuated at least to avoid aggravation. Fourth, beware of medical legislation, so called! Its ultimate end is the unification of the profession, the placing of the lamb within the lion. The American Medical Association has been forced into its present high position among kindred organizations through professional competition with eclectics and homeopathists. When this is removed Chinese stagnation is *inevitable!*

Listen to the voice that is wafted to us from over the waves: "If American sympathy can in any way help, be it ever so little, to break down unreasoning prejudice, we welcome it gladly. In the fight for our rights of independent thought and methods of treatment it is a moral support to think of the strong body of adherents beyond the sea."

Woe, woe unto the diseased and suffering inhabitants of Earth when the American Institute of Homeopathy shall have ceased to be! Cursed, yea thrice cursed, Great God, be he who shall attempt or even suggest the furling of its flag. "*Similia similibus curentur!*"

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REFRACTIVE ERRORS DO NOT ALWAYS DEMAND CORRECTION BY LENSES.*

By G. De Wayne Hallett, M.D.
New York.

LET us first point out in a very plain manner the functions and mechanism of the eye. It may be likened to a camera containing a shutter—the pupil—which automatically regulates the requisite amount of illumination.

At the back of the eye is a sensitive screen—the retina—for the reception of focused images.

Just back of the pupil is a biconvex lens, which, in a normal and healthy eye, easily focuses any object looked at, either near or far away. This capacity of the lens to become more convex as the object approaches the eye, depends upon its elasticity and the muscular action of the ciliary body, the so-called accommodation. The eyes must be capable of acting harmoniously together if there is to be comfort in their use. Any failure in performance of duty by one of these factors occasions, to say the least, a certain amount of discomfort.

Nature unconsciously demands clear images and if by an effort they can be obtained, she almost invariably puts into action the power of accommodation and so acquires such images at the expense of an abnormal exertion which is involuntarily performed. Observe that in this statement we say the strain comes in an abnormal eye *if by an effort* clear images *can* be obtained. It follows from this fact that the faculty is exercised only in the lower degrees of refractive error. Higher ones could not be overcome by any amount of accommodative effort; clear images are here impossible, Nature does not try to produce them, and so the patient is without reflex asthenopic symptoms, and he simply accepts the imperfect vision allowed to him.

Take, for instance, a low degree of hyperopia (far-sight); this means that in a state of rest, without putting forth any effort, the lens in our eye is not sufficiently convex to focus images inside of the eye as far forward as the retina, for the reason in most instances that the eye is too short rather than that the lens is too weak, and the focus is behind the eye. In other words, a blur falls upon the retina when looking at distant objects, because the rays of light therefrom have not yet reached a focus when intercepted at the back of the eye. In such a case a moderate degree of accommoda-

* Read before the N. Y. Hom. County Med. Soc.

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tion renders the lens more convex, shortens its focus and places a clear image in the proper position.

Every moment, then, that such eyes are open they are subject to this involuntary muscular effort.

At the near point in normal eyes accommodation is necessary to render the lens so convex as to be able to focus rays, not now parallel as when they come from a distance, but divergent. Normally and when not too continuous, this is no effort, it amounts to no strain; but where, as in our supposed case, accommodation is demanded for clear *distant* images, just so much more is then needed at close range.

The facts stated for hyperopia hold good also in conditions of hyperopic astigmatism of the lower degrees, only here the accommodative strain is greater because it has to be exerted in an irregular manner, not being needed in one meridian as much as in others. Where astigmatism exists together with simple far-sight, both of low degree, identical conditions and consequences hold true, but in a still more troublesome degree.

In myopia (near sight) clear images of distant objects are impossible. Understanding these preliminary factors, it can be readily appreciated that a person in the best physical and muscular condition will enjoy it as well in the muscles of the eye as elsewhere in the body. Here, then, comes the first class of patients who, having ametropia (faulty refraction), do not need glasses.

This individual is slightly hyperopic and very robust, is of an even temperament; he lives perhaps largely out of doors and has comparatively little demand made upon his eyes for fine work at the near point. He can stand the slight amount of eye strain necessary to focus distant objects without distress of any kind, let us say, or if there is a little, it is still less than the bother wearing glasses would be.

Should we prescribe glasses for our muscular friend, he would soon abandon them and believe that he no longer needs them, or has been improperly fitted. Before leaving this fairly-low-degree-of-hyperopia-party let us suppose that he has a severe illness, one that greatly reduces him, or, if a woman, she passes through a trying pregnancy, what will then happen?

The chances are that to bring the focal point on the retina will occasion such asthenopic distress that correction will be necessary, only to be discontinued on complete return of health.

We must allow that glasses are a nuisance, always and under all circumstances, and are used only when they obviate other distresses even more intolerable.

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What are the things complained of by the wearer of glasses? They pinch the nose, irritate the skin, make ridges, hurt behind the ears, reflect objects from behind and give a play of prismatic colors from the edges. This is quite a little list, but if they happen to need strong spherical or cylindrical lenses there would be many more which we need not mention for we are interested just now in only the lower errors.

For the second class, not needing glasses, we will take those having a much greater refractive error, and in whom, for some reason, either irregular astigmatism or other fault, improvement is made to a point just short of clear images. Now without glasses this patient simply doesn't see things in the distance, doesn't try to do so, and accepts this fact without distress. It is the habit of this man to give himself no concern about distant objects. As he approaches nearer they become tolerably distinct, enough so to satisfy him at least. With the glass improvement is made just far enough to excite accommodative effort with its eye-strain.

All the correction that can possibly be made allows images just clear enough to excite a desire for perfect ones, and the futile effort to accomplish this creates the asthenopia. For work at the near point, the best possible correction must of course be made, but he goes without a glass for the distance.

Our third class will be where one eye is normal and the other very faulty. It may be well to state first the well-known fact that the faculty of vision resides not in the eye but in the brain, and that the two images, one for each eye, make a conscious whole when appreciated at the optic centre.

If, now, we refract the poor eye, one which has been defective for many years possibly, or even for life, we may develop half or two-thirds of the normal visual acuity, an improvement which is very considerable, but the result is at best but a blur of ordinary objects, and should this correction be foisted upon the patient the resultant blur would spread itself over the clear image perceived in the sound eye and be a source of discomfort. This patient saw so well with the good eye that it was only some more or less accidental influence that impressed upon him the fact that only one eye was being used. The image of objects in the poor eye was so very hazy that suppression was easy and unconscious. It never bothered him and he had to stop and think to realize that all his work was done with one eye.

Now, however, after correction, the things seen are too clear to be ignored, and too blurred to fuse with the perfect image in the sound eye.

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Allow me to illustrate with a few cases:

Class I.—Fred W., age 18, college student, large strong boy, just over an attack of measles. Complains that when he sits down to study his eyes become red, gets a headache, and only with difficulty can he keep awake, although really not in need of sleep. Has a manifest hyperopia of +. 50 D.s. The use of a cycloplegic demonstrates hyperopia + 1.50 D.s. Adduction is 22°. Abduction 6°. Sursumduction 1 1-2°. Prescription was given for + .50 D.s. for constant use. Several months later patient reported that he did wear these glasses constantly for a few weeks, then for a little while at near work, and finally not at all. They had promptly relieved him of all distress and there had been none since. He has been doing splendid work with the college track team. After an interval of five years he again called, being now a clerk in a bank, and to the original symptoms is added a considerable blepharitis. Hyperopia manifest + .75 D.s., total + 1.25 D.s. Given + .75 D.s. with a satisfactory result. Two years later: Now managing a stock farm, not using glasses, feeling in every way splendid, has normal distant vision, no lens accepted.

The point in this class is, that when in fine physical condition a low degree of far-sight occasions no distress.

Class II.—Mrs. G. R., aged 43 years. This patient was born with one eye very astigmatic, and during youth the second eye suffered from an extensive ulceration of the cornea, probably due to a phlyctenular keratitis. She has pointed and notched teeth and other signs of a vicious inheritance. She is the mother of a small family and a considerable amount of sewing is necessary. A test of her refraction made under a cycloplegic and using a stenopaic hole to cut off the periphery of the cornea, and test for only that part which will be in use for the transmission of rays of light when her pupil is of a normal size, shows as follows: O.D. 20-200 + .75 D.s. ⊂ +4. D.c. ax 60—20-40. O.S. 10-200 + 1.50 D.s. ⊂ + 1. D.c. ax 165—20-50. The right eye is the one congenitally faulty and the left has the scars left by the ulceration.

After the cycloplegic effects had passed she took for the best distant vision in the right eye only the cyclinder, and in the left, half of the spherical glass and all the cylinder with an improvement in distant vision practically the same as the full test; but this glass gave her no satisfaction. She saw just well enough to aggravate her and make her eyes ache. Occasionally at public meetings she could use them with some comfort. Not yet manifesting presbyopia the same correction was appropriate at the near point, and for this she used them with marked help.

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Class III.—Miss M. R., 19 years, daughter of well-to-do people. Her left eye appeared smaller than the right and failed to fix steadily upon the object looked at. A full test showed:

O.D. 20-20 + .50 D.s. 20-15. O.S. 8-200 + 2.50 D.s. ⊂ + 5. D.c. ax 75° 20-70.

With accommodation the right eye had full normal vision and tolerated no correction, while the left took + 2. D.s. ⊂ + 5. D.c. ax 75° with a vision as before of 20-70. This glass was never prescribed because it was heavy; it produced an image of a different size from that in the good eye, and what it did see was but a blur of the object and it seemed to fog the clear image.

Other cases could be cited, if they were needed, to prove the truth of the title of this paper.

THE OBSTETRIC SURGEON.*

J. Willis Candee, M.D.

Syracuse, N. Y.

MAY it not be truthfully said that obstetrics is an unpopular and neglected department of practice? Apart from economic considerations, this branch of our art is probably held to be too tame for the progressive or progressed follower of Helmuth, Kelly, Allen or Osler.

With some assistance—or some meddling by any old doctor, or by a nurse, such cases will get along as a matter of course. After all, Nature does the job, it is said. It might pertinently be asked, What is Nature's part in other branches of our work? Perhaps she does take special care of her daughters in reproducing their kind as compared with her aid in battling with their physical perversities and derangements. This, however, is open to question.

The above is an unbecoming attitude for any part of the medical profession in this advanced age. I know no reason why midwifery should be, even in thought, relegated to indifferently qualified or inexperienced attendants. There is no reckoning on Nature's aid that does not logically appertain to all other fields of professional effort, and the relations of the physicians to the case are precisely the same. It is right to expect of him in this, as in his other professional functions, up-to-date qualifications. The average obstetrician can enlarge his boundaries. There is room for expansion. Has he surgical ambitions? He may find that which is worthy of his attention.

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*Read before the Medico-Chirurgical Society of Central New York.

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The management of a maternity case is an essentially surgical procedure. Add the complications and this fact acquires emphasis. So, whether he realizes it or not, the accoucher, if he does anything worth mentioning, practices surgery. This surgery, like any other, may be good or bad. The question stands like this—is it as good as it ought to be?

Correct principles and methods apply here as well as at the operating table. There may be differences of opinion regarding details; for example, as to how far the lying-in chamber shall be patterned after the operating room, but in general outlines the principles are the same. If asepticism, which is a technical term for intelligent cleanliness, is indispensable in the operating room, it is inexcusable to disregard it in confinements. There is no need in either place of antiseptic ecstacy. That bright surgeon, Dr. Florence Ward, of San Francisco, gives, in a recent number of the NORTH AMERICAN, description of an obstetric outfit and technic which is idealistically beautiful but too elaborate. Surgical cleanliness in reasonable degree is all that is required—and it *is* required. No surgical operation, other than that of emergency, would be countenanced under the conditions in which extensive obstetrical manipulation is practiced.

Some physicians find it difficult to grasp these ideas. It will not answer to point to one's record—of, perhaps, lucky escapes from serious infection. One case of puerperal septicemia will spoil a lot of record. Besides, dirty operators are not apt to take account of those of their patients who subsequently find their way to the gynecologist. It seems clear that the accoucher should possess, in reasonable degree, surgical qualifications and skill, embracing instinct, command of technic and judgment. If the general practitioner cannot or will not qualify, sooner or later, the obstetric specialist must come.

Forceps deliveries and manual extraction of the placenta may closely approach "heavy work." Some things are to be thought of in giving an intrauterine douche. Post-partum curettage is not easy or free from danger, and it is quite an accomplishment to effectually repair perineal and vaginal tears or to replace an inverted uterus.

The obstetrician should be capable of terminating pregnancy in the early months, if that becomes legitimately necessary, and of inducing premature labor, in safe and surgically correct manner.

Such distinctly surgical operations as those above mentioned come within the scope of him who attends maternity cases. Can he do them and do them well? An answer might be that such work is rather infrequently necessary and, when it is required, if the

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physician is unable to personally attend to it, he can get some one to do it.

This can hardly be called satisfactory. Cases demanding the services as indicated are not so rare that we can afford to be unprepared for them. Those, for instance, in which curettage or immediate perineorrhaphy are indicated are well known to greatly exceed the record of such operations. If the subject be thoroughly studied, one will from his own observations conclude that curettements are not made sufficiently often. But a small percentage of cases of abortion receive this most effectual treatment. How much post-partum suffering, immediate and remote, might have been avoided by the same means? These patients, to be sure, get along without it, but their histories are not always creditable to their physicians. The joy of parentage, has, I fear, served as a cloak for many a professional error and the shield of many a derelict doctor.

Many reasons might be given why it is better that the attending physician should attend to this work. One only will be mentioned —viz., that it would be more often done.

Even in cities, the obstetrician may be obliged to handle some of these surgical situations unaided. Think of our brethren in rural practice. In this connection, however, we are reminded of the compensation that comes from immunity found in such environment. Whether from greater powers of resistance, paucity of pathogenic germs, or both, the country woman does not suffer as the urban philosopher would expect. Nevertheless, experience shows that Nature cannot be implicitly trusted even in the country.

In touching on the abnormalities and complications of child-bearing the surgical feature looms up, and we find work for a master hand. Cæsarian section, embryotomy, treatment of ectopic gestation and of rupture of the uterus, etc., present a class of work heavy enough for the most ambitious. The ideal obstetric surgeon would be capable of handling everything of that sort. There is, however, no danger of losing our ideal in promiscuousness.

Gynecologists tell us that venereal infections alone vie with the consequences of conception as chief causative factors of the so-called diseases of women. Noting the pitiful increase of these ailments, for explanations of the reasons for which we are continually importuned by the laity, is it not time that attention be given to rehabilitation of the obstetric art? A splendid field for development and progress is here afforded. One of the most advanced principles of the modern profession can be practically carried out, i. e., preventive medicine, By giving the best possible care to maternity patients the operating room will be robbed of numberless victims and count-

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less clients spared the unpleasant necessity of a professional acquaintance with the gynecologist.

More than this, the lying-in period is a golden opportunity for good as well as for ill. A correctly conducted parturition and skillfully managed puerperium affords a therapeutic means which is poorly understood and seldom utilized. It is not unreasonable to expect to be able to make child-bearing a physical blessing to woman in fact as well as in theory. If we do our whole duty in the lying-in chamber, we will have accomplished far more than a mere act of midwifery. Let the profession aim to dignify, elevate, and advance the practice of obstetrics. In such evolution, both as a cause and a product, will be found the obstetric surgeon.

NERVE VIBRATION.

By N. B. Delamater, M.D.

Chicago, Ill.

SOME fifteen years ago Mortimer Granville, of London, published a small book on this subject. He had for some ten years been working patiently on the idea, had experimented on many cases, and had obtained results that were most satisfactory.

He first observed the effect that music seemed to have on certain individuals. In this line he later determined that the influence exerted by a large pipe organ was much more pronounced than that of any other instrument. Then, by mere chance, his attention was drawn to a large number of mill hands; he was surprised at first to note their apparent immunity from certain ailments; then, at a number of persons who were restored to perfect health soon after going into the mills to work. His next observation was that when from any cause the machinery was out of order, so that it was running irregularly, there would soon follow almost an epidemic of various kinds of troubles among the hands. He was long in finding a satisfactory explanation. In the course of his investigation he had a large number of patients suffering from various ailments subjected to the influence of an organ daily for varying lengths of time. He also had a large number go and sit in a mill daily. There were some quite marvelous cures resulting from this line of treatment. Then came the idea of the natural nerve force being a form of motion, and that upon the rhythm of this motion perfect function was dependent. This theory or idea as he worked it out seemed to offer a satisfactory explanation of many of the phenomena he had observed during previous years.

He now turned his attention to devising a means of putting the

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theory into practical form. He found this nearly as difficult a task as had been the original study, but finally devised an instrument that he named the percuta, or percusser, by which he was enabled to impart to various parts of the body regular rhythmic percussion, and in this way believed he could force rhythmic vibration in the body during life and activity. His completed instrument was so arranged that it could be run with clock work or with electricity.

It was my good fortune to secure in 1888 one of his electrical machines, and since that time I have used Nerve Vibration steadily as one of my methods of treatment. He advised its use in a wide range of ailments. I have confined my experiments to very narrow limits.

I have only used this method of treatment in the class of cases that do not ordinarily respond to any known line of treatment and in those cases in which I was absolutely unable to get results from other means.

My first experiments were in the treatment of Locomotor Ataxia and allied affections of the spinal cord. Later I used vibration in many of the stubborn neuralgias that came under my notice. The results obtained were such as to seem to warrant extending experiments to many paralytics, choreas, and similar affections. I have treated many cases in which there was a doubt as to the diagnosis, securing the most brilliant results. These I dismiss with the simple statement that I might possibly have obtained as brilliant results with other methods.

I have in my records eight cases of tabes, or locomotor ataxia, where the diagnosis could not be questioned (in every one of them it had been confirmed by two to four of our most scientific diagnosticians), that are now absolutely well. The disease in these cases had existed for a number of years, in none less than five and in two more than thirteen years. Against these cases I have three in which I had every opportunity to make a full test, with absolutely no benefit whatever, and a very considerable number of cases in which the patients tired and were under my care an insufficient length of time.

I have also the records of eleven cases of other forms of sclerosis of the cord that recovered while under this treatment and eight in which I obtained no improvement whatever. There are many cases of persistent neuralgias, long lasting choreas, and allied affections in which I have obtained brilliant results.

In cerebral paralyses there have been a large number markedly benefited. In this class of cases I do not fail to consider the fact that rapid improvement or a cure is many times obtained by na-

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ture's own process or as the direct result of other forms of treatment; but I am sure that in many the same results could not have been brought about by any other means known to me.

The question has been repeatedly asked, Why has not this vibration been used more extensively? The only answer that I can find is that the time, close attention to details absolutely essential, combined with the difficulty of securing a proper instrument, almost prohibit its use.

The instrument I obtained from Mortimer Granville was constantly getting out of order. It was almost impossible to get even, smooth, rhythmic percussion with it. Not being a mechanic myself, nor an inventor, I contented msstlf with an effort to find some instrument on the market for some other purpose that would furnish me what I needed. My attention was drawn to the electrical Dental Hammer; one after another has been tried only to be thrown away. In nearly every instance the working has been entirely satisfactory when they would work at all. They have, however, been a constant source of annoyance and expense because of their liability to get out of order. Recently my attention was drawn to Gustav Blumenthal's Vibrator; in it I have found an instrument that gives a perfectly rhythmical or a regular percussion, and does not get out of order at all frequently. I have had no trouble or annoyance with it.

The objection as to the time required, and the close attention to details, is one that cannot be remedied. While there is not a shadow of doubt that vibration will do much, used in almost any manner—that is, without close attention, and for a few minutes at a time, will produce great results in a very large class of cases, the fact remains that in the class of cases in which I have used it, the physician and patient must both take the time, and the physician must give the closest attention, if good is to be obtained.

Is it worth while? My only answer to this is that without this means I have been unable to relieve; with it I have been able to relieve a fair percentage of them.

They are cases that absolutely and entirely destroy the usefulness of the individual, that entail great suffering lasting many years. Is any amount of time or any amount of trouble too much to give?

In the scleroses of the cord the treatment must be given every day. It must as nearly as possible be at the same time of day. Each treatment must be as nearly as possible like all the others as to points percussed, the order in which they are percussed, and the length of time.

It usually requires from three-quarters to an hour each day.

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The hammer is to be used on peripheral nerves, the rhythmic vibrations being transmitted to the centers.

In neuralgia, I percuss over the sensitive points along the nerve; it at first usually causes a decided aggravation of the pain. The hammer should be held steadily until there is a slight amelioration and at once removed. Not infrequently in a very few minutes there will be a fresh aggravation, when the hammer should again be brought into play either on the same or some other sensitive point just as before. This may be repeated three or four times during one sitting. It should be repeated daily for at least two weeks before giving up. Many times there is almost instant relief for hours or days. I never repeat a treatment unless a pain returns.

There are many ordinary backaches and functional disturbances that will respond like magic.

AMALGAMATION OF THE SCHOOLS.

By Chas. S. Mack, M.D.

La Porte, Indiana.

A FEW months ago there appeared upon the sea of medical journalism a ripple of interest in the question of whether amalgamation between the schools is feasible. The question seems to have, for the present, sunk out of sight. When it again "bobs up serenely," as, of course, it will many times, let us be even better than ever before prepared to further the cause of homeopathy. When an old-school society, or an old-school journal, or an old-school physician asks "Why not amalgamate?" then, it would seem, is an opportune time for showing that the particular cure of which *similia similibus curantur* is the law transcends the possibilities of rational medicine; and that, therefore, no homeopath, whatever may be his attitude toward rational medicine, can seriously consider any proposition which looks to the least blurring of his attitude toward homeopathy.

There is a very large field in medicine that is occupied in common by the old school and by homeopaths—that is the field of rational medicine. The homeopath may be just as enthusiastic over rational medicine as the physician who is not a homeopath. The old-school physician seeing this is apt to ask: "Why do you identify yourself by name with homeopathy?" The most satisfactory answer to that question must, it seems to me, define the particular cure of which *similia similibus curantur* is the law, and show that this particular cure transcends the possibilities of rational medicine. The particular cure of which *similia similibus curantur*

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is the law, is an immediate transformation from abnormal to normal (or to what is approximately normal) in vital processes. In this definition the word ***immediate*** does not relate to time; it simply means that the cure is the first effect of the medicine used—that there is no drug effect mediate to it. Now it is perfectly evident that this particular cure transcends the possibilities of rational medicine, for in any given rational practice the immediate end sought must be something knowable ***in itself***, as a specified change in vital processes is not—it can be known only ***in its effects***.

Now when the old-school society, or the old-school journal, or the old-school physician understands the point just made, that society, journal or physician cannot fail to see that the homeopath is perfectly consistent in identifying himself by name with homeopathy, though he cordially accepts rational medicine as well as homeopathy. The old-school society, journal or physician stands (is it not so?) for rational practice as the ***ne plus ultra*** in medicine. The homeopath, however much he may approve rational medicine, stands for ***similia similibus curantur*** as the law of a cure which transcends the possibilities of rational medicine. Let the old-school society, journal or physician consider this when the possibility of amalgamation is under discussion.

A matter little understood among our old-school friends is, what constitutes the law of similars universal. Many seem to think that if the law is universal, there can be no other law in medicine. If it were the only law in medicine, that would not constitute it universal. Medicine is not the universe. The universe comprehends the world of feeling and the world of thought no less than the world of flesh and blood; and that the law of similars obtains in the world of feeling and thought, *i.e.*, in the spiritual world, as well as in the world of flesh and blood constitutes its universality. What I am here presenting comports with the general tenor of Henry Drummond's book "Natural Law in the Spiritual World," so much read and talked of a few years ago. Our experiences in the spiritual world, *i.e.*, the world of thought and feeling, evidence the law of similars when we picture to one his mistaken ideas, or his wrong feelings, to the end that he may correct them, the remedy we administer is homeopathic. We picture ***from without*** abnormal conditions which we would see corrected ***from within***, and such picturing is what homeopathic treatment essentially is. Note that the particular cure effected in this way, be it from error in head or from error in heart, cannot be effected in any other way—that, indeed, this cure transcends the possibilities of any other method. You may by various means induce one to affect thoughts or feelings

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which are not really his: fear of punishment—hope of reward—restraint—various means to correction may be used, but the only means to immediate * correction *from within* are instruction as to the existence and nature of a fault, and appeal for correction *from within*. Where would the reformer be—where the preacher—where would home discipline be if it were not that, under the law of similars, picturing (a fault) *from without* may be a means to correction *from within?* The best results of satire in literature and the drama evidence the law of similars. Utterly incalculable are the benefits we experience in heart and in mind under that law. These benefits we experience daily—shall I say hourly? Whenever we profit by seeing our own faults pictured in the faults of others, or in spoken or in printed admonition, we profit under the law of similars.

It seems to me of great importance that the real universality of the law of similars be recognized. When this is done, homeopathy in medicine will be seen as merely a part of homeopathy universal. Homeopathy in medicine has been tremendously handicapped by a general feeling, sometimes expressed and sometimes not, that it is queer, unlike anything else—that, if true, it stands unique, alone, unrelated to our other experiences. But the fact is, as we just pointed out, that there really is no principle of correction more familiar to us than that upon which homeopathy is based, *viz.*, that the picturing (of a fault) *from without* may be a means to correction *from within*. I say *may* be. Did we profit by each and every picture of our faults—by each and every corrective admonition, we should be paragons indeed. In the world of feeling and thought, just as in the world of flesh and blood, a homeopathic remedy may fail of accomplishing its end by reason of failure of response *from within* the patient.

Points the consideration of which is opportune whenever the subject of amalgamation is discussed are:

1st. The universality of the law of similars.

2nd. The peculiarity of the cure of which it is the law.

3rd. The impossibility of attempting in rational practice this particular cure—this cure transcending the possibilities of that practice.

Due consideration of these points brings out clearly the difference between the homeopath who believes in rational medicine as well as in homeopathy, and the physician who regards rational practice as the *ne plus ultra* in medicine.

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* See above what is said of the word *immediate* in definition of the particular cure of which *similia similibus curantur* is the law.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

ENLARGEMENTS OF THE PROSTATE GLAND.*

BY JAMES KRAUSS, M.D.

Boston, Mass.

THE prostate gland undergoes enlargement from disease, senile changes, and congenital products. Situated in the male pelvis so as to enclose the first part of the urethra, the larger portion lying behind and the smaller portion in front of the urethra, the base directed into a close proximity with the bladder and the apex reaching the membranous portion of the urethra, the prostate gland, when enlarged, sooner or later encroaches upon the posterior urethra, the bladder, or both, and thus brings on a series of urinary disturbances which have been the despair of suffering men and a reproach to the medical profession.

It has been stated over and over again that an enlarged prostate is a hypertrophied prostate, yet there is numerous testimony of surgeons and pathologists that the enlargements of the prostate gland are manifold, that they represent, in the words of Gouley, "Neither a morbid nor a morphic entity." Since Tschikanofsky has proved that cases of hypertrophied prostate rest upon a basis of previous inflammatory disease, doubt has crept into the minds of medical investigators as to the actual existence of genuine prostatic hypertrophy, a condition characterized by an increased volume of the normal tissue elements of the gland in consequence of over-nourishment and not of disease. Following the lead of Tschikanofsky, Green and Brooks have declared that prostatic hypertrophy in the aged is the result of chronic prostatitis, which again arises most frequently from chronic posterior urethritis. In eighty-nine cases of hypertrophied prostate which have come under my observation, there were only three that did not give a history of previous gonorrhea, and it is almost impossible to have a gonorrhea without a resulting prostatitis. It is well, therefore, that we pause to consider the various pathological conditions contributory to enlargement of the prostate gland, in order that we may obtain the foundations for an intelligent and appropriate treatment.

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* Read before the American Institute of Homeopathy.

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I. INFLAMMATORY ENLARGEMENTS.

These may be prostatic or periprostatic, or both; tuberculous, septic, gonococcic, traumatic.

Tuberculous enlargement of the prostate gland is not so rare as it is supposed to be. The prostate is enlarged not so much from endoprostatic development of tuberculous nodules as from swelling of the periprostatic tissues. The entire prostate may undergo caseation or abscess formation, and perineal, urethral, or anal fistulæ result. The surface of the gland, in the absence of periprostatic swelling, is uneven, irregular; with periprostatitis it is smooth and tense. A case in point is that of K., a clerk, age twenty-six, who weighs eighty-nine pounds and who on the 20th of September, 1902, consulted me on account of extreme frequency and smarting in micturition, occasional "matter" coming from the urethra as well as occasional hematuria. He is the bearer of an old spondylitic kyphosis and lordosis. He says his acute sufferings date from the 1st of the previous May. His urine is turbid, full of pus. He passes two quarts in twenty-four hours, by fifty-two distinct acts of urination; i.e., he urinates once every twenty-five minutes. Rectal palpation discloses a prostate as large as a goose egg, extremely sensitive. The urethra is extremely sensitive and no bougie-à-boule can be passed even after thorough cocainization. Two days afterwards by a prerectal incision I opened the periprostatic abscess, enucleated the prostate gland, and established drainage of the bladder, which was so contracted that it could hardly hold over two ounces. The patient made a rapid recovery, the relief given having been instantaneous with the operation, though up to last February he retained a perineal fistula, no doubt owing to the state of his bladder. In another case of tuberculous enlargement of the prostate I removed the prostate with the left seminal vesicle, which was also enlarged. The patient, a man of thirty-eight, left the hospital in eighteen days; the healing was complete without any fistula.

In enlargement from periprostatic phlegmon, the prerectal tissue is infiltrated, the anterior rectal wall is fixed on the gland underneath and cannot be moved over it. The infiltration may extend beyond the prostate, upward and laterally, and the contours of the gland are not palpable. This is always a grave condition, which may lead to general septicemia or pyemia, or rupturing into the rectum, perineum, urethra, or even peritoneum, leave fistulæ that are very hard to heal.

The Plexus Prostaticus, situated between the capsula propria of the gland and the outer fibrous capsule, the latter continuous with

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the deep perineal fascia at its apex, may be subject to phlebitis and give rise to a hard, uneven, nodulated enlargement of the prostate. Noguès reports a case in which there were pyemic chills, fever, a history of prostatic suppuration, and this form of enlargement giving the impression of being formed of a package of thick strands.

Acute Parenchymatous Prostatitis is the only variety of acute inflammation of the prostate which leads to enlargement of the gland. The prerectal tissue is not infiltrated and thus the enlargement differs from that of periprostatic phlegmon in that the contours of the gland are palpable, the anterior rectal wall is displaceable over the tumor. A similar condition exists in an acute exacerbation of chronic prostatitis with or without hypertrophy. To illustrate: M. C. W., age forty, brought by Dr. True of Laconia, N. H. The patient complains of an excruciating burning, smarting pain in passing urine, especially during and after micturition. Urinates every twenty minutes night and day. Rectal examination finds a very large prostate acutely inflamed. Bougie-à-boule passes over a very sensitive prostate. The patient admits having had gonorrhea twenty years before. Heat applied by means of a rectal psychrophore gives instantaneous relief. T. D. B., forty-four, has been under treatment with me for three years, at intervals, for chronic prostatitis. On the 24th of March last, after some excesses, he is driven by painful urination, with frequency of about every twenty minutes, to the verge of despair. The prostate fills nearly the entire pelvic outlet, and is very painful. Vesical and rectal irrigation, suppositories, urotropin, and Aconite and Cantharis result in relief.

Chronic Prostatitis is a very frequent condition of prostatic enlargement. The urinary symptoms and the disposition of the enlarged parts of the gland are very much like those obtained in hypertrophy. There is frequency and painful urging during the day when moving about, and at night, when from rest in bed the prostate becomes congested. The enlargement may be uniformly diffuse, or asymetric, or only peripheral; the surface is smooth but sensitive. Bougie-à-boule discloses extreme sensibility in the prostatic urethra. The cystoscope discovers thickening of the inner fold, and irregular prominences, even a V-shaped configuration as in hypertrophy. Among others, J. H. W., sixty-nine, butcher, consulted me Oct. 16, 1902, for frequent urination, especially during day, having to rise also three to four times in the night. Had gonorrhea twenty and fifteen years previously, for which he was treated elsewhere. Bougie à-boule No. 20 meets with no obstruction, but causes extreme sensitiveness over the prostate. Right

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lobe of prostate swollen and sensitive. Two ounces residual urine. Treatment of hot sitzbaths, rectal psychrophore, Aconite, Cantharis, Pulsatilla, Urotropin, etc., relieve. When the prostate is enlarged from inflammation there are symptoms of urination and defecation; when inflamed, but not enlarged, there are nervous and sexual disturbances, and more or less painful and abnormal prostatic secretion.

In connection with chronic prostatitis we may also consider the enlargement of the prostate from concretions and stones, usually phosphatic, carbonates, or, rarely, oxalates; for the symptoms are those of chronic prostatitis: difficult, painful, frequent urination; pain in the perineum and prostate, radiating to the glans and thigh; painful defecation; purulent or mucopurulent discharge from the urethra; and, if the stone breaks through into the urethra and the mucous membrane is swollen, there may be complete retention. The stones are found after operation, or when they break through and occlude the urethra, by the bougie-à-boule or the sound.

2. NEW GROWTHS.

New growths causing enlargement of the prostate gland are either cystic or cancerous. Fibroma, myoma, adenoma, which are described by some writers, should not be considered by themselves, for if they do not assume the characters of malignancy they go to make up the so-called hypertrophied prostate: the myomatous, fibromyomatous, or adenoid hypertrophies, according to whether the fibromuscular stroma or the glangular tissue is concerned in the enlargement. We shall then consider only cysts and cancer.

Cysts are congenital or parasitic. It is a mistake to speak of enlarged prostates as though they belonged exclusively to old age. Some of the very worst forms of urinary retention are seen in the new-born and in the young child from obstruction by a cystic or sarcomatous prostate. Congenital prostatic enlargement of a cystic nature results most often from adhesion of the walls of the sinus pocularis and the retention of its secretion. Dr. Englisch, of Vienna, discovered in a man of forty a half round cyst which he believed was caused by dilation of prostatic glandular elements. The cysts may form endo- or periprostatically. In the latter case they form from the connective tissue between the prostate and the rectum or the bladder. If a sound can be passed, the cysts are easily recognized by their fluctuation between the sound in the urethra and the palpating finger in the rectum. Parasitic cysts are due to the echinococcus, grow to a very large size, which at once distinguishes them from the congenital cysts, which are always comparatively small. These hydatid cysts may reach high into the

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abdominal cavity and may mislead one into the belief that it is the distended bladder. For a long time, Maunder's case, described in the *Lancet* of 1864, of a young man of twenty-four who had complete urinary retention for four days from multiple hydatid cysts of the prostate was considered a classical monstrosity. Since then a great many cases of urinary obstruction from hydatid enlargement of the prostate have been reported.

Cancerous enlargement of the prostate may occur in the very young as well as in the very old, and is either sarcomatous or carcinomatous. Extreme sensitiveness of the gland to pressure issuspicious. The mucous membrane can be moved over the growth only with difficulty and the growth feels hard and tough, not elastic as the phlegmon or the cyst. In children, a sudden attack of complete urinary retention should call attention to the possible presence of malignant prostatic obstruction. In the adult, we obtain the same symptoms of urinary mischief as in hypertrophy and hence the cancerous obstruction is often overlooked; for the diagnosis of hypertrophy comes ready made by the hallowed customs of college teaching and text-book lore. There is one cardinal symptom, however, that should direct suspicion to the possibility of the presence of cancer, and that is: pain that is not dependent on micturition, but is continuous, occurring with and without micturition; pain that is not localized in the urethra or glans penis, but is also in the perineum, rectum, hypogastrium, and especially in the sacrum. If upon the exhibition of cantharis, picric acid, mercury, the pain still remains continuous, independent of the passage of urine, it would be simply disastrous to persist in and act upon the belief of the presence of mere hypertrophic obstruction. A thorough examination will most likely find that the enlargement of the prostate was due to cancer and not simply hypertrophy.

3. HYPERTROPHY.

Hypertrophic enlargement of the prostate is usually given as appearing after the age of fifty, but even this has been found in younger persons. Thus Strettow says he has observed hypertrophy in a boy nineteen years old; Horner and Englisch observed one each at twenty-five, Sir Henry Thompson at thirty-seven, Trombetta at thirty-eight. I have removed a hypertrophied prostate gland with not only bilobar but also median hypertrophy from a man of forty, who had all the symptoms of permanent retention. If the hypertrophy includes the whole gland, the median furrow is removed and the prostate assumes a globular shape, of somewhat harder consistency than is felt in chronic prostatitis, but not so hard as in cancer

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of the prostate. The surface is smooth, and unless there is concomitant inflammation there is very little sensibility. The urethra becomes lengthened, from its normal average of 3 cm up to 5 and 7 cm; the internal orifice is pushed forward and upward, the whole floor of the bladder is lifted up. The calibre of the prostatic urethra is so much enlarged that often the beak of the sound may be turned a full 360° without meeting any essential obstruction, which may mislead to the opinion that we have arrived in the bladder. Thus only can I explain the case of a man of fifty-eight, who consulted me on January 14, 1903, for frequent urination and pain in the penis and rectum when walking. He had been examined at one of our large hospitals on the 27th day of the previous May and since by an otherwise competent physician. Their diagnosis was hypertrophied prostate. The catheter disclosed thirteen ounces of residual urine and the searcher a number of stones. On the 31st of January I removed twenty-seven stones, and in enucleating the enormous prostate of this patient I met with some difficulty on account of the unusual height to which the gland had grown, while the width of the prostatic urethra permitted me to hook both my right index and middle fingers around in the effort of enucleating the glandular tissue from beneath the capsule of the prostate under the bladder. The hypertrophy becomes pathological as soon as it offers an obstruction to the flow of the urine, and in its course gives rise to three stages which need to be carefully borne in mind in every case. The first stage, when the bladder still empties itself and the symptoms of nocturnal and matinal frequency, polyuria, and tenesmus are due to congestion as the result of the gradual stretching of the muscular fibres and submucous tissue by the growing gland and pressure on the urethral mucosa; the second stage of incomplete or complete retention, the urine becoming turbid through infection, with or without catheterization; the third stage of incontinence (ischuria paradoxa) from overflow of the distended bladder, with symptoms of chronic urinary intoxication.

It is plain that every hypertrophied gland is an enlarged gland, but not every enlarged prostate is a hypertrophied prostate. Yet whatever the enlargement, whether inflammatory, cystic, cancerous, or hypertrophic, in all its forms, it will sooner or later, as it begins to encroach upon the posterior urethra and the bladder, bring on troubles of micturition which will express one or the other of the three cardinal stages of prostatic obstruction to the overflow of urine: congestion, retention, overflow. Nor is there any relation between the size of the prostate and the symptoms that may result. The prostate may be even atrophied and produce symptoms of fre-

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quency and, finally, incontinence. There may be no enlargement whatever, and a mere congenital fold or valve near the colliculus seminalis will cause symptoms of obstruction. Fuller has published a case of urinary obstruction in which there was only contraction of the prostatic fibres encircling the vesical neck. The enlargement may affect only one lobe, two lobes, or all three lobes. The median lobe may bulge into the bladder and no enlargement be discernible by the rectum. There may be a bar extending between the two lateral lobes, with little or no general enlargement. Yet it is in just such cases that the difficulties of micturition appear at a very early date. If the enlargement is general, the congestive phenomena last a long time, the phenomena of retention a shorter, and those of overflow a still shorter time. On the other hand, in asymetric enlargement, where there is a median lobe, a bar, a fold, the congestive phenomena occupy a short space of time, and the phenomena of retention with all the dangers of infection and intoxication that the condition of retention entails appear with an ominous precipitation. The necessity for an early and exact diagnosis becomes self-evident, and this diagnosis can be reached only by supplementing the rectal palpation by the finger and the urethral palpation by the bougie-à-boule, by the inspection of the bladder by means of the cystoscope.

The cystoscope is the only means by which we can ascertain exactly the position of the prostatic outgrowths into the bladder, or the beginning of hypertrophy by the changes of the inner fold; and it is the only means that can put at rest any doubt as to whether the urinary symptoms are due to vesical or prostatic disease. I may illustrate this by a patient brought to me for diagnosis by Dr. Stedman of Brockton. Z. H. N., age fifty-three, complained of burning pain in the urethra during micturition, and especially after micturition. He was cystoscopyzed elsewhere but the diagnosis given extended only to prostatic irritation. By means of Nitze's cystoscope, which is really the only one worth using unless one is anxious to waste his time with toy cystoscopes, it was easy for me to demonstrate the presence of bilobar hypertrophy of the prostate, a trabeculated bladder, and two stones that were closely hugging each other in the recessus prostaticus. A subsequent operation corroborated the diagnosis.

The cystoscope is also the only means by which we can determine whether the prostatic enlargement is operable per urethram, and where incisions may be suitably made. The surgeon that does not appeal to the competent use of the cystoscope in all cases of intravesical outgrowths of prostatic enlargement thereby foregoes

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the precision necessary for the best results. The argument that is continually made in certain quarters that the introduction of the cystoscope in these cases is very difficult and often impracticable is to be met with this statement borne out by facts: the cases which do not permit the practice of cystoscopy are no cases for intra-urethral or intra-vesical operations like the Bottini. The cystoscope used for these cases must have a longer shaft corresponding to the increased length of the posterior urethra.

For the congestive phenomena of prostatic enlargement we have a number of remedies which will give very substantial relief: Cantharis for burning, picric acid for frequency, mercury, hydrangea, nux vomica, belladonna, urotropin, camphoric acid, vesical irrigation with boric acid solution, the occasional instillation of nitrate of silver in the posterior urethra, and a bland, nutritious diet, with bodily rest and rectal flushings.

As soon as there are symptoms of retention, the catheter steps in as the sovereign remedy, but with the necessity of catheterization appear the dangers of infection. Metallic catheters can be boiled, but they are indicated only for emergency use. The soft rubber Nelaton may be boiled in a solution of soda or sulphate of ammonia, but the Nelaton is very frequently not stiff enough to pass the distorted urethral canal. The gum elastic catheter of Mercier with an elbow to glide along the anterior wall of the urethra, which hardly ever deviates from its normal relations even in the most pronounced distortions of prostatic enlargement, is the catheter par excellence for prostatic retentions. But boiling injures these catheters, and even if we obtain perfectly sterilized catheters, we still have the urethral surface teeming with micro-organisms and a state of congestion and residual urine, the most favorable culture ground for bacteria. By careful irrigations of the bladder with boric acid solution and an occasional weak solution of silver nitrate, this culture ground may be kept fairly sterile, but this can be expected only so long as the catheterization is done by the physician. As soon as it is necessary to put a catheter into the hands of the patient, no precautions whatever will be stringent enough to hinder the appearance of infection, and I believe that when regular catheterization becomes necessary the time has arrived for an operation that will restore the free flow of urine.

Since Freudenberg has proved the untenableness of Guyon and Launois's theory that prostatic enlargement, especially of the hypertrophic form, is an expression of general arteriosclerosis, and that the loss of vesical contractility resulting from the prostatic obstruction is therefore irreparable, the day of inaction and never-ending

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catheterization has passed. The problem of treatment is one of obstruction. The obstruction may be overcome either by cutting grooves in the prostate for the passage of urine, the Bottini operation, or by removing the gland, prostatectomy.

The Bottini operation is the operation of choice in non-pedunculated prostatic outgrowths at the neck of the bladder especially in the enlargements of the median lobe, in the so-called bar; also in the lateral projections entering the urethro-vesical field. Extreme age even is no contraindication, nor are complications of the upper urinary passages which are dependent on the obstruction. The Bottini operation is indicated in those no longer fit for prostatectomy, but presupposes the possibility of passing a catheter, the cystoscope or the lithotrite. In the operation there are a few vital points to be observed: first, we must cut with a uniform heat, white heat when the prostate is hard, red heat when it is soft, or there is apt to be an alarming hemorrhage; secondly, the cut must be made very slowly in order to sear over the groove thoroughly; thirdly the cut must not be too deep. I have seen a man whose prostate is actually divided into two and through the cystoscope the bipartite prostate looks like an open gate. The man suffers from irreparable incontinence. The incisions should not exceed more than 3 cm. It is better to have a second operation than to make the first too heroic.

Prostatectomy may and should be performed in younger individuals. It is the operation of choice for general enlargement of the prostate, and is applicable in all cases in which the upper urinary passages are not involved. It is the only operation to be performed in cancerous enlargement, and then the prostatectomy must be complete, both capsule and gland must be removed. In all other conditions the capsule is not removed, it is only split, and the glandular mass is enucleated. Suprapubic prostatectomy is indicated only in pedunculated projections into the bladder, and then it is really not a true prostatectomy, for the larger part of the prostate is left behind. In the absence of pedunculated projections into the bladder the enlarged prostate should be removed by the perineal route. If the bladder is in a condition requiring drainage the prostate should be attacked by way of the posterior urethra. If no vesical drainage is required, the urethra need not be entered. The prerectal incision of Nelaton brings the borders of the transversus perinei and the sphincters into view. The sphincters are detached from the median raphé. The anterior surface of the levator ani is exposed and divided transversely behind the urethra. In the space between the membranous urethra and the rectum, by finger dissection, the fascia

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covering the prostate is brought into view, the offending lobe is seized and drawn forward by a vulsella forceps, the fascia is divided, the capsule incised and the lobe carefully peeled out. In the nine perineal prostatectomies, para-urethral and suburethral, which I have thus far performed, I have found that the smaller and harder the prostate the more difficult it is to enucleate; the larger and softer it is the easier it is to enucleate. The operation by way of the urethra is perhaps a little simpler to execute. The membranous urethra is entered behind the bulb, the incision is carried backward to near the internal orifice of the bladder, but not through it, making a hemi-section of the prostate which takes in the inferior wall of a large part of the posterior urethra. Each lobe is liberated from the corresponding urethral lip and the suburethral portion peeled off. Then the index finger of the right hand is inserted into the bladder, the bas fond is depressed, and the remaining portions of the prostate enucleated. The urethra is partialy sutured and an opening left at the lower angle of the membranous urethra to drain the bladder.

In closing, permit me to offer the history of the following case: F. W. C., age forty-two, a patient of Dr. Parker of Lowell, complained of nocturnal and diurnal frequency; has six ounces of residual urine, full of pus; rectal palpation finds enlargement of right lobe; the beak of the searcher turns to the left; the cystoscope finds enlargement of the median as well as the right lobe; the bladder is trabeculated. Ten weeks after the first consultation, on July 19, 1902, I performed perineal prostatectomy by way of the urethra. In sixteen days he left the hospital, without any fistula, with only a small wound in the perineum which healed by granulation within the following two weeks entirely. Ten months after the operation the patient has no residual urine, has no pus in the urine though there are phosphates, has gained considerable in flesh and strength, and reports he is gaining in sexual desire and sexual power.

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THE NEW AND THE OLD IN LONDON.

IT has been said that there are three kinds of lies: lies, d—— lies and statistics. But in spite of the unwarranted use to which statistics can be put and the fanciful and even false inferences that may be drawn from them, they still form a line of argument upon which we are at times forced to fall back, and which is often perfectly legitimate.

Statistics in therapeutics cannot always be taken at face value in making comparisons; all the circumstances in the rival cases are rarely exactly parallel. And we have not yet found a way to duplicate that useful factor in laboratory work known as control observations.

Without laying too much stress, therefore, on them, as establishing incontestably the superiority of one system of therapeutics over another, we desire to draw attention to some statistics of hospital work in London as published by the Council of the Metropolitan Hospital Sunday Fund in its last appeal, which can be found reprinted in a recent article in the London *Lancet*, designed to show cause why collections for the fund should be taken up in churches outside the metropolitan area.

The London hospitals included in these statistics are grouped as follows: I, General Hospitals; II, Special Hospitals; III, Cottage Hospitals and Convalescent Homes; and IV, Dispensaries. In the first group there are thirty-one hospitals mentioned, eighteen of them credited with more than 1,000 in-patients during the year. Included in these is the London Homeopathic Hospital with 1,031

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in-patients. In the majority of instances, the number of cases relieved and the number cured are cited; but in eight, all institutions with more than 1,000 in-patients, these two items are grouped together. The question of relief is so obviously one that is a matter of opinion only that very little satisfaction can be taken in trying to compare statistics on this head. Taking the percentages of cures in the larger hospitals (i.e., those with more than 1,000 in-patients during the year), we find that the hospital of the Seamen's Hospital Society ranks highest with 63%. The second on the list is the London Temperance Hospital with 53%. The London Homeopathic Hospital comes next with 51.79%, followed closely by the Metropolitan Hospital with 51.44%.

The pre-eminence of the Seamen's Hospital can perhaps be largely accounted for by the restrictions as to the class of patients admitted; and particularly it must be noted that no accidents nor emergencies were admitted. So that the prohibition folk are left with a text from which to preach an admirable sermon.

Of the smaller hospitals, the Walthamstow Hospital with 96% of cures heads the list; but here again no accidents nor emergencies were admitted, and the very high percentage reported makes one think that investigation would prove that all serious cases were drafted from this suburban institution to one of the larger hospitals in the heart of the town, probably the London Hospital. The second hospital in this class is the Phillips Memorial Homeopathic with 78%.

While claims of relief are not to be depended on in statistical work on account of the personal equation involved, and claims of cure are possibly open to the same objection to a slight degree, statistics of death are something that we can tie up to; when a man is dead, he is dead; there is an absolute consensus of opinion about that. In percentages of death the homeopathic hospitals show up well. The leader in the smaller hospitals is the Phillips Memorial Homeopathic with 4.1%; and the leader in the larger class is the London Homeopathic with 4.8%. The best of the old school smaller hospitals in this respect is the French with 5.1%; and among the larger institutions the German Hospital with 6.8%. The Temperance Hospital which beats the London Homeopathic

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in percentage of cures, has a death rate of 8.6%; while the Metropolitan, which comes close in cures to the London Homeopathic, has a death rate of 12.2% The Seamen's Hospital has a death rate of 7.6%; while the Walthamstow has 10.5%.

Altogether our London brethren are to be congratulated on the showing they make; and the British Homeopathic Association ought to be able to use these statistics to advantage in its educational campaign. Granted that our results are not unfavorable, the lessened drug bills and the palatability of our medicines ought to win popular favor wherever public attention is called to them.

PUBLIC LAVATORIES—A WANT TO BE SUPPLIED.

IN the provision of public sanitary conveniences our municipal authorities are sadly deficient. Greater New York covers an area of several square miles; and we doubt if there is one public urinal to each square mile. The provision for women is less than for men. And what is true of New York is true in a greater degree of smaller cities and towns; outside of an occasional shelter in scattered parks, no attempt has been made by the public authorities to meet the need. The need is a real one; urination and defecation are natural functions, and the acts are only partially under our control; that is, no one is so far the creature of habit as to be able to regulate to a nicety the times at which these calls of nature shall come, even though one may hold the act in abeyance, even to dangerous lengths, when the call does come.

Out of this neglect on the part of the public authorities the saloon keeper reaps no small advantage; for the toilet room at a saloon vies with the free lunch counter in enticing nickels from men's pockets, since many men feel mean in taking advantage of the saloon-keeper's forethought, without patronizing the bar. For this reason, if for no other, the need upon which we are dwelling ought to command the sympathy and attention of temperance advocates, and, indeed, of all who believe that we have no right to pray: "Lead us not into temptation," unless we make every endeavor to shun temptation.

But it is not the moral side that interests us chiefly as physicians, but the hygienic. Anyway, the moral side touches the men of the community only; for women are barred out from even this provision for the wants of humanity. They have to depend upon the department store or, possibly, a hotel.

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There is no question that in this failure to meet the needs of nature as they arise, we have the cause of more than one ailment for which our patients seek our aid, and particularly the constipation so prevalent among women. If the calls of nature meet with no response, she becomes tired of making them; and the patient drifts into chronic constipation, with all the complex symptoms arising from auto-intoxication.

It is hardly to be expected that public authorities will feel like renting premises here and there for the establishment of sanitary refuges; and in the sections of cities where these are most needed, the sidewalks are not large enough to permit of special structures being erected thereon; but in these days of cellars and sub-cellars and underground transportation, lavatories might well be established under the sidewalks, the steps leading to and from them being the only encroachment on the walking space. There is no novelty in this suggestion; it is carried out quite extensively in London, and in one place, at least, in New York. Such underground conveniences, with separate entrances and sections for men and women, ought not to be prohibitively expensive in construction and maintenance. We are not quite sure whether such a matter as this would come within the purviews of a board of health; but it would seem as if this was the natural body to have charge of such matters; and a board of health is a body with which the sentiment and demands of the medical profession ought to have great weight, and we urge this matter on our readers as a civic need in which they, as physicians, have an unusual interest.

In the provision of such conveniences there is one detail of construction that should be insisted on—closets should be provided with doors. Many a man of refinement would do himself harm from resisting the impulse to allow the bowels to move rather than make an exhibition of himself enthroned on a closet seat. Such a condition, too, is almost as obnoxious to a sensitively organized person who is forced to gaze upon such a scène.

While the subject is under discussion, we would go a step further and call attention to the advisability of always separating the water closet from the bathroom in a private house . A person will often spend fifteen or twenty minutes in taking a bath, including the time for undressing and dressing; and in the meantime another member of the household might be in great distress because the water closet was, for the time being, inaccessible. This is a point for the family physician to bring before patients contemplating building, and any architects he may number in his clientele.

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Notes and Comments.

Our Subscription List.—Under this heading one of the smaller of the monthlies of our school had the following in a recent issue: "We have not yet reached the point where we can claim the largest circulation of any homeopathic journal but that is the mark which we are aiming at and from present indications it will not be long before we will be claiming it." Brother Editor, you are too modest. Why not make the *claim* now and have done with it. Some day, perhaps, in the interests of journalistic honesty, the United States Government may require some absolute proof of circulation from publishers availing themselves of the pound rate. Until then the field is clear, so put in your claim. By the way, why not also put in a claim to a knowledge of punctuation and English grammar on the strength of the paragraph we have quoted above? And, Mr. Editor, what about this premium business? If this is the royal road to success we should like to know it, so that we can begin giving presents with our pound of tea.

History Falsified.—A fact in the history of medicine that is easily verified is that Samuel Hahnemann promulgated his law of cure some time before he drew attention to the fact that when prescribing according to the homeopathic law, small doses of medicine are safer than large ones. And yet Dr. W. B. Konkle, of Montoursville, Pennsylvania, mars an otherwise good article on "A Critique of the Logical Processes of Medicine," published in the *Philadelphia Medical Journal*, by the following cart-before-the-horse statement:

"In medicine we see the pendulum swinging from promiscuous bleeding to no bleeding; from starving to stuffing; the most wonderful sweep thereof being that from the astounding abuse of drugs, as authorized by Brunonism, to the ridiculous attenuation of drugs, as advocated by Hahnemannism. By the way, not the least farcical element of homeopathy's epic jump is the manner in which it terminated in fixation to a preposterous position by the chains of a dogma from which it has never been able to break away—which, in fact, it cannot repudiate without thereby renouncing its logical right to exist."

The writer surely needs to take some of his own advice to heart before he writes any more about homeopathy. Later on in his article he says:

"Would not in medicine a more common adoption of the spirit of adjudication, in contrast with that of disputation, promote at once progress and harmony? Indeed, it would seem that reliable, capable men looking at the same phenomena from the same viewpoint and with the same opportunities should see more nearly alike. And is not the discrepancy of vision probably due largely to the circumstance that perception is transmitted through the eyes of the disputant rather than through those of the critic?"

Nerve Force Identical with Electricity. — Physiologists, as a rule, deny the identity of nerve force and electricity, basing

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their denials for the most part upon a seeming difference in speed between the two forces, and the apparent lack of sufficient insulation of the nerves. J. Emmett O'Brien, M.D. (*Jour. A. M. A.*, Mar. 7, '03), in a paper read at the last meeting of the A. M. A. claims that in view of the advances made in the knowledge of electricity, both theoretical and practical, this dictum of the physiologists must be revised. As to the determination of the conductibility of nerves, no really fine demonstrations have been made, having in mind "the gossamer tenuity of the neurons and the fine electric currents they normally evolve and transmit." Nerve impulse is needed for muscular contraction, and the rapidity of wing vibrations in certain insects, running up into thousands per second, indicates a high speed of nerve force. Then, too, the mechanisms intervening between the brain and the muscle must be borne in mind. These correspond to relays and transformers in electrial circuits, and produce lag; and an electric cable submitted to environment similar to that of nerves, would also produce lag in electric currents. As to insulation, experiences with high frequency currents are upsetting a good many ideas on this subject. Telephone circuits often work under conditions similar to those in which nerves are placed. Dr. O'Brien works out at considerable length the analogy between the nervous and a telephone system.

Medical Ethics as a Subject for the Medical Course.—It is important that a young practitioner should be well-grounded in the right relations to be observed between his fellow medical man and himself, and between the community and himself. As a rule, the student of medicine has to learn these relations by observing the conduct of his professors and his preceptor, and his knowledge is necessarily quite restricted when he assumes the position in the profession and the community to which a successfully completed course of studies entitles him. The curriculum is already overburdened, it is true, but at least some informal evening lectures on the subject might be given by different members of a faculty. That such would be appreciated by the students may be judged from the fact that those attending Harvard Medical School on their own initiative, have, according to the *Boston Medical and Surgical Journal*, arranged for a series of evening lectures to be given by prominent men, not necessarily physicians, on the general topic of the relation of the physician to the community.

Another Failure in Therapeutics — Few, if any, drugs proved on the healthy by the early investigators of homeopathy have been found wanting in suitable cases since their days, and, barring, perhaps, the imponderabilia, none have been discarded by the rank and file of the homeopathic profession. The same cannot be said with regard to the drug therapy of the dominant school. Remedy after remedy has been brought forward, its virtues lauded far and wide, its advent eagerly hailed by a profession evidently not satisfied with its present resources, and within a few months, or, perhaps, years, it has been found disappointing, and is discarded for a newer favorite. According to the *Journal A. M. A.*, the cacody-

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lates were brought forward within the last few years as arsenical preparations possessing many of the therapeutic virtues of the basal element, and practically non-toxic in large doses; they have, however, been found to produce certain disadvantageous symptoms. To obviate these latter disodic methyl arsenate (arrhenal) was brought forward. Latest investigations of both these compounds go to show that they pass through the body unaltered. It will not be long, therefore, before it is recognized that "the enthusiasm with which these were at first received appears to have been unwarranted by fuller experience, and may be taken as another instance of ill-judged medical faith in a remedy which is often one of the misfortunes of the profession."

Quite Handy.—The New Rockefeller Institute for Preventive Medicine is to be located in New York on Avenue A from Sixty-fourth to Sixty-seventh street. The New York Homeopathic Medical College and Hospital is situated diagonally across from this site, on Avenue A from Sixty-third to Sixty-fourth street. This will give those who are engaged in research work at the expense of Mr. Rockefeller a chance to study the preventive action of the epidemic remedy without incommoding themselves very much. It is to be hoped that the college authorities will place the necessary facilities at the disposal of the Rockefeller Institutioners.

Method of Producing Strength of Solutions.—Hughlett Hardcastle, of Baltimore, publishes in the *Jour. A. M. A.* a simple but accurate method of reducing the strength of solutions as follows: "Of the original solution take a number of parts equal to the percentage to which it is desired to reduce and thereto add a sufficient number of parts of the diluting substance so that the sum of the two will be equal to the percentage of the original solution. For example, to reduce a 10-per-cent. solution to a 4-per-cent. solution, take 4 parts of the 10-per-cent. solution and add thereto 6 parts of water."

The Responsibility of the Saloonkeeper.—Alcohol is a so well recognized cause of disease that anything that will in any way tend to prevent its abuse is of interest to the physician. In some parts of Europe a drunken man is taken care of by the city or town authorities, and the cost of such care has to be paid by the proprietor of the establishment where the man procured his last drink. It appears that a somewhat analogous condition of affairs can be said to exist in this country, for according to a recent decision of the United States Circuit Court of Appeals, a saloonkeeper may be held responsible for the death of a patron of his place in the event that death occurs from an accident resulting from the inebriated condition of the patron. The suit in question was filed by the widow and daughter of Charles Walker against John Moser and others, who were engaged in the saloon business at Ashland, Neb. Plaintiffs charged that Charles Walker drank intoxicants to excess at Moser's saloon, and in consequence was thrown from a buggy and killed.

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Iodized Catgut.—In a recent number of the *Journal of the A. M. A.* Dr. Nicholas Senn describes the Claudius method of the preparation of catgut, which, while being so simple as to be capable of being carried out by anyone, is said to render the catgut not only aseptic but antiseptic. The method consists in soaking the commercial raw catgut in a one-per-cent. solution of iodine for seven days.

Arsenic as a Cause of Cancer.—What can Homeopathy do for cancer? We presume it is safe to say that ninety per cent. of the practitioners of our school refer their cancer cases to the surgeon and prescribe for the neoplasm only when the patient refuses surgical interference. Yet our literature is not without reported cases of cancer which have not only been held in check, but have been cured by careful homeopathic prescribing. And if the statistics of these homeopathic cures were available it would probably be found that the remedy most frequently employed was arsenic.

The inquiry naturally arises: Has arsenic ever caused cancer? Some of our old school friends may shortly be able to answer the question for us. The *Polyclinic* for July contains an article suggesting a possible etiological relation of arsenic to cancer. It is claimed that the prevalence of the disease among the old chimney sweeps in England was owing to the fact that arsenic is an ingredient in soot; and it is suggested that the frequency of cancer among innkeepers, brewers, and others who consume large quantities of malt liquors, may be due to arsenical adulteration. The possible influence of arsenical wallpapers is also dwelt upon. Attention is also drawn to the fact that arsenic plays a far larger part in medical prescriptions than it used to; according to statistics furnished by Allen & Hanburys, London, arsenic occurred once in 81 prescriptions in 1861; once in 56 in 1874, and once in 14 in 1901.

The studies so far made in this question warrant a fuller investigation; and it will be interesting if the relation between the drug and the disease is established. If cancer is in any way due to the reckless administration of arsenic, it will be a severe indictment of Allopathic methods. The remedy will have proved itself worse than the disease.

A point to be borne in mind in a full investigation of the subject is the fact that among those who treat the disease by the application of plasters, arsenious oxide is a very favorite ingredient. If arsenic is the cause of the disease in the first place, does the arsenical paste act merely as a cauterant in those cases that are successfully treated by this method?

Night Terrors.—The night terrors or fears of children may occur from a variety of causes, and must not be considered as a separate disease, but as a symptom of a number of diseases. This disturbance may be caused from gastro-intestinal irritation; the writer has recently had a case which was due entirely to this cause, after correcting the habits of this child (not allowing it to eat just before retiring, having it kept as much as possible in

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the open air, easily digested diet, etc.) he soon made a quick recovery, not having any more wild dreams during sleep. Any nervous disturbance, however, when of central or peripheral origin, may produce such a profound impression on the cortical cells of the brain that the child's sleep may be disturbed by a cortical irritation. These symptoms are important, and should always be carefully considered, as they may be the forerunner of some more serious mental trouble. Remedies that may be indicated are: cina, nux vomica, santonin, chamomilla, belladonna and hyoscyamus.

Correspondence.

OUR LONDON LETTER.

(FROM OUR REGULAR CORRESPONDENT).

DEAR NORTH AMERICAN:

The Annual Congress of British Practitioners of Homeopathy has just been held, most successfully, in that ancient place of learning, Oxford. On Thursday, July 23, a representative gathering of our school met at 10 A.M., in the New Town Hall Building, High Street, and were greeted by the President, Dr. Percy Wilde, of Bath, the local Hon. Sec., Dr. John McLachlan (Oxford), and Dr. D. Dyce Brown (London), the General Secretary. The grand old veterans, R. E. Dudgeon, A. C. Cliftonand J. W. Hayward were among the group, and many of the middle-aged and younger men from all parts. London sent a strong contingent—Drs. G. Burford, Madden, Goldsbrough, Burwood, Jas. Johnstone, E. A. Neatby, Roberson Day and others. Liverpool sent Drs. Hawkes and J. Murray Moore; Birkenhead, Drs. J. W. Hayward and Proctor; Oldham, Dr. D. Williams; Tunbridge Wells, Drs. Pincott and E. Copper; Nottingham, Dr. S. B. Brooks; Bristol, Dr. Nicholson and Dr. Bodman; Folkestone, Dr. Murray; Reigate, Dr. Gilbert, and others, including the Special Reporter for the *Monthly Homeopathic Review*, who is Editor of the *Grantham Advertiser*.

Dr. Wilde's Presidential Address was a very able one, one of the most forceful and comprehensive of recent years. He showed how all the modern discoveries of science concerning the ultimate constitution of matter supported both the Theory of Similars and the power of infinitesimals. In fact, the arguments used in Dr. Moore's little book "Common Sense Homeopathy" (pp. 26 to 33 of 2nd Ed.) were repeated in much fuller form, and brought up to date, with many additional illustrations. That homeopathy is the true science of therapeutics is, Dr. Wilde thinks, proved by two of its features: 1st. In its working out homeopathy is capable of infinite progress. 2nd. Its power of prescience—as when Hahnemann foretold the prophylactic and therapeutic power of the copper-salts in cholera, is unique among all other theories of drug action.

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A hearty vote of thanks was accorded to the President, who in his reply gracefully alluded to the friendly presence of His Worship, the Mayor of Oxford. After an interval, Dr. Jas. Johnstone read an elaborate paper, illustrated by diagrams, upon "Immunity and Serum Therapeutics in Relation to the Rule of Similars." He very clearly explained the two different theories of Ehrlich and of Metchnikoff concerning the action of the toxin-forming bacilli, and the mode of "immunization." Next in order came Dr. J. McLachlan's paper on "The Bearing of Chemistry and Physics on the Homeopathic Law." The author brought in very appositely the Röntgen Rays, the "electrons" and "ions" of ultimate material atoms as explanatory of the action of highly-attenuated remedies. The remarkable acquisitions of this learned doctor entitle his views to respect; for he is not only M.D. of Edin. Univ. but a B.Sc. of Edin., F.R.C.S. of England and M.A. and B.C.L. of Oxford, all by examination. The third paper was by Dr. E. M. Madden and its title was "An Attempt to Re-state the Doctrine and Illustrate the Practice of Homeopathy, as one may imagine Hahnemann would have done had he lived in the present day." This paper was of an elementary character, and did not elucidate the subjects indicated by its long title. We have no doubt that Hahnemann had he lived till this year would have recognized "*contagia viva*" as the causes of most of our epidemic diseases. His mind was open to all new truths. But Dr. Madden failed to show how, or in what features Hahnemann's *practice* of homeopathy would have been modified.

Practitioners of homeopathy have not as yet accepted the doctrine that all anti-toxin inoculation treatment is homeopathic. We suspend our opinion (with an open mind) on this matter. A discussion followed, and the authors of papers replied.

An elegant luncheon at the Restaurant Buol—the best in Oxford—was then provided by the President, and some late comers joined us, including several ladies. Next came a most delightful exploration of the colleges, chapels, dining-halls, etc., of this grand old University. We were brigaded into three parties, the leaders of which were Dr. McLachlan, the Rev. S. Holmes and W. H. E. Phillips, Esq., M.A., the whole party having previously been photographed in a group in the quadrangle of Merton College. After "five o'clock tea" in another restaurant, the Congress re-assembled, and London was fixed as the place of meeting for 1904, Dr. Burford being elected President. The usual banquet was held in the evening, in the Randolph Hotel, situated facing Balliol College and the exquisite Martyrs' Memorial. The rain had considerately held off while we were exploring the colleges, but came down heavily after 6 p. m. Next morning we dispersed to our respective homes, amply satisfied that the Congress of 1903 had been a success, and grateful to Dr. John McLachlan, our representative in Oxford, for all his labor and trouble in arranging all the details so as to insure that success.

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ALLOPATHIC ARGUMENTS.

DEAR NORTH AMERICAN:

In the March number of your Journal you printed an article of mine on "Homeopathy and the Opposition." The manufacturers of *American Medicine*, in their issue of July 4, saw fit to copy part of what I said about potencies with these comments:

"Even *similia* is no longer held sacred by the modern followers of Hahnemann, and 'the single drug' is ridiculed by almost all. 'Psora' has of course no longer any vogue, and there remains only the high potency theory upon which to base a 'school.' But Dr. Shrewsbury (*North American Journal of Homeopathy*, March, 1903) thus disposes of that: * * * *

" 'This seems needlessly cruel, but one cannot forbear inquiry as to the further existence even of the grin of the Cheshire cat. In a city of brotherly love certain wards of the city hospital have been given over to the charge of homeopathic physicians. The test of therapeutics is not the sole, though an important one, for obvious reasons; one cannot therefore prevent the inquiry as to the distinctive kinds of treatment to be instituted; without such conditions clearly set forth of what value can the test have? The time has come to ask, *what is homeopathy?*' "

I burden you with this quotation, not because of its value or beauty, but merely as another shining example of how much foolishness may be got into a few words if the writer is only foolish enough.

With regard to hospitals there are two good reasons why some of them, and some wards in others have been given over to homeopathic physicians: 1st The managers of these institutions, whatever they may think of homeopathy, have found out that somehow or other the homeopath has the knack of getting sick people well quicker, and with less trouble and danger than the allopath; and, 2nd, the people who pay the expenses of such places have got tired of the enormous drug bills of the allopath, for drugs which have the undesirable qualities of being expensive, disgusting and injurious. As soon as these two facts percolate the mind of the business manager of a hospital, horse sense does the rest.

The balance of the remarks need no reply. Such sneers are not only idle but stale, and their only purpose is to provoke a transient smile among the feeble-minded brethren. If reasoning would do such a writer any good we would reason with him. But what amount of reason—what array of facts—would pierce the splendid hide which covers the horned rhinoceros of prejudice! We will even follow the advice of the wise man written for our instruction in Prov. xxvi. 4, and further solace ourselves with what he says in Prov. xxvii. 22. Doubtless when the inspired penman wrote those forceful words he had in his prophetic eye, among other smart people, a certain brand of allopathic editor.

W. J. SHREWSBURY, M.D.

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Book Reviews.

A Manual of Dissection and Practical Anatomy Founded on Gray and Gerrish.—By William T. Eckley, M.D., Professor of Anatomy, and Corinne B. Eckley, Demonstrator of Anatomy in the Medical and Dental Departments of the University of Illinois. In one octavo volume of 400 pages, illustrated with 220 engravings, 116 of which are colored. Lea Brothers & Co., Publishers, Philadelphia and New York. Cloth, $3.50 net.

The present work has a two-fold purpose: First, to provide the student with a detailed guide for dissection, and second, to meet the requirements of the physician or surgeon who may desire to review the anatomy of any region. The directions for dissecting and for identifying the various structures of the body have been given in careful detail with particular care as to sequence, so that each item of instruction appears in its natural and most useful relationship. To increase its usefulness the volume has been developed along the lines of regional anatomy, and it is believed that the careful and complete treatment of the various areas will adapt it to the needs of the surgeon and the post-mortem pathologist. Much care and attention has been bestowed upon the tables because of the advantage this method offers for the presentation of anatomical knowledge systematically and clearly.

Colors have been freely used, and the engravings are so large that in most instances the names of the parts have been printed directly upon them.

Saunders' Medical Hand-Atlases, Atlas and Epitome of Human Histology and Microscopic Anatomy. By Privatdocent Dr. J. Sobotta, of Wurzburg. Edited, with additions, by G. Carl Huber, M.D., Junior Professor of Anatomy and Histology, and Director of the Histological Laboratory, University of Michigan, Ann Arbor. With 214 colored figures on 80 plates, 68 text-illustrations, and 248 pages of text. Philadelphia and London: W. B. Saunders & Co., 1903. Cloth, $4.50 net.

This work combines an abundance of well-chosen and most accurate illustrations with a concise text, and in such a manner as to make it both atlas and text-book. The great majority of the illustrations have been made from sections prepared from human tissues, and always from fresh and in every respect normal specimens. The colored lithographic plates have been produced with the aid of over thirty colors. and it is evident. that particular care was taken to avoid distortion and assure exactness of magnification. The text is as brief as possible; clearness, however, not being sacrificed to brevity. The editor of the English edition has annotated and altered very freely certain portions of the sections on the adenoid tissues, blood and the blood-forming organs, muscular tissues, special sense organs, and peripheral nerve distributions, making these parts conform to the latest advances in the study of these tissues. The work will be found useful as an atlas, text-book, and book of reference for student and practitioner.

Manton's Obstetrics.—A Manual of Obstetrics for Students and Practitioners. By W. B. Manton, M.D., Adjunct-Professor of Obstetrics and Professor of Clinical Gynecology, Detroit College of Medicine. In one 12mo volume of 265 pages, with 82 illustrations. Cloth, $1.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

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This, the fourth volume of Lea's Series of Medical Epitomes presents a clear, compendious covering of the essentials of modern obstetrics. It is written in admirably simple language, and its arrangement and scope give ample evidence of its author's experience in teaching this subject. To the student it will prove a boon indeed, and practitioners will value it almost as much.

For convenience in quizzing a series of questions is given, but in order that they may not break up the continuity of the text these questions appear at the end of each chapter.

An Epitome of Physiology for Students and Practitioners of Medicine. By Theodore C. Guenther, M.D,, of the Norwegian Hospital, Brooklyn, and Augustus E. Guenther, B.S., formerly Assistant in Physiology in the University of Michigan, Ann Arbor. In one 12mo volume of 250 pages, with 57 engravings. Cloth, $1.00, net. Lea Brothers & Co., Philadelphia and New York, 1903.

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.

This Series of Medical Epitomes should not be confounded with the ordinary Question Compend, made up in question and answer form, for in the epitomes the matter is given connectedly, thus facilitating reading and study, and the questions for convenience in quizzing are appended to each chapter. Helpful illustrations are used where necessary throughout the book.

American Edition of Nothnagel's Practice. Diseases of the Pancreas, Diseases of the Suprarenal Capsules, and Diseases of the Liver.—By. Dr. L. Oser, of Vienna; Dr. E. Neusser, of Vienna; and Drs. H. Quincke and G. Hoppe-Seyler, of Kiel. The entire volume edited, with additions, by Frederick A. Packard, M.D., late physician to the Pennsylvania and to the Children's Hospitals, Philadelphia; and Reginald H. Fitz, M.D., Hersey Professor of the Theory and Practice of Physic, Harvard University Medical School, Boston. Octavo of 918 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00 net; Half Morocco, $6.00 net.

This book combines in one volume the sum of our knowledge concerning diseases of the Pancreas, the Suprarenal Capsules, and the Liver. In the sections on the Pancreas and the Suprarenals, the numerous experiments upon animals cited will be of the greatest value to the pathologist, the clinician, and the pathologic anatomist, affording an insight into the more deep-seated processes, and offering an opportunity of comparing the disturbances of function produced by morbid conditions experimentally induced, with bedside and autopsy observations. In editing these sections the editor has availed himself of the writings of Korte and Mayo Robson, especially the latter's important treatise on the etiology and treatment of chronic pancreatitis. An editorial addition to the section on the Suprarenal Capsules which seems especially noteworthy, is the investigations and discoveries on the active principles and therapeutic properties of suprarenal extract.

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The excellent article on the Liver is as thorough and complete as those on the Pancreas and Suprarenals. A survey of this work shows numerous critical additions, embodying the very latest contributions, besides expressions of Dr. Packard's own views regarding subjects under discussion. He has devoted special care to diagnosis and treatment, including the surgical procedures that have recently found their place in this field. With these numerous editorial additions the articles are brought fully up to date, and have no equal in our language.

High-Frequency Currents in the Treatment of Some Diseases.—By Chisholm Williams, F.R.C.S. Edin., M R.C.S Eng , L R.C.P. Lond., C.S.A. Lond., Electro-Therapeutist West London Hospital, etc. 222 pp., 75 illustrations. Price $2.75. Rebman Co., 10 W. 23d Street, New York.

This is a book which every worker in the newer fields of electrotherapeutics will want to have in his library. Dr. Williams has divided his work into eight chapters dealing respectively with History, Source of Energy, The Apparatus, Physical Properties, Physiological Properties, Therapeutic Methods, Some General Diseases, Some Local Diseases. American readers will, perhaps, be disappointed in seeing the meagre place given to the static machine as a source of energy and the entire failure to mention the Piffard coil among the apparatus. The diseases in which high-frequency currents have proved useful in Dr. Chisholm Williams's hands are diabetes, gout, chronic rheumatism, obesity, hysteria, anemia and chlorosis, neurasthenia, pulmonary tuberculosis, dyspepsia, atonic dilatation of the stomach, colitis, lupus vulgaris, lupus erythematosus, chronic eczema, acne rosacea, pityriasis, psoriasis, sciatica, headaches, neuralgias, warts, hemorrhoids, fissure of anus, prolapse of rectum, pruritus, simple ulcers, rodent ulcer, malignant growths and trachoma. The section devoted to the use of this electric modality is largely clinical, and its value is enhanced thereby.

American Edition of Nothnagel's Practice. Diseases of the Stomach.—By Dr. F. Riegel, of Giessen. Edited, with additions, by Charles G. Stockton, M D., Professor of Medicine in the University of Buffalo. Handsome octavo volume of 835 pages, illustrated, including 6 full-page plates. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $5.00 net; half morocco, $6.00 net.

This volume, like the others of this excellent practice, is thorough and complete. The importance of examining the stomach-contents in diagnosis, and the various methods of obtaining the contents and performing the examination, are discussed with the accuracy and clearness that spring from wide experience. Full consideration is given to the hydrochloric acid question as a factor in the pathology of stomach diseases, the latest views having been incorporated by the editor. Particular attention has been accorded disturbances of motility, and their influence in the disturbances of secretion. It is evident that careful study has been devoted to the subject of impairment of the absorptive powers, and the significance of gas-fermentation has been emphasized. The eminent editor, a recognized authority on diseases of the stomach, has added to the already excellent German text his own extensive experience, bringing the work in accord with our present knowledge.

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Materia Medica.

CONDUCTED BY

J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M. D.

New Toxic Effects and Therapeutic Uses of Arsenic.—G. Hardy Clark, M.D. (*Clinique*, July, 1903) collects important observations of the pathological conditions produced by the recent wholesale poisoning by arsenic in beer that occurred in England in 1900-1901. Important deductions for the homeopathic use of the remedy are made. He says:

"It has long been known that a pronounced loss of vasomotor tone may be caused by the toxic effects of arsenic, and this has been manifested in part by a persistence of crimson color of those parts of the palms of the hands and soles of the feet that are most exposed to use. However, at no time has an erethromelalgia been previously recorded as a result of poisoning. The epidemic of which I speak presented several pronounced cases of erethromelalgia, and as the picture of long continued arsenical poisoning corresponds generally with the state of patients afflicted with this disease we have reason to hope that small doses of arsenic increased with care will serve a good purpose here.

"Herpes zoster with the usual severe neuralgic pains was observed in many cases. It is unnecessary to here state, perhaps, that the remedy has long been successfully used in treatment of this disease on rather empirical grounds, but it will be refreshing to note that in this series of cases of poisoning herpes zoster was a very common complaint. As it has been shown that both arsenic and herpes zoster produce hemorrhagic foci, sclerosis of the spinal arterioles and changes in the large cells of both the posterior root ganglia and the anterior horn, it would appear that we are on proper physiological ground for the application of arsenic in this form of herpes.

"Behind most pathological conditions is another which appears to be commonly present in arsenical poisoning and which is almost essential to secure satisfactory results from the medicinal use of arsenic in chronic diseases. That is a general involvement of tissues in a state of granular or fatty degeneration. Wherever paretic effect is noted in arsenical poisoning great trophic changes are also occurring not only in nerve fibres and ganglia but in muscular and other tissue. Thus it is that in the heart of one suffering from poisoning there is a dilatation of the left ventricle, a remarkably short diastole and pulse of low tension. This condition of affairs cannot fail to explain the known value of arsenic for the long train of symptoms associated with the atheromatous heart and arteries where the heart's rhythm may be so disturbed that the diastole and systole may be equal in duration.

"Probably the most reliable and most generally used remedy for pemphigus is arsenic in properly chosen doses, but I do not find

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that the bullæ characteristic of this disease have been produced by toxic doses of the drug until reported in the late epidemic of poisoning. Here, however, the clinical picture seems to have been faithfully reproduced."

Barosma Crenatas in Chronic Cystitis and Prostatitis.—Mr. P., aged sixty-two; came to the clinic August 7; 1902, at which time he complained of being unable to control the urine; there was a desire to urinate at least every half hour during the day and he is up from seven to ten times during the night. The leading symptoms are the frequent desire to urinate, a distress above the symphisis pubis, and the large quantity of mucus in the urine. The duration of this trouble has been five years.

Physical examination showed the organs to be in a normal condition apart from the prostate gland, which is slightly enlarged and tender. He drinks several cups of coffee and a glass or two of beer during the day. These he was advised to stop. He was also advised to take a warm sponge bath at night and a cool rub in the morning; to retain the urine as long as possible that the bladder might thereby be dilated. On account of the chronic nature of the case, being attended by the profuse secretion of mucus, the irritable condition of the prostate, and at times incontinence of urine, barosma crenatas was administered. Five drops on sugar four times a day. As this distressed him, the amount was reduced to two drops, which was continued for several months with gradual improvement. April 16, 1903, a careful examination showed the prostate not so tender nor so much enlarged; the mucus had disappeared from the urine. He then complained of the urine burning and smarting, and eupatorium perf. 1x was administered. As a result he reports that he is not obliged to get up at night and he has no distress during the day.—*The Clinique*, June, '03.

Phosphorus Poisoning Simulating Diphtheria.—Dr. Henry D. Chapin, in *The Laryngoscope*, Mar. '03, related the instance of a girl three or fours years old, who was sent to the hospital this fall. The house doctor was puzzled with regard to the case and asked Dr. Chapin to see her. The child was weak, very pale, and in a low condition, with a very bad breath. Upon examining the throat and mouth a large pseudo-membrane was observed upon the hard palate and extending to the base of the uvula. It did not involve the pillars of the fauces or tonsils. The picture presented was one of a bad septic case of diphtheria. He told the house doctor that he had never seen a case of diphtheria with the membrane situated exclusively in such a place. He refused to admit the child and sent her home. On the following day a doctor was sent to investigate and take a culture, which proved negative; he learned that the child was suffering from phosphorus poisoning, contracted by sucking matches. The child was then admitted to the hospital, and the membrane came off, leaving a necrotic area. Recovery took place.

Apis was proven by the Central New York State Homeopathic Society. Its symptoms are largely taken from the physiological effects of bee stings upon the cellular tissue. Here the indication

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is an *acute edema*, not with the intense cutaneous inflammation of belladonna, nor with the vesicles of rhus, but with a cellular swelling, heat and burning, very sharp and severe pains, tingling and itching.

Dr. Cassel, of Mentone, recorded a case where the sting of a bee near the eye caused, after the lapse of some days, a subacute keratitis, first on that side and then on the other.

Other eye symptoms are: *Swollen, red and edematous lids*, the *upper often hanging over the lower.* Conjunctiva congested, red, puffy, full dark red veins. Photophobia with hot scalding tears which spurt from the eye as the lids are opened. When not so marked objectively there may be a sensation of swelling with burning, stinging pains; red and inflamed edges of the lids with hot lachrymation and morning agglutination. *Stinging in the eyeball*, during inflammation and aggravated by movements.—*Hom. Eye, Ear and Throat J.*, July '03.

Pediatry.

CONDUCTED BY - - - - - - - - WALTER SANDS MILLS, M.D

Two Cases of Consumption Probably Infected by Tuberculous Milk. (*British Medical Journal.*)—Dr. J. M. Gowie reports two cases. The patients were a boy, aged seventeen years, and his sister, aged five years. There was no family history of consumption. The boy's illness began with rapid loss of flesh and strength; later an ischiorectal abscess developed and, after discharging for three months, was operated upon. One week after operation, the patient was found to have diabetes. After the operation cough, which had not been present before, developed rapidly, and at the time of report the sputum contained tubercle bacilli.

The girl's illness began with abdominal pain and vomiting. Appendicitis was diagnosed, and an abscess later formed and discharged at the umbilicus. An operation was done and the condition judged to be tuberculous.

The author's inference, from the clinical course of the disease, was that in both cases the affection began in the abdomen.

During the period in which the patients developed tuberculosis the family had used milk from two sources. Professor Delépine had had samples from both and proven them tuberculous by injection into guinea-pigs. In the herds from which the milk came, cows with tuberculous udders were found in both instances. No source of infection apart from the milk could be found in the case of either patient.—*Archives of Pediatrics.*

A Case of Friedreich's Ataxia.—A case is reported by Edelston. The patient was a child of fourteen. Family history good. The only previous illness had been measles. At seven she became awkward in walking and carried her head "poked forward." Later her speech became drawling and indistinct, and she had pains in the joints. After her measles the ataxic symptoms were worse.

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In November, 1897, her condition was: "In the sitting posture she remains quite still with her head bent forward. When spoken to, the head swayed from side to side as she looked up. The arms were kept semiflexed and the wrists flexed with the fingers extended. The pupils were dilated, but equal, they reacted normally, and there was no nystagmus. The tongue was normal. The speech was drawling and indistinct; the memory good. Knee-jerks and ankle clonus were absent. She stood with her feet widely separated and her head thrust forward. In walking she rolled, and there were choreiform movements of the head, shoulders and arms. In picking up anything, the hands swayed from side to side, the fingers were extended over the object and then grasped it suddenly. She had a lateral curvature of the spine, talipes equinus, and the deformity of the great toes described by Marie. Skin reflexes and sensation were normal."

Five years later, when the case was reported, all the symptoms were worse, and the patient was almost helpless.—(*British Medical Journal*)

The Home Modification of Milk for Infant Feeding. (*American Medicine*).—Dr. Alfred Hand makes several definite points, as follows:

1 The first thing is to consider each case by itself and get a careful personal history, especially as to the previous feeding.

2 Obtain a good, clean milk.

3 Direct the preparation of the food according to the percentages of fat, proteid, and sugar—that is, think in percentages.

4 If a child does not show a weekly gain in weight after being put on a mixture directed by our best skill, before making a change, examine the preparation to see if the child is getting what has been ordered.

5 Barley water, as a diluent, is advised, except in cases of constipation, when oatmeal water may be substituted.

—*Archives of Pediatrics.*

Pasteurized and Sterilized Milk as a Cause of Rickets and Scurvy.—Dr. E. M. Sill (*Medical Record*), has found from the examination of 179 consecutive cases which have been fed during a period of from three to eighteen months, pasteurized milk being given for nine months of the year, while during the three summer months sterilized milk was given, that 97 per cent. showed unmistakable evidence of rickets or scurvy. In each case the milk was carefully modified to suit the age and condition of the child and every precaution taken to make the bottles absolutely clean and sterile before using. In about forty cases in which breast feedings supplemented the use of the pasteurized or sterilized milk, the signs of rickets were less marked than in those fed exclusively on the prepared milk. The aim of sterilization and pasteurization of milk has been to destroy disease germs, and preserve it, but these processes make it a dead, preserved food, so that it is to the infant what canned or salt food is to the sailor. It is not necessary to use these methods when a pure milk supply is provided for, and this

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can be done by having the cows frequently subjected to the tuberculin test, to exclude tuberculous animals. The cows must be groomed, the teats and the udders, and the milkman's hands thoroughly washed and dried before milking. The milkman should wear clean, washable clothes, and the milking should be done in a building away from the stables. The milk should be received into sterilized bottles, which are then tightly sealed, labled with the dairyman's name and the date, and cooled immediately to a temperature of 40°F. By the observance of these rules the object of pasteurization can be safely accomplished, so that this process becomes unnecessary.—*St. Louis Medical Review.*

Rheumatism in Children.—Hutchinson (*Clinical Journal*) has a paper with this title. He says that undoubtedly chill has something to do with bringing on an attack. The one has followed the other so often that he is obliged to believe in the relation of cause and effect. He urges attention to the smallest symptoms. He believes that a child with the slightest tinge of rheumatic pain should be put to bed. He thinks it would save many cardiac complications. Hutchinson thinks rest to be the most important factor of treatment in these cases. The salicylates will reduce the pains and inflammation, but many good observers believe they rather tend to cause than to prevent endocarditis.

[The editor is convinced that the homeopathic treatment of rheumatism, especially acute articular rheumatism, will relieve the symptoms quite as promptly as the salicylates].

Neurasthenia in Childhood.—Dr. Luigi Capelletti (*Riforma Medica*) has an article with the above title. He reports two cases of neurasthenia in children. He says the disease is a little difficult to recognize in children because it is irregular in character. Capelletti quotes Boiadijeff as to the symptoms that call special attention to neurasthenia in children: (1) "Loss of attention, so that the child does not progress well in study at school. (2) Taciturn and melancholy moods (irritability, restlessness). (3) Exaggerated or deficient memory. (4) Loss of will power. (5) Unreasonable fear of school." Capelletti lays special stress on a symptom he believes to be characteristic of neurasthenia in childhood. That is, the *constant doubt* in the child's mental operations. This is so contrary to the usual self-reliance of childhood that it always demands attention. The physical signs—headache, insomnia, loss of appetite, etc., etc., are the same as in adults and demand no special notice here.

Ophthalmia in the New-Born.—Buchanan (*Scottish Medical and Surgical Journal*) has an article on this important subject. He says prevention lies in thorough cleansing of the maternal parts, and the use of nitrate of silver injection, ½ of one per cent. solution, in the eyes of the child at birth. If ophthalmia develops he recommends either of the following injections: Bichloride of mercury, 1-8000; permanganate of potassium, 1-2000; protargol, 10 to 20 per cent; nitrate of silver, 4 grains to the ounce. He says if protargol is used, some ointment should be applied to the lids to prevent dessi-

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cation of the discharge. He also calls attention to the fact that attention should be paid to the general condition of the child. He has found that an improvement in nutrition is always of direct benefit to the condition of the eyes.

Fever of Dentition.—Dr. E. R. Corson, of Savannah, Ga., has an article with this title in the *N. Y. Medical Journal.* He says that once he lanced the gums of a seven months child, and the child immediately went into convulsions. Again he lanced the gums in a fifteen months old child and the child immediately went into convulsions and shortly died. He has known of similar cases. Corson's theory is, and we believe him to be right, that the lancing set up an enough additional irritation, in an otherwise sick child, to bring on convulsions. Corson's idea as to the gums is to let them alone. He says they rarely go on to true inflammation and suppuration if let alone; that the redness and swelling is merely a congestion. He calls attention to the fact that teething children who have fever and are otherwise sick are not sick *on account of* the teething. The teething child is very susceptible to disease, because it is in the developmental stage. The congested gum is a symptom not a cause.

Peliosis Rheumatica in Children.—Heiman reports a case occurring at Mt. Sinai Hospital, New York (*Archives of Pediatrics,* Dec., 1902). Swift reports a similar case (*Ibid,* Jan., 1903). The first says nothing of treatment. The second used salicylates. [The indicated homeopathic remedy serves best here as elsewhere. Think of apis, arsenic, arnica, rhus toxicodendron, lachesis, phosphorus, etc.]

Clinical Medicine.

CONDUCTED BY

JOHN L. MOFFAT, M.D. AND JOHN B. GARRISON, M.D.

The Dose of Codein—Fraenkel claims that codein, to be effective, must be given in larger doses than generally used. Try dissolving a grain of the first decimal trituration in half a glass of water, giving the patient a teaspoonful every hour or so, if you feel that something of the kind is necessary, and see if it does not work better than the crude drug. It is a great deal safer.

Hyaline Casts in individuals over 50 years of age are believed by many careful observers to be without significance.

Calcarea Iod. effected a cure of an excrescence of the uterus formed by a growth of the connective tissue, given in the 6x trit.

Hydrastis Can., ten drops of the tincture given in hot water every hour or half hour, is a great remedy in gall-stone colic.

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Sick Headache beginning with a blur before the eyes calls for iris versicolor.

Stannum is indicated in the fever of consumptives when it appears about ten o'clock in the morning.

The Vomiting of Pregnancy finds relief from senecio aureus given in from one to four drop doses of the mother tincture, every two to four hours.

Hypersensitiveness is the key to the general action of nux vomica.

Use Kali Bichromicum 1x in hot water every evening when you have a fat patient who complains of excessive quantities of phlegm.

Pulsatilla has chill, aggravated by warmth and thirstlessness, three characteristics which serve to differentiate it well.

For persistent throat irritation examine carefully the glosso-epiglottic and pyriform sinuses, as a small amount of irritation in them is sufficient to produce much trouble.

Fifteen grains of chloroton given two hours before operation with a general anæsthetic, will greatly diminish the tendency to vomiting.

A Case of Addison's Disease cured by supra-renal extract is is reported by Deeks in the Montreal *Medical Journal* where, after a continued treatment for some time with other remedies without benefit, three grains of the supra-renal extract were given three times daily, after meals, and improvement commenced at once, and in less than a month the patient was able to be up and about.

Speaking of Burns.—1. Never use a dry dressing.

2. Never forcibly remove the skin or deeper tissues; prevent their removal if possible. Keep the wound free from pus with a liquid antiseptic, and nature will remove the dead tissue by healthy granulations beneath. The skin is a protection.

3. Never use any oils or salves. If these are used, pus will form.

4. Never change dressings too frequently. A perfectly antiseptic liquid dressing will keep the wound clean and odorless; hence change is not necessary.

The earlier a burn is dressed the better for the comfort of the patient, but it can be treated at any stage with equal success. After months of faulty treatment the pus has been seen to disappear in four or five days and a healthy granulation appear, healing perfectly and leaving no scar. If the patient has been in good health previously, constitutional treatment is seldom needed—no stimulants, no cathartics, no sedatives, after the first hypodermic to allay the sensory nerve irritation. Antiseptic dressing prevents further constitutional disturbance.

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Dr. Francis, of Brisbane, in a paper read to the Clinical Society of London, says that the nasal treatment of asthma should be employed even where, to all appearances, no abnormality of the nose is to be found. It cannot of course be claimed that the idea is strictly original, as many physicians have long been unwilling to deal with certain cases of asthma without the aid of the rhinologists, and every physician must be aware of the frequency of immediate temporary relief of asthma by the use of the thousand and one vaunted specifics, which are introduced into the nose in the absence of any obvious nasal abnormality. The basis of most of these applications is cocaine or adrenalin, or both, and the action of both is unquestionably for the most part a direct local action. In his own cases polypi were present on an average in one of thirteen cases, and he considers that the two conditions had no mutual causal relationship, but were rather referable to a common cause. He has also found that the best therapeutic results are obtained by cauterizing the septum without touching the polypi, and that often complete removal of the polypi merely serves to accentuate the asthma. Moreover, it often happens that mechanical freeing of the nasal passage affords no relief to dyspnea, while the application of cocaine to the septum produces immediate relief. That some part of the nasal apparatus has a controlling influence upon the respiratory center, or there is in the nose, as it were, an agency through which the afferent impulses must pass. The sensitive area of the nose appears to vary in each patient, and repeated applications of the cautery might be required before the sensitive spot is found.

In the discussion on Dr. Francis's paper Dr. Greville Macdonald spoke in favor of the frequent association of asthma with obvious nasal abnormality. *What he always expects to find is anterior hypertrophy of the turbinals, and if that is removed he expects to cure his patient.* He recorded also several cases in which the removal of local disease had relieved asthma, but he did not claim more than a small fraction of the amount of success achieved by Dr. Francis.

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Medical Progress.

CONDUCTED BY

J. T. O CONNOR, M D, PH D, AND WALTER SANDS MILLS, M.D.

The Electrolytic Bougie in Otitis.—Dr. Arthur B. Duel, the leading advocate of this procedure in the treatment of chronic catarrhal otitis, defended and enthusiastically supported the operation at the ninth annual meeting of the American Laryngological, Rhinological and Otological Society. In carrying out the method a silver Eustachian catheter, insulated by rubber tissue wound on spirally, is accurately adjusted to the mouth of the Eustachian canal. A gold wire, on the end of which a small bulb has been fused, is passed through the catheter and on into the Eustachian tube until it meets an obstruction; then the outer end of the wire is connected with the negative pole of the galvanic battery, and a current of a half to one and a half milliamperes is turned on, and the obstruction is gradually overcome by the electrolytic action of the current. The opening of the tube in this way must be followed up by such other treatment of the nose, naso-pharynx and middle ear as may be required. This is not a procedure for routine treatment; it should be used only a few times at considerable intervals.

Suppression of the Urine Relieved by Decapsulation.—The *Occidental Medical Times* contains the report of a case of suppression of urine for eight days, which was relieved by decapsulation of the kidneys. One hour after the operation the patient expressed a desire to urinate, and the function gradually improved from that time on.

Two Cases of Cæsareau Section for Obstruction due to Fibroid Tumors.—Dr. A. H. N. Lewers, in the *Lancet*, reports two cases of Cæsarean section for obstruction due to fibroid tumors. He was first called to each case at about the fourth month of pregnancy. In each he found the tumor so presenting that natural delivery at full term was impossible. As neither tumor had caused any trouble until about the time of his call, Lewers decided to let pregnancy takes its course. He also made arrangements to perform Cæsarean section at about one week before estimated full term. In each case the patient went through pregnancy without accident. The Cæsarean section was performed at the appointed time, and a living child was delivered in each case. The mothers both made uneventful recoveries. Neither tumors, uterus, or adnexa were removed in either case. Most surgeons probably would have made some sort of operation for the tumor *per se*. Probably hysterectomy would have been done by most. The subsequent history of Lewers' cases would be of great interest.

Supernumerary Breast in the Axilla of an Adult Male.—Dr. Griffith (*Medical News*) reports such a case. The man is a Bushman of West Africa and was photographed by Dr. J. F. Donnelly, of the Royal Army. The supernumerary breast is under the right axilla and is quite large. The condition of supernumerary breast is very rare in women and practically unknown in men.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

Original Articles in Medicine.

COURT ROOM REMINISCENCES.*

BY H. F. BIGGAR, M.D., LL.D.

Cleveland, Ohio.

PHYSICIANS generally make bad medical witnesses. There are many reasons for this, chiefly that they are not prepared and posted on the case before the court; another reason, they are afraid; another, they desire to talk too much. A good medical expert should be well posted; he should be cool and collected, should be concise in his answers and use every day language, avoiding all the medical terms possible. A medical expert cannot be like Beecher, who when asked how he prepared his sermons replied: "Always prepared." He should have a good knowledge of anatomy and physiology, which are the foundations of all, and after this a good knowledge of all general subjects, particularly the kindred sciences, as chemistry, physics, and gunnery, to the extent of the various ammunitions in use, projectiles, etc.

At this time the subject should receive careful consideration. It has been said that "medical expert testimony in suits at law has fallen into such disfavor that judges, lawyers and physicians alike are casting about for a way to restore it to respectability. Expert testimony should be candid, impartial and scientifically true."

The standing of medical experts before the courts, both bench and bar, is too much like that of ordinary witnesses; that is, called by one or other side, it is expected that his testimony will be so shaped as to favor the contention of his side, which opposing counsel is bound to discredit. This should not be. Let the standing, and bearing, and words of the witness carry the conviction of truth

* Written especially for the NORTH AMERICAN.

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with them. Such a witness is respected by both sides, as he deserves to be. The fault may be mutual; for many physicians do not know how to be examined, and very many lawyers do not know how to examine physicians.

The following are pretty safe rules to work by; in examination-in-chief state the facts as you know them as clearly as possible in a language all can understand. Counsel will discuss possibilities and probabilities with you later. In cross-examination don't be afraid to say: I don't know. It is not a confession of ignorance; how many times in your office, when you really do not know, you evade the admission by specious or ingenious replies which are apparently satisfactory to the patient. You may fool a patient but not an opposing counsel.

When possible answer "*yes*" or "*no*;" avoid explanations, and when the question is answered—stop. When a question so answered does not convey a true idea—as ingenious attorneys so frequently contrive—answer first, explain afterward—*insist* upon explaining.

If possible, thoroughly understand the case at issue.

Never become flurried or surprised. Answer in terms that may be heard by court and jury, but never bluster or talk excitedly.

Do not assume knowledge. "He knows much who knows enough to know that he knows nothing. But he knows more who knows enough to look as if he knew something."

A very able expert makes the following suggestions to a medical witness:

1. "He should studiously guard against being biased.

2. "He states the facts as he understands them; if he has doubts he should express them.

3. "A medical witness should not assume the province of the jury.

4. "He should as much as possible avoid the use of professional terms.

5. "He should keep cool, collected, and not permit himself to be irritated or confused by counsel."

Keysor in his "Medico-Legal Manual" (a very valuable book for medical experts) suggests the following:

"A physician should not go upon the witness stand either to combat or to defend any particular theory of disease or method of practice, or to champion the cause of any school of medicine."

"Expert testimony should be delivered in plain, clear and common language. The use of 'ifs,' 'buts,' 'perhaps,' and other hedging terms should be avoided as much as possible; and also the use Latin names, technical terms and scientific phrases, if a reasonable degree of accuracy will permit."

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The dissimulator and perjurer are the dread of courts; but they are often less dangerous than the witness whose conscientious fear of violating his oath prevents him from stating matters as fully and strongly as justice deserves and the truth warrants."

"Lawyers sometimes entrap a witness into saying that he has read a particular work, naming to him one that never existed, and then showing that fact after obtaining the answer: yes."

"The answers to the questions asked should be responsive. Evasive, ambiguous and undecided answers constitute very poor testimony and shake the confidence of the jury in the integrity, or competence, of the witness. Besides, they accomplish nothing in the end but waste of time; for if the question be proper counsel may press it until a responsive answer is returned. Witnesses should never suffer themselves to argue with counsel, or to answer a question by asking another; for such conduct merits, and usually receives, the rebuke of the court. If the witness cannot answer it he should say so frankly."

Too many lawyers, indeed, who possess neither the instincts of a gentleman nor the culture of a profession, abuse the privilege accorded them by the law in the examination of witnesses. Without going far enough to incur rebuke from the court, they attempt to perplex and discredit a witness by questions fraught with innuendo, sarcasm, threats and artifice."

"The medical expert should always remember the dignity of his calling and never lose his temper, no matter how much galled he may be by the impertinence of opposing counsel, who is not always a gentleman. He should never be flurried, never give hurried answers, and should demand time for his full answer, if choked off or interrupted. He should, on the other hand, never show an eagerness to testify or an enthusiasm in espousing the cause of the side on which he may be employed. His testimony should be given in a cool, impartial manner."

"Though the medical witness may feel that he is sometimes too roughly handled by counsel, he should remember that the ablest and best judges and lawyers fully appreciate the difficulties and importance of his position."

One should never be more keenly alert and on his mettle than on railway cases; he is dealing with that kind of men, from brakeman to president. Not as a whole, of course, but they are prolific of all manner of duplicity and malingering. The following is a type:

Case I.—A brakeman injured the palm, resulting in permanently (?) contractured 4th and 5th fingers of right hand. He

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sued the railway company for large damages. The plaintiff was examined on the morning of the trial. Attracting his attention to a carriage on the street, I was able without effort to straighten the fingers. When he recovered his surprise he immediately closed them. The pink and soft appearance of the skin on the joints and the healthful feel of the palm surface of the fingers did not indicate a long and permanent contracture. The attorney for the company asked but few questions. "Did you examine the patient's hand?" "Yes." "Did you straighten out the fingers?" "Yes." "Did it require much force to do so?" "No." "Do you think he could straighten them out if so inclined?" "Yes." This was all for the direct examination, but was subjected to a very long and humorous cross-examination. Verdict for the company.

Unexpected climaxes prove exceedingly annoying, as in the following:

Case II..—I was requested to give evidence in a case like this; A man was injured in a street-car accident resulting, it was alleged by his physicians, in loss of sensation of entire right side of body including arm and leg. Before trial I carefully examined the patient, and found as stated by his physicians—unless he was malingering. The various tests were made with lighted tapers, needles and sharp pointed instruments, and application of heat and cold. The sense of feeling seemed to be wanting, and if so the case was serious and the traumatic neurosis permanent. Before testifying I again asked his physicians if they believed in the honesty of the patient. They assured me that there was no doubt as to his sincerity, nor had they any doubt of his permanent injury. My testimony was in accordance with the results of my experiments and the statements of his physicians. Some days after the verdict was given, his physicians confessed to me that the plaintiff was a very dishonorable person and had not lost the sense of feeling at all, that it was perfectly normal, and that they had mistrusted his malingering and had proved it in the hospital at a time when he was not on the alert. I was much provoked over this glaring deception and imposition by the physicians, and apologized to the attorney for the street railway company.

Malpractice suits are the dread of the medical man, especially the surgeon. In the case of a physician the law presumes that he has used his best judgment, and such a plea becomes his protection; while the surgeon, although in the same way protected, appears to be subjected to persecution in a great range of cases, and, whether sustained by law or not, is subject to great expense and annoyance. There is no question but that a large proportion of these have no

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basis in fact but are instigated by unprincipled friends and worse lawyers, who, while grasping after the lion's share of heavy damages, are content with no more than the same share of the proceeds of compromise. The following are some examples:

Case III.—Plaintiff brings action against a prominent homeopathic physician for a stiff knee resulting from too violent motion of the knee when extremely inflamed (gonorrheal synovitis). I was an unwilling witness for the plaintiff, though the defendant was not very friendly to me at the time. Among the questions asked by the plaintiff's attorney was this: "Would it be good practice to forcibly twist and wrench a knee in gonorrheal synovitis, when the knee was red, swollen, and painful to the slightest touch, with temperature at 103° and pulse 120?" Answer, "No." In cross-examination was asked if in a case of gonorrheal arthritis, after five weeks of treatment with temperature and pulse normal, would it be good practice to make gentle passive motion on the knee?" Answer, "Yes." "What per cent. of gonorrheal arthritis of knee under the most favorable treatment result in anchylosis?" Answer, "90%." The jury was out two days and a night; verdict for defendant. The defendant's counsel was very grateful for my testimony, his case being greatly helped by it.

Case IV.—In an adjoining state, for malpractice in a comminuted compound fracture of both bones of forearm, resulting in a withered arm. Cause of deformity said to have been too tight bandaging, and not seen daily for first four days. The case was not very encouraging for the defendant, as he had not, as a matter of fact, seen the patient for four days after the first dressing. The plaintiff's attorney had read Hamilton on Fractures, an early edition, in which it is stated that in these severe fractures the patient should be closely watched by the attending surgeon, even to visiting the patient two or three times a day. Upon this authority he claimed negligence. On cross-examination I was asked if Hamilton was authority on fractures? Answer, "Yes; but since the issue of that edition antisepsis had been introduced, which did not necessitate so frequent visiting; and as the arm of the plaintiff had been thoroughly antiseptically dressed, there was no occasion to visit or see the arm so often." The next question was: "Was not the withering of the forearm due to too tight bandaging?" Answer, "No; first because the forearm was not too tightly bandaged, and second because the median nerve was injured at the time of accident, which was the direct cause." Verdict for the defendant.

Case V.—In the seventies a mother and daughter came into my office to have a broken needle removed from the mother's thigh,

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which had been in four days. I found the end of the needle just underneath the skin, with some suppuration. The daughter urged me to give chloroform. I declined, because the needle could easily be removed without; however, to satisfy her I had my assistant hold the shield about six inches from the face, the daughter satisfied that her mother was taking the anesthetic. The patient watched me closely, saw me grasp the needle with forceps, gave a gasp and was dead.

The coroner's inquest exonerated me. The post-mortem examination revealed a thin-walled heart, which was liable to cause her death under any excitement or surprise. I was sued for $20,000 for unskillfully administering chloroform. It was at a time when there was great professional excitement in our ranks over college and hospital matters, which added doubly to my distractions. The attorney who conducted the case for the plaintiff secured the services of the Hon. John McSweeney, of Wooster, one of the ablest criminal lawyers in the state. Before the trial interviews were had with me for a settlement, they offering to take $10,000, then $5,000, then $2,500, and finally would take $1,500. All their overtures were without effect. On the day before the trial the two attorneys came to my office and again urged a settlement, McSweeney stating that it would be my professional ruination if I did not do so. They were so importunate and abusive that I was compelled to order them out of my office, which I never would have done had I not been fully assured that I was right and that I should win the case.

After the suit was commenced a young attorney promised to win the case if I would pay him $100 upon the decision of the court. He advised me not to attend the trial, that he would attend to it. When the case was called the judge asked, "Who represents Dr. Biggar, the defendant?" "I do," replied my attorney. "Are you ready for trial?" said the court. "Yes, your honor; but before proceeding I would like to ask who is the guardian for the children of the deceased mother?" The attorney who began the suit replied, "I am." "Then," says my attorney to the court, "has he given bonds?" When asked by the court the reply was reluctantly given "no." The judge then ordered the case dismissed.

Case VI.—Twenty years ago I was sued for malpractice. A girl ten years old fell and broke the external condyle of the humerus.

Many interviews were had with me by the father, with demands to pay damages. At my suggestion the matter was left to two doctors, each to choose one, to decide the case. The arbitrators exonerated me, stating that the results were excellent. The agreement to arbitrate was verbal and therefore not binding, as it would

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have been had it been written. Had property rights been involved, then a verbal contract would have been binding.

The father commenced suit. His lawyers urged me to settle; I declined. In court I conducted my own case. The patient was the first witness. Her lawyer asked her as follows: "Stella, your arm pains you at the elbow joint?" "No, it does not." "Your injured arm is shorter than the other?" "No, I think not." The arms were measured and found of equal length. He next inquired: "You can't lift your arm to your head?" "Oh, yes, I can comb my hair and eat very easily." No other witnesses were called. The judge dismissed the case reprimanding the attorneys for encouraging such litigation.

Some months afterward I met on the street one of the attorneys for the plaintiff, who confessed that the father had changed my dressing and splints, with the expectation that deformity would result. He also admitted it was their purpose to frighten me to a settlement before the trial.

Apropos of this it may not be out of place to narrate a case occurring in Pennsylvania which was settled by verbal agreement to arbitrate, though it later had to be decided in court.

A man hunting, in crossing a field was attacked by a bull, and his only chance of escape was by shooting the bull, which he did. He went to the owner and told him of the whole matter; he was very sorry, but was compelled to shoot. The farmer was enraged and demanded payment for the bull. They decided to leave it to the first man who passed by, who should state the amount of damage, if any. The first passer-by soon appeared, and each stated his case. He decided that the hunter "would be a d—n fool to pay a cent!" The farmer was not satisfied and brought suit, but the court held that the verbal agreement to arbitrate settled the case. This is known in that region as the "Bull Case."

To the well-informed physician or surgeon it is not difficult to testify regarding matters of fact or those capable of demonstration; but it is quite the contrary in cases such as injury or death where there is no direct evidence, or those of obscure pathology, or those that call in question the mental status of individuals. These often tax the knowledge and ingenuity of the witness to the utmost.

Case VII.—A young married woman, bride of six weeks, with cystitis, had consulted her physician through her mother for the third time. At last he advised that, should there be no improvement, the daughter be brought to the office for examination. The young wife called without her mother and was examined on a Saturday at 2.30 P.M. After she had arisen from the lounge, the

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examination having been completed, while standing she claimed that assault was made. After leaving the office she went directly to an afternoon reception where it was in proof that she had a merry time, having two serves of the light refreshments. At 6 P.M. she returned to her home (at her parents), and at 9 P.M. of that same day first told her husband of the assault. On Monday went shopping with her mother, appearing very jovial and in good spirits. On Tuesday the doctor was arrested. Her testimony was that she was assaulted in the doctor's office as above stated; was not able to take any tea from her depressed feelings, and did not tell her husof the assault until 9 P.M. The doctor's testimony denied the assault, stating that if any resistance had been made, the dentist occupying the floor over his consulting room could easily have heard any struggle or outcry as a large and open stove-pipe-hole connected the rooms; that the office maid was in the adjoining room; that he accompanied her to the porch where his stable-boy was sitting, and that when they parted both were laughing, which was corroborated by the stable-boy. Thus the testimony of plaintiff and defendant was flatly contradictory.

As an expert my testimony was as follows: Seven years previous to her marriage, when twelve years old, she was brought to Cleveland for treatment. When she entered the hospital she had six handkerchiefs over her eyes to keep out the light, which she could not bear. She could not talk above a whisper, and had tenderness and pain in the spinal membranes. In two weeks she could bear the full light, her voice was restored, and in six weeks the back relieved of pain and in all respects well, she returned to her home. It was evidently a case of hysteria, even to hallucinations, caused from the spine and neurotic disorders.

The mother testified that for six weeks previous to her marriage she had complained of her back.

The doctor testified that he found the uterus severely anteverted.

My further testimony was that if the condition of hallucinations was caused by a congested spine and other nervous troubles when she was twelve years old, the same condition of the spine at the time of the alleged assault, with the addition of the effects of the marital relations, would tend to cause a return of former symptoms, intensify the hallucination, illusion or delusion, and most probably, after all, the assault was imaginary and not real.

During the trial the different characteristics of delusions, illusions and hallucinations were explained as follows:

"A *delusion* is a false belief of the insane, and not amenable to reason."

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"An *illusion* is a conversion of impressions really perceived into something that is not perceived. For instance, if one sees a table before him and imagines it to be an elephant, or hears a street-car and imagines it to be a cannon, he converts something real, the table or street-car, into something unreal, the elephant or cannon; and he has an illusion.

"An *hallucination* is an imperfect perception through any one of the different senses. Thus a person who imagines that he sees something, or hears something, or tastes or feels something that he is not seeing, hearing, tasting, or feeling, has an hallucination."

The jury did not find the doctor to be guilty.

Case VIII.— ———, a D.D.S., was brought to the hospital unconscious from a bullet in his brain, from which he died. He was insured; if he had suicided, the insurance was void; if accidentally shot, the company was liable.

The circumstances that led to the decision that it was not suicide were as follows: 1st, the ball was lodged in the inner plate of the parietal bone at the temporal ridge, pointing upward and outward, making an obtuse angle. Having himself a knowledge of the anatomy of the skull, if intentional the muzzle of the pistol would most likely have been on a level, thus penetrating the bone at right angles to its plane. 2nd, the skin or scalp was not peppered with grains of powder. 3rd, The trigger finger was not powder-stained. The last point was not so strong an evidence as the two former, because he might have used the thumb in place of the trigger finger; and indeed it would have been easier and more natural to have done so, which if done the length of range would have been increased. It is possible that in handling the pistol it fell, and thus its discharge killed him.

This case has had five trials—the jury disagreeing three times, once a full verdict for plaintiff and the last for defendant—on the pleading that the burden of proof as to how he came to his death must be carried by the plaintiff, which was sustained by the court.

The end is not yet; the case is now before a higher court for a new trial.

Case IX.—A widow sues an accident insurance company for the death of her husband from the "bends," or caisson disease, which occurred in pursuit of his regular occupation. The company declines to pay on the ground that the "bends" is a disease and not an accident. Many doctors were called as experts, the majority claiming that the death was due to accident. The company fought the case bravely and fiercely.

As an expert for the plaintiff I contended that if a man was

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drowned while bathing (already the superior court had ruled that death caused from drowning was an accident, and therefore an insurance company which had refused to pay, was compelled to do so on that ground), and it was decided by the courts to be an accident, that there then could be no difference whether one met his death from internal and external pressure of water, or from external and internal pressure of compressed air; even though the latter caused a more prolonged and different train of symptoms, the result in either case was death.

Verdict for the plaintiff, with full amount of insurance and interest, thus establishing a precedent.

The following is presented not because of any legal bearings, but rather because of its moral phases, and incidentally to show how easily an unsuspecting medical attendant may be led into a trap:

Case X.—The first year of my practice I attended a patient at one of the hotels. Her home was in New York state, and while changing cars at the old depot was taken suddenly with labor pains and compelled to remain here. Her sickness was very severe and the outcome very doubtful. Fearing that I might be censured for the abortion, as I was returning to my office just after visiting the patient, I thought it best to secure her deposition; for should she die my position would be most unenviable. Noticing an attorney's sign, I concluded to consult him as to my course. His advice was to "leave the entire matter to me; I'll attend to it." He secured the deposition, with the following history: The patient visited a doctor of some prominence in one of the interior towns in this state, who, the day before her arrival here, had used a sound to produce an abortion. She was upon her return home upon the doctor's advice. She also stated that her husband was opposed to her having a child, and having heard that this doctor was willing to perform abortions, had visited him.

I felt greatly relieved when the sworn statement was secured, though I had no idea that the attorney, who, though an entire stranger to me was the leading criminal lawyer in the city, would be guilty of such unprofessional and dastardly conduct as was afterward proved. He secured the services of an unprincipled private detective, had the doctor arrested upon a bogus subpœna, brought to the city, where he gladly paid $900 to escape criminal proceedings. This sum was divided between the attorney and detective. This was the same attorney who, still pursuing his nefarious business, years afterward instituted the suit against me for malpractice —the suit dismissed by the judge after hearing the testimony of the little girl *Stella*.

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Case XI.—The following, though not involving a medical question, is near akin to one, and is interesting for its own sake, in that it shows how an apparently trivial circumstance may determine the basis for the settlement of great interests:

Quite recently a steamer was lost on Lake Erie and all on board were drowned. Among the passengers was a husband and wife. In due time the question arose who were the heirs? The will of the husband had left the entire property to his wife. Now in this instance if the husband died first then the property reverted to the heirs of the dead wife; if not, then to the heirs of the husband.

The court decided that the wife died first, because the body of the husband was found four days after the foundering of the steamer, and was not bloated; whereas the body of the wife, found at or near the same time, was considerably bloated.

The following extract from the charge to a jury by a chief justice, on the subject of circumstantial evidence, is worthy of our most thoughful consideration:

"I scarcely know whether there is such a thing as evidence purely positive. You see a man discharge a gun at another; you see the flash, you hear the report, you see the person fall a lifeless corpse, and you infer, from all the circumstances, that there was a ball discharged from the gun which entered his body and caused his death, because such is the usual and natural course of such an effect. But you did not see the ball leave the gun, pass through the air, and enter the body of the slain. And even testimony to the fact of killing is, therefore, only inferential, or, in other words, circumstantial. It is possible no ball was in the gun; and we infer that there was, only because we cannot account for the death on any other supposition. In case of death from concussion of the brain, strong doubts have been raised by the physicians, founded on appearances verified by the post-mortem examination, whether an accommodating apoplexy had not stepped in at the nick of time, to prevent the prisoner from killing him, after the skull had been broken in pieces. I remember to have heard it doubted in this court whether the death of a man, whose brains oozed through a hole in his skull, was caused by the wound or a misapplication of the dressings."

I may be excused for adding one more "almost a case" in which I was to play the part of defendant—a case which has furnished no end of amusement to myself and friends, as well as showing how great the capacity of the cranium under the spur of a vivid imagination, or how elastic the principles of ethics may be held to be under the pressure of "hopes deferred."

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I received a letter from a doctor asking me these questions:

1. "Is Dr. ——— a member of your faculty?"
2. "Is he a member of your hospital staff?"
3. "Is he a reputable physician?"

To the first I replied that he was not. (It was not uncommon to invite doctors to address the classes, and this had been done in this case. It was found later, however, that his own special interests and not those of the students were paramount. This did *not* make him a member of the faculty.)

To the second I replied that he was not. (It was a rule of the hospital to permit any physician to treat his cases there; but such service did not constitute membership on the staff.)

Whether his untitled eminence had found it convenient for business purposes to thus prefix and suffix himself, I did not know; at any rate, he was not entitled to them.

To the third question I did not reply. I had no intention of defaming the doctor, but I hold it to be a question of high personal privilege what I may or may not think of individuals in the profession, and to withhold the expression of it when I think proper. In fact the doctor, so far as I know, was pursuing some sort of specialty with the details and value of which I was not acquainted, and, therefore, I could not consistently endorse him.

A few weeks afterward I received a letter from a prominent attorney of this city, stating that an action for damages for defamation of character would be instituted against me by Dr. ———, in this, that I had refused to state in reply to the question: "Is he a reputable physician in regard to competency." In reply to this letter I enclosed an endorsed copy of the letter of inquiry and of my answer to the attorney, and awaited their further pleasure. It came in a few days in the form of a very long type-written argument addressed to the suffering doctor, duly forwarded by him to me. In its way it is unique and a treasure and highly prized. For legal ponderosity and most transparent "diverse ways" it easily stands unrivaled. He easily sustains an already well-earned reputation. The doctor, tears streaming down his "monumental" cheek, is "pussy-catted" to his full content, Dr. Biggar is given a few digs *en passant*; but he finally concludes his remarkable "opinion" in these words: "Looking at the whole matter it seems to me that you are fully vindicated, and that you have got decidedly the best of the controversy, and I would advise you to let the matter drop as it now stands."

So far as I am aware the doctor remains content with his vindication. So am I—more than ever.

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THE FINSEN LIGHT.*

By R. H. Stevens, M. D.,

Detroit, Mich.

PERHAPS no medical discovery since that of chloroform has given to suffering humanity as much relief as has the Finsen Light and the various other forms of light suggested by it. But few discoveries have received the popular attention the "Finsen Treatment" has.

And yet to-day—seven years after Finsen treated and cured his first case of lupus with concentrated light, there is much misunderstanding in the profession as to the exact nature of the so-called "Finsen Light."

Several reasons may account for this, and chief among them are (1) the expense of installing and maintaining the apparatus, so that the average practitioner has had no opportunity to familiarize himself with it, and (2) that Prof. Finsen and his Institute are a long way out of the patronized medical centres in a small country whose language is scarcely understood outside its own borders.

I think it may now be said with truth, that, at present, we have no more positive agent for the cure of disease than the genuine Finsen Light when properly applied.

I say "genuine," for, in the last two or three years a large number of so called Finsen lamps have been put on the market by those seeking to imitate or improve upon the original lamp devised by Prof. Finsen, though most of them bear no resemblance to the original, either in construction or in action.

In a general way the uppermost idea in the minds of the profession, and of those improving or imitating, has been to construct an apparatus which would be less expensive and would be very rich in the ultra-violet rays, even to the exclusion of all others, the idea seeming to prevail that the results obtained by Finsen were due almost, if not entirely, to the ultra-violet rays.

To be sure, Finsen has determined that the ultra-violet rays are the most bactericidal, but he has also shown by many carefully conducted experiments that they are the most superficial acting, and have the least power of penetration.[1]

Finsen says "it is not *light* but *strong* light which heals," and his lamp is so constructed that it can produce the most intense, strongest possible white light—not merely an ultra-violet light—he having shown that such a light as that produced by his arc contains

* Written especially for the North American.

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all the chemical rays from the blue to ultra-violet in greater number than any other light, though it necessarily also contains much heat from the ultra-violet red and red rays present.

He tried in various ways to get rid of this heat using ammoniated copper-sulphate solutions, methylene blue, water blue glass, and quartz crystal but he found that the blue solutions filtered out many of the ultra-violet rays as did also the glass in any form, but the water and quartz crystal allowed these rays to pass and obstructed the heat rays[1] (these remarks referring to the electric light and not sun-light which latter is not to be used any more, as it is less effectual than the electric-light). So the apparatus was finally constructed so as to consist of the following:

An arc-light burning with a tension of about 55 volts and 70 to 80 amperes, a telescope arrangement consisting of a series of plano-convex lenses and two brass tubes, one sliding inside the other, so as to enable one to focus the light. Between the lenses in the tube is boiled distilled water to absorb the heat. The lens nearest the light receives the divergent rays from the arc and makes them parallel as they pass through the water in the tube. The lenses in the lower end of the lamp converge the rays, and bring them to a focus about 12 centimeters from that end of the telescope-apparatus.

The light at the focus, though cooled a great deal, is still too hot to be used on the skin, the temperature being sufficient to cause a piece of wood to smoke and glow.

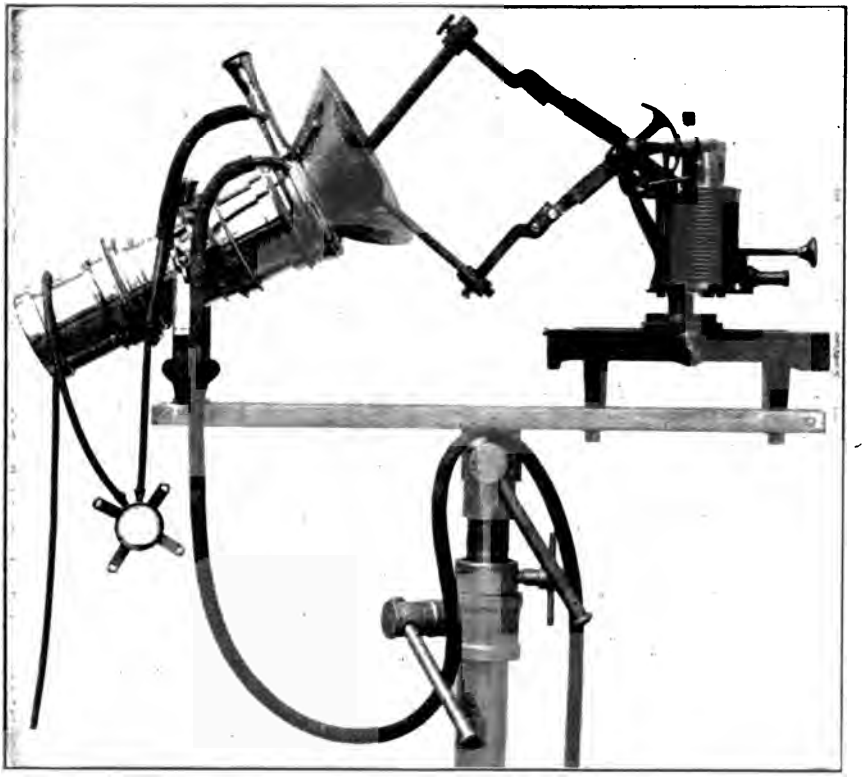
In order to reduce this temperature, the light is still further cooled by means of quartz-crystal chambers, through which water is kept constantly flowing. These are called compressor glasses, as they are used to force blood out of the tissues, Finsen having learned that the light could not penetrate through tissues filled with blood.

Four of these large telescopes are supplied by one arc-light in the Finsen Institute, and are used to treat four patients at a time. Such lamps are very expensive to install and maintain, but are most economical where several patients are to be treated.

Recently Dr. Azel Reyn, a brother-in-law of Prof. Finsen, and one of his chief assistants, has perfected a simpler, smaller, and cheaper apparatus for use in treating one patient at a time. The amperage of the current is not so great as in the larger lamp, being but 20 amperes so the light is not so strong; but by means of an improved cooling device he is enabled to place the light nearer the lens, and so nearer the patient, and, as the intensity of the light varies inversely with the square of the distance, the concentrated light of this lamp is just as strong and effective as in the larger lamp.

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By means of this instrument the most intense arc-light containing the greatest number of blue, violet and ultra-violet rays is secured, and experiments show that such a light will kill B. prodigiosus in less than a second, that they will penetrate the two bloodless ears of a rabbit placed in contact, and blacken chloride of silver photographic paper placed on the opposite side in three to



THE NEW FINSEN-REVN APPARATUS FOR PRIVATE PRACTICE.
(For 1 patient at time). 55 volts and 20 amperes.

four seconds, thus showing the penetrative power of the chemical rays so produced.[3] Since such photographic paper is only in slight degree influenced by the less refrangible rays of the visible spectrum these experiments also show the large number of blue-violet rays contained in this light.

The results secured by Finsen in lupus are clearly shown to be due to the two qualities of light demonstrated in these experiments, namely, to the *large number of so-called chemical rays* present, and to their *penetrative* power.

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Comparisons with most of the other phototherapeutic apparatus now on the market (the Bang Lamp and Lortet-Genoud modifications of the same) show that their great weakness lies in their not possessing this latter quality (power of penetration) to a sufficient degree.[5]

Finsen's report[6] on 804 cases of lupus treated by light for six years ending with Oct. 1, 1902, shows the following results.

1. Cured		412
(a) Free from relapse 2 to 6 years	124	
(b) Observation time less than 2 years	288	
2. Almost cured (only insignificant traces of the disease left)		192
3. Under treatment		117
(a) Actually improving or partly cured	91	
(b) Little influenced by treatment	26	
4. Interrupted Treatment—incompletely cured		83
(a) Unsatisfactory results	16	
(b) Died (31), or suffered from other severe diseases	44	
(c) External circumstances	23	
Total		804

Leaving out of account group 4 (b) and (c), there are left 737 cases. Of these group 3 (b) and group 4 (a), in all 42 cases, or 6% are regarded as unsatisfactory, while the remainder, 695, or 94% were greatly benefited, if not entirely cured. When it is considered that patients have flocked to Finsen from all over Europe and America—patients who had passed through all kinds of treatment, and a large proportion of them of a great many years standing—no cases except 2 or 3 ever having been refused or dismissed as hopeless—these results are certainly marvellous, and have yet to be equalled by any other method of treatment.

In lupus erythematosus 14 out of 44 cases have been cured, and 15 much improved, according to Dr. Forchammer's report to the 7th Congress of the German Dermatological Society in 1901. This record has been improved upon since that time, but I have not the figures at hand. Dr. Forchammer, who is Prof. Finsen's chief assistant, in the report quoted above also mentions the following results in other affections. Alopecia areata: 49 cases, of which 30 were cured. (Sabouraud also reports favorable on 40 cases treated). Epithelioma cutaneum : 24 cases, of which 11 were cured. Acne vulgaris: 25 cases, of which 11 were cured. These cases were particularly severe ones which had resisted all other energetic treatment.

Acne rosacea: a few cases treated with favorable results. Naevus

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vascularis: 19 cases treated with very happy results. Tuberculosis of the skin, Favus, Tricophytia capitis, and Sycosis, were also favorably influenced by the light.

Many of the above cases were treated by the old sun-light method, which has not proven so successful as the electric-light treatment, and their later records are even much better than the above.

There has been much criticism of the Finsen method both abroad and in this country, both because of expense of installation and maintenance and because some have not been able to secure the results that Finsen reports.

The expense item has been very much reduced through the invention of the new Finsen-Reyn's apparatus, which the writer recently brought with him from Copenhagen.

As to the second criticism that others cannot secure the results, there is no doubt these reports are due to faulty technique in treatment, and the use of unsatisfactory apparatus. After several weeks experience in the practical use of Prof. Finsen's apparatus in the Finsen Institute, and later a few months' observation of the treatment of lupus, etc. by the Finsen method in other parts of Europe, I am convinced that a preliminary training in the use of the "Finsen Light" is as essential to success in phototherapy as is a course in anatomy and surgery to success in surgery, and that many are using the apparatus, without having sufficient understanding of the principles of its construction and use. Prof. Finsen is very particular about the technique, so as to obtain the effects of all the light, the value of such apparently minor details as the following not being appreciated, the cleaning thoroughly with a cork all the quartz-crystal lenses daily—though nothing but boiled distilled water has come in contact with them; the boiling of the distilled water (used between the lenses in the apparatus for cooling the light) in order to prevent the formation of air-bubbles in the lenses and thus obstruct the light to a certain extent, the methods of applying the compressor-glasses to the skin to insure exact perpendicular application of the rays, so that they will penetrate as deeply as possible into the skin, and not be reflected, or conducted off the side directly on to the skin. All these and many more details require practice and experience in the use of the apparatus in order to become skilled in its use.

Using Finsen's work as a basis a great system of phototherapy is being built up which promises much for the future. At present, naturally enough, the Finsen Light, the X-Rays, the Becquerel rays, and the High Frequency are all being used with varying degrees of success to combat what were heretofore considered well-

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nigh or absolutely incurable diseases. No doubt the future will see each of these forms of treatment occupying distinct fields of usefulness according to the indications for each.

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OBSERVATIONS ON THE TREATMENT OF PULMONARY TUBERCULOSIS, WITH A REPORT OF THE TUBERCULOSIS INFIRMARY OF THE METROPOLITAN HOSPITAL.*

BY EGBERT GUERNSEY RANKIN, A.M., M.D.

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IN the great conflict against tuberculosis which is now going on, or rather which has really only just commenced, the most powerful weapon is prophylaxsis, and as therapeutics now stands, our main hope in eradicating the disease depends upon the rigid and widespread enforcement of preventive measures.

There are two aspects to this great question of prevention: the public, or legislative, and the private, or individual. In regard to the former it is gratifying to note that various health boards are awakening to the situation and have enacted laws accordingly. These laws, however, in many respects are inadequate or too loosely enforced. There are also many problems in regard to isolation and the proper segregation of tuberculous patients which are yet unsolved. For example, what shall be done with that class of patients who are in the early stages and who are yet sufficiently strong to attend to their usual duties? These are doubtless a very fruitful source of infection. Shall a tuberculous man, for instance,

* Read before the American Institute of Homeopathy.

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with a family to support, who is yet able to attend to his work, be removed and quarantined?

Another fruitful source of infection is the patient who, after some months in a hospital, finding himself rather worse, goes home to end his days. These are certainly difficult questions, but they must be answered if tuberculosis is to be stamped out. Pending their solution we must look to the individual side of the question and endeavor to educate the public in regard to the nature of the disease and the means which should be instituted in the household for the prevention of infection. The efforts, therefore, which are now on foot to educate the masses in regard to these great questions by free lectures and the distribution of literature, should receive the cordial endorsement and encouragement of the profession at large.

Up to January of last year, the city of New York in its public institutions paid no heed to the fact that tuberculosis was infectious, and the tuberculous and non-tuberculous were all under the same roofs, and in many instances in the same wards, side by side. The first step to correct this deplorable condition of affairs was witnessed on January 31, 1902, in the opening of the Tuberculosis Infirmary of the Metropolitan Hospital on Blackwell's Island, when certain vacant buildings about a quarter of a mile from the Metropolitan Hospital, at the solicitation of the Metropolitan Medical Board, were set aside for this purpose by the Honorable Homer Folks, Commissioner of Charities. Thus the Honorable Commissioner and the Metropolitan Board share the credit of this initiatory step; and may we not add that branch of the profession of which we are members?

The Metropolitan Infirmary accommodates about 450 patients. Besides this municipal institution, there are in the city of New York six other institutions which receive tuberculosis patients with an aggregate capacity of about something less than 1,000 beds.

When we take into consideration the fact that it is estimated that there are about twenty-five thousand tuberculosis patients in the city of New York, the inadequacy of the present accommodations speaks for itself. Yet, notwithstanding an annual increase of population of over 100,000, the statistics of the Board of Health for last year show a decrease of 500 in deaths from tuberculous diseases in comparison to the year previous, and there is no doubt that the segregation of tuberculous patients in the new Infirmary, limited though it may be, has been no mean factor in bringing about this result.

The next move, which is now under discussion, is the establish-

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ment of sanatoria and camps outside the city to accommodate larger numbers of patients.

As a municipal institution the Metropolitan Tuberculosis Infirmary is obliged to receive patients in any stage of the disease, no matter how far advanced. An extremely limited number are in the incipient stages, a large number well advanced, and a large number again in the last stages. Some are brought to the hospital in extremis. One reason why the patients at this institution are so far advanced in the disease is doubtless due to the fact that they are almost entirely from the laboring classes, and either through ignorance of their condition or necessity work until they can work no longer.

The Infirmary consists of two buildings: one of brick two stories in height for females, accommodating in open wards about 90 patients; the other of stone for males, three stories in height, accommodating about 240. The latter building is especially well adapted for the purpose, having spacious corridors from which open a series of rooms without doors—for better ventilation. There are also ten tents accommodating about 120 patients. A solarium 200 feet long and 25 feet wide is under contract.

The situation on Blackwell's Island, as far as the city of New York is concerned, is admirably suited for consumptives, blending as it does isolation and convenience. It may be argued that the salt air of the East River is not the best for consumptives. While this is in many instances true, it is infinitely better than the air of close tenements or lodging houses.

It is an accepted and unquestioned fact that the first requisites in treatment are an abundance of fresh air and the maximum degree of nutrition. To fulfil the first condition implies the selection of a suitable climate, life in the open air and the most favorable hygienic surroundings. Generally speaking, plenty of fresh air of any kind will do much good, but an equable climate with a maximum degree of sunshine and a minimum of moisture is the best. Dryness, however, is not always essential, as evidenced by the good results obtained at Torquay, England, and at Blackwell's Island.

After fresh air and super-alimentation, the great factor in the treatment of pulmonary tuberculosis is that of therapeutics. The specific germicide, or antitoxine, thus far has proved a veritable will-o'-the-wisp. Remedy after remedy has been brought before the profession only to fall into desuetude: Koch's tuberculin, Maragliano's antituberculous serum, antiphthisisin, and so on, while new remedial measures are appearing almost daily, until the question has been raised, Are remedies of any kind of service at all? And

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in some institutions devoted to the care of pulmonary tuberculosis, none are now employed except for complications and as palliatives.

Let us discuss a few of the best known drugs in use for tuberculosis.

Among the most popular is *creosote* and its derivatives, originally employed for its supposed antitubercular powers, it is now recognized as destitute of any such property when administered in medicinal doses. It should, however, not be discarded, for it is often of great benefit in stimulating the nutrition. Guaiacol, its derivative, appears to lessen the cough and expectoration, but does not retard the progress of the disease to any extent.

Iodoform, in the form of inunctions, has been employed by the writer in a number of instances. The remedy is administered in the same manner as a mercurial ointment, using at each application about one drachm of the following:

℞	Iodoformi	ʒ ss
	Ol. asinl	m. x–xxx
	Ol. gaultheriæ	ʒ ij
	Ol. olivæ	—
	Lanolini	aa ʒ v

The inunctions must be continued for weeks. No injurious effects were observed in any instance. Of a certain series of eleven cases under this treatment, in one the disease appeared to have been arrested, in three there was marked improvement and the patients left the hospital. The remainder did not show any improvement. An interesting and at the same time curious feature observed in some of the latter was the increase in weight, notwithstanding decided evidences of the advance of the disease.

Ichthyol, at one time much in vogue, has also been used by the writer quite extensively, commencing with three drops of the crude drug in capsules three times a day and gradually increasing the dose up to the point of tolerance, which was generally reached when eighteen or twenty minims were given. The results in about forty cases show that the remedy in some was of decided benefit, while in others it was without effect. No indications were discovered which could be said to in any way point to its administration.

Cod Liver Oil has in some quarters met with disfavor, yet it certainly helps nutrition. In public institutions where the dietary is somewhat limited, it is to be recommended.

Strychnia, in doses of 1-100 to 1-50 grain three times a day, acts beneficially in cases characterized by nervous symptoms and weakness of the digestion, and may be employed in such cases.

Favorable results have been published in regard to the X-Ray

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At the present time the writer, in association with Dr. W. H. Dieffenbach, is conducting a series of observations as to its utility, reports of which will be presented to the profession later.

But let us turn to another class of remedies—a class administered upon a different basis of indications, namely, that of similia. What claim have these? Let us turn for an answer to the Metropolitan Tuberculosis Infirmary, the largest hospital of its kind in the world. The writer finds that it is the general consensus of opinion of its medical staff that, with the maximum amount of fresh air and suitable nutrition, better results are obtained with medicine than without, and of the various lines of treatment, as far as medication is concerned, as therapeutics now stands, medicines administered according to the principle of similia are attended with the best results. It should be borne in mind that the Medical Staff of the Tuberculosis Infirmary are at liberty to employ any line of treatment which holds out any hope of benefit, and this conclusion therefore, may be presumed to be unprejudiced.

The drugs which have proved most useful are those which have a pathogenic standpoint and act upon the whole system, especially the nutrition, the principal ones being arsenicum iodidum, stannum indidum, arsenicum album, chininum arsenicum, antimonium iodidum, antimonium tartaricum, silicia, phosphorus and the different forms of calcarea. In the complications, while employing every means known to the medical art which may relieve, it seems trite to say that remedies administered according to the principle of similia have proved their value over and over again; for example: agaracin, pilocarpin and phosphoric acid in night sweats, arsenicum and cuprum in diarrhea and millefolium, ipecac, and hamamelis in hemorrhage.

It is not claimed that the above line of treatment is in any way antitubercular, for that would be a manifest absurdity; but careful observation points to the conclusion that such remedies as adjuncts to fresh air and the maximum degree of nutrition place the patient in a condition better to resist the inroads of the bacillus and the consequences of its destructive influence upon the system.

The following is a summary of the statistics of the Metropolitan Tuberculosis Infirmary:

January 31, 1902 to April 30, 1903.

Patients admitted	2094
Remaining in Hospital, April 30	367
Deaths	623
Transferred to Main Hospital for surgical reasons	77
Transferred to Main Hospital as not having tuberculosis	89

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Discharged:

Disease arrested	13
Much improved	136
Improved	532
Unimproved	257
	2094

Percentage of Improved, 34.81; Percentage of Death, 29.68.
Re-admissions, January 31, 1902 to April 30, 1903, 244.

REPORT BY STAGE OF DISEASE.

July 1, 1902 to March 31, 1903.

Patients admitted	1196
Of the above the following were classified and remained in the Hospital thirty days and over.	
Remaining in Hospital	313
Transferred to Main Hospital for surgical reasons	24
Discharged	167
Died	129
Total	633

CLASS A. (Incipient cases).

Discharged:

Much improved	1
Improved	3

CLASS B.

Cases well advanced but still retaining a fair amount of strength.

Discharged:

Much improved	26
Improved	43
Unimproved	27
Transferred	7
Died	4

69 out of 107 improved; 4 died.

CLASS C.

Advanced cases, but still able to be about.

Discharged:

Much improved	46
Improved	162
Unimproved	31
Transferred	13
Died	57

208 out of 359 improved; 57 died.

CLASS D.

Last stages—bed cases.

Discharged:

Much improved	5
Improved	31
Unimproved	55
Transferred	4
Died	68

36 out of 163 improved; 68 died.

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RESULTS OF TREATMENT OF DISCHARGED PATIENTS

June 1, 1902 to April 30, 1903.

Patients discharged	902
Homeopathic	744
Disease arrested	7
Much improved	146
Improved	460
Less favorable condition	131
Improved in some degree, 82.21 per cent.	
Non-homeopathic	51
Much improved	3
Improved	33
Less favorable condition	15
Improved in some degree, 70 per cent.	
No medicine	89
Much improved	3
Improved	49
Less favorable condition	37
Improved in some degree, 58.42 per cent.	
Ichthyol	3
Improved	3
Creosote	4
Disease arrested	1
Improved	3

It should be borne in mind that, as stated, a large proportion of the cases which come to the institution are hopelessly advanced.

LIST OF A PART OF THE PATIENTS WHO HAVE GAINED IN WEIGHT.

Name	Gain in Weight lbs.	Length of stay in Hospital days	Name	Gain in Weight lbs.	Length of stay in Hospital days
C. P.	16¾	69	D. H.	14	48
B. P.	20	53	P. McG.	15½	127
M. T.	15	137	E. J.	14	44
J. C.	25½	53	T. C.	11¼	54
A. M.	19	35	W. M.	17½	90
P. T.	20	93	B. McG.	13	101
F. M.	15	51	J. M.	19½	104
M. M.	16	104	M. P.	16	45
E. G.	10½	40	R. G.	13	100
W. B.	24	53	H. D.	12½	193
T. McA.	19¾	52	H. W.	17	173
H. H.	23½	50	J. D.	26	152
R. M.	27½	80	F. R.	11	155
W. D.	14½	147	T. M.	14	38
J. M.	13	95	K. C.	18	61
M. McF.	13½	35	T. J.	14¾	73
M. L.	16	143	C. M.	20	139
E. Y.	22½	67	J. G.	15	90

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Name	Gain in Weight	Length of stay in Hospital	Name	Gain in Weight	Length of stay in Hospital
	lbs.	days		lbs	days
E. L.	17	84	C. F.	52½	122
J. W.	10	205	D. S.	12	65
J. P.	13	133	D. G.	12	25
J. C.	23	354	P. C.	17	124
M. C.	14	276	A. C.	24	124
M. M.	13	62	A. T. T.	24	61
J. B.	15	80	J. T.	14	123
C. N.	15	199	C. T.	36	53

THE MASSACHUSETTS STATE SANATORIUM FOR CONSUMPTIVES AT RUTLAND, MASS.*

By Herbert C. Clapp, M.D.

Boston, Mass.

IT is not my purpose in this paper to describe the technique of the Sanatorium treatment of phthisis. Much has been written on the subject in recent years. If any are not familiar with these methods, they can find them described in several books, one of the best of which has been published this year by Arthur Latham of London on the "Diagnosis and Modern Treatment of Consumption."

Nor do I propose to describe in detail just the equipment for this purpose which we have in this State, beyond barely mentioning the facts that our State Sanatorium is situated fifty-three miles from Boston, in about the geographical centre of the State, in the little town of Rutland (which no one ever heard of before), on Lake Muschopauge, at an elevation of about 1200 feet above sea-level, in a beautiful country with extended views, near Mount Wachusett, 12 miles northwest from Worcester, on a tract of land of 200 acres sloping to the south and protected from the northwest winds by the top of the hill and by woods; that the plant has already cost the State over $300,000; that this month our Legislature has voted an additional $150,000 for further enlargement; that the male and female patients are in equal numbers; that the uniform price paid by patients (unless they are put on the free list) is $4.00 a week, and that the cost to the State, in addition to the interest on the investment, is about $10.00 a week per capita.

What I do propose is to describe some of our methods of carrying out in detail those principles of treatment which are (and of necessity must be) common to all sanatoria for consumptives, hoping that our experience may be of benefit to some of you who may be

* Read before the American Institute of Homeopathy.

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instrumental in procuring the establishment of sanatoria in your own States.

As illustrations which can quickly and accurately convey much information without words and take the place of long descriptions, I append a bird's-eye view and also a block plan of our Sanatorium.

In 1895 a bill passed the Massachusetts Legislature, with but little opposition, establishing the Massachusetts Hospital for Consumptives and Tubercular Patients, the awkward name of which was subsequently changed to the *Massachusetts State Sanatorium.* (It is not a sanitarium, neither is it a consumptives' home, in the common acceptation of the term). On October 10, 1898, the buildings having been completed, it was opened for the reception of patients. This has the honor of being the first sanatorium for consumptives in America which is conducted at the public expense, like our insane hospitals and other public institutions. Even now after having been in successful operation for almost five years, it is still the only State institution of the kind in this country in actual operation, although the United States Government has since established one for soldiers and one for marines in New Mexico, and several State institutions have been either chartered or projected and will soon be built. Undoubtedly before many years all of the States in our Union will have them and will find them as necessary as they now find their insane hospitals. They are bound to come.

It has often been said at our State House that our Massachusetts Sanatorium is now the most popular institution in the Commonwealth with our Legislature, and that almost everything in the way of an appropriation which is asked for by our trustees is cheerfully granted, which is not the case with some of our other institutions. The reason is not far to seek. Not only has the general popular sentiment become aroused in its favor, but also many among our senators and representatives have themselves been eye-witnesses of the remarkable restoration to health of some of their friends and constituents.

The demonstration of our success in Massachusetts ought to make it comparatively easy to pass bills through the Legislatures of other States in our Union.

I should like to refer any who may be interested in the establishment of State Sanatoria and who may desire to become posted in convincing arguments in their behalf, to a very able Report to the State of New Hampshire of the Commission appointed to consider the question of a State Sanatorium for Consumptives, dated Nov. 1, 1902. It was printed at Concord, N. H., and the Secre-

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tary of the commission was Dr. Irving A. Watson of Concord, who perhaps might be willing to furnish a few printed copies on request.



MASSACHUSETTS STATE SANATORIUM

The report, which is profusely illustrated, evidences a great deal of painstaking labor and is a very skillful setting forth of the merits of the question. It convinced the New Hampshire Legislature,

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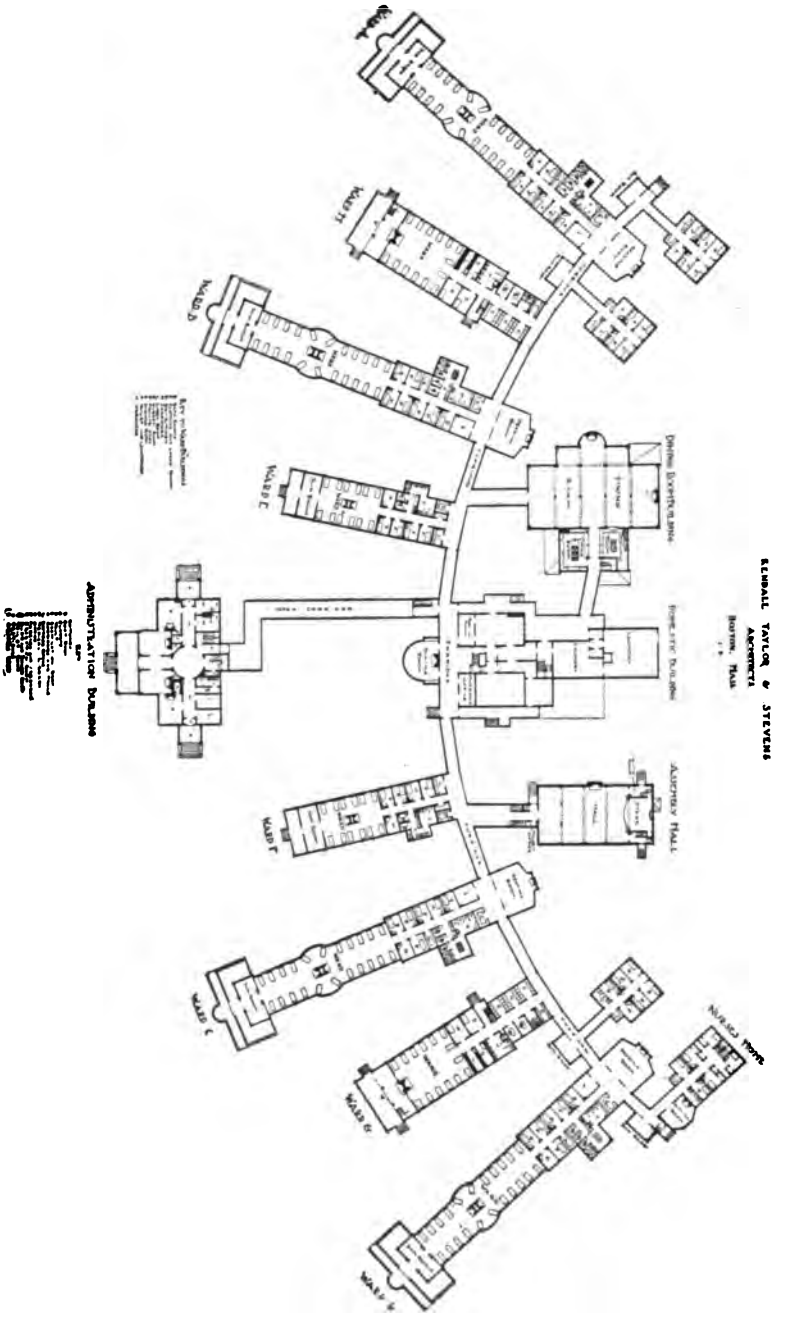
and they voted for the bill. Very sad to relate, however, the Governor, playing to the political gods in the gallery, as some think, belittled himself by giving it his veto. They will have to try it again.

I hope that our homeopathic physicians in the different States will take an interest in the establishment of these State Sanatoria and will endeavor to secure representation for our cause in them, for they will certainly be established before many years, whether we have a part in them or not This representation should be secured in each case before the bill passes the Legislature and should be a corporate part of the bill. It should not be left to the whims and caprices of a board of trustees, for boards differ in largeness of character and breadth of vision, and the change of one or two members may revolutionize the sentiments of the board. To be sure, the most important part of the treatment is hygienic; but nevertheless medicines are called for to quite a considerable extent for different symptoms. Again, medicines with hygiene are better than hygiene alone; and here, as elsewhere, I believe that homeopathic medication is decidedly superior in efficiency to other kinds.

As to our own experience in Massachusetts. Fortunately for us, when the bill in this State was under consideration several years ago, the friends of homeopathy, led by Dr. George E. White of Sandwich (who happened to be a member of a committee of the Legislature to which the bill was referred) successfully insisted on having a clause inserted requiring the giving of homeopathic treatment as well as the other kind.

Of the five trustees appointed by the Governor, one is a homeopathic physician, Dr. Frederick B. Percy, an honored member of the medical profession. Another is an old school physician, another a lawyer, another a manufacturer, and another an editor. They appointed Dr. W. J. Marcley as superintendent and treasurer, to have the executive and financial management of the institution, and they entrusted the medical management to Dr. Bowditch for the old school service and to the writer for the homeopathic service. Our titles were Examining and Visiting Physicians. Boston being the centre of population of the State, an examining office was opened there on two forenoons in each week, Dr. Bowditch examining applicants for admission on Wednesdays and I on Saturdays. Printed circulars were sent to all the physicians in the State, inviting them to send from among their patients in moderate circumstances such as had incipient phthisis; and the circulars stated that those patients who desired to be under the care of Dr. Bowditch, after admission to the Sanatorium, should apply to him at the

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examining office in Boston on Wednesdays or at Rutland on Fridays, and that those patients who desired to be under the care of Dr. Clapp should apply to him at the examining office in Boston on Saturdays or at Rutland on Mondays. As we were known to represent the two schools of practice, this was equivalent to the announcement that those patients who desired the homeopathic treatment might apply at the office on Saturdays, etc., and those who desired the other treatment might apply on Wednesdays, etc., although the word "homeopathic" was not used in the circulars or reports of the institution. Those who did not care what treatment they had could apply on either day, just as it happened, or at their own convenience.

So far, we have had on the homeopathic side about four-ninths of the total number of patients in the Sanatorium. Until about one year ago this total number was 175. During the past year it has been 250. This month our Legislature has voted a further increase to about 400 patients when suitable additional buildings, to cost $150,000, can be erected.

(The "homeopathic side" is a figurative expression, the patients of both schools being mixed up in the wards, and occupying beds just as they happen to come in).

We are afraid that the latter increase is just now premature and is not warranted by the present number of applicants in the early stage of the disease, although later the increase should come. Instead, we think that there is now a greater and even a tremendous need for "homes" for advanced cases with little or no hope, in each county near their residences.

The duties of Dr. Bowditch and myself as Examining and Visiting Physicians were to ascertain the physical fitness of applicants for admission, to visit the Sanatorium one day in each week, to have supervising charge of the medical treatment of patients while there, and to decide the duration of their stay in the institution. As assistants we had well-educated young physicians who lived in the Sanatorium and ably carried out all the details of the treatment. My assistants have been Dr. D. P. Butler and Dr. George N. Lapham. The understanding between us and the trustees from the beginning has been that when sufficient time has passed to enable the machinery of the institution to get into thoroughly good working order, Dr. Bowditch and I are to retire and the medical management thenceforth be carried on by the resident staff, as is the custom in insane hospitals and other State institutions. This change will probably soon be made.

As to the class or grade of cases to be admitted, it was decided

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to take as far as possible only the *incipient;* but if enough of them did not apply to fill up the beds, the next grades would have a chance. During the first six months, while the hospital was slowly filling up, we had opportunity to test the treatment on all classes of cases comparatively. But this was temporary. The circular announced that "in no sense is the Sanatorium to be considered as a home for the hopelessly sick; for, great as is the recognized need for homes of refuge for advanced consumptives, such service is manifestly incompatible with the even more needed service of rescuing lives that can be saved only by sanatorium treatment." In other words, if we should accept many far advanced cases, we should soon convert our curative institution into a common consumptives' home, to a great extent, where the patients are mostly engaged in a daily contemplation of approaching death. They would not get well themselves, and by occupying the beds would crowd out and thereby prevent the recovery of many curable cases. We should substitute a death-house with its hopelessness for a recovery-house with its buoyancy; for, contrary to the pre-conceived theoretical opinions of many who have never seen them, sanatoria for incipient cases are often among the most cheerful places in the world. Feeling their own improvement and seeing many about them getting well, the patients are generally happy in spite of their enforced absence from home, the separation from family and friends, and the idleness from work which they can generally ill afford.

The standard for admission with us, although fairly constant, has not been invariably the same; for it has depended to some extent on the changing number of applicants, since the institution is full all of the time. Our principle has been to select from those who apply such as are most likely to recover, or at any rate to improve, and that in the shortest time. This principle serves to provide the greatest good to the greatest number of citizens of the State, even if it now and then brings hardship to an individual. For example, if, in our judgment, an applicant might be cured at Rutland, but if his cure would require two years' time, it would be manifestly more productive of good to the community at large to reject his application, if by so doing an opportunity would be presented for accepting in succession four incipient cases whose cure could probably be accomplished in six months each. We never claim that because we reject an applicant he is incurable, but practically that has been very often, if not generally, the case. We urge physicians to send patients as early as they can, because, of course, the cure of such is easier, quicker and surer. Not that it is impossible to cure these cases at home, but that unless the home

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physician is pretty well posted in the modern treatment of phthisis, and is able and willing to spend a great deal of time in instructing the patient and in keeping a close watch over his habits and method of living (which is hardly likely if the patient is in poor or moderate circumstances), and unless the patient is properly situated and can and will obey orders strictly, the chances of recovery even of incipient cases are none too good. To cure such, as a rule, requires on the part of the physician skill, patience, firmness and constant watchfulness. An almost military discipline, mixed with kindness, is essential to success. I do not mean that consumptives would never get well if the physician lacked any of these qualities, for sometimes even a spontaneous cure takes place; but a large—yes, too large—percentage of failures would result, and the greatest possible success would not be obtained.

A few statistics are appended, showing the results of treatment of patients in my service during the four completed years, the present (5th) year not being finished until September 30. The report is a composite one, being made up from the four annual printed reports to the Governor and Council. Further statistics, not here presented, show that of those discharged as apparently cured a very large majority stay cured.

The word "incipient," as here used, includes some cases that some physicians would place lower down in the scale. If only the best grades, or the "truly incipient" cases were counted as such, the percentage of apparent cures would rise to about 80.

No wonder that those of us who have seen such very remarkable results of the Sanatorium treatment in contrast to those of years ago have become very enthusiastic. The great majority used to die. Now the great majority live.

STATISTICS FOR FOUR YEARS IN DR. CLAPP'S SERVICE

Stage of the Disease	Apparently Cured	Improved	Not Improved	Died
Incipient cases (298)	196	91	11	
Mod. advanced cases (162)	31	93	36	2
Far advanced cases (28)	1	10	16	1
Totals (488 cases)	228	194	63	3

PERCENTAGES FROM ABOVE CASES

Incipient Cases

Apparently cured	66 — %
Improved	30 + %
Not improved	3 + %

Moderately Advanced Cases

Apparently cured	19 + %
Improved	57 + %

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Not improved	22 + %
Died	1 + %
Far Advanced Cases	
Apparently cured	3 + %
Improved	36 — %
Not improved	57 + %
Died	3 + %
All-Considered* Cases.	
Apparently cured	46.72%
Improved	39.75%
Not improved	12.91%
Died	.61

Average stay of the 488 cases was 5¼ months.
Number who stayed more than one year, 43.
Of 488 patients, the number who gained in weight was 470.
Average gain in weight was 13½ lbs.
Largest gain in weight was 49 lbs.
Of 488 patients, the number who lost in weight was 18.
Average loss of weight of these was 4⅔ lbs.
The number of patients in my service at end of 4th year was 118.

* Those who remained more than one month.

WATER AS A REMEDIAL AGENT.*

Discussion by Henry E. Spalding, M.D., of Boston, of a Paper by Charles A. Gale, M.D.

WATER is one of the most abundant elements in the natural world. It is necessary to the maintenance of animal life, and when that life comes in conflict with disease, its use may be so regulated and adjusted as to make it one of the most potent remedial agents. This does not apply to one or two diseases, or classes of disease, but to all diseases. While it may not be potent alone to overcome all diseased conditions, it is so valuable as an adjuvant that it may rightly be recognized as more nearly a panacea for all human ills than any other known agent.

Among other properties of water, its power for absorbing and communicating heat and as a solvent are most conspicuous and valuable. Time will not permit a general consideration of water as a remedial agent, and what I have to say will be confined to the latter-named quality, its solvent powers. Even this alone is so large a subject that we can but glance at it.

Water is the one universal solvent. We speak of substances being insoluble in water. In degree that may be so, but it is safe

* Read before the American Institute of Homeopathy.

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to assert that there are no single elements in nature that it may not hold in solution, or in so minute suspension as to be practical solution. Foods taken into the body are by the process of digestion rendered soluble. Water takes them up and carries them to the tissues where they are transformed and vitalized with live matter and thus rendered insoluble. It now absorbs the products of metabolism, dead matter and hence soluble, and carries it to purifying organs, like the kidneys, liver and skin, to be transformed into elements needed by the body or to be thrown off as waste matter. By the process of digestion food is changed largely into sugar and peptones, and they are among the most soluble of substances. The products of oxidation, carbonic acid gas and urea, are freely soluble and hence freely eliminated. Products that are less soluble, like uric and oxalic acid, if produced abundantly are prone to accumulate in those parts of the body where the circulation is least active, and produce conditions called disease.

With these brief suggestions of the part water takes in the maintenance of life, we may, as briefly, consider the avenues through which it may find its way into the body. Drinking it into the stomach is the usual and normal way. If, however, from some cause the power of swallowing is interfered with, or the stomach ejects it, or the demands of the body are so great and urgent that this ordinary method of supply can not meet them, it must then be introduced in other ways. These may be by rectal enema or colon enema, by gastric lavage, by intra-venous, subcutaneous or intra-peritoneal injection.

Water, alone or combined with nutritive elements, may be thrown in small quantities, and at frequent intervals, into the rectum and in larger quantities into the colon, whence they will be quite promptly absorbed into the circulation. In many most urgent cases it is not retained in sufficient quantity to meet the requirements of the case. It may be carried by the stomach tube into the stomach and retained there, and still be of little immediate benefit, for it is only after passing through the stomach that absorption takes place to any appreciable degree, and in the cases calling for an immediate and abundant supply it is likely to be ejected, or the atony of the stomach be so great that it acts as a reservoir which must be over-distended before it passes on into the intestinal canal.

Water acts most promptly when thrown, "as normal saline solution," into the veins. Every surgeon appreciates its value in emergencies resulting from loss of blood or from sepsis. To safely use it in this way at least one skilled assistant is needed, and while it is thus used thousands of times without attending ill effects, it is

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not absolutely free from accidental risks. Where proper assistants are at hand, as in hospitals and cities, this method of use is most valuable in the class of cases referred to. Under other circumstances, and for a still larger list of cases, subcutaneous, or more properly interstitial, injection of water, alone or combined with medicaments or stimulants, is a ready and efficacious method of administration. Its effects are not as immediate and its filling the blood vessels is not as complete as the intra-venous method, but in selected cases it is better. Where there has been surgical loss of blood and the bleeding vessels are or can be closed by ligature, the intra-venous is unquestionably the best method. On the other hand, if the hemorrhage be concealed, or post-partum, or intestinal (as in typhoid)—in fact, in any case where the bleeding vessels can not be ligated and their closure depends upon the formation of coagula, suddenly increasing the volume of the blood current may dislodge the forming clots and immediate coagulation be prevented by the lessened per cent. of fibrin incident to the added water. Thus the means used may thwart the object sought for, and the danger increased rather than lessened. In these cases the interstitial injection is far preferable. In diabetic coma flooding the system with water by intra-venous or interstitial injection has, by diluting the saccharine blood and stimulating excretions, relieved the coma. Here, from the fact that wounds in the diabetic heal badly and tend to gangrene, the interstitial is the better method. In exhausting diarrhea I have found the interstitial injection of saline solution, repeated perhaps daily, to give comfort, maintain the strength and promote recovery.

During my last term of service in the Massachusetts Homeopathic Hospital, I had under my care a severe case of typhoid in the person of an old school physician. He had a sudden attack of most profuse intestinal hemorrhage. He had two copious discharges of fresh blood and clots, followed in the course of two hours by discharges recurring every few minutes. His pulse was very weak and he was rapidly sinking. I injected between the breast and the axilla about a quart of salt and gelatine solution with one-half ounce of brandy. Of course, other means, like ice bags on the abdomen and internal remedies, were used, but I believe that without the injections nothing could have saved him. As it was, his strength revived and the hemorrhage lessened. The next morning the injection was repeated on the other side of the chest and in a few hours the hemorrhage had practically ceased. Whether most credit should be given to the gelatine in promoting coagulation in the mouths of the open blood vessels, or to the water in supplying fluid to the

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depleted system, it is impossible to decide. Probably credit should be given to each.

Intra-peritoneal injection of saline solution has, as far as I know, been little used. We have all observed the rapidity with which the fluid is absorbed and the pulse improved in strength and volume, when the abdominal cavity is filled with solution before closing the wound in abdominal section. Before a meeting of our local medical society, I advocated this method on account of the larger quantity that could be introduced than in the subcutaneous, and the facility with which it might be done, especially in postpartum hemorrhage and eclampsia, although I had never heard of its being done. Subsequently, there was brought to the Maternity, during my term of service, a case of impending convulsions with almost complete suppression of urine, only four ounces having been secreted during the previous twenty-four hours and that highly albuminous. She was semi-conscious, practically without sleep for the previous forty-eight hours. Muscular spasms in various parts of the body. Vomiting, or empty retching, every few minutes, even a spoonful of liquid being immediately expelled. Nutrient enemas were tried; but the anus was open and they flowed back as fast as they were introduced. The usual medication was resorted to without effect. Steam, hot air and the hot pack were tried to induce sweating, but without avail. A sub-mammary injection of one and a half pints of saline solution give sufficient relief to enable her to take and retain small quantities of liquid food. This relief was only temporary. The vomiting soon returned as persistently as ever. The case was desperate. Now, with the consent of my associates, I determined to try the experiment of an intra-peritoneal injection of saline solution. I threw into the abdominal cavity some more than two quarts of warm solution. The effect was almost magical. The restlessness subsided; she was soon able to take and retain liquid foods; she dropped into a quiet sleep and a gentle perspiration came out over the body; the kidneys began to act. Liquid foods and water were forced to the utmost. The second twenty-four hours after the intra-peritoneal injection she passed seventy-two ounces of urine. Twenty-four hours later she was delivered of a dead fetus, and her recovery was without incident.

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TREATMENT OF CONSTIPATION WITH HIGH FREQUENCY CURRENTS.*

By William H. Dieffenbach, M. D.,

New York.

THE treatment for constipation has always been a fruitful source for medical discussion and the methods for combating the condition are varied aud numerous, including within their scope nearly all medical procedures. We find constipation cured with drug-therapy, with electro and hydro-therapy, with massage and physical exercise, with diet and hygiene, with mechanical therapy (including dilatation of the sphincters) and lastly with suggestive therapeutics.

I doubt not but that every member of the medical profession has some favorite method for treating this bane of modern civilization.

Omitting the recitation of the etiology and varieties of constipation, we will proceed at once to a description of the treatment I have employed for the past two years with such excellent results that its general adoption seems desirable. Like many new methods in medicine, the application of the high frequency current in the treatment of constipation was somewhat accidental. I was treating a case of chronic prostatitis through the rectum by means of glass vacuum electrodes and the high frequency current (a method, by the way, which is efficient in a large percentage of cases) when the concomitant constipation the patient had been suffering from was ameliorated in such a marked degree as to attract attention. Being aware, at the same time, of the claims of the French electro-therapeutists for the D'Arsonval current in constipation and hemorrhoidal affections, I resolved to try the method on the next case of chronic constipation which presented itself and determine its possibilities.

The case was one of thirty years standing, with a history of constant drugging during that period. The patient presented a perfect picture of atonic constipation complicated with hemorrhoids and a condition of general mal-nutrition.

Suggestions regarding diet, such as the eating of fruits and the drinking of abundance of water between and somewhat before meals, Lawson Tait's rule of regularity of habit—i.e. having an evacuation of the bowels at the predetermined time to the minute; proper exercise and bathing and other well known procedures were prescribed as measures of value in the condition. These points having been thoroughly discussed with the patient, he was conducted to the operating room and placed on an adjustable chair in a horizontal position, face downward. The clothes were arranged and

* Read before The National Society of Electro-Therapeutists.

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one of the small glass vacuum electrodes chosen, well lubricated, and inserted into the rectum. The insertion is frequently accompanied by some pain, especially if hemorrhoids are present, but a short time after the passage of the current, the pain rapidly disappears. The electrodes should be introduced slowly, and should pass the sphincters, if possible. Several treatments are sometimes required before this end is accomplished, and the contraction of the parts is remedied. The electrode is attached to the handle and connected with the high frequency apparatus. The apparatus I employ is the "Piffard Hyper-static" connected to a 12 plate Ranney-Wimshurst-Holtz machine. The sliding rods of the static machine are slowly drawn apart until the desired spark is obtained—usually about one inch—and a monopolar high frequency attachment is made, the static machine being run at full speed. Treatment should last fifteen minutes and daily seances are advised at the beginning until improvement sets in, when tri-weekly or bi-weekly treatments are sufficient until permanent results are obtained. In the cited case, ten treatments were required before a normal passage was secured, the patient using enemata in the meantime to produce evacuation. No medicine of any kind was used in this case, as I desired to test the treatment for its electrical merits alone. Subsequent cases received, in addition to the other measures, remedies indicated by the symptoms, Nux Vomica, Opium, Natrum Muriaticum and Plumbum being most frequently prescribed. The electrodes used at the beginning were straight with no grooves or curves, but experience has suggested changes which were incorporated in the last lot made for me, an illustration of which is shown. The tapering point admits of ready introduction, and the grooves permit more vigorous action of the current as the mucous membrane cannot close too snugly about it. The case is usually started with the



GROOVED, POINTED RECTAL ELECTRODE.
14 inches long; diameters used, ½, ¾, ⅞, 1 and 1⅛ inches.

¾ inch electrode, sometimes the ½ inch electrode is necessary, and the size is increased after four or six treatments, thus inducing general dilatation of the anus, rectum and sphincters. If sphincterospasm or sphincteralgia exists, the pain and contraction disappear after several treatments; fissures are also amenable to the violet spark. Hemorrhoids, if present, are in many cases markedly dimin-

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ished in size and in several cases have absolutely disappeared, so that I now employ this treatment for hemorrhoids also.

In several cases where the portal circulation was at fault, persistent treatment over the hepatic area by means of the Morton wave current for fifteen minutes subsequent to the rectal treatment assisted in accelerating improvement.

We may tabulate the various agents entering into the successful technic of this statement as follows:

I. Suggestion. All applications of electricity, if properly given, act upon the mentality of patients in a very impressive manner. During the fifteen minutes while the current is passing and the patient is resting quietly with the mind in a receptive state, the operator can repeat his instructions regarding regularity of habit, the drinking of abundant water, the ingestion of laxative fruits, indulgence in physical exercise and bathing and other points of value, daily repetition of these suggestions creating *fixed thoughts* in the patient which are not easily forgotten. This feature has been of much value in producing the earnest co-operation of the patient and no doubt assists materially in the ultimate success of the treatment.

II. Stimulation. The high frequency current acts directly on the mucous membrane and the tissues surrounding it and produces marked stimulation of the local circulation, as is seen in the disappearance in some cases of persistent hemorrhoids. The general circulation is also acted upon in a mild way, and if the Morton wave current over the hepatic area is added to the rectal treatment, marked general circulatory improvement will be noted.

III. Dilatation. The gradual dilatation of the anus, rectum and the sphincters in many cases removes the cause of constipation and if it is combined with the high frequency current, this process is absolutely painless as the current is markedly analgesic. Care must be taken not to dilate too quickly, the size of the electrode being changed only after a number of treatments. I can call to mind one case in which over-dilatation of the sphincter when the patient was practically well, produced a relapse which it required a number of treatments to overcome.

IV. Removal of the primary cause. Many cases of chronic constipation being due to hepatic disturbances with hemorrhoidal complications, the amelioration of these conditions will naturally be followed by normal evacuations. In cases of atonic constipation with almost absolute lack of peristalsis, the constant passage of the mild high frequency current acts as a tonic, and induces improvement through gentle contraction of the muscular coats of the

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intestines. The cure of sphincteralgia, sphincteralgia-spasms and fissures of the anus following the application of the violet spark also removes a frequent cause of constipation.

V. The regulation of habit, drinking of abundant water, massage of the abdominal muscles, active exercise, abdominal cold water bandages, dietary regulations and the indicated similar remedy *are all called upon to assist the above measures in the cure* and all contribute to a successful issue.

I have employed this treatment for the past two years in a large number of cases and have yet to meet with failure. In treating females I desire to warn the operator not to give the treatment too close to the menstrual period as the stimulation of the parts will bring on a premature flow. Having had this experience in several cases, I utilized this fact in the treatment of delayed menstruation, dysmenorrhea and amenorrhea with gratifying success in some cases. This method is especially to be recommended in virgins where vaginal manipulation is not desirable. The uterus being located in such close proximity to the rectum receives marked stimulation through the current and treatment in cases of females must be regulated accordingly.

The Scientific Administration of Chloroform.—According to the *Medical News* the publication of the report of the chloroform committee of the British Medical Association marks an era in the history of the use of anesthetics. Hitherto there has been considerable divergence in the views of various authorities (as witnessed by what is said on the subject in surgical treatises) as to the right proportions in the admixture of air and chloroform vapor when administering this agent. The substance of the report on this point is that "chloroform should be administered in quantities varying between 0.5% and 2%. An average of one per cent. is sufficient for the induction and maintenance of narcosis. The chloroform should be given through an inhaler so constructed that the delivery shall be continuous and shall be indicated on a percentage scale." The report contains a long list of cases in which Mr. Vernon Harcourt's inhaler was used, in which the air inspired derives its chloroform vapor from being drawn over the surface of the drug.

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Original Articles in Surgery.

CONDUCTED BY

WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

INGUINAL HERNIA.*

BY E. H. PRATT, M.D.

Chicago, Ill.

YOUR attention is invited to just a few points in connection with the radical operation for indirect Inguinal Hernia, using the term in the ordinary sense to describe a hernia which enters the internal abdominal ring, passes along the inguinal canal and either stops at the ring, forming a bubonocele, or passes through the ring into the scrotum or labia majora (for it sometimes occurs in women) constituting the complete variety.

The points which I desire to make have to do, first, with the location and extent of the incision; second, with the blood supply; third, with the preservation of the muscular structures involved; fourth, the handling of the sac; fifth, the closure of the sac; sixth and last, orificial considerations.

Point first, *the location and extent of the incision:* The incision need not be more than two inches in length, and its middle should be the surface location of the internal abdominal ring, which is midway between the anterior superior spine of the ilium and the spine of the pubis. In making the incision it is well to draw the integument downwards so that it is displaced for a full inch or more. The incision is then to be made about half an inch above Poupart's ligament and in the same direction. There are two objects in this suggestion. One is that when the tissues are liberated, the wound in the skin will not be located over that of the deeper structures, thus lessening the danger of infection of the deeper part of the wound, if the dressings through any chance should become misplaced. The main reason, however, is that the superficial external iliac and the superficial external pubic arteries diverge as they pass upwards; a couple of inches above the groin these arteries are sufficiently wide apart to permit operative interference between them without severing them. The first cut should not be a deep one, as the arteries mentioned permeate the superficial fascia; and as the object of the surgeon should be to avoid their destruction, the greatest care is required in the dissection. If care is taken in locating and

* Read before the American Institute of Homeopathy.

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making the wound as directed, the operator will probably not encounter the arteries at all and the whole operation will be comparatively bloodless.

Having made the wound in the superficial fascia and in the deep fascia co-extensive with the external wound, the tissues being held apart by retractors, the lower part of the aponeurosis of the external oblique is bared and the index finger of the operator can be made to locate Poupart's ligament. By following it toward the pubis, the finger can be easily made to drop into the external abdominal ring. Retractors should now hold the severed margins of the the external oblique apart and the lower fibre of the internal oblique and transversalis muscles, as they arise from Poupart's ligament and arch up over the inguinal canal, forming its upper boundary, will be disclosed, and also the festooning of the lower part of the internal oblique muscle forming the cremasteric covering for the cord. A small opening needs to be made, severing the cremaster fibres from the lower edge of the internal oblique. Neither the cremaster muscle nor the internal oblique needs to be severed, but a retractor can hold the margins apart, when the contents of the inguinal canal will be disclosed, the upper part of the canal being covered by the transversalis muscle as well, the fibres of which can be held backwards with the same retractor that pulls away the lower fibres of the internal oblique.

The hernial sac can now readily be found at the bottom of the wound, as its location is the most superficial of the tissues in the inguinal canal. It is to be seized and raised with one pair of forceps, while with another pair the clinging tissues of the cord are to be peeled away from around the complete circumference of the sac. After this is accomplished the index finger of the left hand can be introduced beneath the sac, and, by practising traction upon the lower end of the sac, the dissection can be readily continued until all the tissues of the cord are separated from the sac and the sac is completely isolated and the end of it cleared of all clinging tissues and at the operator's disposal.

Palpation of the sac at the internal ring will readily disclose whether or not there are any adhesions of intestines or of the omentum about the internal ring, thus settling the question whether or not it is necessary to open it. The better plan in cases where adhesions are slight and readily broken up by entering the sac with the index finger and loosening them by manipulation, is not to open the sac at all. In cases of old adhesions it may be occasionally necessary to open the sac to insure successful completion of this stage of the work.

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While there are various methods of handling the sac, that of Kocher seems to me so superior to other methods, even to my own, that it is scarcely necessary to call your attention to any other method.

A closed pair of artery forceps is entered at the internal ring and under the guidance of the index finger of the left hand, is carried upwards, closely hugging the posterior surface of the transversalis muscle, for about an inch and a half, care being taken not to wound the peritoneum. It is then protruded sharply outward and made to penetrate the muscular walls of the abdomen, the fibres of the internal oblique and transversalis being muscular tissue, and those of the external oblique being aponeurotic. In forcing the forceps through the tissues, if the artery forceps are dull pointed, a scalpel may be employed to effect their delivery. They are then made to protrude through the new opening, and their expanded jaws made to seize the closed extremity of another pair of artery forceps, which is then dragged back through the opening and down into the inguinal canal at the internal abdominal ring. The jaws of these forceps are now opened and the end of the sac inserted in their grip, which is now closed and the forceps locked. The forceps are then drawn upwards, pulling the sac after them so that the sac is made to leave the abdomen by the new opening, which is an inch and a half above the internal abdominal ring.

The next point to which your attention is called is the closure of the wound which is to be accomplished by a single thread of catgut. The sac is fixed in its new position by the end of the suture which is made to include the aponeurosis of the external oblique and a few of the muscular fibres of the internal oblique, piercing the sac in its passage and tying on both sides of it, this one stitch being sufficient to hold the sac in position as there is no tendency to misplacement. This same thread is then made to close the inguinal canal and the rest of the wound.

If the hernia has been a large one and the fibres of the internal oblique and transversalis are particularly redundant, they can be shortened by a stitch which is always valuable in bringing together muscular fibres. The needle is made to pierce the muscular tissue from above downwards, and then, instead of being brought back and entered from above, as in an ordinary continuous suture, it is carried along for a quarter of an inch from its point of exit and made to enter the muscular tissue at its lower part, the distance of its entrance from Poupart's ligament being the same as that of its exit a quarter of an inch above, and then carried through the muscular redundancy to its upper border. In passing downwards again

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the same rule prevails, the stitch entering a quarter of an inch below its point of exit and on a level with it. This converts the continuous suture into a mattress suture and secures a grip upon the muscular fibres themselves, instead of simply pulling on the areolar tissue, and thus is more secure. In this way the redundancy of the internal oblique and transversalis is taken up and at the completion of the work the thread is located near the point which once marked the outer part of the angle of the external abdominal ring. The needle is now carried through the aponeurosis of the external oblique muscle and the external abdominal ring is re-formed, only in much smaller proportions than it originally existed, care being taken not to make it so small as to unduly impinge the structures of the cord.

The wound in the aponeurosis of the external oblique muscle is then closed by a continuous suture which passes, of course, from the pubis upwards and outwards until the fibres have been united as far as they were severed. An extra turn of the thread is given here so as to prevent any possible loosening of the suture, after which a similar line of continuous suturing is carried from above downwards and inwards, matching carefully together the severed margins of the fascia. The thread is now located once more over the external abdominal ring and is now employed to bring together the margins of the skin by the subcutaneous method. The thread can be secured at the upper and outer end of the wound by bringing it out through the skin half an inch from the wound and securing it with a knot, after which the thread is to be severed. The appearance of the wound then is simply a fine scratch along the groin, two inches in length. No tissue has been impinged and not a single island of it has been completely surrounded by the thread except where the suture was first secured at the fixation of the sac in the abdominal wall. The employment of silk or silk-worm gut or silver has been found to be wholly unnecessary, especially where Kocher's method of shifting the sac has been employed, as there is no strain upon the stitches and no tendency of the hernia to return. The ordinary carbolized catgut is ample as a ligature. The continuous suture is adequate and the subcutaneous co-aptation of the margins of the wound all that could be wished for.

Attention should then be given to the pelvic terminals of the sympathetic nerve. All rectal difficulties, such as hemorrhoids, pockets, papillæ, fissures, etc., should be corrected, moderate dilatation of the sphincters practised and all abnormalities of the sexual apparatus properly dealt with. Phimosis is a very common concomitant of hernia and very frequently the meatus urinarius will

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be found sufficiently small to account for much of the enervation of which the hernia is but the outward expression. Circumcision, meatotomy, snipping of the frenum and the passage of urethral sounds to further stimulate the sympathetic nerve and correct catarrhal conditions of the urethra, which are also frequently encountered in such cases, will be found serviceable measures in the cure of hernial cases. All general surgery prospers better when followed by conservative orificial work, and hernia cases especially so, as the anatomical displacement which constitutes hernia is nothing but a marked expression of enervation of the sympathetic nerve, upon which all nutrition depends.

Of course, the patient should always be consulted beforehand concerning pelvic work, as if he applies for treatment of the hernia alone and finds that some unexpected surgical work has been visited upon him, he is not likely to be pleased with the gratuity. The orificial work should not be forced upon a patient, but submitted to his judgment, and his wishes in the matter followed, and if he prefers to remain with the forms of irritation perpetually sapping his nervous reservoirs, after having been warned of what is taking place, the surgeon has done his duty and the patient should be permitted to continue suffering the nervous loss if he prefers to do so. The patient should be able to secure the correction of the hernia without having other work—no matter how much he stands in need of it—visited upon him. The majority of patients, however, are quite reasonable, and if they understand that the pelvic work is an aid to the healing of the hernial wound and an insurance against recurrence, they are only too glad to be enlightened on the subject and obtain the full benefit of the surgeon's knowledge.

It is common in the operation for complete inguinal hernia to carry the external wound well down upon the scrotum. This seems to me unnecessary, a two inch wound opposite the internal ring being quite sufficient. It is common practice to sever the superficial external iliac and the superficial external pudic arteries and veins. This, too, has seemed to me unnecessary and an undesirable mistake also, because the blood vessels are needed for subsequent repair of the wound. It is common practice to sever that part of the internal oblique and transversalis muscles which cover the inguinal canal and also the cremaster muscle. This has seemed to me an unnecessary mutilation of tissue and inadvisable, as it threatens a subsequent weakening of the parts. The sac is usually opened, whereas, in my estimation, this is seldom necessary. The Bassini method of shifting the location of the cord to a more superficial position than it naturally occupies is in common vogue, but

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seems to me in every way less desirable than the Kocher method of treating the sac.

It is customary to close the wound by sets of deep and of superficial interrupted sutures, the deep ones being constructed of some unyielding material as Kangaroo tendon, silk-worm gut, silk or silver. This I have found to invite infection by obstructing the circulation and affording permanent lodgment in the tissues for foreign bodies. The continuous suture of carbolized catgut has served me so well for many years that I have found it thoroughly adequate to all requirements of hernial cases.

It is customary to overlook and completely ignore all orificial consideration; but, in my experience, the omission is a serious mistake.

To call attention to a small and properly placed incision, to the economy of the blood supply, to a saving of muscular structures and the advisability of handling the sac without opening, and to shifting its location by Kocher's method, to securing good capillary circulation for the inguinal wound by the use of the continuous suture of catgut, which remains in its integrity sufficiently long for healing purposes, and at the same time does not impinge tissue and thereby obstruct the circulation necessary to repair, and to call attention to the advantage of following the hernial operation with whatever orificial consideration the case may need, are my reasons for inviting your attention to so time-worn a subject as that of hernia; for, although the subject is an old one and text-book considerations are abundant, so long as one-fifth of the human race still remains subject to hernia, its consideration will never be out of place, especially so long as there is any possibility that prevailing practices are still sufficiently imperfect to furnish opportunities for improvement in the details of operative interference.

Apomorphia, one-fortieth of a gram hypodermically injected, has been successfully used for the cure of convulsions in children.

Hepar Sulphuris should be thought of when there is a sore on the body that is *extremely sensitive to touch.*

Manganum Met.—Cough; dry, constant irritation under the sternum; worse from talking, laughing, walking and deep inspiration; always better when lying down; stops when she lies down.

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SCIATICA.

ONE of the most intractable and distressing of maladies which the physician is called upon to treat is sciatica. For that reason a study of the disease presented in the *Lancet* of August 22 is of interest. The author is William Bruce, M.D., LL.D., and his paper is entitled "Sciatica: An Inquiry as to Its Real Nature and Rational Treatment Founded on the Observation of Upwards of Four Hundred Cases."

Dr. Bruce states that he has carefully noted the symptoms of four hundred and eighteen cases in the past thirteen years. Previous to that time he had seen about as many others. Of his recorded cases he found that the proportion of men to women was as 100 to 90. The greatest number of cases in any one decade was 128, found in persons between fifty and sixty years of age. The next greatest number, 105, was found in persons between sixty and seventy. No cases recorded younger than twenty. After that no age was exempt.

The writer says: "The symptoms of a typical case of sciatica are something like the following: To begin with there is some feeling of soreness in the hip and thigh, varying in degree from tingling or a feeling of 'pins and needles' to sharp pain. This pain is aggravated by movements of the leg, or it may attack the unfortunate sufferer in bed at night. Certain kinds of movement originate or increase the painful feelings, notably the exertion of getting into bed or the attempt to cross the affected limb over the sound one. Along with this latter symptom there may be a certain amount of powerlessness to execute this particular movement. The patient

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almost always walks with a limp on the affected leg. When the pain is severe at night there is, as might be expected, a feeling of restlessness and, without actual startings, there are often small local cramps. A marked peculiarity of the pain is that after some time it comes to be complained of on the outer side of the leg, extending in some cases as low down as the heel. There are also occasional patches of anesthesia, generally on the outside of the thigh or leg."

In examining his patients Bruce asks the patient to lie on the back, dressed, on a firm even couch. He then bends the affected limb at the knee, and performs passive movements of flexion, external and internal rotation, and extension at the hip. If the case is recent he says one or more of these movements will cause pain. After this preliminary examination the patient is requested to undress and he inspects the gluteal region. He has the patient lie flat on the face with the muscles relaxed. He notes whether there is wasting in this region, or a diminution in the number of folds of the nates. The author says that in almost every case of sciatica there is softening or wasting and flattening of the hip muscles and more or less obliteration of the natal folds on the diseased side. He then turns the patient on the sound side and inspects the capsule of the hip-joint. In some cases the affected joint is more prominent. In nearly every case will be found tenderness somewhere about the capsular ligament. He also follows the sciatic nerve to find if it is sensitive.

Bruce finds that tenderness over the sciatic nerve in sciatica is rare. Pain about the joint is often found. From these things the writer states his belief that sciatica is a hip-joint disease. He explains the distribution of the pains by giving the anatomy of the nerve supply to the parts. He does not believe sciatica to be a neuritis of the sciatic nerve. He believes the joint affection to be closely allied to the gouty or rheumatic diathesis.

His first indication for treatment is rest. In the beginning he does not believe in massage or electricity. Later on, perhaps, electricity and passive movements may be useful.

But the two main points in the paper are, first, sciatica is a hip-joint affection and not an inflammation of the sciatic nerve. Second, absolute rest in bed as the main factor in treatment.

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THE MODERN TREATMENT OF TUBERCULOSIS.

THE therapeutic measures which to-day are commanding the most attention from physicians as a whole, irrespective of pathies, are undoubtedly the use of radiant energy, as seen in the ultra-violet ray, the X-ray, and in radium and the open-air treatment of tuberculosis of the lungs. Of these two the latter is, perhaps, of the greater importance by so much as the victims of consumption outnumber those suffering from the maladies in the treatment of which radiant energy seems about to offer us a measure of hope, to speak very conservatively.

Within a decade, almost, the patient suffering from pulmonary tuberculosis, who from lack of means or on account of the advanced stage of the disease, could not go to Colorado, New Mexico, California or some other more or less remote part of the country, was considered to be doomed. To be sure, the prognosis of advanced cases has not materially brightened; but to-day it is hardly too much to say that early cases are absolutely curable and moderately advanced cases probably so, no matter what the circumstances of the patient.

The four factors that enter into the modern treatment of consumption are rest, fresh air, food and drugs. Rest is required so long as there is fever present. If the patient can get away from his surroundings for a time, so much the better; but if not, there are few cases which cannot stay home from work for at least two weeks and spend the time either in bed or on a lounging chair. Fresh air is obtainable by everybody. Here, again, the country is the ideal place; but to those to whom for any reason this is denied, there is fresh air to be had in the breathing places of cities, the parks and cemeteries, etc., and as a last resort, when the patient is too ill to leave the house, the fire escape or roof of the tenement house can be made use of profitably. The fresh air treatment requires fresh air twenty-four hours out of the twenty-four. So long as the weather does not absolutely forbid it, the patient should sleep out-of-doors; and when inclemency of weather forces a retreat within walls, a wide-open window is essential. In the matter of food the general plan followed now is that of super-alimentation,

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enforced feeding. In following out this plan there are two dangers that must be guarded against: the increases in the amount of food taken should be quite gradual so that the toleration of the patient for an excess of food shall be established, and regularity in the movement of the bowels must be maintained, for with the ingestion of increased quantities of food it is essential that all waste should be removed as speedily as possible; there must be no accumulation of feces to add auto-intoxication to the difficulties of the case. The drug therapeutics of consumption is the least important part, i.e., a patient can get well without drugs; but all the drugs in the pharmacopeia will avail but little if rest, fresh air and proper food are denied the patient. The drug therapy here, as elsewhere, can be summed up in the well-worn phrase, the indicated remedy, with the addition, perhaps, of cod liver oil in some form as a food. The exact benefit to be derived from other therapeutic measures, such as light baths, the *X*-ray, high-frequency currents, etc., has hardly been determined yet; but it is quite conceivable that they will prove to be valuable adjuncts.

One phase of the subject that is of the utmost importance is the protection of the community from further infection. Physicians, nurses, boards of health, the clergy, philanthropic visitors and teachers should join in pointing out the simple fact that the greatest danger to the community lies in the sputa of a consumptive patient, and that due precautions taken in the disposal of this source of infection will reduce the public danger to a minimum.

It is extremely gratifying to see the way in which private philanthropy has come forward to do its share in alleviating the sorrows of life by the foundation of sanatoria for consumptives on modern lines; and State and municipal authorities are also alive to the needs of the question. This work, however, has only just been begun, and large sums of money will have to be expended before all the needs are adequately supplied. The medical profession has, we are convinced, grasped the situation; and by insistence in and out of season, public and private means will be forthcoming to establish the institutions where they are needed and to administer to the wants of those whom stress of circumstances or the advanced stage of the disease compels to remain at home.

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AN ADVANCED STEP IN THE LICENSING QUESTION.

THE requirement of an examination of some sort after a medical graduate has obtained his diploma has undoubtedly come to stay. Very few states are left that have not willingly adopted this principle, or have not felt obliged to adopt it in self-defence.

The great cry now is for reciprocity; but this is not easy to effect until there is a greater unanimity in the requirements of the various state boards. While there is at the present time quite a degree of agreement as to the character of the examination and possibly the standards of marking, reciprocity is hindered by the fact that a few state boards are in advance of the majority, and refuse to examine a candidate who cannot furnish satisfactory evidence that he was possessed of what they consider to be a proper standard of knowledge at the time he entered upon the study of medicine. It will be seen that a difficulty arises here. Two states, A and B, may set examinations of the same standard, but if A refuses to accept the credentials of B because the latter does not inquire into the preliminary education of its candidates, B refuses to recognize the licenses of A, although all candidates holding them necessarily conform to the educational standards of B. The sufferers from this policy are not the doctors composing the antagonistic boards of health but the medical graduates, who are forced to submit to two examinations where one ought obviously to suffice.

Reference to our correspondence columns will show that Connecticut has found a way to take what we consider to be a distinctly forward step in this matter of licensing of candidates. The examination of Connecticut ranks in character with the best; but all candidates are admitted to examination provided they hold diplomas from recognized colleges, regardless of the preliminary education. A recent addition to the Connecticut law governing the practice of medicine allows the examining boards to accept the licenses of other states if they have been granted after examinations ranking on a level with the Connecticut examination. Nothing is said about reciprocity. This forward movement of the authorities in Connecticut is to be commended to the powers that be in other states.

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Notes and Comments.

A Homeopathic Victory in Connecticut.—The news contained in our correspondence of the granting by the Connecticut Legislature of an appropriation for an insane hospital at Norwich and the subsequent act of Governor Chamberlain in appointing a board of trustees overwhelmingly homeopathic in sentiment will be received with satisfaction by the fraternity at large throughout the country. Due meed of praise is offered to the Connecticut Homeopathic Medical Society for its strenuousness in persisting in the struggle for the recognition of the rights of the homeopathic physicians and laity of the state which it began several years ago, and which it has kept up under many discouragements. The fact that the Legislature refused to allow the new institution to be labelled a homeopathic hospital shows that a complete victory has not yet been won; and doubtless the Society will see that it has but scored to its credit the first round. It will be several years before the institution has been in running order long enough to show the merits of homeopathy in the treatment of mental diseases, and before that time it is open to successive governors to change the tone of the hospital by the gradual introduction of a non-homeopathic element into the board of trustees, some of whom, we believe, retire every two years. The Society must see to it, therefore, that the trust is so administered that the institution shall at all times be worthy of homeopathy, and, because of its worthiness, remains indefinitely under our control.

A Possible Aid in Chloroform Poisoning.—When in the operating room the patient's respiration ceases through an overdose of chloroform, a promptly-acting, easily-administered, powerful remedy is needed. In the course of a paper on Hydrocyanic Acid, read before the British Homeopathic Medical Society last January, and abstracted in the *Monthly Homeopathic Review,* Dr. Stonham suggested the use of a few drops of hydrocyanic acid dil. placed at the back of the tongue. It would be immediately carried to the lungs by artificial respiration, and by its extreme diffusibility would quickly gain access to the blood and to the respiratory centers. Like chloroform it is a protoplasmic poison, and in sufficient strength stops the contraction of the heart, it acts primarily and with great energy on the respiratory center, and if recovered from is very evanescent in its effects. Thus, prussic acid would seem to be indicated in chloroform poisoning according to the law of similars.

Primula Obconica.—Word comes from Germany that a solemn warning of the baneful effects of Primula Obconica was given to the Berlin Gardeners' Society by a member who pointed out that the leaves of the plant have tiny hairs on the under surface, which cause inflammation of the skin on contact. A case was cited of a little girl who had suffered three years from such an inflammation, which also affected her hair so much that she became bald.

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The Public Health Side of the Isthmian Canal Construction.—In Cuba American Government wrought great sanitary changes, and it is to be hoped that the laurels thus won will not be forfeited by any failure to thoroughly provide for the health of those who are to be engaged in any capacity in the construction of the Isthmian Canal. An expert on questions of sanitation and public health should have a place on the Canal Commission, and every facility should be afforded him to enable the gigantic undertaking to be accomplished with as clean a bill of health as modern science can secure.

The Purification of the Atmosphere.—Under the action of gravity suspended matter, whether in air or water, will eventually subside; but the process is often very slow. Even such minute and almost imponderable masses as bacteria are no exception to this rule; and street dust will be found to contain a far greater proportion than the air immediately above it. The more rapid the subsidence, the sooner purification is effected. Thus, a fog or a shower acts beneficially upon the atmosphere, the particles of moisture carrying with them to the ground many bacteria and other impurities. After the shower the air seems fresh. Part of the change is, of course, due to chemical changes, the introduction of a certain amount of ozone into the atmosphere. When the wind blows clouds of dust into the air, the immediate effects are unpleasant and even, perhaps, injurious to health; but every particle of dust, as it settles, carries with it some of the bacteria with which the air was laden, and leaves the atmosphere less noxious than it was.

Heart Disease Suitable for the Nauheim Treatment.—Not every case of chronic heart disease should be submitted to the Nauheim treatment; some can be cured, some can be benefited only, others may receive the treatment in the hope that it may do some good, while still others are unsuitable cases. Among the cases that will be cured or greatly benefited are the dilated, enfeebled, irritable hearts seen after an attack of influenza, and the dilated and enfeebled hearts in subjects presenting the rheumatic and gouty diathesis, and cases of cardiac enfeeblement following excessive smoking or prolonged illnesses. Those that cannot be cured but may be greatly helped include gouty or rheumatic hearts with permanent valvular lesions and signs of commencing cardiac failure. The more advanced forms of valvular affections, where the recuperative powers have been undermined from any cause and the patient is losing ground should receive Nauheim treatment in the hope that it may do good; while among the unsuitable cases should be reckoned the hearts of heavy drinkers, syphilitic patients, patients with arterial degeneration, those suffering from aortic regurgitation and old people. The chronic heart case met with in hospitals, broken down by a long struggle to work when unfit and accustomed to bad or insufficient food should be added to the last division according to Dr. Thorne, who also points out the need of repeating the course of treatment occasionally in the first two classes, and of extreme watchfulness during its use in the third class.

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A Case of Chloroma.—Chloroma is such a rare disease that the history and post-mortem findings of a case reported in a recent number of the *Lancet* are of unusual interest. The most prominent clinical features were pallor, proptosis, broadening of the face due to hard swellings in the temporal regions, hard, freely movable tumors in both breasts, periosteal nodes on the sternum and ribs, and subcutaneous hemorrhages. Very obstinate constipation had existed for a long time. Blood counts showed an enormously great and rapid increase of mononuclear white cells, among which were a number of bodies which were judged to be degenerating nuclei derived from defunct cells. The most notable results of the post-mortem were deposits of bright green material connected with various bones, in lymphatic glands, in the kidneys, in the liver, in both ovaries, in the pancreas, in the thyroid, in the dura mater and in the choroid plexus of the lateral ventricles of the brain. The large intestine was blocked all the way from the cæcum to the rectum with exceedingly hard, large scybalous masses. In the right heart was a green semi-translucent blood clot. Wherever green coloration occurred there were dense aggregations of irregularly polygonal epithelioid cells. The thoracic duct was surrounded by a thick firm layer. Probably this cellular overgrowth originated from hyperplasia of lymphatic elements. There may possibly have been some connection between the loaded large intestine and the green coloration.

A Good Case for the Mental Scientists et Id Omne Genus.—An Indian medical student bitten by a rabid dog presented a week later symptoms bearing an extremely close superficial resemblance to those of hydrophobia. All the symptoms that could be intentionally or hysterically produced were present, and only the fact that the incubation period was too short led the directors of the Indian Pasteur Institute to question the genuineness of the case. A draught containing chloral hydrate and potassium bromide brought about a "cure."

Goitre Treated by the Use of Distilled Water.—English medical journals have recently contained accounts of cases of goitre materially improved by the substitution of distilled water for the ordinary supply for drinking purposes. Where distilled water could not conveniently be obtained filtered rain water was used. This is certainly a simple remedy, and is worth adding to any other course of treatment. Goitre is endemic in certain situations, and the water supply has been held to be one of the reasons for its prevalence.

Quantitative Analysis for Sugar.—For the determination of the presence of sugar Fehling's method is still the favorite; but a quantitative analysis by his method is complicated by the slow subsidence of the resultant cuprous oxide, making it difficult to determine if all the supernatant fluid has been decolorized. Pavy's ammonia and Gerard's cyanide of potassium modifications of Fehling depend upon the formation of a colorless solution of the cuprous oxide. The fumes of the former and the instability of the latter make a search for a further development of the method warrantable;

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and Vasey has suggested the addition of an inert heavy white powder that would quickly subside and carry down with it the cuprous oxide, leaving the supernatant fluid clear for inspection. His method, which he has tested thoroughly on standard solutions, diabetic urines, wines and other sugary fluids, is as follows: To 10cc of Fehling's solution suitably diluted is added about two teaspoonsful of finely precipitated calcium carbonate or barium sulphate. The mixture is raised to the boiling point, being gently stirred with a glass rod the whole time. The solution in which the amount of sugar is required to be known is then run in. The red cuprous oxide is evenly distributed through and carried down by the chalk or barium sulphate, so that the true color of the supernatant fluid is easily seen.

A Broken Neck Unattended by Paralysis.—A fracture of the cervical spine is so uniformly understood to mean a following history of paralysis, if not death, that a case eventuating less seriously was worth the editorial mention it received in a recent number of the *Lancet*. A man, 56 years old, fell down stairs and struck his head against a wall at the foot. He got up and went to work the following day and continued to do so for a fortnight. All that he complained of was a stiff neck and some pains at the back of the neck and shoulders. A skiagram showed a fracture through the body of the axis with displacement of the body of that bone and of the atlas.

Albuminuria in Surgical Nurses.—The powerful antiseptics and disinfectants that nurses and surgeons have to use more or less frequently are a source of menace to the health of those who come in contact with them. Kocher noted among the nurses employed in his operating room a number of cases of albuminuria, which he attributed solely to absorption of bichloride from the antiseptic solutions. He has abolished the use of germicides altogether, substituting therefor scrubbing for ten minutes in warm water, dipping the hands in alcohol and rinsing them off in sterile water.

The Principles of Medical Ethics.—Under this caption the New York correspondent of the London *Lancet* says some things which are interesting reading for the members of our school of practice and which will be "nuts" for those of us who think that overtures for amalgamation do not come from disinterested sources. Speaking of the code of the A. M. A. he points out that it prevented members who subscribed to it from consulting with homeopathists. Then he makes this admission: "For a long period this article was popular with the regular practitioners, but in time the homeopathists acquired wealthy families and consultations with them were lucrative. Lured by this bait there occasionaly occurred remarkable lapses from the ranks of the regular practitioners, but the seceders were immediately expelled from all societies and placed under the ban of the profession." The writer then goes on to give his reasons for the agitation for a change of the code: "At length the methods of the homeopathists began to be modified, the

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exclusive dogma was disregarded, the whole range of remedies was adopted, and the whole system of homeopathy became little more than a name. Then began an agitation of the question of the change of the 'Code' which would allow consultations of the regulars with the irregular practitioners and every effort has been made for many years on the part of a few discontented persons to obtain the rescinding of the article forbidding consultations with homeopathists." There is no mistaking the opinion of the correspondent; he thinks that dollars, and not principles, are the motive of the would-be reform party.

The Rapid Purification of Water for Army Purposes.—During military maneuvres it is proposed to give to each French soldier three packets of compressed tablets. In the first packet the tablets are blue and contain potassium iodide and sodium iodate. The second package consists of red colored tablets of tartaric acid, and the third packet contains white tablets of sodium hyposulphite. The first two tablets set free nascent iodine which purifies the water. The sodium hyposulphite is used for neutralization after the iodine has done its bactericidal work. If possible, the water should be roughly filtered before the purifying agents are added.

Syphilis and General Paresis.—The general consensus of opinion among alienists and specialists in nervous diseases is that there is a direct relation between syphilis and general paresis. Syphilis, in fact, is credited, or debited, which you please, with being the progenitor of two or three generally incurable diseases; and it is almost a safe rule when we are in doubt as to the etiology of any malady to attribute it to the same specific cause. Syphilis has been known for upwards of a thousand years; general paresis, if not of modern origin, has shown its great development in modern times. It is only natural, therefore, that one should wonder whether the great stress of modern life is not a greater factor than syphilis. Dr. H. Preston Sights, formerly assistant physician at the Western Kentucky Asylum, argued before the section on nervous diseases of the A. M. A., that while syphilis is present in a large percentage of cases of paresis, and is certainly an important factor in disturbing the peace of mind in a susceptible and sensitive individual, and while in the majority of cases where syphilis is present, the mental worry and nervous strain keep the brain in a state of hyperemia, causing loss of sleep and appetite that results in paresis; yet the prevailing cause of paresis is an overworked mind in centralizing the mental energies without relaxation, whether worry over financial troubles, syphilis or a concentration of the mental forces in any single avenue of life. This seems a very reasonable and defensible position.

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Correspondence.

A CONNECTICUT LETTER.

(FROM OUR REGULAR CORRESPONDENT).

DEAR NORTH AMERICAN:

The last Legislature of the State of Connecticut made a change in the Medical Practice Act that is worthy of being put on record. I think it makes Connecticut a pioneer in this direction, and the homeopaths are largely responsible for it. Under the old medical law there was no provision for recognizing the licenses granted by other states. The last Legislature added the following paragraph to the Act Concerning the Practice of Medicine, Surgery and Midwifery:

> Any one of the examining committees appointed under the provisions of Section 4716 may accept the license of any state board of medical examiners of any state in the United States or in the District of Columbia in lieu of said examination, provided the applicant shall present such license to the examining committee before whom he appears, together with satisfactory evidence that such license has been issued after a state examination of as high a grade, and of the same kind as that required by said examining committee, that he is a resident of this state or that he intends in good faith to permanently reside herein, that he has been in actual practice for a period of at least six months in the year immediately preceding the date of his application, and that he is of good moral character and professional standing; and upon payment to the said committee of the sum of fifteen dollars he may receive a certificate of the approval of such license by said examining committee

It will be noted that this takes a step farther than reciprocity. So long as the candidate has a satisfactory license from another state board, the committee may approve that license whether the state issuing the license recognizes the Connecticut license or no. That is, the possessor of the license is not penalized for something for which he is in no way responsible.

There is a fly in the ointment, however. Connecticut possesses three separate examining boards, and that representing the Connecticut Eclectic Medical Society by no means holds to the standard set by the old school and homeopathic boards. A candidate turned down by the old school board was passed by the eclectic board at the next examination. There is a fear, therefore, that this new provision may allow the eclectics to admit men whom the other boards would reject. Up to now the homeopaths have fought for separate boards; but there is a growing sentiment that for the sake of the profession as a whole the next Legislature should be asked to provide for a single board of examiners. The old school will agree to a board in which no one school has a majority; but hitherto the homeopaths have stood out for equal representation on the board, which the allopaths would not concede.

The recent Legislature was asked to appropriate funds for the erection of a homeopathic insane hospital. The matter was ably handled by the legislative committee of the state society, and

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resulted in a virtual victory. The Legislature refused to allow the insertion of the word "homeopathic," but appropriated the money for the hospital which is to be located at Norwich. The appointment of the trustees was left to the Governor, and he has rewarded the homeopathic fraternity for their gallant fight, extending through several legislatures, by selecting homeopathic physicians, or their patients, for eleven out of the twelve trustees. The twelfth man is an old school physician who secured the appointment to add to his personal prestige; he leaves it to his fellow-members to do what they like as to the policy of the new institution. It is to be hoped that the records of the hospital and the watchful eye of the state society will keep it homeopathic.

Seven candidates took the recent examination for license to practise in Connecticut; all passed, and it is believed that all intend to remain in the state. Connecticut can afford them good livings.

SOME ENGLISH NEWS.

[FROM OUR REGULAR REPRESENTATIVE.]

TO THE EDITOR OF THE
NORTH AMERICAN JOURNAL OF HOMEOPATHY:

DEAR SIR:

The Annual British Homeopathic Congress met this year on July 23d at the famous University City of Oxford, and was a successful reunion. About forty physicians and surgeons met at 10 a.m. in the New Town Hall of Oxford to greet the President, Dr. Percy Wilde of Bath, and listen to his very able, forcible and original Address on "Hindrances to Truth." Pre-conceived ideas, a vague terminology, the assumption of a knowledge of causes of disease, and an obstinate refusal to investigate Hahnemann's theories and facts—all these and other hindrances to scientific and therapeutic truths were analyzed. "It is with some pride that we can refer to the fact that of all the medical philosophers since the time of Hippocrates, Hahnemann was the only one who grasped the idea that we could only know disease and drugs by their effects; that a practical method of treating disease could be reached by placing these effects in their proper relation to one another." The absurdity of the trial of Lachnanthes (Spirit Weed) in phthisis by the modern pharmacologists was brought forward. The experimenters injected tuberculous matter into guinea pigs and produced tuberculosis, which proved fatal. Next, they mixed Lachnanthes solution with tuberculous matter and injected the mixture into more guinea pigs. These died in a somewhat shorter time than the former set. *Therefore* these wise men concluded that Lachnanthes was absolutely inert as a remedy in consumption! Now it is well known to many of our school that this drug is a remedy of no mean value in *certain* forms and stages of pulmonary phthisis. Sir Lander Brunton, being forced to admit as a result of his own experiments that all drugs produced opposite effects in large and in small doses, expressed the view that this was "*the basis of truth upon which the homeopathic doctrine was founded.*" The vagueness of allopathic

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therapeutics even now is indicated in the article "Drug Therapeutics" in the latest text-book "Allbutt's System of Medicine," by Professor Leech who tells us that "the action of most drugs on the tissues and organs is guessed at rather than known, but in therapeutic reasoning *these hazy apprehensions* are usually accepted as a basis for treatment." Dr. Wilde urged upon us that "Therapeutics must be studied as a branch of science, on the same principles and under the same conditions as any other branch of Science." "We should no longer expect all men to reach the same conclusions, because to do so would assume that knowledge is complete, and the experience of all is identical." His closing passage upon our distinctive name was admirable: the word "homeopathic attached to a journal or a society represents not only the work of a particular department and the study of a natural law, but it also represents a platform where every therapeutic problem may be freely discussed. The same name applied to a practitioner who believes in the Law of Similars and who uses it as far as its own limits and the limits of our knowledge permit, does not mean that he rejects any other method of treatment, but that he has guiding principles which govern his choice of any treatment or method. It implies also that he is never debarred by any difference of opinion on scientific questions from giving help to his fellow-practitioner; that he accepts the fundamental principles of science as a guide to reasoning, and the instincts of a gentleman as a basis of ethics; and that he regards the effort to give expression to truth as the best means of securing the honor and dignity of his profession." A cordial vote of thanks was given to the President for his Address. His Worship, the Mayor of Oxford, was present to welcome the Congress, also several lay adherents of homeopathy, including several ladies. Next followed three papers entitled respectively "Immunity and Serum Therapeutics in Relation to the Rule of Similars," by Dr. James Johnstone; "The Bearing of Chemistry and Physics on the Homeopathic Law," by Dr. I. McLachlan (Vice-President and Local Secretary), and "An attempt to Restate the Doctrine and Illustrate the Practice of Homeopathy as One may imagine Hahnemann would have done had He lived in the Present Day," by Dr. E. M. Madden. These series of papers were designed "to prove conclusively, from different points of view, and without collaboration on part of the three authors, that the Law of Similars, and its practical application, were absolutely irrefragable from a scientific point of view, and that all the most recent investigations in medicine and in the collateral sciences not only brought out not one single point which could militate against our grand law, but that all pointed clearly to it alone as the most scientific and reliable centre from which the future of medicine must radiate" (M. H. R. for Sept.). In the discussion upon these three papers, the President, Drs. Proctor, Murray, Moore, Goldsbrough, Dyce, Brown, Burford, I. H. Bodman took part. After a *recherche* luncheon, generously provided by the President at the Restaurant Buol, the members of the Congress, including lady friends, were photographed in a group in the quadrangle of Exeter College, and then, in two parties, guided by Oxford graduates, were conducted over several of the colleges, the

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Bodleian Library, the Senate House, etc. To the Rev. Samuel Holmes and to Mr. H. E. Phillips, B.A., the Congress were greatly indebted for one of the most enjoyable features of the day. There is no city in the British Empire so interesting as gray old Oxford. After afternoon tea at the Mental Café, the Congress re-assembled in the Town Hall, when London was selected as the place of meeting in 1904 (June or July) and Dr. George Burford as President.

The usual dinner was held in the Randolph Hotel in the evening, and was characterized by great enthusiasm for our cause, and hopefulness in the progress and success of the "Twentieth Century Fund," towards which $50,000 have already been subscribed, for the active propagation of homeopathy in this kingdom. The President, Dr. Percy Wilde, conducted the whole proceedings admirably, and Dr. John McLachlan managed to arrange all the local details no less admirably for us all. The health of each of these gentlemen was toasted most enthusiastically.

If it had been term time and not the long vacation, the Congress would have been favored with the presence of "dons" who use homeopathy. As it was, Oxford was considered "empty," although many visitors, chiefly Americans, were there, the hotels being full to overflowing. We doubt not that our learned colleague, Dr. McLachlan, will recruit many adherents to our cause in the University and in the city. M. D.

Book Reviews.

Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.—By Prof. Dr Carl von Noorden. Part I, Obesity. The Indications for Reduction Cures. New York, E. B. Treat & Co., 1903. $0.50, pp. 59.

This little monograph is the result of exhaustive study and will be of much interest to physicians.

Harrington's Hygiene.—A Manual of Practical Hygiene for Students, Physicians and Health Officers. By Charles Harrington, M.D., Assistant Professor of Hygiene in the Medical School of Harvard University. New (2d) edition, revised and enlarged. In one octavo volume of 755 pages, illustrated with 113 engravings and 12 full-page plates in colors and monochrome. Cloth, $4.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The demand for a second edition of this work within a little more than a year from the appearance of the first is very satisfactory evidence of the appreciation which it has met. During the interval, research in the field of Hygiene has been active and fruitful, and the results have been incorporated in the present edition. A chapter on the Relation of Insects to Human Diseases has been added. Many of the other chapters have been entirely rewritten to present the latest knowledge, and throughout the book will be found evidence of the searching revision to which it has been subjected. The work is so comprehensive, and at the same time so admirably simple, that it serves equally the needs of student, physician, health officer and scientific sanitarian.

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A Manual of Otology.—By Gorham Bacon, A.M., M.D., Professor of Otology in Cornell University Medical College, New York. With an introductory Chapter by Clarence J. Blake, M.D., Professor of Otology in Harvard Medical School, Boston. New (3d) Edition. In one handsome 12mo volume of 437 pages, with 120 engravings and 7 plates in colors a 1d monochrome. Cloth, $2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Bacon's Manual achieved a forefront position in otological literature in its first edition, and has steadily maintained it since, improving with each successive edition. It is a good example of a volume which is both modest in size and comprehensive in contents, for its covers embrace the best otological knowledge of America and Europe. The author has given "sufficiently full consideration to those diseases of the ear with which the student or practitioner will frequently meet to enable them to understand the conditions and apply the appropriate treatment." Dr. Bacon is almost too modest in this statement, for his volume should interest specialists as well. He has conscientiously revised it, both in text and illustration, to reflect the latest and best in its subject.

Huntington's Abdominal Anatomy.—The Anatomy of the Human Peritoneum and Abdominal Cavity considered from the standpoint of Development and Comparative Anatomy. By George S. Huntington, M D., Professor of Anatomy in the College of Physicians and Surgeons, Columbia University, New York City. In one handsome quarto volume of 590 pages, including 300 full-page plates in colors and monochrome, containing 582 figures. De Luxe Edition. Gilt top. Uncut edges. $10 00, net. Lea Brothers & Co., Philadelphia and New York, 1903.

The mysteries of the Peritoneum and Abdominal Cavity particularly concern anatomists, surgeons, gynecologists and obstetricians, and interest the general practitioner to a degree scarcely less. This comprehensive and authoritative work will therefore appeal to an unusually wide constituency of readers. Dr. Huntington has approached the subject in the light thrown upon it by Embryology and Comparative Anatomy, thereby clarifying the hitherto difficult and complicated morphological problems presented by these regions.

The book represents the course in visceral anatomy developed during many years at Columbia University, and is unique in its marvelous wealth of illustrations, amounting practically to an Atlas, with full explanatory text. These illustrations are, for the most part, taken from preparations in the Morphological Museum of Columbia University, and wherever practicable direct photographic reproductions of the actual preparations are given.

The introductory pages are devoted to the study of Development, after this come the Anatomy of the Peritoneum and Abdominal Cavity, and the Comparative Anatomy of the Stomach; the Anatomy of the Peritoneum in the supracolic Compartment of the Abdomen; the Large and Small Intestine; the Ileo-Colic Junction and Cæcum, and the Morphology of the Cæcum and Vermiform Appendix. Each of these several sections is thoroughly elucidated in detail. The Morphology of the Vertebrate Ileo-Colic Junction and the structural details of the Human Cæcum and Appendix are considered very fully by reason of the extensive material available and the paramount clinical importance of these subjects.

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Materia Medica.

CONDUCTED BY

J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M. D.

Action of Coccus Cacti on the Kidneys.—The symptoms of Coccus cacti in connection with the kidneys are pains, dull, heavy, lancinating-like cramps, increased by pressure and movement; spasmodic pains in the kidneys with vesical tenesmus and frequent emission of high colored urine; lancinating, sharp, prolonged pains extending from the left kidney along the ureter to the bladder, with desire to urinate, the urine passing drop by drop. In women the urine excoriates the lips of the vulva. The urine contains filamentous mucosities, and has a whitish and granular sediment; the odor is ammoniacal. Coccus cacti can be used with success in acute desquamative nephritis, in nephritic colic, and in catarrh of the bladder. It resembles Cantharis in its action.

La Homeopatia de Mexico.

Treatment of Asthma.—Dr. Pinart, of Barcelona, recommends the following remedies:

Viscum album in the mother tincture is the remedy of choice; its results are rapid, almost mathematical. It has a decided action on the nervous system, and in its pathogenesy there is paralysis of all respiratory muscles and stertorous breathing. If the remedy does not cover all of the symptoms it can be alternated with Phosphorus 6c if there is pulmonary congestion and bloody expectoration; with Adonis Vernalis, if there is cardiac weakness with irregular beats; with Strophantus 2x if there is arterio-sclerosis and cardiopathy. When the asthma is accompanied by pulmonary emphysema, Viscum album will be alternated with Naphthalinum 3x, or with Ipecac if there is bronchitis or a tendency to capillary bronchitis; in this case Euphorbia also gives surprising results. One can turn also to Grindelia robusta which possesses marked action on the mucous membrane and on the nervous system, particularly on the pneumogastric. Cannabis sativa also comes in in asthma.

When the asthma is complicated by gastro-intestinal symptoms, vomiting, colic, fetid, bloody stools, Cadmium sulfuricum 30c is the indicated remedy. If there is flatulence with dyspepsia Carbo veget. 6c may suffice, or Zingiber when there is anxiety, vomiting, flatulence and constipation.

Many other remedies may be useful in asthma. Thus Moschus is good when hysteria is present, as also Asafetida, particularly if there is suppression of a discharge or a suppuration. English physicians recommend Hydrocyanic acid. Zincum is indicated when there is a profound anemia of the nerve centres with prostration and tendency to syncope.

After an attack Arsenicum iodat. 30c should be given, one dose a day for a long time; from time to time it can be replaced by Sulphur 30c.

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Clinical Medicine.

CONDUCTED BY
JOHN L. MOFFAT, M.D. AND JOHN B. GARRISON, M.D

The New English Antiseptic Lysoform is a formic aldehyde soap with a close naked-eye resemblance to glycerin. It is miscible in water in all proportions, though becoming somewhat turbid on standing. It should not be heated above 100° F., or the formic aldehyde may be volatilized. If diluted with its own bulk of water and rubbed on the hands, it forms a good lather, and is useful for skin disinfection: It is a powerful deodorizer in the strength of 1 to 100, and even 1 to 200. For the purposes of irrigating mucous surfaces it can be used in strengths varying from one to four per cent. Without entering into precise details of the experiments made to test its germicidal action on various organisms, the general conclusion may be stated that lysoform acts as an efficient germicide when used in the strength of a five per cent. solution, or approximately six teaspoons to the pint. In this strength it has no irritating properties either upon the skin or mucous membranes; and makes, when rubbed on the skin, a good lather. The professors throw out the following suggestions as to its clinical employment: As an antiseptic mouth or nose wash it should be used in the proportion of from one to three teaspoons to a pint; as a vaginal or uterine douche in the strength of from four to six teaspoons to a pint; for abscess cavities, suppurating sinuses, etc., up to six teaspoons to the pint or stronger.; for disinfecting the hands or instruments, the strength should be from six to twelve teaspoons to the pint. As a deodorant, it may be effectively used in the strength of one fluid ounce to the gallon. To disinfect feces or other pathogenic discharges, a solution of lysoform containing half an ounce to the pint should be used.

When using bromids, camphor, lupulin, arsenic, morphin, and salicylic acid in full dosage, it is well to remember that temporary toxic impotence may occur.

Mezereum.—Cough, worse every evening until 12 P. M., or day and night with tension over thorax; when eating or drinking anything hot must cough until food is vomited; from drinking beer.

Natrum Muriaticum; cough, with profuse lachrymation; the tears stream down his face whenever he coughs. Pertussis; whooping cough with excessive lachrymation during cough (child coughs only in the day time). Euphr.

Magnesia Carb.—Toothache; while riding in a carriage, worse in the cold; at night, compelling one to rise and walk about. The pain is insupportable while at rest (Rhatanhia); during pregnancy; pain, burning, tearing, drawing, twitching, or ulcerative pain, with twitching in the fingers or feet.

Borax given in large doses has caused eczema of the toes and fingers, with loss of the nails.

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Medical Progress.

CONDUCTED BY
J. T. O'CONNOR, M.D., PH. D., AND WALTER SANDS MILLS, M.D.

Percussion in the Diagnosis of Early Pulmonary Tuberculosis.—R. W. Philip, M.A., M.D., F.R.C.P. (*The Practitioner*, January, 1903), emphasizes the value of percussion in the diagnosis of pulmonary tuberculosis, and draws attention to the following points in particular:

1. The significance of the supra-clavicular triangle in relation to early changes. If the area immediately above the clavicle, and of about the breadth of a finger be fairly resonant and equal in resonance to the like area of the other side, the apex is likely to be passed as healthy. In such a procedure the fact that the normal lung reaches 1½ to 2 inches above the clavicle should be remembered. Assuming that lung-resonance may be determined in the healthy subject, let us consider the conditions observable in disease. In a given case percussion over the lowest finger-breadth may give a resonant note, that over the second may be impaired, and that over the third may be actually dull; or there may be fair resonance over the first two finger-breadths, while dulness may obtain over the third; or there may be impairment over the whole area. In this connection comparison of the notes obtainable over these different areas is of greatest importance, and by such comparison what might have been passed as gradually diminishing lung-resonance, may be found to be actual dulness when compared with the opposite side.

2. The best method of procedure for the determination of slight areas of apical involvement, the plexímeter finger of the left hand is placed across the apex of the lung from back to front, approximately in a plane at right angles to the vertical diameter of the lung. Percussion is practised with the middle finger of the right hand in a direction at right angles to the plexímeter. The percussion-stroke should be firm and sharp, but not too strong.

3. The value of tidal percussion. By "tidal percussion" the author means the practice of percussion—more particularly at the apices, though it is no less applicable to the bases and the anterior edges—alternately during expiration (or easy respiration) and during full inspiration. The difference between the limits of supra-clavicular resonance in expiration on the one hand and in full inspiration on the other are very considerable in the healthy subject. In varying conditions of disease considerable modification of the tidal resonance takes place. Thus, in the sedentary subject with relatively lazy lungs the tidal increase of resonance is comparatively slight, and probably equally so at both apices. In cases of commencing consolidation—it may be before actual percussion-dulness is determinable—a limitation of the tidal resonance at one or other apex may be noticed. As the progress of the disease becomes arrested, a considerable improvement in the tidal resonance is frequently to be noticed. Contrariwise, with the advance of infiltration the amount of tidal change becomes reduced.

—*Medical Review of Reviews.*

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

Original Articles in Medicine.

PRURITUS VULVÆ.*

BY THEODORE J. GRAMM, M.D.

Philadelphia.

NOW and then articles appear in the journals which seem to exaggerate the difficulties encountered in the treatment of pruritus vulvæ and, as a recent writer has done, refer to it as the bugbear of gynecologists, and point to the long list of remedies suggested for its relief as indicating that we do not understand its pathology nor have any one remedy adequate to its cure. They bewail the failure of some of the newer remedies vaunted as the hoped-for specific for this disease which, of course, follow their predecessors into the limbo of useless and abandoned remedies. It appears that at least some of the ill-success in treating pruritus vulvæ is ascribable to a search for one agent adequate to its cure, and because the judgment of practitioners is permitted to be led astray by the seductive claims of manufacturing pharmacists whose formidable array of publications flood the doctor's desk every morning. It seems to be not yet universally appreciated that the search for a specific for any disease is utterly vain, neither is it possible to evolve a curative remedy from the inner consciousness of even an expert chemist. The use of new remedies, until their efficacy is well assured by repeated trial, must ever be regarded as in the experimental stage, and experiments are notoriously not always successful. If, on the contrary, the treatment of this troublesome affection be viewed from the standpoint suggested by the antiseptic method, and if the latter be applied specifically modified and in accord with the discoveries relating to the bacterial conditions of

* Read before the Homeopathic Medical Society of the State of Pennsylvania.

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the affected parts, it seems as though there would be cause for a more hopeful view of the treatment of this disease for it has not been my experience heretofore that pruritis vulvæ presents insurmountable obstacles to its cure.

Strictly considered, pruritus vulvæ is not a disease; it is only a condition, or rather only a symptom of several conditions or diseases; but as has been pointed out, it is still treated in the literature as a special subject because of its predominating effect in overshadowing the underlying disease, resembling in that respect diarrhea and metrorrhagia. Pruritis vulvæ is sufficiently well known not to require a more lengthy description than to say that it consists in an itching, associated with burning of the female genitalia, necessitating rubbing and even violent scratching, and is at times so intense as to make life unendurable, mainly also because of nightly exacerbations interfering materially with sleep, and the general health suffers both in consequence thereof and because of the deleterious effects upon the nervous system. Most cases coming to the specialist are already chronic, both because of hesitancy on the part of the patient to mention the ailment, induced possibly by the unfounded fear that the physician will confuse pruritus with excitement of the sexual passion, and also because most patients have already submitted to a protracted course of treatment consisting mainly in the application of a long list of lotions and ointments which have been "highly recommended." Consequently it is not unusual to find that the vulva, particularly the labia majora, have undergone inflammatory changes, chronic in character. The skin, as pointed out by Veit (Handbuch, vol. III-1-131), is more opaque, whiter, swollen or thickened, and deficient in elasticity and contractility. Scratch marks of greater or less depth, or even ulcerations, are visible. The pudendal hairs are broken. Microscopically there is an inflammatory parakeratosis presenting the picture of sub-epithelial small-celled infiltration; the keratin formation is deranged and an irregular desquamation of the horny layer takes place. The conditions differ from vaginitis, in that the epidermis is thickened, and especially so in its outer layers, as opposed to the thinning in vaginitis, and that now under the deepest layers of the rete Malpighii there are larger, discrete collections of the small often polynuclear round cells; now and then there are small cysts formed from dilated lymph vessels.

Webster (Centbl. f. Gyn., 1894, No. 7-154), is said to have found a subacute inflammation of the connective tissue papillary bodies and a progressive fibrosis of the nerves and nerve terminals.

Because of the inflammatory changes in the affected parts,

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Sanger (Centbl. f. Gyn., 1894-154) has proposed to set aside the old term of pruritus vulvæ and proposes to call it vulvitis prurignosa. This term, admirable as it is, has not been generally adopted, because cases appear in which there is no evidence of vulvitis and yet the pruritus exists. These cases are still looked upon as pure neuroses, and have been the cause for much discussion among observers, largely because their place in an etiological classification is not readily determinable. Such cases, however, are constantly diminishing in number, and promise ultimately to disappear as we learn more fully to look for their cause. In fact, Sanger is already on record as saying that he has never seen a case of persistent pruritus without disease of the skin; even where the naked eye is scarcely able to discover anything abnormal, the corion may yet be and is affected. Schultze (Centbl. f. Gyn. 1894, No. 12), on the other hand, maintains that there are cases in which there is no vulvitis and in which the cause, reflex in character, is elsewhere demonstrable, or cannot be found. The cases he has reported are, however, not conclusive. The first is one where there were labial adhesions interfering with free urination. The second occurred in a case of endometritis which he cured with intrauterine irrigations. In the third case he mentions touching the endometrium with the sound excited pruritus in the vulva, and this case was likewise cured by means of intrauterine irrigations.

Sanger has defined pruritus vulvæ as a localized disease of the vulva in consequence of certain internal but especially external injurious influences. Among the causes of pruritus he has mentioned icterus, nephritis, diabetes, the abuse of morphine and alcohol, impaired circulation in the pudendal veins, retroflexion, tumors, diseases of the skin as urticaria, eczema, hyperidrosis, seborrhea, incontinence of urine, secretions from the vulva, vagina and uterus, as also from the bowel; parasites, masturbation and thermic causes. To these many other causes have been added, but I wish to refer to one more mentioned by Veit, namely, wearing a pessary too long.

Of these causes those depending upon well recognized dermatoses need not further detain us, for their explanation and treatment are the same as those of the skin diseases of which the vulvar pruritus is but a part. The same is true of jaundice. In diabetes, pruritus vulvæ is a common and indeed an early symptom. It is most likely induced by the frequent and excessive urination characteristic of the disease, in consequence of which the parts are so frequently bathed by the urine and the underclothing soiled far more than ordinarily. The changed character of the urine also so readily affected by fermentative changes, is an important factor. The

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urinary alterations in nephritis explain the symptom in that disease. The compulsory uncleanliness in incontinence of urine is to be included here. Certain animal parasites are a well-known cause of itching. The changed secretion of the sweat glands from general systemic conditions, under which also the action of morphia and alcohol are probably to be included, and the action of heat, should be classed along with the diseases of the skin.

Pruritus vulvæ is often associated with discharges from the vulva, vagina and uterus, and to this I desire to call special attention. Where the discharge is corrosive in character as in carcinoma and in consequence of acute venereal infections, the symptom is clearly dependent upon the localized and general vulvitis commonly associated with these diseases, and the case would hardly be classed under pruritus vulvæ. But there is a large class of cases in which the cause is not so manifest, and while in some of them as, for instance, in endometritis, in cervical catarrh and vaginitis from many causes, there is more or less leucorrheal discharge, there are many cases having these internal pathological lesions who tell us that they do *not* have leucorrhea, and a vaginal examination will show that the secretions are not excessive, and indeed may be diminished. It is these latter which may tempt to classify them under the second group suggested by Olshausen, who has spoken of pruritus vulvæ as *symptomatic* as in diabetes, leucorrhea, etc., and as *essential* depending upon a true neurosis.

Now what shall we do when a case of pruritus presents and the patient says that there is no leucorrhea? I believe that in no case should we accept this statement as indicating that no distinctly recognizable departures from the normal conditions exist; but we should institute a systematic examination. This should comprise an exact determination of the conditions of the skin surface; of the vulvo-vaginal glands; of the meatus urinarius and urethra, and of the urethral glands. These are the localities which long retain evidences of previous inflammation, and treatment specially directed to the conditions found is indicated. The vagina and cervix are to be examined by the aid of a speculum, and then the bimanual examination is to be made. I want to emphasize that the lesions found in these cases are not gross, are not pronounced, and do not at once attract attention. They are of such a character that one might be tempted to underrate their importance because of their frequent occurrence in women, and particularly in patients who do not suffer from pruritus, but I am convinced that appropriate treatment is followed by satisfactory results.

Personally, I always make a microscopic examination of the

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vaginal secretion taken from some part of the vulva, from the upper part of the vagina, and sometimes from the cervical canal. This secretion is removed in such a manner as not to become contaminated by secretions found in any other part of the tract. Unfortunately, other professional duties have not permitted culture examinations to be made in all of these cases, but of the cover-glass preparations I can say that invariably they have shown the bacteria present to be cocci, and not bacilli. I have also used every opportunity to make cover-glass preparations from normal cases, and these examinations have shown that in all normal cases, both virginal and others, the micro-organisms present are bacilli; no case has shown cocci. The preparations made from secretion taken from about the fourchette or vulva may contain several forms of bacteria, both bacilli and cocci in both normal and abnormal cases, but that taken from high up in the vagina has shown the distinct results as just stated. As the case has improved from treatment the cocci have gradually disappeared and have been replaced by the large bacilli. It is very interesting to observe this change in a given case. I am well aware that these results are far removed from scientific completeness by reason of insufficient culture experiments; but then the cases were not examined for this purpose nor even with a view to their publication, but only in order to obtain working clinical evidence. These results are in accord with the experiments of Doederlein (Das Scheidensekret), as also are my observations of the reaction of the vaginal secretion.

This entire subject of the vaginal flora has received considerable attention, but satisfactory, oft-confirmed results are not yet at hand. Still Doederlien's results, apparently made with reliable accuracy, and being attractively consistent, seem to merit acceptance as a working basis, to be modified by other results subsequently to be obtained. They should surely not be cast aside in toto by another investigator who has failed to confirm even his elementary observations. Doederlein has shown that the vaginal secretion of healthy puerpera is acid in reaction, and the same is true of that of the non-pregnant and virgins. This acidity is due to lactic acid and is produced by a large bacillus which has received the name of the vaginal bacillus of Doederlein. This acidity, produced by the life activity of this bacillus, in addition to certain other qualities of the vaginal secretion, exerts a certain inhibitory action upon the growth and infective qualities of other, especially pathogenic micro-organisms. This has been proven by the inoculation experiments in which pure cultures of pathogenic micro-organisms introduced into the vagina have not been able to develop there, but on the con-

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trary that canal cleanses itself of such infective bacteria in from two to eight days at longest. It has also been found that in the culture tube it is difficult to obtain a growth of pathogenic germs when once the vaginal bacilli have been permitted to get a start; and also on agar plate cultures he found that a streak of vaginal bacilli will inhibit the growth of staphylococcus pyogenes aureus at the intersection of cross streaks of this micro-organism, whereas at some slight distance removed the latter grow abundantly. From this and other experiments it seems that the vaginal secretion has a certain destructive or inhibitory action upon pathogenic germs, especially as these mostly require an alkaline reaction for their development. When such are not actually destroyed there is at least brought about a condition of diminished virulence. When, however, the conditions of the normal vaginal secretion are altered, as, for example, by the profuse alkaline lochia. by the menstrual fluid, and by increased discharge from the racimose cervical glands whose secretion is alkaline, the normal inhibitory conditions in the vagina are diminished and infection occurs more easily. The same is true when a similar state of affairs is brought about by disturbed circulation, especially venous, as induced, for example, by tumors, displacements of the uterus, foreign bodies in the cervical canal—like polypi, and foreign bodies in the vagina as pessaries, for instance. The protective qualities existing in the vagina are also disturbed, probably in the same manner, by frequently repeated irritations as in excesses in venere or self-abuse. The inflammatory reactions thus induced are notoriously almost self-limiting, if only the cause be withheld for a short time.

Now in recounting these several means of changing the vaginal secretion and thereby permitting or actually causing infection, we have not mentioned gonorrheal infection; but this subject is so extensive, especially with reference to the question of latent gonorrhea, that it cannot at present be further touched upon than to say that the diplococci of this disease are remarkably persistent in any mucous tract once infected by them, that they are demonstrable in various places in the genital tract, as, for instance, in the endometrium, in the cervical glands, in the urethral and vulvo-vaginal glands, even when an active gonorrhea is no longer present; and in fact they have been found, probably in diminished virulence, within the vagina of prostitutes, who show otherwise normal vaginal secretion. It has been observed clinically that these pathogenic bacteria, in a condition of latent virulence, may be aroused by irritative conditions of various sorts, traumatism, and various other circumstances diminishing the normal resistence of the tissues, and

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thereby re-establish their original picture of recent infection.

It must be apparent from the statement of these facts that the conclusion which I desire to draw is that in many cases of pruritus there is an altered bacterial condition in the genital tract and in the vagina especially, in consequence of which a condition of infection really obtains, as we understand that term, although this infection may be so slight as regards virulence of activity, that there exists no pronounced inflammatory reaction, but only sufficient to change the secretions enough to induce pruritus vulvæ. This change in the secretions is probably not alone dependent upon the mere presence of foreign bacteria but is also augmented by different ptomains, in addition to certain as yet obscure chemical alterations of the secretions induced by them.

The fact that the vagina is a portion of a *living* body, whose bacterial flora is evidently subject to fixed laws should not be lost sight of in our treatment. It is possible in the use of the vaginal douche and other antiseptic means to overstep the mark, and by inordinate repetition to so interfere with the normal reparative processes above suggested, that the genitals in spite of persistent antiseptic treatment and other therapeutic means, will be found to continue in a sad condition of inflammatory irritation. I have seen a number of cases wherein frequently repeated antiseptic vaginal douches have failed to relieve the infected condition for which they were prescribed, and the cases recovered from treatment only after tapering off in the use of the douche, thereby permitting the vaginal secretion to re-establish its normal condition.

A case of pruritus vulvæ in a married lady recently presented such an exquisite verification of some of the opinions expressed in this article, based upon bacterial observations some of which have been referred to above, that it shall be briefly related. The patient, pregnant in the fifth month for the third time after eleven years' interval since the last gestation, consulted me for unendurable itching of the pudendum. The skin of the labia was thickened, and somewhat edematous, and abraded from scratching. There was some laceration of the cervix and of the perineum. The vagina and cervix presented the venous congestion usual at her period of pregnancy, and were red and irritated. The vaginal discharge was not at all profuse but was rather scanty, milky, and somewhat thinner than is seen in absolutely normal cases. The urine was profuse and frequently discharged. It contained no albumin nor sugar. The treatment consisted in applying a mild antiseptic wash to the cervix and vaginal walls, a bland ointment to the vulva and occasional permanganate of potash vaginal douches. She responded

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nicely to treatment but soon had a relapse, from which she recovered after using the same treatment. In another three weeks the troublesome condition returned after a long walk, during which she was compelled to retain the urine for a long time. Being somewhat discouraged on account of the relapses occurring in the case, I examined the internal parts with care, and now discovered two polypi, about a half inch long, hanging within the os uteri, which had escaped discovery at previous examinations, or else only at this time presented to view within the cervix. They were at once removed by torsion. The same treatment above mentioned was administered at this one visit to the office, and within a few days the patient was well.

Sections of one of the polypi show it to present the usual appearances of such growths; that is, a loose fibro-connective tissue, con-



POLYP FROM CERVICAL CANAL.

taining many vessels and vascular sinuses and a few uterine glands. The external surface is bare of epithelium in some places, and in others there is a covering of cylindrical epithelium.

Microscopic examinations of the vaginal secretions made at the time of greatest intensity of her ailment, show almost a pure culture of cocci. There were no gonococci present.

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The patient has not been able to determine the cause of her ailment. The last relapse was ascribed to a long walk and compulsory retained urine. It is certain that the case was not gonorrhea, neither was the puerperium influenced by the infection, for the latter was afebrile. On the other hand, it appears probable that the constant irritation induced by the cervical polypi so changed the normal resistence of the tissues as to permit the growth of micro-organisms which gained access to the vagina in the usual ways. The same simple treatment applied with transient effect was promptly curative when the irritation occasioned by the foreign bodies was removed.

It is unnecessary to recount in detail other cases which have responded to treatment. In some cases this has consisted in curettement when suspected to be occasioned by endometritis. When the cervical glands were inflamed applications of one of the silver salts, usually the nitrate, were made to its canal and to the portio vaginalis. The vagina was cleansed by applications of boric acid solution or some other mild antiseptic solution, or calendula or formalin solution. Externally a bland ointment was used, containing aristol or nosophen or markasol. In some cases an ointment containing cocaine was soothing and gave the case a start by palliating the itching. A vaginal douche once daily, gradually diminishing in frequency, was prescribed, containing either borax, bichloride of mercury, or potassium permanganate; or actuated solely by physiological reasons, a douche acidulated with acetic or lactic acid.

OUR MATERIA MEDICA.*

By J. Herbert Moore, M. D.
Brookline, Mass.

IT has been stated by an eminent physician with whose life-work every homeopathic physician is, and every other physician should be, familiar, that "The first and sole duty of the physician is to restore health to the sick." Paraphrased to mean it is the *paramount* duty of the physician to restore health to the sick, is to state a truth to which every practitioner into whose hands the sick are committed should subscribe.

In these days of concentration of medical attention and effort upon disease action, both in the study of its essential nature and causative factors as well as in the beneficient measures of preventive medicine, this admonition to bear in mind the ultimate aim of the physician toward the patient already sick is apt and timely. Thor-

* Read before the American Institute of Homeopathy.

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ough conversance with all that pertains to the intricate problems of disease, as well as to its effect upon the human economy, is to be desired and striven for by him who desires to become a scientific physician; but of what use is this learned person to the already unfortunately and seriously sick, if he carries to them in the other hand no curative measures.

Some such question as this, with a realization of its significance on account of his experience with the harmful therapeutics of his time, was the controlling factor that led this physician, who considered of first importance the cure of his patient, to be ever on the alert for a better therapeutics than that offered at his time. This attitude at length enabled his mind to be receptive to the first glimmer of light, flickering out of the like resemblance of that malarial disease to its curative specific, which through his efforts was ultimately to illumine the prevailing chaotic therapeutic measures with the noon-day brightness of the homeopathic principle of therapeutics.

Second in importance to his discovery of this principle, and an outcome of it from necessity inasmuch as the skilled artisan, to accomplish his best work, must have tools of which he knows, is the method Hahnemann promulgated of ascertaining the true and sure action of drugs by testing or, as we call it, proving them upon the healthy human organism; such action constituting the materia medica of homeopathy.

It is a healthy sign of the times in the progress of our school that we hear, in this practical and scientific age, dissatisfaction concerning our materia medica. But let us understand one another and at the outset emphasize the fact that it is not with the principle of proving drugs upon the healthy human organism with which we are dissatisfied, for all are alike agreed that this is the key opening the door into the realm of curative drug action. Rather is it a dissatisfaction with results growing out of imperfect methods in carrying out our provings. We must discriminate between an intelligent dissatisfaction emanating from those qualified to emphasize the shortcomings of our materia medica with which all should be in sympathy; and an unintelligent grumbling and fault-finding concerning materia medica as a whole, among many who have shown no inclination to become students of this subject and to try to grasp it as best they might, resulting in a condemnation of materia medica on their part to the degree that they prefer to consign this subject to that biblical region where, to be sure, it might be thoroughly purified but, in the process, might be totally destroyed.

With this unreasonable dissatisfaction we should have no sympathy but merely ask if materia medica is as faulty as these malcon-

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tents would have us believe, wherein is its efficiency whereby homeopathic therapeutics has proved so successful as a system of curative drug action. Such unreasonable dissatisfaction does no good in a constructive way looking to the betterment of our materia medica, and in a destructive way merely spreads discontent and discouragement among those who are conscientiously trying to grasp a subject difficult at its best; it injures the cause of homeopathy; it makes poor prescribers still poorer; it takes no cognizance of the giant homeopathic materia medicists and prescribers who have made homeopathy what it is to-day, from Hahnemann and his contemporaries and their successors down to Richard Hughes of the old country, and from our own Hering down through the line of Lippe, Dunham, Farrington, Boeninghausen and Allen of our own country.

Let us rather consider our materia medica in the light of the field of grain in which are both wheat and chaff, and let us bring to bear an intelligent winnowing process by acquainting ourselves with its history, and by teaching our students the history of the proving of drugs, that they may acquaint themselves with the environment and influences governing Hahnemann and his followers in the different stages of their work in this direction. By studying together in this way the method by which our materia medica results have been obtained, we can take a more intelligent view of the labors of those who have worked in this field and the better know what to praise and accept and what to condemn and reject; and a further advantage will be gained in that we shall be interested in our study of materia medica from the first.

Let us first ground ourselves and our students in the knowledge of what a past master was Hahnemann in his provings and observations as to drug effects on the healthy human organism from his first perception of the homeopathic principle of therapeutics in 1790 up to the end of his brilliant and successful Leipsic career ending in 1821. Let us credit him with the consummate skill with which, with the meager resourees then at hand, he proved and gave to the medical world in his first materia medica "Fragmenta de viribus—" published in 1805, the first twenty-seven drugs, more than three fourths of which are our polycrests of to-day and his indications our indications. The same may be said of Hahnemann's own provings of the thirty-nine drugs in the first edition of his second work "Reine Arzneimittellehre" published from 1811 to 1821. My apology for stating these matters of history before this Institute is that we might emphasize, in these days of materia medica skepticism, that at least this contribution of Hahnemann's, of sixty-six drugs up to this latter date, constitutes a "Materia Medica Pura"

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in fact as well as in name. It is a testimony to the reliability and thoroughness of the provings and observations as to these sixty-six drugs that, rapid worker as he was, thirty-one years elapsed in their production. The second edition of his "Reine—" published from 1822 to 1827, completes Hahnemann's materia medica work up to the time of his production of the "Chronic Diseases" in 1828. If a student of materia medica is inclined to depreciate Hahnemann's work in drug proving up to this period, let him acquaint himself with Hahnemann's own account of conducting his provings, as well as the account by Hering and the earnest words of commendation from Dudgeon and Hughes.

On the other hand if time allowed, it would be interesting to detail the influence of the difference in environment and patients of the Goethen period over that of his brilliant Leipsic career upon the reliability of the provings and observations making up his "Chronic Diseases." It would be interesting to weigh the influence upon the latter, of his commitment to infinitesimal dosage at the same time and especially his dogmatic assertions as to the special efficacy of the 30th attenuation. We should be as free to criticise the provings and compilations of Hahnemann, as well as of any other of his work or theories, when occasion necessitates, as we are prone to praise that which is good; and we cannot but admire the candor of Richard Hughes in adjudging as unreliable many of the drug pathogeneses contained in the "Chronic Diseases." That this judgment is fair and from the merits of the case is evident from the commendations he extends to Hahnemann when speaking of the latter's work up to this date.

A student of materia medica should acquaint himself, as well, with the history of the proving of drugs by the contemporaries of Hahnemann, of the Austrian provings and of those of our own American authorities. A certain portion of this work is reliable, much is unreliable, and its arrangement is not of the best and not conductive to absorption by a logical mind, and not enough has been made of the records of provers; but let us give full credit for all that is good while questioning the bad. This judicial attitude toward materia medica and its workers in the past, while rendering unto Cæsar the things that are Cæsar's, will on the other hand lead all students of materia medica to sympathize with all intelligent attempts as to its betterment. I have made this plea for moderation in condemning our materia medica, because I do not believe it necessary to engage in a destructive crusade against that which is reliable in order to do the best work in constructing a new materia medica, and because I believe such condemnation has been a factor

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in bringing about in many quarters an unwarranted loss of confidence in homeopathic therapeutics.

It is not my purpose to describe "How to Prove Drugs," but merely to present a few thoughts of how our future materia medica should be made up. Until a few years ago, our materia medica comprised merely a tabulated symptomatology arranged in the anatomical schema. It takes but a man with a logical mind to soon appreciate the shortcomings of this method; and herein lies the greatest objection to Hahnemann's best work in drug provings, in presenting his findings by this method to the exclusion of the records of provers. Whenever these symptoms are authentic as legitimate effects of drugs acting on the provers, and not gratuitous offerings of their imagination; whenever intelligently and concisely accorded and with references to the records of provers; such symptomatology in its true significance of "The sum of scientific knowledge concerning symptoms" is always to be cultivated in proving and prescribing drugs. In fact, the value of symptomatology as a reliable method of recognizing both disease and drug action is being appreciated even in the ranks of the old school, as witnessed by Sydney Ringer's argument in its favor in the introduction to his "Handbook of Therapeutics."

Granted this full value of symptomatology in ascertaining the action of drugs proved upon the healthy human organism, and in prescribing the proved drugs against disease; mere symptomatology, standing alone and apart from the relative action of the drug causing the symptoms, should not exclusively be made use of in establishing a scientific basis of the materia medica of the future and a practical method of acquiring and applying the same. At a time when about all that was known of disease was the subjective symptoms, and the objective only so far as the unaided senses of the physician could discriminate, a materia medica based exclusively upon symptoms of drugs observed in this same limited way was an instrument sufficiently molded to its work; but in these days when we are able to delve so much further into the recesses of disease, with the aid of our modern diagnostic 'scopes, which so many times lead us down to the unerring pathology itself, we must follow in our drug provings, with the aid of the same instruments of precision, as far as we can penetrate so that we may be able to record the where, when, how and why of drug action and, whenever possible, the ultimate pathogenic effect of the drug upon the part of the organism which it affects. Whenever this latter is possible then are we in possession of the most effective totality of symptoms: comprising a recognition of the pathogenic effect, itself,

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upon the part affected by the drug, combined with the ordinary symptomatology of the drug. A more practical and scientific materia medica cannot be had than that afforded by this combination.

The great difficulty experienced in mastering materia medica has been that in the past it has not been compiled and presented in a logical manner, and for this reason mere symptomatology standing alone will not afford the most practical method of acquiring and applying materia medica because it relies upon the memory alone, unaided by any logical or other helpful measure. Such helpful measures must be obtained by a thorough study of the pharmacodynamics of drugs in our provings; and the more thorough such observation and study, the nearer we shall approach to a rational materia medica for the reason that it throws many side lights upon the action of the drug and leads to a more intelligent comprehension of its symptomatology.

We find an analogy in the study of disease, for, when the medical student is first made acquainted with disease, we seek to impress upon his mind the results which follow when the body is invaded by the disease; but in addition to dwelling on its manifestations revealed by what are commonly known as symptoms, we teach him where and how it acts upon the body. Mere symptomatology alone, with no regard to the diseased condition of the body producing these symptoms, will not make the skillful judge of disease processes going on in the system; and decisions rendered will not be those of the unerring diagnostician. Rather is this brought about by an intelligent appreciation of the underlying morbid processes which produce the symptoms. Every disease has its elective affinity for a distinct part or parts of the system and a specific action on those parts. A correct understanding of this affinity and action of any disease in question will lead to a more intelligent recognition of its symptoms, and one that will the more readily establish the identity of the disease.

As in this intimate knowledge of disease relating to its diagnosis, so should there be a like intimate knowledge of drug action upon the organism relating to the treatment of disease, for each drug as well has its elective affinity for a distinct part or parts of the system and a specific action on those parts; and such knowledge of the pharmacodynamic action of drugs comprising the where and how they act upon the system will the more readily and certainly enable us to get hold of, to retain and to make use of for therapeutic purposes the symptoms of drug provings upon the healthy human organism. Symptomatology, whether of disease or drugs tells us

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that some abnormal action is going on in the system. Can we not deal more intelligently with both disease and drug if we know just what is going on, whether we are diagnosing disease, are studying symptomatology of drugs or applying the drug against the disease?

In the study of physiology it would be very unsatisfactory to merely learn by routine a tabulated schema of normal functions with no consideration of their method of production; and in the study of drug effects upon the healthy organism it is equally unsatisfactory to attempt to learn an anatomically arranged schema of symptoms with no attention or consideration given to the why and wherefor of the relative drug action producing the symptoms. In the face of the fact that this omission to logically consider the action of a drug in our study of its symptomatology is responsible for the difficulty experienced in acquiring and applying materia medica, we should advocate the logical and inductive method of studying this subject for this reason, if for no other, that it explains the symptoms of the drug and thus enables an easier and more intelligent grasping and retention as well as application of the same.

But you of logical minds may ask: Why the necessity of emphasizing the demand for such a materia medica? It is necessary because there are those who argue that the less one knows about a drug save a tabulated schema of its symptoms, the better homeopathist a physician becomes. If this is so, it is a testimony to the weakness of the philosophy of homeopathic prescribing. Against this we contend that the more that is known about the action of a drug in its pharmacodynamic relation to its symptomatology applicable to homeopathic therapeutics, coupled with a sure, concise and verified symptomatology, the more desirable homeopathist a physician becomes. This latter was the view of our lamented Dr. Hughes, who stands in his writings as the exponent of the practical and scientific side of our materia medica; is the reason why the earlier homeopathic physicians emanating from the old school experienced, in their all round knowledge of drug action, less difficulty in mastering materia medica and are found to have been among our best prescribers; is the factor that makes Sydney Ringer such a good, though unacknowledged, homeopathist in his absorption and consideration of the therapeutic action of many drugs; and is the path by which skeptical therapeutists of the old school are to be led out of their unbelief so far as curative drug action is concerned, into the perception that it is the similarly acting drug that will cure a given disease if prescribed in strength of dose below that necessary to produce its physiological action upou the healthy human organism.

Four requisities to an intelligent study and application of homeo-

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pathic materia medica should be recognized; first a thorough knowledge and intelligent understanding of the philosophy of homeopathy so far as this is revealed; second such familiar acquaintance with the names, appearances and properties of remedies as comes not only from a knowledge of practical homeopathic pharmaceutics, but from personal contact and handling of the remedies themselves; third a posology having none other than a scientific and reasonable basis, which in the construction of our materia medica should embrace only material medicine appreciable to the senses, and in the therapeutic application of materia medica should not transcend a degree of dilution of remedies necessary to comply with the following practical and reasonable rule of dose: of using that strength of medicine which, administered in proper form and at proper intervals, will thoroughly eradicate the disease without aggravating presenting symptoms or creating extraneous ones. This last requisite is a question whose importance as regards the best good of homeopathy in the future is second only to an authentic and logical materia medica, and one which must be dealt with by our school until we establish our homeopathic posology on as scientific and reasonable a basis as is our law of cure.

Concerning the first two requisites mentioned, it has never ceased to be a matter of appreciation to the writer that he enjoyed the privilege of such close personal contact with a good student of homeopathy and successful prescriber of its therapeutics as was possible in having had his father for a preceptor; and that through this influence and instruction he became thoroughly grounded in his belief and confidence in the legitimate claims of homeopathy by an intelligent appreciation of its tenets, and became perfectly familiar with the names of the remedies, their gross appearances, the preparation of their dilutions and triturations not excepting many an hour over the mortar and pestle when one full hour was religiously given to the preparation of each trituration; not to mention the daily care of the medicine drawer and buggy case—this thorough acquaintance with the remedies, as household words and familiar faces, before engaging in the technical study of materia medica in the medical school. This personal allusion will be pardoned if accepted to enable me to emphasize the importance of this preliminary experience with drugs to the medical student. In the case of materia medica, more than in any other branch of medical instruction, would great advantage redound to the medical student if the revival of the old method of preceptorship prior to the student entering the medical school could be brought about. In the absence of this, the college must take its place and its teaching of materia medica should

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reach rock bottom and be founded upon an intelligent understanding of the tenets and philosophy of homeopathy to the extent that each student should be able not only to possess, but to give reason for, the faith that is in him. Following this, such thorough acquaintance and familiarity with drugs themselves, as has been indicated, should precede the study of their effects comprising our materia medica.

A fourth requisite to an intelligent study and application of homeopathic materia medica, and one up to which the other three will invariably lead, is confidence in drug therapeutics. It is claimed by many careful observers of the higher things of life, that the intimate acquaintance with human biology, which characterizes the study and work of medical men, tends to turn their minds away from the truths of immortality; and it seems as if a parallel materialism is engendered by this exhaustive study of pathology, bacteriology and all investigations in the realm of disease processes, that in time leads up through therapeutic agnosticism to therapeutic nihilism at least so far as *curative* drug action is concerned. That this materialism, engendered by the excellent and successful work which has been carried on by them along disease lines during the past few decades, should lead the old school into therapeutic skepticism and in many cases therapeutic nihilism so far as curative effects of drugs are concerned, is not surprising because explicable by the great contrast existing between the potent results of their work on the disease side of the picture, and the impotent results of their therapeutic work during the past century, as well as explicable by the reaction from their old therapeutic methods which they themselves now acknowledge to have been crude, harsh and harmful.

Homeopathy calls upon its adherents to stand firm against the tendency of such gross materialism, and especially appeals to those of her physicians whose special lines of work lead them into investigations of the essential nature of disease processes, not to allow themselves to be led away from the truth of the efficacy of the curative action of drugs when prescribed according to the homeopathic principle of therapeutics, even though the treatment peculiar to their specialty demands operative or other mechanical technique.

To this appeal one of the largest and strongest of the special societies connected with the Institute has already responded in test provings of a single remedy. Whether or no this specific work and its results shall prove practicable, homeopathy especially appreciates the efforts looking to the betterment of our materia medica on the part of a society devoted to specialism, and is confident that efforts having such betterment in view must ultimately lead to practical

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results. Let us all, general practitioners and specialists alike, place ourselves on record as in sympathy with all such efforts, and pledge ourselves to get down to honest hard work, giving aid in pocket, time and brain so far as is in our power to all materia medica work yielding practical results, in order that we may ultimately accomplish the object for which this paper is presented, namely, an early possession by our school of a materia medica, authentic in its construction and logical in its applicability.

BAD NAUHEIM—SOME OBSERVATIONS.*

By Emmons Paine, M.D.

West Newton, Mass.

IT was in the month of September, 1902, that my professional duties called me to Bad Nauheim, Germany. I had been somewhat acquainted with the artificial waters (made in imitation of those of Nauheim), and their effects upon certain of my nervous patients, during the year preceding my visit, and I went to the springs themselves with a special feeling of interest and confidence. Professor Dr. Theodor Schott was consulted about my patient, and gave daily advice concerning the use of the baths, exercise, diet, etc., and at the same time he most kindly directed me, under his supervision, during our stay of nearly five weeks in the "Schott Treatment," which has made him famous throughout the world. I wish now to report on the place, the waters and the results, as observed by me.

One should know of the place that it is about twenty miles from Frankfort, about twelve miles from Bad Homburg, is mostly composed of hotels and pensions, and may be said to depend upon the springs for its reputation and existence.

Of the springs, there are three used for baths, each of which is a gusher, in the sense that it spouts above the surface of the ground. There are other springs, four in number, but they are used only for drinking, and not being used for baths are not considered at present.

What strikes a visitor first and always, is the water rushing to get out of the ground; he sees it overflowing the well-tubes at a height of ten or fifteen feet above the ground, and is told that one of them, if allowed, would throw a stream more than fifty feet in the air. The cause of the spouting is carbonic acid gas, which mixes with the water low down in the ground and pushes it along

* Read before the American Institute of Homeopathy.

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to an outlet, and, for this reason, the wells are not termed artesian, as they would be if the water rose above the earth's surface in seeking its own level. He would next note the bubbling and the bursts of carbonic acid gas as it escapes in great volume from the spouting waters. He would note also the vapor, in cool weather, rising from the springs, showing how much warmer the water is than the air; in fact, it is nearly the body temperature. He would see that the spouting, bubbling water is beautifully clear, but that it is yellow and muddy in the basins into which it falls, and his knowledge of chemistry would teach him that, as the carbonic acid gas escaped some of the iron and lime salts would not remain in solution, and would be precipitated in the basins, giving the appearance of muddy water. Under other conditions the lime would form the strangely shaped rock-masses, like stalagmites, which make a "rockery" for plants near at hand. The last thing he would note, perhaps, would be that these springs are close together, so that one could almost spatter the water from one spring upon the other two springs.

He would next learn that beneath his feet, not far from the springs, are large storage tanks into which some of the waste water runs and is used for certain baths, after some or all of the carbonic acid gas has escaped. He would discover one more thing about the water, if he should walk about a mile from the springs—that considerable of the unused water is evaporated, leaving table salt, as has been done for centuries; while a part of the residue, that will not crystalize, is called "Mother Lye," containing much chloride of calcium, and this residue is used, by adding one or more quarts of it to a tubful of water, to produce a bath stronger than an ordinary brine bath.

Until thirty years ago the waters were regarded as simply saline and warm; that is, table salt could be made from them, and pleasant baths could be taken in them. But, as Professor Schott has stated in the *Lancet:* "A new era opened, when in 1872 the late Professor Beneke showed that by the use of the Nauheim baths, relapses of acute articular rheumatism could be long averted or altogether escaped, and that it is possible to have recourse to balneological treatment in cases of cardiac disease, not only without danger but with curative effect, ensuring even such effectual removal of recent endocardial exudation as to secure immunity from permanent organic valvular damage." After this time the brothers Schott studied the waters, experimented with them, and then published articles which attracted considerable attention. Soon afterward, Dr. August Schott died, leaving Dr. Theodor Schott to carry out

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their mutual studies and plans. He formulated methods of treatment by means of the waters for various diseases and conditions, and these methods are now known as the "Schott Treatment." The success of Professor Schott and his imitators has made the name of Nauheim known throughout the world. About half a hundred physicians now reside and practice in the town, and over twenty thousand visitors go there during the five or six summer months. The great number of invalids has made necessary as many as three thousand baths in a day, and has caused the erection of one bath house after another until now there are seven of them; and the season has been extended from some time in April to the last day of October. Even with this extended season and with the government bath houses closing before the first of November, there were new patients arriving the last week of October, and asking for treatment and relief from their sufferings at that late day. A visitor finds the autumn weather rainy, cold and "raw," and he will acknowledge that it is very prudent on the part of the government to close the bath houses in October and not give additional opportunity for bronchitis and other ailments, to attack and send to their graves those who have gone there for their restoration.

Now, what are the valuable elements of the Nauheim waters? Professor Schott told me he counted them as four: First, the salts; second, the warm temperature; third, the carbonic acid gas; fourth, the force of flowing waters.

Some of these elements are found in other waters elsewhere, but nowhere else in the world are they combined in such valuable and perfect proportions; and it is the combination which gives them their great advantage over other waters.

Of the first division, the salts, there are practically three—sodium chloride, calcium chloride, and iron.

The invigorating effect of salt baths or sea baths has been known as long as men have taken baths. The value of the lime salts, especially the very soluble calcic chloride, has not been recognized until comparatively recent times. It is this salt which forms a very large part of the "mother lye," which is left after the crystallization of the sodic chloride from the concentrated waters, and which is added to the baths for certain patients. It has been of additional interest to read lately (*Boston Herald*, Feb. 23, 1903) that Professor Loeb, of Chicago, has found lime salts of benefit in irritable conditions like chorea and sleeplessness.

Of the second division, the warmth, it is a very great advantage that the waters flow from the earth at exactly the temperature most desired; if warmer, they would need cooling; if cooler, they would

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need warming. The temperatures vary from about 80 to 95 degrees.

The subject of the third division is the carbonic acid gas. This element is perhaps more important than any other. It is certainly the one most noticeable when taking a bath. The large bubbles of the gas can be heard rumbling on their way through the pipes; they hurry to the surface in the tub and explode in great numbers and volume. The small bubbles suggest a glass of "vichy" or plain soda, at a soda fountain; and when one is in the tub they attach themselves, by thousands, to every part of the submerged body.

The effect upon the skin of the carbonic acid gas is very marked; Mills (Physiology, quoted by Baruch) speaks of it as "that unrivalled stimulant to involuntary unstriped muscle fibre." Again, he says: "So marked is the effect of this skin tonic that in severe cases of dilatation the almost incredible result is attained of causing the apex actually to retract three-quarters of an inch toward its normal position in a single treatment. Not only are the pulsations of the heart greatly lowered in frequency but they are, apparently, increased proportionally in power, so that the work which was previously altogether too much for it is performed with comparative ease and comfort. In fact, the results obtained from this simple remedy sound almost too good to be true, and would hardly be believed if the repeated experience of competent clinicians did not almost unanimously verify them."

Of the fourth division, the effect of flowing water, all is included in the "Strom-sprudel," or "Flowing effervescent" bath. A comparatively small number are allowed to enjoy it, however. When this is taken, the bather steps into the water as soon as the tub is filled, and the stream continues to flow or spurt, direct from the spring, through an inch or an inch and a half pipe into the tub, near the bottom, and envelops one in a rushing tide of salts and carbonic acid gas that causes one to feel more exhilarated than seems possible, if one has never tried it. The five, ten, or fifteen minutes of the bath are never tedious, and one feels ready for the world and its responsibilities when emerging from its rejuvenating and vitalizing flood. One feels so good while taking it, that the words a "Strom-sprudel" bath, bring back always to one a very pleasant and happy memory. It is like many other things, however, in that it may be dangerous if not used intelligently. It has been known to cause the death of bathers, who should not have attempted it, and it cannot now be taken by a visitor, or given by a bath attendant, except upon the written prescription, for each bath, of a recognized, practising physician in Nauheim.

In concluding this portion of my subject, the words of Professor

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Schott himself will be interesting: "The warm baths act in their own peculiar manner on the organism as a whole. Increased tissue change seems to be induced by an increase of the oxygen absorbing power of the cells, and hence follows a sense of the need of rest and sleep as the immediate consequence of the bath, as well as influences speedily brought to bear on the nervous system as a whole. The increased tissue change calls for great care on the part of the physician, for an excess of bathing seems to induce an excitable state of the nervous system with all its resulting, pernicious after-effects—sleeplessness, loss of appetite, and consequent loss of strength. The principal changes which ensue in the system and in the functions of the several organs are that, the heart beats more slowly and strongly, the pulse becomes full and increases in force, and the blood pressure may rise to the extent of 20, 30, or even more m.m. of mercury. The breathing becomes regular and quiet, and the vital capacity of the lungs increased. The action of the skin, in cases in which it is of importance that the functions of this should be stimulated, is greatly increased. While the patient is in the bath it becomes flushed, and a feeling of comfort and warmth ensues which may even rise to one of an agreeably intoxicating character. Almost invariably the excretion of urine is increased. Exudata are absorbed from the joints and body cavities, and especially from the peritoneum, pericardium, pleura, and pelvic organs. This latter action, and that on the valves of the heart, can only be explained on the theory of reflex action produced by influences bearing on the terminal nerves." "The simple thermal baths exercise a beneficial influence on all painful pathological conditions which involve symptoms of nervous excitability, such as neuralgia and kindred affections, especially ischial and intercostal neuralgia and similar affections of other nerves in which other remedies not only frequently fail to produce any effect, but also not unfrequently are open to actual objection. Acute rheumatic affections may be found to subside rapidly through the action of the thermal salt bath." He speaks also of the benefits derived from different forms of baths, in "tabes, hysteria, neurasthenia, muscular and articular rheumatism and in gout"—also in "chronic metritis and other uterine diseases"—in addition to "cases of chronic heart disease, whether due to valvular lesions or to other causes," for the successful treatment of which Nauheim has become famous.

Now that the four divisions of the subject of the waters have been considered, let us turn to another element of the "Schott Treatment"—the Resistive Movements. These movements are regarded as very important by Professor Schott. They appear to

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most persons who are acquainted with medical gymnastics as similar to certain of the Swedish movements, well-known in this country, and adapted by him to heart diseases; but he claims they are different, and originated with him. They are about twenty in number, and are well described and illustrated in a book by an English author, Bezly Thorne. The movements are intended to give exercise to each extremity and to the trunk, and to give it in such a way as not to strain a weak heart. They are given at Nauheim by skillful operators in one's room, and never at the bath-houses. Great care is shown by them by watching the pulse, the respiration and the face, and by enforcing regular breathing (never allowing it to be interrupted by the exercises), and by rest between each of the movements and rest afterward, never to allow the pulse-rate to be increased, or the invalid to become fatigued. These two requirements concerning the pulse-rate and fatigue, mean, in many cases, practically no resistence, yet, given in this way, good results are manifested. I have known of patients in Nauheim who could not take baths on account of their weak condition, who looked forward with great pleasure to the relief from dyspnea they experienced each time the exercises were given. In certain other severe cases, Professor Schott did not give the movements, at first, but depended upon the baths entirely for beneficial results. While he does give medicines, it interested me to observe that a bag full of heart medicines, brought by newly-arrived patients, might not be opened, and the cure might be made with baths, movements, and driving or walking in the open air.

While the baths and movements are generally considered as comprising the whole of the "Schott Treatment" in heart disease, there are other factors which are important and demand notice. For instance, he is particular about the dietary of each patient. The use of liqulds is often limited as to quantity and time. There was no invalid, within my knowledge, who was allowed coffee, tea, tobacco, or beer, although some were permitted to take wines or spirits, under certain restrictions; soups were not favored; some meats and vegetables were not allowed, the restrictions being based on their indigestibility or their fermentability, and the danger of impeding the heart's action. Invalids are expected to be in the open air as much as possible. It seems as if the architecture of the Nauheim buildings had been planned for their convenience. One sees everywhere, in hotels and pensions, small balconies outside the windows of each story, where the occupants of the rooms may sit or lie in the open air, and still be at home, an idea in construction that impressed me very favorably. Wheel-chairs may be rented by

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the week, and a person employed to push them; and it interested me to see the provision made for them at the street crossings, where the city has cut down the curbstones or has put in an iron inclined plane over the gutters, to make the pathway smooth for invalids in wheel-chairs.

Carriage driving is enjoyed by very many; and the prices are reasonable and regulated by the city. A large proportion of the bathers are obliged to return to their houses in carriages, even when they have walked to the bath house, out of consideration for the heart when it is still influenced by the bath.

The streets and walks are cared for very diligently, even the paths through the parks and the woods are swept daily and kept free from falling leaves in autumn. There were settees in all directions, ready for use by those who were weak or tired.

There is a tennis court, belonging to a tennis club, on the edge of the park, and in a very accessible location. It was interesting to see the Germans play, for they showed less skill in the game than the English or American visitors, and their pronunciation of "Luf fivteen" and "Luf tirty" was truly Germanic.

For those who enjoy rowing, there are boats on the "Teich," or pond. The boats possessed the advantage of safety rather than speed. The oars were not like anything ever seen in this country, and they would never be selected by an oarsman when entering a race! It may have been that consideration for the ducks and geese on the pond led to the selection of the boats and oars; for the stately progress of the birds would never be hurried much by any possible efforts of mischievous children.

The Kurhaus, or Casino, is a center for visitors. It contains a restaurant, a reading room, an entertainment hall and other rooms, and a band of music plays on the terrace beside it every afternoon and evening. The music is well chosen and well played, and can be heard for a long distance in the neighborhood of the park, by those who may be unable to attend the concerts. It is no wonder that hundreds of people visit the vicinity of the Kurhaus daily and enjoy the many pleasures offered them there. One feels that the government and also the people of Nauheim desire to keep their city clean and attractive, and to do all in their power to satisfy visitors and to induce them to return and to bring others with them.

If any physician should wish to try the baths in his own practice, he may prepare them artificially by following the directions in Dr. Chas. Gatchell's book, or in Cowperthwaite's "Practice," or in Vol. IX, p. 537, of Cohen's "System of Physiologic Therapeutics," or by obtaining certain tablets now on the market. He must

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bear in mind, however, that the baths are given in Nauheim in varying strengths of salt and varying temperatures, and with "pauses," all depending upon the expert judgment of the specialist in his daily observation of the case. If the practitioner, without special acquaintance with the baths, should fail to obtain satisfactory results, he should not condemn the method but only his own lack of experience. In fact, all the patients who go to Nauheim itself are not so fortunate as to go away cured; but, on the other hand, a good many of them who seem to be at the threshold of death's domains, are privileged to turn back and enjoy once more the pleasures of friends and home.

In conclusion, I believe that a patient with chronic enlargement and valvular disease of the heart, who has tried in his own home all that physicians can do for him, and who finds himself losing ground, should go to Nauheim at once and have the treatment as provided by Mother Nature in the warm, health-giving streams. And I believe the physician who has heard of the efficacy of the Nauheim waters and does not send his patient there before it is too late, is failing in his duty to the sufferer who seeks his advice and guidance.

VARIOLINUM—THE NEW VACCINATION.

By A. M. Linn, M.D.

Des Moines, Iowa.

SINCE the generous spread of smallpox in many sections of the United States incident to our becoming a world power, the question of vaccination is once more paramount.

Jenner's great discovery is generally accepted as the adequate and only means of protection from this dreadful plague. Its use is rooted and grounded in the traditions of our professional faith, and has been esteemed the *sine quo non* in combating smallpox. This is, however, no longer a universal verdict. Vaccination has always been esteemed a necessary evil—a choice of two evils. It has not held its present place without protest. Indeed, the pathway of vaccination has been strewn with as many thorns as the fabled "course of true love." Anti-vaccination societies in England and upon the continent have made persistent and vigorous protest against compulsory vaccination. In our own country a respectable minority proclaim a detrimental opposition to its use, and strenuously insist that other safe and effective methods of immunization may be used.

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DANGERS FROM SCARIFICATION.

Inoculation of one individual by the scab taken from the cicatrix on the arm of another is no longer tolerated. This barbarous practice is not now in vogue, and no longer are the sins of the vicious visited upon the innocent by this means. Nevertheless, inoculation by scarification is open to serious and well-grounded protest.

Infection of the wound is not an infrequent occurrence. The ugly ulcerations occur in every community. Impure vaccine is the legitimate product of the commercialism which produces it. The strife for the "almighty dollar" glosses over the production of questionable virus and obscures the paramount interest, i.e., the public safety. It will continue to be so till the products of the vaccine farm are required to pass the crucial test of government inspection.

In the Ohio *Sanitary Bulletin*, the official organ of the Ohio State Board of Health, Dr. Friedrich, the health officer of Cleveland during the smallpox epidemic, said he "stopped vaccination on coming into office because he had found evidence that impure vaccine virus had been productive of some very bad results; that he expected to resume vaccination when he found virus free from pathogenetic organisms, but that up to that time (June 28, 1902) such vaccine virus as he had examined in the Board of Health laboratory had been shown to be impure or inert." On August 11, 1902, he further writes: "Last summer I stopped vaccination, for the clinical facts showed that the virus used was not pure. The first point examined produced 2200 colonies of pathogenic germs. One-fourth c.c. of a bullion culture injected into a guinea pig killed it in twenty-four hours. Such horrible stuff was advertised as pure vaccine virus and used on human arms."

What occurred in Cleveland occurs elsewhere, and the experience of the city on the lake is no isolated exception; other communities have learned the same sorrowful lesson. Moreover, autoinfection of wounds from soiled clothing and other sources often occurs. Friction of clothing, scratching the wound with the nails while asleep or chafing the itching arm thoughtlessly may provoke the same evil result. These cases occur in every parish in the land, and the enforcement of compulsory vaccination awakens some vigorous protests even among the most intelligent people.

VARIOLINUM.

Only the pessimist fails to acknowledge the rapid medical advancement of our day. Progress is the watchward everywhere. If in other lines, why not in methods of immunizing against small-

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pox? Vaccination is good—immensely better than nothing—but it is open to serious objections. Is the ultimate step in immunization yet attained?

It is to the credit of homeopathy that it offers a better method, a safe and effective means of immunizing against smallpox. Variolinum is not a new remedy, but its scope and action are not well understood and not half appreciated in our own fraternity. This is due to the fact that vaccination by scarification is "ours by right of inheritance," and for the further reason that it has fallen to the lot of few of us to treat smallpox. We have contented ourselves with scarification and overlooked a safe and more effective means of attaining the same end.

Variolinum like vaccine is a product of the smallpox poison. It is the clear serum of the smallpox vesicle just prior to its becoming pustular. Some pharmacists prefer the contents of the ripened pustule. It is evident from the symptoms that the same toxine which provokes the systemic storm in vaccination by scarification does so on immunization by variolinum. The symptoms awakened aside from the local inflammation at point of scarification are identical.

Those who have had experience can testify that the remedy is a potent one. It is used in any potency from the 3x upward, and will awaken its characteristic effects with equal readiness. From three to four doses of a 2 grain powder daily is the usual method of exhibition. Its effect is especially manifest in non-immunized persons in from three to ten days by the development of a majority of the following symptoms: viz, chilliness, backache, headache, fever, nausea, prostration, diarrhea and dizziness. The writer has records of several scores of cases thus immunized by the 3x, 6x, 12 and 2c. of variolinum.

One of my patients thus accosted me: "Doctor, I am afraid to take any more of that medicine. It has made me so sick and weak I can scarcely attend to business. I had a severe headache, chills, nausea, and am now having a high fever, backache, and am much prostrated."

Our Des Moines fraternity has records of several hundred cases which read like the following:

"No. 65.

"The symptoms produced by inoculating Charles Wickersham, West 20th Street, on 2nd day of Sept., 1902, are as follows: Chilliness, headache, general aching (over the body), prostration. Impaired appetite, diarrhea, marked fever and restlessness. Out of school for three days." Signed REV. L. B. WICKERSHAM,

Address 1168 20th St.

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We issue no certificate of successful immunization unless a majority of the characteristic symptoms are provoked by the remedy. A rule was adopted by our Des Moines Society requiring that a record be kept of each case supplied with the remedy, and the patient certifies over his own signature or by his parent to the effect produced. With singular unanimity non-immunized persons after taking variolinum a short time experienced the above symptoms.

The systemic storm provoked by variolinum covers a period of from three to seven days; when it subsides the patient is *immune to smallpox.*

HOW DO WE KNOW IT?

During the past two years smallpox prevailed in many districts in Iowa and during a part of that time in Des Moines. It afforded our physicians ample opportunity to test the merits of variolinum. It has stood the test and more than vindicated our claim that it immunizes against the smallpox contagion. Recently in an effort to secure recognition for this method before our State Board of Health, the writer presented to his colleagues a large number of duly attested statements like the following:

To Whom It May Concern.

"This is to certify that my son, Mr. Harry Willis, was taken sick with smallpox June 2, 1901, and died on June 18, 1901, from complications. About June 5, 1901, my husband, Mr. John Willis, my sons Clyde and Clifford and I took variolinum, furnished (through our own physician) by Dr. Linn. All of us were in the house all the time my son Harry was sick and none of us contracted the smallpox as a result of our exposure. In December another son, who was absent during the former quarantine, had smallpox. Again we took the variolinum and we did not take the disease. My husband was vaccinated in 1863; no other member of the family had ever been vaccinated."

[Signed] HANNAH WILLIS,
JOHN WILLIS.

Subscribed and sworn to before
A. J. Mathis, Notary Public.

My colleague, Dr. C. B. Adams, read the following interesting history:

"This is to certify that I attended the family of Mr. J. H. S. during an attack of smallpox in January, 1902. In this family of seven, consisting of father, mother and five children, three children were suffering with the disease in a very severe form. None had previously been protected by vaccination. All refused to be vac-

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cinated, desiring a long period of quarantine for the county support. The father requested me to give all members of the family not suffering with the disease, medicine to fortify their systems so that they might not suffer from a severe attack of the disease. I gave them all variolinum for a period of ten days, with the result that not a single remaining member of the family contracted the disease, although they all mingled freely with the diseased members of the family for a period of forty days."

C. B. ADAMS,
Member of the State Board of Health.

Numbers of persons who had been immunized *by this method only* were subsequently employed as nurses, or were quarantined for weeks at a time with smallpox patients without contracting the disease. Indeed, no authenticated instance has yet come to my notice where a patient thus immunized has subsequently contracted smallpox. Furthermore, as if to furnish conclusive proof of the efficiency of this method, no one thus immunized can be successfully vaccinated. It has been demonstrated again and again. Neither will any one showing a recent characteristic scar of successful vaccination be affected by variolinum.

Dr. Edwin Schenk, in his capacity as smallpox physician, was directed by the city physician during the recent epidemic to study the results of the use of variolinum. He reports as follows: "I continued to keep track of all cases under treatment and, together with cases previously treated, I found the results quite as effective as through vaccination by scarification."

Of the two methods of immunizing, that by variolinum appeals to the thoughtful as the most complete and effective. The remedy is continued through the period of the disturbance excited by it, the systemic storm is maintained at its maximum, every dose of variolinum is so much added fuel to the flames; they feed upon the dross of susceptibility and when it is effectually consumed the storm abates leaving the patient thoroughly immune to smallpox. No less important than its power to immunize against smallpox is its power to abort the disease. In this sphere, indeed, it is a *ne plus ultra*. It may be depended upon with absolute confidence and it will not betray that confidence. It is a priceless remedy in the hands of physicians treating this dread disease. The writer makes no fanciful claim for the remedy beyond what it has again and again accomplished.

Does it seem like a flight of the fancy to claim that this remedy when exhibited from the date of exposure to smallpox will check it before it reaches the eruptive stage? It is none the less true.

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Does it appeal to you as little less than miraculous that variolinum given continuously from the time of the initial chill, will abort the disease before it reaches the vesicular stage? Verily, it is true.

Does it seem a Utopian dream to maintain that if given from the date of the appearance of the eruption, variolinum will check smallpox by the time it reaches the pustular stage? It does it.

An able article on this subject from the facile pen of that veteran, Dr. H. M. Bishop of Los Angeles, appeared in September, 1901, in the *Pacific Coast Journal of Homeopathy*, which every one interested in the study of variolinum should read. From this article I quote the following interesting account:

THE CARE AND CURE OF SMALLPOX.

"A man called at my office in the chilly stage of fever, having the aspect of one severely ill. He complained bitterly of a distressing ache in the lumbar region, and of great nausea and headache. On inquiry I learned that he was a general sewing machine agent, and had been introducing his machines in the surrounding manufacturing villages where variola had been prevailing. I felt sure that he was coming down with the disease, and sent him to his room which was on the top floor of a boarding house in the center of the city opposite the post-office. I prescribed variolinum every two hours, taking a dose myself, and gave such other remedies as the various symptoms indicated. For three days the fever raged. On the evening of the third day a most profuse papular eruption appeared, accompanied with a subsidence of the fever. At this juncture I reported the case to the health officer, a physician of extensive experience in the old school. He visited the patient with me, and after carefully examining the case and feeling the shot-like hardness of the papillæ, so unlike any other eruption, he hesitatingly pronounced it a severe type of smallpox. The next day he called with me again and we found the eruption assuming the vesicular form, so that the merest tyro in diagnosis could have named the disease. He then said that he had been fixing up the pest-house, and would be ready on the morrow to take the patient thither. Now, it was mid-winter; the ground was covered with melting snow and ice, and the so-called 'pest-house' was several miles away —a barn-like structure that could not be made comfortably habitable even for well people. I therefore strongly objected to the contemplated change fearing a complicating pneumonia. My protest was overruled, and the next morning an improvised ambulance with helpers arrived in front of my patient's abode. When the health officer entered the room, the astonished look on his countenance was only equalled by the change that had come over the aspect of

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my patient, for the eruption on the latter had ceased to develop and was shrinking away. He was not carried to the pest-house, but in a few days was up and around. This was no case of varioloid, but a most pronounced case of *variola vera*, with the eruption as thick as possible without being confluent, and no symptom lacking to make a complete picture of this formidable disease up to the fifth day of its development, when it suddenly receded under the use of the variolinum."

Our efforts to secure recognition before our State Board of Health failed *pro tem.* The defeat is only temporary. We were overcome by the splendid voting ability of the non-medical members of the Board—a veterinary surgeon and a civil engineer. Next time—and there will be a next time—we shall hope for better success. The writer believes in vaccination; it has served the human family well and saved its millions. Indeed, we are in a measure immune to-day because our fathers were vaccinated. Smallpox is milder now than formerly because people are measurably immune. Vaccination is good, variolinum is better.

The writer is somewhat familiar with the regular practice as it is exemplified in this state. Vaccination is their chief and, practically, their only weapon against smallpox. When vaccination fails they have absolutely no effective means with which to stay the progress of the disease. It must run its entire hideous, repulsive course unchecked. The stages of invasion, eruption, vesiculation and pustulation regularly follow in regular sequence under the regular administration of our regular friends. Some of our own people as well as they, attend their cases blissfully unconscious of the fact that variolinum will check the disease in from three to six days. To those unfamiliar with its use these claims may seem extravagant. In truth, they are only what have been demonstrated in competent hands again and again.

Vaccination is only effective as a preventive. Variolinum not only prevents but will check the disease in all stages. Vaccination is good; variolinum is better.

At a recent meeting the Iowa Homeopathic Medical Society adopted the following definition:

"Vaccination is the introduction of a virus into the system for the prevention of smallpox, and is accomplished either by the administration of a proper preparation of the virus of smallpox through the mouth, or by introducing into the circulation the virus of cowpox by applying it to a freshly made scarification of the skin."

Antiphlogistine renders ready service to the patient and physician by promptness and positiveness of action.

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THE INFLUENCE AND LIMITATIONS OF CERTAIN CLIMATIC ELEVATIONS UPON PULMONARY TUBERCULOSIS.*

By Chauncey E. Tennant, M.D.

Denver, Colorado.

As a resident of a portion of the country much frequented by victims of this malady, it is perhaps fitting that I should offer this subject for your consideration. While I have nothing new or startling to present, a brief review of conditions as we have found them to exist, may be of benefit to those of you who contemplate advising a radical change for tubercular patients.

Many able clinicians to-day do not believe it has been successfully proven that the tubercle bacillus is the only cause of phthisis, although we all admit that its presence is a valuable aid in diagnosis, and should always be sought. But it is well known that in the early history of some of these cases, frequent and careful examinations of the sputum yield negative results. Thus it is evident that the individual factors, such as family history, corpulence, and chest measurements, are necessary in the early consideration of each case. Applebaum's observations, published in the Berlin "Kleiner Wochenschrift," 1901, Vol. XXXIX, together with others, show that the earlier stages of phthisis have a well marked anemia, the red blood corpuscles averaging about 3,800,000, hemoglobin 69%, leucocytes about 6,500, and a specific gravity of 1049. Blood examinations will therefore be of considerable value in the early diagnosis.

The great mortality from tuberculosis makes justifiable any measure that will either curb its progress or make possible its eradication. Of all measures yet proposed, perhaps none has met with more uniform approval and been given better clinical verification than the open air method. Especially is this true when a change of environment and elevation is made. But we all recognize that there are limitations to this "out of door treatment," and the sooner we determine the relation of the pathology of the disease to these limitations, the better will be our judgment in the assignment of tuberculous cases to the various health resorts.

Prompt action upon the part of the patient to seek medical advice, and a keen observation on the part of the physician to early detect the tendency to a downward course, are the first essential factors to its successful eradication. A diagnosis once made, the

* Read before the American Institute of Homeopathy.

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general custom is, justly, to send the patient to more elevated districts; some but a few miles from home, others to the foot hills, and still others to the distant mountain regions at elevations of from four to ten thousand feet.

We are all aware that any given elevation does not affect all cases alike, the same elevation differing quite considerably in its physiologic action, depending on the humidity, sunshine, and the various aromas. These factors constitute the climatic conditions which are so influential in this particular disease, and which, fortunately, are so widely varied and so accessible in this country.

Thus it will be seen how a certain locality might be peculiarly adapted to some one particular type, and that a case which would progress favorably, and possibly to ultimate recovery, at one elevation and degree of moisture, would rapidly fail in another. Therefore, to be most successful requires first an early and thorough knowledge of the character of the lesion and the individual factors which influence it, and then some data concerning the different localities which are beneficial in these cases.

For the past forty years Colorado has been one of the most popular of the climatic havens for those afflicted with the "White Plague," and has, during this period, given abundant clinical evidence of its influence upon certain well-defined types or stages of disease.

There is a fair proportion of the tubercular cases either benefited or cured by emigration to the West, and especially is this true with cases in their earlier stages. By this I mean at a period so early that there may be little or no cough or expectoration, and consequently negative results in the microscopical examination of the sputum. Physical examination may be negative, or show slight apical dullness and broncho-vesicular breathing. These cases usually present a reduction of corpulence below twenty-four, and a vital capacity below a safe average, although it does not necessarily follow. Such cases generally do well with almost any change in locality and environment, elevation not being absolutely necessary to their recovery. Improvement is usually rapid, and in the course of a year or more they will have recovered sufficiently to return home for at least a short time. But such an attack does not establish immunity, and these cases are not safe from a recurrence of the disease until after some years have elapsed. Frequent reference to the general physical condition, and examinations by the family physician for any returning symptoms, should, if any are found, be the signal for an immediate return to the old haunts.

Often, however, with proper conditions of life prevailing, such

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as hygiene, diet and exercise, these cases reach the average expectancy in their own homes in excellent and even vigorous health.

There is a type of pulmonary tuberculosis which is best described as catarrhal. Early in its history it presents few constitutional symptoms and but little vesicular involvement or consolidation, but has a constant hacking cough attended at times with profuse expectoration of mucus. Microscopical examinations of the sputum may, and usually do, give positive results for the bacillus tuberculosis, and the pyogenic organisms are generally present in small numbers. This type is probably the one which has given Colorado its reputation as a health resort; for with the average low percentage of humidity, the involuntary increase in chest expansion with each respiration, and the great number of hours of actual sunshine, associated with aromas from large forests of pine, spruce and other coniferous trees, it has indeed a combination of conditions most favorable to an arrest and recovery of this particular type of the disease.

The pneumonic type which develops unexpectedly in cases that have hitherto enjoyed perfect health, with excellent family history, reacts very favorably to the climatic conditions prevailing about Colorado. It is characterized by the rapidity of the pulmonary destruction attended with early and extensive consolidation, temperature and night sweats. While rapid recovery is not the rule so far as clearing up the pulmonary consolidation, as this often remains for a year or more, the temperature, night sweats, cough and prostration are early relieved. Especially is this true at elevations of from three to five thousand feet. Patients in this condition may be so weak and prostrated as to be brought to Colorado on stretchers, but within two or three months the temperature will become normal and there will be an absence of most of the objective symptoms. This is particularly true with those patients who are willing to live out of doors and endure the changes of temperature and moisture incident to such a life, and it is surprising the amount of lung tissue that may be reclaimed unless fibrous degeneration supervenes.

Should pyogenic infection occur, however, in the consolidated area, the prognosis is very materially altered. For gangrene once established there is but little more hope for recovery in Colorado than other localities, unless it is of recent origin, and occurs during the summer months when our percentage of humidity is very low. In that case it is possible by the selection of a favorable locality among the mountain parks or valleys, and an out of door life, to arrest further progress of the gangrene. But this is in the earliest

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stage of this type and especially during the summer months when the degree of moisture in the lung, the time of the year and the locality all play an important part in the chances for recovery.

Should it have progressed to the second stage the patient is almost sure to lose ground, no matter what the environments. Climate and elevation offer nothing more than a temporary stay to its progress. It is of considerable advantage to the individual, however, when fibrous degeneration of the pulmonary connective tissue occurs to a moderate degree, for it temporarily arrests further invasion of the parenchyma, and often, especially during the most favorable season, the moisture will disappear and the result will be an effectual arrest of further progress of the disease. Again there will be several successive aggravations of the disease, each attack being aborted by this limiting degenerate connective tissue, but the patient even then will often yield to the inroads of the pyogenic organism.

The chronic and advanced fibroid cases, where the parenchyma is largely displaced by connective tissue, do not do well in the higher elevations, owing to the necessary increase in chest expansion and the usual association of cardiac hypertrophy and valvular embarrassment.

Through the kindness of our local forecast official, Mr. F. H. Brandenburg, I have secured date regarding precipitation, humidity, temperature and sunshine, for the past thirty years, from which I find that from September to February inclusive, Colorado has an average monthly precipitation of 0.66 of an inch, and an average humidity of 50 per cent. The temperature during this period has averaged forty-one degrees, and the percentage of possible hours of sunshine has been 75. During this same period, with this relatively low precipitation and the higher percentage of humidity, the average number of deaths from tuberculosis by the month, for the past three years, has been one hundred and nine.

During the period from March to August, or the summer months, while statistics show a monthly average rainfall for the past thirty years of 1.67 inches, humidity 48.8 per cent., an average temperature of 58.5 degrees, and the decrease of possible hours of sunshine to 65⅔ per cent., the death average per month for the past three years is ninety-nine, or ten less per month than during the winter months.

The mean daily change of temperature in Colorado will average between five and seven degrees, being (as is the case elsewhere) greater during the winter months. Estimates for the past ten years for Colorado indicate that the mean daily average from September to March, inclusive, is 6.1 degrees, while from April to September it is 4.7 degrees.

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Clinical experience has taught us that the gangrenous type of tubercular patients often do better in New Mexico and Arizona during the period from September to March, and where the patient can afford it it is the frequent custom among practitioners of Colorado to send them to these localities for the winter months.

The increased mortality at this period can hardly be attributed to precipitated moisture or low temperature, for there is less of the former, and the mean average of the latter for the past thirty years has been but forty-one degrees. Of course, there are periods during the winter months when the temperature falls below zero, and may remain for a week or more; but this is the exception rather than the rule. As the hours of actual sunshine are even greater, it would seem that humidity and mean daily change alone bear the close relation to the increased mortality of the winter months.

Cases of pulmonary hemorrhage following bronchitis and repeated colds, or La Grippe, where there is probably no cavity but consolidation of an apex extending down to the third or fourth rib, usually improve rapidly in Colorado at elevations of from five to eight thousand feet, and this altitude may be attained without delay. Paradoxical as it would seem, the elevation appears to have a specific action upon these cases in relieving the hemorrhagic tendency. Aphonia is sometimes present, and often remains for a year or more, although the patient may resume his regular vocation within a few months after arrival in Colorado.

On the other hand, hemorrhagic cases *with cavity* should reach the elevations gradually. Not infrequently we have in Denver fatal cases of hemorrhage, which, owing to the size of the cavity, have been incautiously assigned to an elevation to which no hemorrhagic case with cavity of considerable size should first be sent.

In conclusion, while not wishing to depart from my subject, a brief reference to the early detection and treatment of tuberculosis, not climatic, may here be made. I believe that evidence of future tuberculosis can be found even in childhood, and that the time to successfully cure this disease is not when clinical evidence establishes its presence in the adult, but during the earlier years of child life should the work of eradication be commenced.

Children with the inherited tendency, or a predisposition independent of family history, will have the tubercular chest, best described as irregular in conformation. Often a flatness is marked, or sufficient deformity of the bones occurs to embarrass good and full respiration. Again there may be a habit of restricted breathing with consequent impoverishment of the blood, which of itself is sufficient to cause a predisposition. And I am fully convinced that

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the most satisfactory results in the treatment of this disease (the late serums, nostrums and methods notwithstanding) will come from an active and persistent canvass of the schoolroom for such cases, by competent and acute physicians, who will, upon their detection, assign them to gymnasiums, or outdoor life, for careful and systematic training; for in these cases, especially, would the physical training be considered of equal or more importance than the mental.

Finally, it would be interesting to know of all the tubercular patients of the various types assigned to the Rocky Mountain region just what per cent. of them recover. I know of no means, however, at present, to secure such information. At some future time I propose to secure this data if possible, and especially with relation to the varied types of the disease.

DISEASES OF THE URINARY ORGANS, (ESPECIALLY BRIGHT'S DISEASE) AND THEIR CURE.*

By A. M. Cushing, M. D.

Springfield, Mass.

ALTHOUGH the increasing millions of microbes and the glitter of the surgeon's knife have for the past decade almost blinded us, yet we have made some progress in curing disease by the internal administration of the homeopathically indicated remedy. At times the surgeon's knife is a wonderful help, and the little microbes serve as guide-boards, but when we go beyond that we must rely upon the carefully selected remedy to cure disease. As briefly as I can I will give a little of my experience in the cure of diseases of the urinary organs; and will report one case to illustrate each disease mentioned.

A gentleman of near sixty came to me and said he had passed bloody urine for two years; he had been under the care of physicians of both schools who had disagreed as to diagnosis, as to whether it was disease of the kidneys or bladder, neither had given relief. I asked him when he passed blood. He said every time he had urinated for two years. I asked him *when* he passed blood; at the beginning of urinating, or was it mixed with the urine, or at the end of urinating? He said at the beginning every time. I diagnosed it as hemorrhage from the prostate gland, and gave him Saw Palmetto, the third decimal attenuation, a dose once in two hours. In four days he returned and said there was less blood but

*Read before the American Institute of Homeopathy.

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some pain. He had never had any pain. I told him to take no more medicine and report in a few days. At the end of the week he returned and said he was well. He had no more trouble.

We claim the other school borrow our thunder and forget to render thanks; and we ought to reciprocate. We are told that that much advertised and lauded remedy Sanmetto is composed of Saw Palmetto, corn milk, and sandle-wood oil, and we can use those remedies singly with better results and more pleasing to the patients than the shot-gun combination.

I was called to see a lady sixty-five suffering from profuse bloody urination; apparently more blood than urine; with such excruciating pain she said she must die if not relieved soon. The pain was constant and so bad in her back that she was sure she had a serious kidney disease. Microscopic examination of urine showed severe inflammation of bladder, but no trouble with kidneys. I gave her Polytricum junipperum, mother tincture, four or five drops in one-half a glass of water, one teaspoonful once in two hours. In four days she was well, and said every time she took a dose she felt better than she did two hours before. This is a sovereign remedy for painful urination of old people, when the disease is confined to the bladder. Among the diseases of the kidneys is renal calculi; and renal colic is a disease no one craves the pleasure of treating. It is a howling disease, but I know no one who has made a howling success in treating it. During the passage of the calculi through the ureter, I think most of us have tested opium, morphine, chloroform, etc., with never-failing unsatisfactory results.

I was called to see a gentleman who had been suffering severely several hours with bilious colic, so said. He had been given Dioscorea tincture without relief. I diagnosed it as renal colic. I think these two diseases are sometimes mistaken one for the other. As Chamomilla has excruciating pain, I gave him a dose of a high attenuation, and in a short time he was entirely relieved and later passed the gravel. You see I got there just in time to get the glory! Just the time I love to get there! But since then, as well as before, I have not failed to get relief from that disease with that remedy much quicker than with anodynes and anesthetics. Still there is something better, and that is a preventive; and I am happy to say that only once in forty-seven years have I failed to prevent a return and that was a mild case soon after a severe one. Some of the patients had had many attacks, for a number of years. The remedy that has been such a wonderful preventive is Apocynum androsemifolium, Dog's Bane, Milk Weed, Bitter Root. I have given it in the third decimal attenuation a dose once in two hours

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for a week; then four doses a day for a week; then two doses a day for week; then an occasional dose for a while.

The next case is reported more particularly to show why I gave a certain remedy in the following cases.

Soon after I made my proving of Phaseolus nana, which nearly stopped the action of my heart, and I think a few more doses would have been effectual, I was called in consultation with an old school doctor to a case of confinement, patient twenty-four; first child; badly bloated; urine scanty and loaded with albumen, so the doctor said; had been in labor thirty-six hours with no sleep and but little progress. Soon after I entered the room she became blind, then dropped into a quiet sleep, but soon became frightfully convulsed and I proceeded to deliver, but with the second pain before the head began to press upon the perineum she had such a terrific convulsion that despite my efforts to hold it in check, child and forceps landed in the bed with a badly ruptured perineum, which I repaired at once while she was unconscious. The doctor cared for the mother, I the child. Before we had the child washed and dressed the frightened doctor came to me and said the patient's heart was failing rapidly, and neither strychnia, Amyl nitrite nor Nitro-glycerine would do any good. I had in my pocket a vial of Phaseolus nana ninth decimal attenuation, and we gave her a dose. In five minutes there was an improvement in the heart's action, and in ten minutes he was a happy doctor, for the patient's pulse was beating quite satisfactorily. She had no more severe convulsions, in a little while consciousness returned; the albumen rapidly disappeared, and she made a fine recovery.

From this I was led to give it in a number of cases of albuminuria—one very bad one—and all recovered quickly. These cases decided me to give it in the two following cases:

I was called to see a gentleman aged forty-four, stout build; had been ailing several months, and for six weeks had been failing rapidly under old school treatment. Urine scant, bloated from toes to top of his head; so badly he could not wear his pants; had to sleep on his knees, head resting on bed or chair; pulse twenty-eight. The two beats of his heart were so far apart it sounded like two hearts. Expert examination of urine gave albumen, 2 per cent.; granular casts; pus; epithelium from kidneys; chronic nephritis with complete suppression of urine threatened. I considered it a hopeless case and should have sent him to our hospital only I didn't want to increase their death rate. I gave him Phaseolus nana twenty-fifth decimal attenuation prepared by myself, a dose once in two hours. In forty-eight hours his pulse was sixty, but he had

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such a severe headache I was obliged to omit the medicine and gave sugar of mllk. This remedy will give the wildest indescribable headache. In ten days he was out on the street, and two weeks from my first visit he took a trolley ride to another city and called on a friend. His surroundings were bad and his recovery slow, but he is able to work six and sometimes seven days in a week and his kidneys are all right.

I was called to see a lady, aged 25, married, no children; had been ailing several months; had had seven doctors before me, all old school, and yet she was alive, but barely so. One doctor had given her medicine, so they said, that took the plating off a silver-plated spoon. Her appetite was entirely gone; the mention of skimmed milk would produce nausea. She was able to sit up a little; urine scanty; badly bloated, head, body and limbs, and pulseless at both wrists; heart beating rapidly but feebly. On boiling the urine it looked like the thickest sour milk; scarce a drop of free urine to be seen. One doctor who saw it asked "Is the patient alive?" The report of expert analysis of urine showed albumen 2 per cent.; broken down cells; hyaline and granular casts; blood, a little; pus, plentiful; tubuli that would reach across the field of the microscope doubled up. Threatened suppression, with chronic Bright's disease as a basis. I gave her phaseolus nana twenty-fifth decimal attenuation prepared by myself, a dose once in two hours. Forty-eight hours later she had a fair pulse in both wrists though weak, but she had such a headache I had to omit the medicine and give sugar of milk. Occasionally I gave her the remedy for a day, but often had to give some other remedy as she was a member of a respectable but poor family, who knew nothing of cooking or caring for the sick but were anxious she should eat something. One day I was called (she was eight miles away) and found her suffering severely from eating griddle cakes for breakfast. In two weeks she was able to sit out of doors a little while each day with her friends. A weekly examination with heat and acid showed a slow but steady improvement. At the end of four months there was a fair amount of urine, and neither heat, acid or the microscope could detect the least disease of the kidneys. One month later from some cause she had a severe attack of vomiting and purging, and when I saw her the next day she was beyond my help.

Although this was one of the worst cases of Bright's disease I ever saw, yet so far as one could detect, the disease of the kidneys was entirely cured; and if the patient had not been so unfortunately treated before I saw her and could have had good care, I believe she might have been alive and well to-day.

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Taking the cases I have reported as samples where albuminuria, diseases of the heart and kidneys have been so favorably affected—and it is evident those diseases are intimately connected—and as it has been reported to me that fatty degeneration of the heart and valvular disease of the heart have been cured by this remedy, may we not hope that we have one that promises to fill a long-felt want—one worthy of critical study, not only for our patients but for the world?

Knock-Out Blows.—By J. G. Duncanson. (*British Medical Journal*, April 25th).—An impression prevails that there is only one blow—that on the point of the jaw—which constitutes the knock-out blow. This is an error. The temple is a very vulnerable part of the head, the lesion usually produced being laceration of the brain substance with hemorrhage. A blow on the ear may cause rupture of the membrana tympani, and collapse. Dangerous points are over the carotid and on the larynx—the danger lying in the concussion conveyed through the large nerve trunks which run down the neck. A blow on the larynx with the bare fist may cause instant death, as may one on the chest wall over the heart. Diaphragmatic blows are not so dangerous to life, the shock being temporary. Brisk rubbing and the use of stimulants is the most satisfactory mode of treatment. Blows over the kidneys may cause rupture and hemorrhage with intense pain and shock. The most dangerous and infinitely painful form of knock-out blow is that on the "mark—"an area of the abdominal wall corresponding to the centre of a triangle formed by the xiphosternal articulation above, and a line joining the bony ends of the seventh ribs below; behind this lies the pyloric end of the stomach. A blow here constitutes the "solar plexus" blow, but in reality it is the stomach which receives and transmits the shock.

—*New York Medical Journal.*

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Original Articles in Surgery.

CONDUCTED BY

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VAGINAL CELIOTOMY.*

BY FLORENCE N. WARD, M. D.

San Francisco, Cal.

IT is well in the midst of our work to pause and glance over the field and determine the changes that have taken place; sometimes so gradual have been the transitions that we have hardly been conscious of them until by comparison we realize how radical they have been. In no department of gynecological surgery have the boundary lines shifted more than in vaginal celiotomy.

The scope of the vaginal route has enlarged until now it fairly divides honors with abdominal section and the vaginal route is being utilized with advantage for almost all the lesions of the pelvis that necessitate the invasion of the peritoneal cavity for their surgical relief.

We have reached that point where, in deciding the operative procedures to be adopted for a pelvic case, the first point to be decided is, shall it be attacked by the vaginal or abdominal route? And the time has now arrived where every gynecological surgeon to serve the best interests of the patient must have the technique of vaginal section as thoroughly his own as that of abdominal section.

The day of the enthusiastic adherence of one route to the exclusion of the other is passed. In each case now must critical judgment be exercised and the route chosen according to the necessities of the individual case.

The vaginal route is the natural approach for the lesions of the true pelvis, just as the abdominal route is the natural opening for the large and inaccessible pelvic growths that have become abdominal.

Vaginal celiotomy received its first impulse at the hands of the brilliant French operators, who showed us their skillful technique and almost *nil* mortality statistics. They proved to us the possibility and feasibility of this route and made possible the developments that have since taken place. It is hardly ten years since the vaginal route was limited first, to hysterectomies, principally for fibroids or carcinoma, and second, total ablation of the uterus and

* Read before the American Institute of Homeopathy.

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appendages for pyosalpinx, it being considered necessary to remove the uterus with the appendages to secure good drainage.

In this early work all observers were agreed upon certain results: First, the low mortality rate, Second, the freedom from shock following the operation as compared with work by the abdominal route, Third, the rapid and easy convalescence and Fourth, the immunity from pelvic distress enjoyed by patients afterwards, undoubtedly due to fewer peritoneal adhesions as a result of the lessened disturbance of the abdominal contents.

All of these points were most vital in recommending this procedure for favor with the result of the greatly increased scope for the operation.

Vaginal Celiotomy is now indicated for:

I. The treatment of pus in the pelvis, it is the route most frequently indicated for its treatment.

II. Exploratory incision in occult lesions of the pelvis, in sterility and persistent pelvic pain not yielding to treatment.

III. Single and double salpingo-oöphorectomy.

IV. Conservative work upon the uterus as myomectomy; conservative work upon the appendages such as exsection of the Fallopian tube, resection of the ovary; opening and draining pus tubes; removal of small ovarian cysts or parovarian cysts.

V. Operations upon the uterine ligaments for retrodisplacements.

Technique.

Pus in the Pelvis.

In all purulent collections in the pelvis, be they gonorrheal in origin, puerperal or appendiceal, be the infection located in the pelvic connective tissue, in the tubes or ovaries or in Douglas' cul-de-sac, the easiest and safest line of attack is through the vagina.

The weight of experience, as shown by the voluminous literature that has appeared upon this subject in the last few months, is in favor of treating pus collection by vaginal incision whenever possible instead of by the abdominal. The mortality rate has fallen from 15% to 25% by abdominal route to 2% by vaginal and, without doubt, it will be still more decreased by improvement in the technique.

It is more rational to drain at the most dependent portion of a cavity; for instance, to drain the peritoneal cavity through Douglas' cul-de-sac rather than by an incision high up by a route through important structures and in a direction opposed to gravitation, such as has to be done when pelvic abscess cavities are treated by ab-

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dominal section. And, again, unfortunately at the time of operation we cannot determine the virulence of the pus producing organism, and its effect upon the peritoneum. Nature walls off these pus cavities from the general peritoneal surface. In our efforts to relieve the patient we break down the barriers and present the general cavity for infection. Fortunately in the old pus collections, the pus has become sterile and but little harm is done, the patient recovers; but if the infection is a mixed one or a streptococcus invasion, the result is not so fortunate for the patient.

The claim that the operation is an incomplete one by the vaginal method is not borne out by experience. Many cases are reported where the patients have recovered and the apparently hopelessly diseased tubes have resumed their normal function without further surgical treatment. In case the patient is not wholly relieved by the vaginal section and drainage, the tubes can be removed at a later operation and with much greater safety to the patient.

I think there is not any condition that requires more nicety of critical judgment than a complicated case of pelvic and abdominal suppuration, as to which route to choose in its treatment.

The following case illustrated the difficulties that may be encountered and the wisdom in similar cases of approaching from above where with large abdominal incision, free observation of the abdominal cavity can be obtained.

Mrs. G. Age 32. Married 7 years. Had never been pregnant. Last menstruation Dec. 15, 1902. Her period did not appear in January at the expected time; two weeks later, fearing she was pregnant, she passed a wooden probe into the uterus. This she repeated ten or twelve time at intervals of several days. She developed a pelvic peritonitis and suffered intensely until Mar. 10, 1903, when she presented herself for care. Her pulse was 120, temperature 102°.

Examination showed the pelvis filled with an indurated mass, the uterus pushed to the left side of the pelvis and firmly fixed. From the cervix was pouring a foul-smelling, bloody discharge. Two distinct solid masses rose into the abdominal cavity, that, on the right midway to the umbilicus gradually merging into a still larger and higher mass on the left side of the abdomen. The patient was immediately sent to the Sanatorium. Curettement showed the uterus empty except for some decidual debris. The temperature rose to 103.6° in the next two days and the necessity for more radical work was made apparent. The question then arose by which route should the work be done; by the evidence presented there was no doubt that pus formation was taking place.

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By vaginal examination the whole vaginal vault was of stony hardness, the uterus pushed to one side and the normal anatomical relations lost, besides which, the abdominal cavity was so greatly involved by the large tumor masses. All of these points favored the abdominal route, which was adopted.

On opening the abdomen, a ruptured tubal pregnancy was discovered on the right side, and a three months' fetus was found free in the abdominal cavity, surrounded by organized blood clots. After extirpating the tube on that side, a tubo-ovarian abscess, the size of a small cocoanut was discovered on the left. By the thickened walls presented, it had evidently been an old pus tube, that had been rekindled by the traumatic infection resulting from the patient's efforts to commit abortion. In its development, it had been pushed out of the pelvis and at the time of the operation rested upon and was adherent to the fundus of the uterus. Its removal was followed by saline flushing and gauze packing. Thorough abdomino-vaginal gauze drainage was instituted and the operation rapidly brought to a close. Time of operation 45 minutes. The patient made an uninterrupted recovery.

Had the purulent collection been limited to one or both sides of the pelvis and confined to the true pelvis, there is no question as to the route to be chosen. Vaginal section would have fulfilled all the indications as illustrated by the following case.

Mrs. H. aet 28. Married, one child. Previous health good. Missed one menstrual period, followed by severe flowing two weeks after the flow should have appeared. The flow persisting, her physician curetted the uterus, without anesthesia and without any antiseptic precautions. This was immediately followed by a chill and temperature of 104.° A septic fever, marked by morning chill and afternoon temperature of 104°, took place. The patient's condition steadily growing worse, her attending physician was replaced by another and I was called in consultation.

On examination, I found the patient suffering intense pain in the left side of the pelvis, radiating to the back and down the left leg. The uterus was fixed and the left side of the pelvis filled with a large mass, exquisitively sensitive to touch. Under an anesthetic, the uterus was curetted, vaginal section was made, peritoneal adhesions separated, the pus evacuated, the cavity flushed with saline solution and packed with gauze. This was followed by immediate relief of pain and a gradual drop in temperature to normal and a perfect recovery.

This is the type of case that experience has shown is the most suitable for vaginal section and it is in these acute cases that we

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meet the most virulent form of invading micro-organisms that so often produce the fatal general septic peritonitis when operated by abdominal section. The rule can then be formulated that the ***vaginal route becomes the choice for all acute cases of pyosalpinx or acute septic or puerperal cases where localization has taken place on one or both sides of the pelvis.***

It yields most brilliant results and saves many a life that would be sacrificed by the other method.

Technique.

The technique is as follows: After thorough cleansing and curetting, the cervix should be seized by strong traction forceps and lifted well toward the pubes, a free transverse incision is made in the posterior vaginal fornix close to the cervix, the edges of the wound are grasped by forceps and separated. The cellular tissue is divided by blunt dissection until the peritoneum is reached. Douglas' cul-de-sac is then opened freely to the size of the vaginal opening. The forceps then grasp the edges of the peritoneal as well as the vaginal margins thus separating the peritoneal surfaces and permitting a good inspection of this part of the peritoneal cavity. Adhesions are separated by the finger, pus tubes or sacs evacuated, the surfaces flushed with saline solution and the cavity well packed with sterile or iodoform gauze which is allowed to remain four or five days, depending upon the condition of the patient. There is always a relief of pain and a drop in the pulse and temperature rate. After the fourth or fifth day, I remove the gauze a strip each day with the patient in Sims' posture with Sims' speculum inserted until all the strips have been removed, when I find the cavity has contracted down well and the healing progresses rapidly.

Hysterectomy,

The status of hysterectomies for fibroids has changed but little the last few years, except to make more clear the line of demarkation between those that should be removed by the vaginal and those by the abdominal route. With our improved technique and better statistics by the abdominal route, there is no reason why we should attempt the removal of uteri rising to the umbilicus or those fixed high in the pelvis where it is impossible to seize the cervix and draw the uterus well down for the necessary incisions and enucleation. In multiple fibroids subperitoneal and intermural of not too great size, I always utilize the vaginal route, performing hemisection and morcellation if the uterus is too large to be delivered in toto. Vaginal celiotomy should always be chosen for the removal of the carcinomatous uterus. When the disease has extended be-

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yond the uterus itself and involves the deeper structures of the pelvis and the lymphatics, the case has become hopeless and grave multilating procedures with their greatly increased mortality are not indicated.

Conservative Pelvic Surgery.

It is in the conservative treatment of the lesions of the true pelvis that I think the brilliant future of vaginal celiotomy lies. By the vaginal route, I am now doing much of the conservative work upon the uterus, tubes and ovaries that I have hitherto done by the abdominal route. The results have been most gratifying not only in the easier convalescence of the patient, the more rapid recovery, but equally perfect results.

The great difficulty hitherto has been the inability to secure sufficient working space but by improved technique, better specula and larger incisions that difficulty has been overcome in a large measure. After careful measurements and experimentation, I have devised my own specula consisting of one anterior, one posterior, two lateral and one extra long anterior blade for deep anterior dissection, The length, width and shape of each blade are so planned as to expose freely the vaginal vault and yet by their presence not to take up unnecessarily most valuable space.

Incision.

I prefer the anterior T-shaped incision as advocated by Mackenroth, J. Riddle Goffe and Webster. First the transverse incision is made at the vagino-uterine junction the full width of the cervix, then by blunt dissection, the bladder is separated from the uterus untl the peritoneum is reached. A longitudinal incision is then carried through the length of the anterior vaginal wall to the middle of the transverse incision, the bladder is carefully dissected away on each side until a good working space is acquired. The peritoneum is entered and carefully separated laterally, thereby giving a large working space for the uterus and appendages to be delivered into the vagina for whatever work that may be necessary to be done upon them. As a rule if the incisions have been free enough, the index finger is readily passed over the fundus of the uterus, adhesions are separated and by releasing the traction upon the cervix it slips into the sacrum and the finger readily delivers the uterus through the vaginal opening. If myomectomy is to be performed, both anterior and posterior walls are in plain view for whatever work there is to be done upon them. The appendages can be drawn out first one side and then the other. They are in plain

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sight and easily accessible. I have performed resection of the ovaries, exsection of the tubes, removal of diseased tubes or ovaries and then, as a final step, corrected retrodisplacements by shortening the round ligaments, thereby bringing the uterus into its normal position. After the necessary work is completed the uterus is returned to the peritoneal cavity, the vaginal and underlying tissues readjusted, and the incisions closed by catgut sutures. It is remarkable how much can be done at one sitting. I recall one patient upon whom the following operations were performed. The patient was unable to walk or stand, owing to severe pelvic distress. She had an endometritis, a retroversion, with prolapsed and adherent tubes and ovaries and a laceration of the perineum. After a preliminary curettement, I made the usual vaginal incision, entered the peritoneum, broke up the adhesions which covered the fundus and posterior wall of the uterus, resected the right ovary, removed part of the right tube which was occluded and thickened, lifted out the left tube and ovary from its bed of adhesions and found that they were so badly diseased that I removed them. Then I looped up the round ligaments and stitched them each to each cornu of the uterus and completed the work by a perineorrhaphy. The patient recovered from the anesthetic well, had very little discomfort, pulse remained between 70 and 80, and she had a rapid convalescence. Except for the consciousness of the perineal sutures, she could hardly believe she had undergone any surgical procedure.

Exploratory Vaginal Section.

One very important measure that I think will be utilized much more freely in the future is the exploratory vaginal iucision for the palpation and exploration of the peritoneal cavity in cases of occult pelvic lesions and in sterility. It can be done so readily and quickly and leave no scar to show what has been done. Besides which, patients always consent much more readily to its adoption than to an abdominal section. We all know how very different pelvic lesions are when inspected to what they seemed on palpation, so that sight and direct touch will do so much to clear an otherwise occult case.

In sterility, I believe the occlusions are resident just as frequently in the tubes as in the uterine canal. It may be peritoneal adhesions that distort and twist the tube preventing its normal functional activity as well as adhesions that may bind down the ovary. Inspection of the appendages and relief of any pathological condition should be an accompaniment of dilatation of the uterine canal whenever it is adopted for the relief of sterility.

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For the examination and divulsion of the tubes, I use a shortened set of flexible bougies from 5 to 10 French scale and if the point of occlusion cannot be overcome, I resect the tube above the point of stricture, stitch back the cut edge of the mucous membrane and adjust it close to the ovary, thus securing a patulous canal from the ovary to the cervix.

In conclusion, there is no doubt that our work and results are proving the great value of vaginal celiotomy. It is the operation of the future for all the lesions of the true pelvis and by its safety and simplicity we shall be able to treat surgically many of the cases that are not now willing to be subjected to abdominal section.

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RADIUM.

QUITE the most important discovery in scientific circles made during the past few years, if not for the past few centuries, is radio-activity, of which our knowledge is increasing. Roentgen's discovery of the X-ray startled the scientific world; but this performance has been outdone in importance, scientifically speaking, by the giving to the world of radium as the result of the researches of M. and Madame Curie.

And other radiations are being brought to light so fast that the ordinary mind has not had time to record the differentiations between them. To the majority, the alpha, beta, gamma and N rays are names only.

The most startling property of radium is the power ascribed to it of giving off energy without any diminution of its own supply, of maintaining a higher temperature than that of surrounding objects. This statement should, perhaps, be modified by saying that the metal suffers no loss of energy that is detectable by modern scientific apparatus. This is not surprising when the physicist tells us that it would take a given bulk of radium 9,000 years to lose one-tenth of its weight.

Two explanations of the radio-activity of certain bodies have been brought forward: First, radio-activity is said to be due to the complexity of the molecule. The molecule is built up of electrons of such widely differing electric charge that incessant dissociation goes on. The other theory is that a radio-active body is one that is opaque to certain vibrations of the ether. Sunlight, for instance, will pass through a glass of water without perceptibly increasing

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the temperature; but if the glass be surrounded by a coat of black paint, the sun's rays are absorbed by the coating, and the vibrations of the ether that were perceived by the sense of sight are converted into vibrations perceived by the sense of touch—heat is given off and the temperature of the water is raised. In like manner radio-active bodies are supposed to absorb vibrations of the ether that all other substances are transparent to.

The recognized therapeutic properties of the X-ray naturally suggested the testing of radium in this direction; and it begins to look as if the new metal would outdo the Roentgen ray in its therapeutic usefulness. Reports have come from European clinics, notably from Prof. Gussenbauer at Vienna and Dr. Mackenzie Davidson at London, of satisfactory results in the treatment of carcinoma, melanosarcoma and rodent ulcer. In this work radium has the advantage over the X-rays in that its activity is more controllable and all cumbersome apparatus is done away with. A fraction of a grain enclosed in a tube the size of a quill toothpick is all that is necessary.

The lay press has contained startling articles about the blind being made to see by the use of radium. The basis of truth in the statements is the fact that radium seems capable of arousing to some degree the vibrations of a paralyzed optic nerve. Working in conjunction with some medical men, Wm. J. Hammer, an electrical expert in New York City, is treating a girl with optic nerve paralysis. Before the seances commenced a magnesium ribbon flashlight held close to the eyes was imperceptible; the latest reports are that the patient can now distinguish the moon.

Prof. Wm. Harvey King, of New York, has also been experimenting with radium along with Mr. Hammer, and the two seem to have discovered a phenomenon that may prove of inestimable benefit to the medical profession. They have found that radium is capable of imparting some of its energy to water, that if a tube of radium is immersed in water for a time, the water becomes radio-active to a certain degree; it is capable of affecting a photographic plate wrapped in sunlight proof paper. Prof. King is applying the knowledge thus gained to therapeutics. He is feeding two patients suffering from cancer of the stomach with water that has been sub-

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jected to the action of radium. Teaspoonful doses are administered. In one case there seems to be no change; in the other there appears to be some improvement. To rule out the possibility of imagination the patient has, on more than one occasion, been given water that has not been acted upon by radium; but he has been able to detect the difference.

If water can be thus made to partake of the properties of radium it is obvious that a great stride has been made in the usefulness of the metal from the physician's standpoint. A substance that is worth several thousand dollars an ounce is not likely to find its way into every doctor's office; but water is inexpensive, and the energy of radium is practically inexhaustible, so that water with varying degrees of radio-activity ought to be able to be furnished for a nominal sum.

Hitherto the experimenting with the use of radium in the treatment of neoplastic growths has been almost entirely, if not quite, confined to cases where the growths were superficial. The efficacy of the X-rays in internal tumors is not thoroughly established; the power of the ray is rapidly diminished as the parts to be treated recede from the tube. It has been suggested that with radium, very small tubes might be imbedded in the growth under aseptic precautions. If water can be made to partake of the properties of radium, another possibility, and a much more feasible one, is offered to us. A growth could be subjected to hypodermic injections of sterilized water that has been made radio-active. To begin with, it might be well to determine by laboratory studies what effect such injections would have on the bodies of healthy animals, for while the new radiations seem to have a selective action on neoplastic cells, the effect of the radiations acting at close range on healthy cells, such as might be the case were some radio-active water to be absorbed into the general circulation, might be more than we bargained for.

EGBERT GUERNSEY.

IN the death of Egbert Guernsey, M.D., LL.D., September 19, 1903, the homeopathic profession lost one of its most eminent members. For over fifty years he had been prominent in the medi-

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cal, civic, political and literary life of Greater New York, and his name was familiar to thousands who knew him as the great leader and defender of the new school. Many sided as he was, multiplied as his activities became, his first and only love was his profession and to that he devoted his utmost strength and energy. To his foresight, energy and influence was chiefly due the foundation of both the Hahnemann and Metropolitan Hospitals, and to these institutions he gave some of the best work of his life. At the one he long remained on the consulting staff and his forceful personality controlled the other till he died. The Middletown State Insane Hospital also owes very much to his efforts for its establishment, and for many years he was one of its Board of Trustees. Add to these varied and often arduous responsibilities the exactions of an immense practice and the trials of a medical editor, and some idea of the unending toil of his professional life may be gained. Dr. Guernsey was a man of strong literary instincts. This tendency found expression early in his career in founding the Williamsburgh (now Brooklyn) *Times* together with N. P. Willis and George P. Morris. Later he wrote several notable school histories and a few years after published a number of medical works which had a wide circulation. In 1872 he founded the *Medical Times* and remained its editor until his death. Socially and politically he was prominent, and exerted a powerful influence.

Dr. Guernsey was always a striking personality. His thorough training, his diversified and extended experience had given him a broad outlook on the world, and he had a philosophy of his own. With all this a man of most strenuous convictions held with tenacity, defended most vigorously and yet with an ease and grace of expression that charmed if it did not always convince. His editorial range in the *Medical Times* was very wide. He saw not only what directly concerned medicine. but with true journalistic instinct presented every important development in every allied science. His sympathies were quick and warm, and his loyalty to principles or friends was never questioned.

It was perhaps because of this very sympathetic tendency, combined with the tension and training of literary work, that made him unduly sensitive to criticism—a weak point his opponents at times

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took advantage of. A man so strong and able as Dr. Guernsey could not have been without some foes during his active career. He had some, and it cannot be denied that they acquired a profound respect for his fighting qualities. But while he could fight he could also make peace. And long before he died, old animosities had vanished, old friendships had been renewed, and all bitterness had disappeared. So, in the fullness of years, at peace with the world, he laid aside its burdens and journeyed over the eternal and unknown sea.

PHYSICAL SIGNS OF LOBAR PNEUMONIA.

DR. LEWIS A. CONNER and Dr. George E. Dodge of New York, prepared a joint paper on the Physical Signs of Lobar Pneumonia which was presented to the New York Society of Internal Medicine (*American Journal of the Medical Sciences*, September, 1903). The paper was based on a study of 392 cases treated at the Hudson Street Hospital, 1896–1902. All were under the general supervision of Dr. Conner, visiting physician.

The writers used the ear itself without the intervention of a stethoscope in auscultation. They believe the finer shades of breathing can be better made out in this way. It would seem as though that were a question of habit of the examiner. Conner and Dodge may be able to hear better without the stethoscope while others may not.

Attention is called to the fact that in breathing through the mouth a tubular quality is frequently given to the breathing sounds. This can be overcome by causing the patient to breathe through his nose. Another important point is that if a patient is lying on the side and the back of the chest examined, the lower side gives a percussion note noticeably deeper. If the patient is unable to sit up and have the back examined in that posture, he should either lie flat on his face, or first on one side and then on the other.

A study of the various acknowledged authorities showed a diversity of opinion as to the first pathognomonic sounds heard in early pneumonia. Conner and Dodge, after quoting extensively, group the various opinions as follows:

"1. Those who recognize no significant change in the breathing

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of the first stage, and who regard the crepitant râle as the only characteristic sign of the beginning pneumonia.

"2. Those who believe the breath sounds to be usually abnormally harsh or puerile.

"3. Those who find the diminution in strength of the vesicular murmur to be the usual sign.

"4. Those who believe the breathing to be appreciably altered in most cases, but who think that it follows no constant rule and may be either diminished or puerile."

The authors, therefore, paid especial attention to the early breathing sounds in their cases. In 124 cases admitted early in the disease, 98 (79 per cent.) presented noticeably diminished respiratory murmur over the affected area, as compared with other parts of the same lung or with the other lung. In 12 it was exaggerated, in 14 cases no difference was noted. In some of these the diminished murmur appeared within a few hours.

"The area of changed breathing could usually be outlined quite distinctly from the normal murmur beyond, and usually corresponded fairly with the area of impaired resonance or dulness. The change, in most cases, was one not merely of intensity; there was usually as well a very distinct lessening of the breezy, rustling character—a faint, thin, rather high-pitched sound, which while losing much of the rustling quality of normal breathing had yet acquired no trace of tubular quality, even in its expiratory phase—a murmur not only *feeble* in intensity, but *indistinct* in quality."

The writers say that this change could be watched in its development for two or three days before bronchial breathing appeared. They believe the diminished breathing appears usually within twenty-four hours. Change in resonance was found at the same time in most of the cases. It is their idea, however, that as a matter of fact the diminished breathing sound is always first, followed within a few hours by the lessened resonance. They were able to observe this in a few of the cases. This diminished breathing they think probably due to the engorged and swollen lung.

In the cases of increased breathing the authors agree with Walshe, that the diseased tissue is deep seated, and the exaggerated breathing heard in the intervening healthy lung.

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The consideration of the râles heard corresponds with the generally accepted belief. They agree with the idea now becoming more prevalent, that the numerous divisions of râles into so many different kinds mean nothing. That a râle is a râle, and the many subdivisions are useless and unnecessary.

In summing up the physical signs of beginning pneumonia, they say as follows regarding their appearance:

"1. A circumscribed area of feeble, indistinct breathing as compared with the breathing at a corresponding point on the other side (with the patient, if possible, in a sitting position).

"2. A circumscribed area of impaired resonance, with or without a tympanitic quality, obtained under similar precautions.

"3. The crepitant râle.

"4. A slight increase in the intensity and clearness of the vocal resonance."

It is unnecessary to quote further although the paper goes on and discusses all the physical signs to the end of the disease. Just one point: The physical signs of resolution were the same as those of beginning pneumonia but in the inverse order; except that the diminished breathing was very rarely heard.

Local Analgesia.—Arthur Barker, surgeon to University College Hospital, London, has made considerable use of a mixture of beta-eucaine and adrenalin for the production of local anesthesia. He keeps ready to hand powders containing 0.2 gramme (3 grains) of beta-eucaine and 0.8 gramme (12 grains) pure chloride of sodium. A powder is added to 100 cc (3½ oz) of boiling distilled water, and to the solution when cool is added 1 cc adrenalin chloride. For the successful use of this solution in operations taking some time to perform, like the radical cure of an inguinal hernia, the fluid should be injected down to, and in the direction of, the nerves that supply the region. Mr. Barker reports 30 cases in which he has used this method of producing local insensibility; and they include radical cures of hernia, strangulated hernia, castration, varicose veins, psoas abscess, skin grafting and colotomy. It is doubtful if general anesthesia is ever induced without some shock to the system, and the perfection of any method that enables the surgeon to dispense with it in minor operations is to be welcomed.

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Notes and Comments.

The Cure of Epilepsy.—It is well-known that long periods of remission or cessation of fits often take place in epilepsy, whether induced by treatment or of spontaneous origin; but these remissions must not be confounded with a cure. Dr. W. A. Turner, in a recent number of the *Lancet*, from an examination of the records of 366 cases has come to the conclusion that a period of remission of at least nine years should be the basis upon which the cure of a case of epilepsy is based. Accepting this definition of cure, Dr. Turner regards 10.2 per cent. of epileptics as curable. Homeopathic literature contains many reports of reputed cures of epilepsy with the indicated remedy. How many of them have stood the nine year test? And how many cases have been treated homeopathically without success?

Fatal Effects of Very Small Doses.—Some years ago Dr. Andrew Balfour, now director of the Wellcome Research Laboratories of the Gordon Memorial College, Khartoum, Egypt, made some investigations into the toxic properties of dye stuffs, and found that methylene blue and chrysoidine, in particular, were fatal to fishes in very small quantities. Fishes placed in a solution of chrysoidine, 1 to 500,000, were speedily killed, and were found post-mortem to be stained through and through, the brain and spinal cord being most deeply colored.

Suggestion in Surgery.—A recent number of the *Alkaloidal Critic* puts into words thoughts that have suggested themselves to more than one medical man. The writer points out how often the patient is told that "we will try" this, that or the other remedy, and if it fails we will have to operate. A doubt in the efficacy of the drugs is communicated to the patient, and it is not surprising that the patient, unless determined not to have an operation, waits with anxiety and yet with impatience for the "real thing." The surgeon comes with his wonderful paraphernalia and his corps of assistants and nurses, the operation is performed, and the patient awakes from the narcosis to hear it authoritatively stated that the operation was a success. The size of the surgeon's fee may also be a factor in the cure; it is often very impressive.

The Optician and the Medical Profession.—Medical men can but view with concern the growing tendency among opticians to trespass on the field of medi cine. It is no trades unionism or fear of the results of this incur sion on the pocketbook that induces the alarm of the doctor at the strides of the optician. It is an incontrovertible fact that while many optical defects are simple and can be easily remedied by lenses, there are many difficulties in vision due to pathological processes. It is easy to say that the optician should turn these latter over to the oculist. Such a course presupposes the ability to discriminate between these two classes of cases, and the medical knowledge of the optician does not make him competent to do this. To a large extent the general practitioner is to blame for

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this. The optical knowledge possessed by the optician is not beyond the mental capacity of, and ought to be in possession of, every general practitioner. At present, in the smaller communities where there is no oculist, there is some excuse for the optician prescribing glasses for all who consult him; but if the family medical man was capable of doing all that the optician can do in the way of diagnosis and prescription, the optician could more readily be put in his right place as a fashioner of lenses, just as the right place of the druggist is that of a filler of prescriptions and not a prescriber. When the doctor, and here we mean the average doctor, can take the place the optician now fills, the law can be invoked to protect the public from irresponsible examinations.

Society Meetings and Trade Exhibits.—It is a well-known fact that local societies who are called upon to entertain those who attend medical conventions in their city, depend not a little upon renting space to trade exhibitors. This is a perfectly fair and justifiable arrangement. Representatives of firms are in this way able to get in touch with more men in a short space of time than they otherwise could do; and their employers are perfectly willing to pay a reasonable sum for the privilege. It is only natural, however, that they should expect those who have charge of the local arrangements to do more than stand around ready to pass the hat. On such occasions some one ought to be detailed to see that the exhibitors are properly housed in a room adjoining, if possible, the hall where the sessions are held, and that tables or stands are at their disposal. To charge an exhibitor any where from five to twenty-five dollars for space, and then put him in an out-of-the-way place where not more than half the doctors in attendance will go out of their way to find him, is not a fair deal. We are moved to make these remarks because we have heard some not unreasonable complaints from exhibitors; and we want to warn those who have to do with such matters to be careful lest they kill the goose that lays the golden egg.

Hypnotism in Organic Diseases.—Hypnotism is not yet by any means accepted by the profession at large as a valuable adjunct in the treatment of disease. It is the few, and not the majority, who practice it. The place of suggestion has hardly been determined yet. The most that the majority of medical men would concede is that it might possibly be of benefit in hysterical or functional troubles; that it could be used to advantage in organic diseases would seem hardly possible, that it might have a place in the treatment of what are known as incurable organic diseases seems incredible. The only attitude, however, that befits us is to have an open mind. Prejudice should have no place in the profession of medicine. The physician's highest duty is to heal the sick. The means employed are an entirely secondary matter. The employment of the best means, those that have been tried and found of decided benefit, will come as a corollary. Therefore it is well to put on record some observations of Dr. Pevnitzy who watched the effect of hypnotism in Bechterew's neurological clinic. He mentions a case of syringomyelia of four years' duration, which did not respond to any

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extent to medicated baths, electricity, massage, strychnine, etc., but who, after a three months' course of hypnotism enjoyed good sleep, was able to swallow better, became hopeful instead of hypochondriacal, and had gradually returning sensibility to pain and temperature. A case of transverse meningomyelitis showed great improvement in walking, as did also a tabetic, although the pains and gastric crises were not affected in this latter, In a desperate case of syphilitic meningomyelitis hypnotism brought about a condition of comparative quietude, and changed a quarrelsome, unbearable patient into one who was grateful and obliging. Of course, no claims of permanent benefit are put forward, but the amelioration described above in serious cases is often beyond our power to convey by the better known arts of medicine.

Electro-therapeutics.—This department of medicine seems to have a hard time in preserving its identity. It is not many years ago since electrotherapeutics was tacked on to nervous diseases in professorial chairs and in programs of medical society meetings. The incursion of the battery into almost all medical fields has brought about a breaking of the bonds that seemed to limit the usefulness of the remedy to a very narrow sphere. But now the opposite condition prevails; and electrotherapeutics is made responsible for the history and actions of therapeutic measures that have only a mechanical connection, if any, with electricity. Thus the Finsen light treatment, radium rays, electric light baths, etc. are being grouped into the departments of electrotherapeutics in college curricula, medical journalism and society programs. It is doubtless true that these therapeutic agencies have much in common; but would it not be well to find some name under which they can be more appropriately grouped? Of the terms in use, physical therapeutics would seem to be the best.

Sensations Produced by the Weather.—The phrase "aggravated by cold, damp weather," has a familiar ring to the homeopathic physician who has learned to class it as a sympton of value in guiding him to the selection of the similar remedy. But so far as we know little has been done to trace the relation between the weather and the feelings, to determine why a given individual should feel worse in cold, damp weather. A writer in the *Medical News* gives a suggestion that is worth consideration. He says: "Sometime it will come to be realized that many of the pains and aches that immediately precede and accompany damp weather, are not due to rheumatism, nor to the rheumatic diathesis, but are just plain everyday irritability consequent upon some change in nervous conditions which are caused by a drop in the barometer perhaps, or perhaps the hydroscopic variation in tissues which follows a change in the atmospheric humidity. Old people become walking barometers in their power to portend storms because the lessened elasticity of their arterial and vascular system prevents, or at least hampers, those changes in the peripheral circulation which would compensate for variations in barometric pressure. Whenever an injury has taken place around a joint this same state of affairs proclaims itself even in comparatively young subjects."

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Medical Inspection of New York Schools—In accordance with the practice established last year by President of the Board of Health Lederle, there will be rigid medical inspection in the schools during the coming session. There was at first some friction between teachers and inspectors as to excluding pupils, but it is expected that the co-operation will be complete this year. More than fifty physicians will do the inspecting. In the morning they will examine pupils who have been absent on previous days and who are suspected of having contagious diseases, and in the weekly examinations the throats, eyes, mouth, hands and hair of the scholars will come in for a thorough investigation. Absentees must be visited at their homes by the inspectors, who will vaccinate those requiring such treatment.

When a pupil is excluded from a school by order of the inspectors he will receive a card stating the reason for his exclusion. If, after forty-eight hours, he has been under treatment, and it is found that his ailment is not serious, he may be readmitted. Duplicate reports on the condition of pupils after the daily examinations are made out, one set for the school authorities, and the other for the Board of Health. When the affections of the pupils who are ill are sufficiently serious they are to be sent to hospitals.

The N. Y. Homeopathic Medical College.—A year or two ago allopathic journals made much of the fact that a number of students belonging to a homeopathic college transferred their studies to an old-school institution. Now the compliment is returned. The N. Y. Homeopathic Medical College has admitted about a score of advanced students, all but three or four of whom came from allopathic colleges. These advanced students represent about one-third of those who applied for admission; but the larger number were rejected because the colleges from which they came were not registered by the University of the State of New York as being of equal grade to the colleges in New York State. The freshman class at the New York college is the largest for several years. The suggestion has been made that the advantages offered by the college should be thrown open to women students, thus attracting a number of students who now go to Cornell.

Some New Remedies.—The attitude of the scientific physician is to prove all things and hold fast to that which is good. William Fingland, L.R.C.P. & S. Edin. has called the attention of his professional brethren to the virtues of hysteromia (botanically known as Aplopappus Baylahnen), a plant indigenous to South America, in certain parts of which it is considered a specific for sporadic dysentery. The dose is 20 minims of the fluid extract thrice daily. While being given, all vegetables and fruits must be prohibited and a diet of beef, mutton, fish, and light farinaceous dishes enjoined, with hot water and milk to drink. In his article in the *Lancet* Dr. Fingland cited three cases in which he had used this drug with almost remarkable results. All of them were cases which had stubbornly resisted all the usual remedies.

Pambotano, a shrub belonging to the legumcuosæ, is said to have marked properties as a febrifuge. It is used in Mexico, Brazil,

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Guiana, Paraguay, Argentine, Japan, Italy and slightly in France. The dose is 150 to 200 grams of the elixir to be taken in twenty-four hours in four portions, in hot sugared water. It is said to be successful in cases of palustral fever that quinine does not affect.

Dr. W. E. Thorpe, of Bristol, Ct., speaks highly of the decoction of a weed called locally the Archangel in post-partum hemorrhage. His attention was first called to it by some French Canadian women. Dr. Griffin, of Danbury, has identified Archangel as Lycopus vir., Bugle weed.

Book Reviews.

Saunders Question Compends: Essentials of Diseases of the Ear. By E. B. Gleason, S.B., M.D., Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia; Surgeon in Charge of the Nose, Throat and Ear Department of the Northern Dispensary, Philadelphia, etc. Third Edition, thoroughly revised. 16mo volume of 214 pages, with 114 illustrations. Philadelphia and London, W. B. Saunders & Co., 1902. Cloth, $1.00 net.

This valuable little help, one of Saunders' Question-Compend Series, has reached its third edition. The book will be found of service, not alone as an aid to the student, but also to the physician. The essentials of Otology have been stated concisely, without sacrificing accuracy to brevity. The diagnosis and treatment of diseases of the ear have been brought absolutely down to date by a thoroughly scrupulous revision. Besides carefully revising the old text, many interpolations of new matter have been made, thus somewhat increasing the number of pages in the present edition.

Saunders' Question Compends: Essentials of Histology.—By Louis Leroy, B.S., M.D., Professor of Histology and Pathology, Vanderbilt University, Medical and Dental Departments; Pathologist to the Nashville City Hospital, etc. Second edition, thoroughly revised and greatly enlarged. 16mo volume of 263 pages, with 92 beautiful illustrations. Philadelphia and London, W. B. Saunders & Co., 1902. Cloth, $1.00 net.

This valuable work has been designed not only as an aid to the beginner, but also to help the practitioner who, having graduated at a time when histology was not taught in all the colleges, desires to gain sufficient knowledge of the subject to facilitate his better understanding of pathology. In this edition a number of new original illustrations, most photomicrographs, have been inserted to better elucidate the text. The chapter on Technic has been enlarged, a description of the appendix and rectal valves added, and the entire chapter, as indeed, the entire book, thoroughly and carefully revised.

Tuberculosis.—Recast from Lectures Delivered at Rush Medical College, in affiliation with the University of Chicago. By Norman Bridge, A.M., M D., Emeritus Professor of Medicine in Rush Medical College; Member of the Association of American Physicians. Handsome 12mo volume of 302 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $1.50 net.

In this excellent work the practical side of the care and manage-

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ment of those sick with the various non-surgical forms of tuberculosis has been concisely stated. Full consideration has been given to prophylaxis, an all-important phase of the subject that has heretofore been much neglected. There are also chapters upon the Bacillus of Tuberculosis; on the Pathology, Etiology, Symptoms, Physical Signs, Diagnosis, and Prognosis of the disease, each treated in the judicious and thorough manner to be expected in a work by such a well-known authority as Dr. Bridge. Treatment is accorded unusual space, there being chapters upon Hygienic Treatment, Management of the Diseased Lung, Climatic Treatment, Medicinal and Local Treatments, Special Treatments, besides a chapter devoted to the subject of Sanatoria.

The Care of the Baby.—A Manual for Mothers and Nurses, containing Practical Directions for the Management of Infancy and Childhood in Health and in Disease. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia. Third Edition, thoroughly revised. Handsome 12mo, volume of 436 pages, fully illustrated, Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth. $1.50 net.

Dr. Griffith's manual on the Care of the Baby is without question the best work on the subject we have seen. The fact of a third edition being called for within such a short time, is sufficient evidence of its popularity. In preparing this edition every part of the book has been carefully revised and brought fully in accord with the latest advances in the subject. Several new recipes have been included in the appendix, making this excellent part of the work even more complete than before. Physicians could not perform a better service for their patients than the recommending of this excellent work to every mother.

Practical Points in Nursing.—For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Receipts for Invalid Food and Beverages; Weights and Measures; Dose List, and a full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, late Superintendent of the Training School for Nurses, Carney Hospital, South Boston, Mass. Third Edition, thoroughly revised. Handsome 12mo of 458 pages, fully illustrated, including 8 colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $1.75 net.

The continued and increasing popularity of this little volume has placed the publishers under the obligation of keeping it abreast of the times. Considerable portions of the work have been either amended, modified, or amplified in accordance with the progressive spirit of medicine and its indispensable handmaid, nursing. The sections treating of certain diseases, especially the infectious diseases, as well as the treatment of the common poisonings, have been in large part recast and rewritten.

Medical Jurisprudence, Insanity and Toxicology.—By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, Philadelphia. Third Edition, thoroughly revised, greatly enlarged, and entirely reset. Handsome 12mo, volume of 329 pages, fully illustrated, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Cloth, $1.75 net.

This work is based on the author's practical experience as coroner's physician of the city of Philadelphia for a period of six

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years. This third edition, enlarged by the addition of new matter to the extent of seventy-five pages, has been entirely reset, and it is evident that in its preparation every page has undergone a careful scrutiny, so as to include the very latest advances in this important branch of medical science. In reviewing this excellent work we have found that it covers the field completely and thoroughly, nothing of practical importance to the physician or lawyer having been omitted.

A Text-Book of Legal Medicine and Toxicology.—Edited by Frederick Peterson, M.D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York; and Walter S. Haines, M.D, Professor of Chemistry, Pharmacy, and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Per volume: Cloth, $5.00 net; sheep or half morocco, $6.00 net.

This work presents to the medical and legal professions a comprehensive survey of forensic medicine and toxicology in moderate compass. For convenience of reference the treatise has been divided into two sections, Part I and Part II, the latter being devoted to Toxicology and all other portions of Legal Medicine in which laboratory investigation is an essential feature. Under "Expert Evidence" not only is advice given to medical experts, but suggestions are also made to attorneys as to the best methods of obtaining the desired information from the witness. The Bertillon and Green-Smart systems of identification are concisely and intelligently described, and the advantages of each stated. An interesting and important chapter is that on "The Destruction and Attempted Destruction of the Human Body by Fire and Chemicals;" for on the determination of the human or animal source of the remains frequently depends the legal conduct of a given case, and the guilt or innocence of the accused. A chapter not usually found in works on Legal Medicine, though of far more than passing significance to both the medical expert and the attorney, is that on the medico-legal relations of the X-Rays. The responsibility of pharmacists in the compounding of prescriptions, in the selling of poisons, in substituting drugs other than those prescribed, etc., furnishes a chapter of the greatest interest to everyone concerned with questions of medical jurisprudence. Also included in the work is the enumeration of the laws of the various States relating to the commitment and retention of the insane.

Materia Medica.

CONDUCTED BY

J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M. D.

Homeopathic Treatment of Rhinitis.—Nux Vomica is a favorite remedy for the onset of a cold in the head. It is well to give repeated doses of the 3rd centesimal hourly to try and break up the cold. Aconite, Gelsemium and Ferrum phosphoricum are also recommended.

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For a moist rhinitis (nasal hydrorrhea) Arsenic when the discharge is watery, with irritation at the borders of the nose, the nose is red: Euphrasia, nasal discharge accompanied by weeping, the edges of the pupils are reddened and irritated: Allium cepa, the discharge is more watery than that of Arsenic; when the patient lies down, the water falls drop by drop into the pharynx. Spigelia has this same symptom of discharge into the pharynx.

Dry Rhinitis: Here the external use of menthol is beneficial to bring about glandular secretion. Pulsatilla is indicated when there is loss of smell during a cold. Sambucus answers to great frequency of sneezing. Mercurius is also employed frequently in coryza.

In the catarrhal stage Hydrastis canadensis is a favorite remedy. It may not dry up the mucus quickly; but it will surely dry it up and that without complications. Hydrastis also answers to the sensation of a stoppage of the nose by an accumulation of mucus; it is also useful when there is engorgement of the frontal sinuses. Give time for the Hydrastis to act, and it will do the work. Use the 6th centesimal.

Complications: The complication to guard against is the descent of the inflammation to the larynx and lungs, the settling of the cold on the chest. When there is the least tendency for the coryza to descend, prescribe Kali bromatum 3c in repeated doses. The remedy is not so useful when the larynx and nose are invaded simultaneously.

Chronic Coryza: If the chronic coryza is an indefinite continuation of a muco-purulent catarrh following acute rhinitis give Hydrastis 6c for at least fifteen days. If it results from nasal ulcerations use Kali bichromicum 6c or 30c. When the coryza is attended by a disagreeable dryness, extending into the upper pharynx prescribe Sanguinaria. With Sanguinaria the throat is without saliva, with a dry, varnished appearance. The nose is also dry and inflamed. Ignatia has a sensation as if there were eyeglasses on the nose. In chronic inflammation of the sinuses commence the treatment with Hydrastis.

Hypertrophic Rhinitis: Here specialists use local external treatment. Kali bichromicum is a grand internal remedy. Ivins, in "Diseases of the Nose and Throat," recommends Alumina, Ammonium chlor., Arsenicum iod., Carbo veg., Ferrum iodatum, Mercurius sol., and Silica.

Atrophic Nasal Catarrh: While atrophic nasal catarrh is a separate disease from ozena, inasmuch as the latter is so frequent an accompaniment of the former, it is well to consider them together. In the atrophic form with dryness of the mucous membrane Sanguinaria heads the list. If there is ozena, Aurum would be recommended by every homeopath. If the case is syphilitic, as it frequently is, do not hesitate to give iodide of potash. When crusts form Graphites internally and in the form of an unguent locally, Kali bichromicum, Kali iodatum, Mercurius. In atrophic nasal catarrh Ivins recommends Alumina, Argentum nit., Arsenicum iod., Aurum, Aurum mur., Calcarea carb., Cuprum, Elaps, Graph-

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ites, Kali bichrom., Kali iodatum, Mercurius corr., Petroleum, Phytolacca, Psorinum, Pulsatilla, Sepia, Silica, Sulphur, Theridion and Thuja.—Dr. Francois Cartier in *Revue Homeo. Francaise.*

Graphites in Zona.—Writing in the *Journal Belge d' Homœopathie*, Dr. Boniface Schmitz, of Antwerp, strongly recommends the use of Graphites in Zona. He believes that every case requires it sooner or later before a cure is effected. If Rhus and Arsenicum can be used successfully at the beginning of the disease, particularly for the eruption, Graphites is specially applicable to the concomitant neuritis. Outside of its action on the disease itself, it seems to have marked constitutional effects.

Pediatry.

CONDUCTED BY - - - - - - - - - WALTER SANDS MILLS, M.D.

The Heredity of Syphilis.—Matzenauer (*Wiener Klin. Wochenschr.*, 1903, No. 7). Relative to a heredity from the mother the author considers that the transmission along germinative channels through the infected ovum should be disregarded; and that the transmission of the disease through intra-uterine infection, when the maternal as well as the fetal portions of the placenta may be infected, is the usual method. When the mother acquires syphilis during pregnancy the disease is the more severe in the child the earlier the mother becomes infected.

The intensity of the child's infection is not always an index of the severity of the disease iu the mother. The severity of the disease in the child depends upon whether the infection was placental or fetal.

The author is inclined to discredit the possibility of the transmission of the infection by means of germinative channels and especially does he combat the theory of paternal heredity through spermatic infection.

The question of the immunity of the mother of a syphilitic child Matzenauer explains by asserting that the disease may be latent in the woman.

Against this theory he states the following points:

1. That in the pathology of the infectious diseases and of syphilis in particular, it is not possible to trace a paternal heredity but only a maternal one.

2. That in syphilis there is no provable heredity immunity.

3. That in the infectious diseases there is no heredity of an enduring and continuous immunity.

In the case of the apparently healthy mother of a luetic child, the apparent immunity is due to the fact that the disease is latent.

In view of these facts the author considers that the theory of paternal heredity of syphilis is untenable.

In conclusion he asserts that mothers of syphilitic children should undergo mercurial treatment.—*Medical Review of Reviews.*

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Measles.—The *Lancet*, in a recent issue, states that the cities of London and of Norwich are about to make special effort to stamp out measles. As a rule, measles is looked on as not a particularly bad disease. This is a mistake. The actual mortality is quite considerable, varying in different places and at different times. The deaths from the sequelæ of measles add to its dangers. Measles should be looked upon as a serious disease and one that demands the utmost care and skill in treatment until the patient is thoroughly well.

Smallpox Epidemic Among Children.—Dr. A. S. Keenan (Alumni Bulletin, University of Cal.) reports an epidemic of smallpox in an orphan asylum. The disease was supposed to be chickenpox by the sisters in charge, and it was not until an outside case was traced back to the asylum that smallpox was suspected. Investigation showed sixty-two cases among four hundred children. The well inmates were immediately vaccinated but not in time to protect them all, as forty-six more cases developed later. There were few premonitory symptoms; the children merely complained of not feeling well, of some headache, and seemed dull. The eruption appeared on the third or fourth day. Papules appeared on the forehead and face, fewer on the hands and wrists. A few patients were well covered. The papules were hard and shotty and disappeared on pressure. Within two or three days they formed vesicles, and by the fifth or sixth day of the eruption these changed to pustules. The pustules dried rapidly and desquamation was complete in most of the cases by the beginning of the third week. The face was always more covered with the eruption than the body. If the body was much broken out, the face was covered; if the face had only a few marked papules the body had none. The papules appeared first on the forehead, then on the body, finally on the hands and wrists. The eruption ran its course promptly, there were no successive crops. Children who had been successfully vaccinated did not take the disease. The epidemic was very mild, every case recovering.

Infantile Scorbutus.—Rotch, of Boston, gives a record of two important cases (*Medical News*). Case I.—Boy ten months old. Good history. Had been fed on cereal milk and seemed perfectly well till present illness. For two weeks before entering the hospital the right lower leg had seemed tender. Four days before the leg became swollen. Skin pale. Marked rosary. Enlarged epiphyses at ankles and wrists. Gums about the two lower middle incisors reddened. Right leg much swollen, hard, tense and tender; skin over it glazed but no fluctuation. Temp. 101° F. Blood count, 19,200 white cells. Patient operated Feb. 8. Periosteum found dissected off the tibia, and a large blood clot at the lower end. A second operation was made Feb. 18 because the child was worse. Entire shaft of tibia came out in two pieces. Feb. 28 child still worse. Left thigh now affected. Ecchymoses on the right chest. A third operation was made on the thigh and another blood clot removed. March 1 Rotch saw the child and suggested scorbutus as diagnosis. Orange juice was ordered. From that time improvement has been constant. The X-Ray showed no enlargement of

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the bone. Rotch presents this case to show the difficulty of differentiating between infantile scorbutus with sub-periosteal hemorrhage, and osteomyelitis. It also shows the advantage of the X-Ray in diagnosis.

Case II. A boy of nine months. Fed on Mellin's food five months, and cacal milk last four months. Weight at birth 7½ pounds, at presentation 9 pounds. Child presented swellings of both thighs. They had previously been tender for a few days and the child irritable. Blood count 7,400 white cells. There was a rosary but no decided pallor of the skin. Some of the physicians made a diagnosis of osteo-sarcoma and recommended operation. The X-Ray showed no enlargement of the bone. Treatment consisted in plain cow's milk, modified, and orange juice.

The "Idiopathic" or "Essential" Dropsies of Childhood. by Dr. A. W. Fairbanks, Boston. (*American Journal of the Medical Sciences.*) He says the characteristic feature of this condition is the appearance of edema, in one or more parts of the body, ***without albuminuria*** or ***sedimentary evidence*** of organic ***disease of the kidneys; without clinical*** or ***post-mortem*** evidence of ***organic disease*** of the ***heart*** or ***kidneys***. It may occur at any age, and appears sometimes in children who are otherwise well. It may be acute, subacute, or chronic. Fairbanks reports nine cases that he saw in 1902, and gives an outline of some 72 others reported in the literature. Several of the cases came to autopsy. The disease in Fairbanks's cases seemed to be mostly in poorly nourished children, but in children without definite organic lesion. Six died, one improved, one got well, one passed from under observation.

Clinical Medicine.

CONDUCTED BY

JOHN L. MOFFAT, M.D. AND JOHN B. GARRISON, M.D

Glycocholate of Soda is recommended by Dr. Richardson in the *Therapeutic Gazette* for the treatment of gall stones. He says if small cholesterin or coloring-matter stones be placed in a solution of glycocholate of soda for a few days and kept at body temperature, they become friable, so that they can be crushed between the fingers and gradually dissolved.

In severe cases, where the gall-duct is occluded or the stones are very large, surgical interference is necessary, but in the large majority of cases the further formation of stones will be arrested, and those present gradually dissolved by the administration of their normal solvent. There is no other drug which can be administered which will enter the bile and act as a solvent, and further, as it is the natural solvent, it is presumably the best.

After operation and removal of the stones it is not uncommon for a reformation to take place, necessitating a second operation. Several cases of periodic hepatic colic have been permanently cured by the

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administration of glycocholate of soda (5 grs. t. i. d), the patient for some time continuing to take about two drachms per month to insure that there should be no insufficiency.

Besides its action as a solvent for gall stones, it is the only real cholagogue that we possess, increasing the flow of bile, thereby purging the liver, as well as assisting in the assimilation of fats from the intestine.

Treatment of Typhoid Fever with Castor Oil.—Bass has had excellent results from this treatment. The temperature ranges lower; the tympanites and delirium do not occur, and if they are present they soon subside; diarrhea and dysentery are prevented, or checked if they already exist.

He first gave a dose every twenty-four hours, then twelve hours. These two results followed:

1. Bowels free from tympanites.
2. Stools free from odor.

By a dose he means from one to eight drams. The taste, he says, is very well disguised by giving it in a warm cup, with a little boiled sweet milk. (We do not urge this.—ED.)

Injection of Sterilized Air for Neuralgias.—Marie and Crouzon report the successful treatment of various neuralgia by means of the injectionof sterilized air into the tissues, the quantity varying from one-fourth to one-half a liter. The results claimed are remarkable, and the cure proved final in all cases. Although the *modus operandi* cannot be stated it appears possible that the air injected into the cellular tissues caused a spreading out of the nerve filaments and an elongation of their ramifications. Sciatica, herpes zoster and neuralgia of tabetics proved particularly amenable to the treatment.

Medical Progress.

CONDUCTED BY

J. T. O'CONNOR, M.D., PH. D., AND WALTER SANDS MILLS, M.D

Open Air Treatment of Syphilis.—Donty (*British Medical Journal*) has an article with this title. He believes that the beneficial action of pure air and sunshine is not due to local action on the lungs, but is due to their beneficent action on the tissues through the blood. For this reason he believes fresh air and sunshine to have a great value in the treatment of syphilis. He therefore recommends the open air treatment for syphilis. Observations of patients in high, Alpine altitudes for five years leads him to the belief that 30% of male tubercular patients are also syphilitic.

Obstinate Subacute Rheumatism.—Dr. J. J. Walsh, in *American Medicine*, reports a case diagnosed as rheumatism in which the salicylates failed to give relief. The patient's history showed that the condition from which he suffered was gout. In a certain number of cases the obstinacy of the rheumatic symptoms in yielding to the

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salicylates is due to a nervous element in the patient. Patients who suffer from anemia, from whatever cause, not infrequently have a continuance of their rheumatic symptoms on account of the routine administration of the salicylates. Most of the cases of obstinate subacute rheumatism are not simple rheumatic arthritis, but consist in the joint affection developing in the presence of a diathesis, such as gout or some blood dyscrasia, or some toxemia, such as alcohol or lead, or a neurosis or a hypersensitive condition of the vasomotor system, all of which factors tend to hinder the normal reaction and prevent the prompt relief of symptoms that usually occurs.—*Phila. Med. Journal.*

Some of the Complications of Abdominal Surgery.—Dr. Robert T. Morris has a brief article on this subject in the *New York Medical Journal.* Among other things, he says that the gastritis of ether anesthesia may be modified by small quantities of warm water to drink given at frequent intervals. If necessary use the stomach tube and wash out the stomach. "The tube should be oiled with the best quality of sweet oil, flavored with wintergreen, so that it tastes good, and the patient should be instructed to chew for a little while before attempting to swallow it." Of iodoform poisoning in abdominal surgery, he says it is commonly mistaken for septicemia. In iodoform poisoning the wound looks remarkably well, the patient does not. In septicemia neither wound nor patient looks well. In iodoform poisoning free iodine is found in the urine. It may be detected by stirring a little urine and a little calomel together. The brownish color which appears is from iodide of mercury resulting from the reaction. If iodine is not present the brown color will not appear. Iodoform poisoning is a serious complication and must be recognized early. The iodoform must be withdrawn. Even then death may occur if the trouble is discovered late.

The Passing of the Pessary.—Another pessary has been invented, and by one of the indefatigable strenuous German gynecologists to whom we owe so much. It would be very hard to enumerate the number of pessaries, modified pessaries and uterine supports that have been devised, employed, and many of them abandoned since the time of Hippocrates, who used pieces of sponge or balls of wool soaked in medicated substances. Although it has become customary to treat every greater prolapse of uterus and vagina by operation, yet there are cases in which for different reasons, as great age, heart failure, lung disease, operation is contraindicated. In severe prolapse in old women in whom the genitals are atrophied and the perineum is destitute of muscular efficiency, the distended vagina will not keep in position even the largest of the customary rings, and it becomes necessary to employ a bandage with the pessary. Recognizing the many serious objections to this, Rosenfeld of Vienna has devised a pessary of a peculiar form which he describes and claims will be retained in position without a bandage, even under the conditions mentioned. But even aside from the cases in which operation is contraindicated the pessary is not an obsolete instrument; it has a place in the armamentarium of the

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physician, a definite field of usefulness if properly employed; but in these days of surgical interference, of ventral suspensions, vaginal fixations and ligament shortenings, we are apt to forget that a certain proportion of cases may be very satisfactorily relieved by the introduction of a pessary, if careful attention is paid to the fitting of the instrument. Certain conditions are necessary to success; the pelvic floor must not be so entirely relaxed that the instrument drops out as soon as the patient strains or assumes the erect position, and the uterus must be mobile so that it can be replaced readily before the introduction of the pessary.—*Medical Sentinel.*

Clinical Contribution to the Knowledge of Hereditary and Family Spastic Spinal Paralysis, by Dr. H. Kuhn (*Deutsche Zeitsche* f. Newenheilk, xxii., 1902).—He had an opportunity, in one family which he had known for ten years, to observe three cases of spastic spinal paralysis. The father suffered from a peculiar disturbance of the gait, the mother was healthy. Of the children, three daughters enjoyed the best of health, one daughter died in infancy, three sons suffered from the same disturbance of the gait as the father. These affections developed between the twelfth and eighteenth years, with pains and stiffness in the legs. They progressed so slowly that it was not until the fifteenth to the twenty-fifth years that the disturbances were much worse. The symptoms affected only the lower extremities and did not go higher. The bladder, rectum, and sexual functions were all normal. The tendon reflexes were considerably increased. The gait was spastic or spastic paretic. There was no muscular atrophy. In a further case, meantime, in which there was no family and hereditary history, the same disturbances became more quickly established.

—*Neurolog. Centralblatt,* June, 1903.

Influence of Pregnancy upon Chronic Nephritis.—Dr. Clifford Mitchell (*Medical Visitor*) reports three cases on which he makes some interesting comments. His three cases were seen before delivery, were put on active treatment, and got safely through. He thinks, however, the kidneys in each case are still sources of danger. He does not consider cases of chronic nephritis that have exhibited symptoms during pregnancy to be safe from further nephritic trouble until after the menopause has been safely passed. He considers nephritis in girls of a marriageable age to be a misfortune. He says where the disease is suspected, if repeated examinations of the urine during menstruation show tube casts, chronic nephritis may be inferred. He says: "I cannot close this paper without again inveighing against the habit of many physicians of examining only the urine voided by the patient on rising in the morning. I have proved beyond all controversy that an incurable chronic nephritis may be present in cases in which the urine voided on rising in the morning contains neither albumin nor casts, though the latter may be easily found later in the day or evening. Furthermore it has been my constant observation that, when a patient is asked for a specimen of urine, in the large majority of cases he or she gives the physician the urine voided on rising in the morning. There is no telling how many lives have been sacrificed in conse-

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quence of this dangerous custom of examining the morning urine only. The whole twenty-four hours' urine should in all cases be collected for examination, day urine in one bottle and night urine in another, and the contents of each bottle separately examined. The patient should, moreover, be cautioned to drink as little as possible during the 24 hours when the urine is collected.

"Lastly it should not be assumed that cases of apparently acute nephritis have terminated in perfect recovery in the case of female children until repeated examinations at the age of puberty have demonstrated that no recrudescence of the renal trouble has taken place."

Hysterectomy for Fibroids.—The operative records of 50 cases of abdominal hysterectomy for fibroids is given by C. J. Pond (*Lancet*, Jan. 17, 1903), from which he draws the following deductions: The position as to operation depends on the danger to life and the degree of displacement, of ill-health and of suffering caused by the disease. The social condition of the patient is a factor. Comfortable invalid life is incompatible with poverty; therefore, the disease must be removed among the poor, in order to return them to working capacity. Among the more wealthy classes, moral, mental and physical degeneration follow long-continued invalidism, which would be good grounds for operation, when other conditions permit. Whenever the disease causes displacement, hemorrhage, pain and pressure sufficiently severe to threaten damage to the general health, to the nervous system, to the pelvic organs, the operation should be advised. Cervical hysterectomy has a lower mortality (about 4 per cent.) and is preferable to ovariotomy in this particular. The uterus may safely be impacted at this level, and the absence of recurrence in the error is an argument for this form as against panhysterectomy. In the former the pelvic floor is left intact; in the latter it is damaged. Myomectomy is a valuable operation, and applicable for certain accessible tumors. In all possible cases, one or both ovaries should be left in and not removed. Convalescence is more complete, and the patient has no artificial menopause.—*Medical News.*

Prognostic Significance of Albumin in the Urine.—Dr. Edward W. Lambert (*Medical News*) has an article on this subject. He is medical chief of one of the largest life insurance companies in the world and speaks from the medical examiner's point of view. He makes this statement: "In my judgment no healthy individual has this substance (albumin) in the urine, and its presence is a sure indication that something is out of gear somewhere in the functions of the body." This does not necessarily mean that the patient is doomed, for the cause may be transient. Cyclic albuminuria may exist. The author cites a case where it was found every day after noon, never before. The patient died of Bright's disease. Albuminuria often exists in young people and is then usually curable. Finally, Lambert says that the life led by the individual means more than the presence or absence of albuminuria. Correct living may cure the condition.

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Mastoiditis with Mental Disturbance.—Dr. Powers, of San Francisco, in the *Occidental Medical Times*, reports an obscure case. The patient, a married woman, entered the hospital with a vague account of a severe disease of the left ear, from which she was supposed to have recovered. She was very nearly unconscious and entirely irrational, lying on her back with the head turned a little to the right, shrinking from a candle held near the eyes, otherwise showing no sensation or intelligence. The pupils were dilated, reacting normally to light, and there was no strabismus and no change in the fundus of the eye. There was a tendency to opisthotonos, and the abdominal walls were rigid and somewhat retracted, these conditions continuing until full consciousness returned, nearly three weeks later. There was no mastoid swelling or tenderness whatever, but sensitiveness in the left auditory meatus, and the meatus walls were somewhat swollen, just enough to render impossible a satisfactory inspection of the membrana tympani, and there was no sign of purulent or other secretion in the visible part of the meatus. Incision of the drum membrane, as free as could well be made in an invisible field, was followed by a trifling hemorrhage, and later by a few drops of pus, and had the effect of arousing the patient to a very talkative mood. After the pain of the incision was over she expressed relief, but could not control her thoughts or memory, nor her tongue, but chattered on wildly, willing to be interrupted for the asking of a question but unable to answer intelligently, and resuming her irrational talk immediately. The patient was seen by various other physicians, and after two weeks Dr. Powers operated. No pus was found in the antrum or mastoid cells, but they were full of granular and polypoid detritus. The patient was rather worse than better for a few days, then improvement set in and she made an uninterrupted recovery.

Two Cases of Interstitial Nephritis in Congenital Syphilis.—With remarks on syphilis as an etiological factor in nephritis. By G. A. Sutherland and Dr. J. W. T. Walker. (*British Medical Journal*, April 25th.) The authors report two cases of interstitial nephritis occurring in infants aged eight and sixteen months respectively. The diagnosis was first made at autopsy. In both cases the process consisted of a diffuse infiltration of the interstitial tissue of the cortex of the kidney, and in both there was evidence of congenital syphilis. The kidneys were fully developed, and in no way resembled the condition of renal atrophy due to syphilis which has been described by Stoerk. Other observers have reported cases of acute and chronic interstitial nephritis occurring in the syphilitic children, and the author states his belief that the sole cause in many cases is the syphilitic poison. Nor does he limit himself to cases occurring in childhood—hereditary and acquired syphilis may account for many cases of granular kidney of adults.

—*New York Medical Journal.*

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Original Articles in Medicine.

RADIUM AND ITS USES IN MEDICINE.

BY WILLIAM HARVEY KING, M.D., LL.D.
New York.

IN the year 1896 M. Becquerel, being stimulated by the discoveries made by Crookes, Leonard, Roentgen and others of fluorescence produced within charged vacuum tubes, began experimentation to determine the fluorescence from various substances. One day he placed on a photographic plate, which had been previously covered with black paper that was impervious to the sunlight rays, some double sulphate of uranium, and as it was a cloudy day he placed all in a dark drawer. At the end of a week it occurred to him to develop this plate, and to his surprise he found that rays had penetrated through the black paper and fogged the plate. He therefore concluded that these rays must have come from the uranium itself, and not from any absorbed light which the uranium might have taken up and given off in the shape of fluorescence. M. Becquerel in this simple experiment had discovered a radio-active substance, or, in other words, a substance that was capable of giving off radiations that would penetrate other substances that were opaque to the sunlight, and would also fog a photographic plate from its own source of radiation and not from the fluorescence of absorbed ultra violet rays.

The next step was to discover what substance it was in the double sulphate of uranium that gave off these radiations. M. Curie and Mme. Curie, chemists, began a series of experiments to separate the various elements or salts of which the uranium is composed, and soon discovered one, polonium, thus named by Mme. Curie in honor of her native land Poland. Further experiments brought forth a second substance which, from its brilliant radiant properties, was named radium. Undoubtedly radium was the one

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element which gave off most of the rays that M. Becquerel discovered; but polonium and still a third substance, actinium, which was later discovered, also give off strange radiations.

There are some very peculiar qualities about radium and its radiations which have never been noted in any other form of radiations. We have long been taught by scientists that something cannot be gotten out of nothing. That whatever energy is produced in one way must be taken from another source. That no energy can be made and none can be subtracted from the universe. Therefore when we get heat, we utilize a stored-up energy in coal or wood to produce it. But radium, at least with our present knowledge, seems to disprove this scientific theory. Here is a substance capable of giving off radiations for years and years with scarcely a perceptible loss to itself. These radiations are capable of penetrating the most opaque substances; they are capable of causing chemical changes, of producing actinic action, of destroying living tissue, and of melting every hour ice of the weight of the radium from which they emanate. No wonder Lord Kelvin turned to a friend when these facts were demonstrated and said:* "This is the first question mark that has ever been placed against the law of the conservation of energy." If we take a shaft of white light and pass it through a prism so that it is divided up according to the length of the waves of which its various parts are composed, we find that that part of the rays which are visible to the eye is made up of various colors, and we find also that what is visible to the eye is only a small portion taken from the entire shaft of the sun's ray. Beyond the red the vibrations are so long and so infrequent that they do not produce any visible effect, and are known as the ultra red rays. It is these rays that give us heat. Beyond the violet are a set of rays that are so short in length and so rapid in their course, that they too are invisible. These rays have marked actinic action, and are known as the ultra violet rays. So far as known to-day, the Becquerel ray as given off from radium, and the X-ray given off from the charged vacuum tube, are radiations of infinitely shorter wave length and far greater rapidity than the ultra violet rays. These rays, however, while possessing actinic action as do the ultra violet rays, have other qualities which the ultra violet rays have not. It will be noted also that while the Becquerel ray and the X-ray have many qualities in common, that the Becquerel ray also possesses qualities which the X-ray does not. One of the characteristics in common is that these rays cannot be reflected or refracted. It is true that in experiments made with

* Wm. J. Hammer, Radium, Actinium and Ultra-Violet Light.

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radium there have been found some rays that could be reflected and refracted, but it is generally understood to-day that these rays are only the fluorescent rays from the barium or impurities mixed with the radium. A fluorescence is simply an elongation of the wave lengths of the original ray. For instance, the X-ray is composed of waves so short and so rapid that they cannot be seen by the naked eye, but when they are thrown on a platino-cyanide of barium screen a fluorescence is produced that can be seen, or, in other words, the wave lengths of the ray are elongated by coming in contact with this fluorescent substance to such a degree that they become visible. It is, therefore, very probable that these waves which can be reflected and refracted are only fluorescent waves from the barium which all specimens of radium contain to a greater or lesser degree. The fact that the radiations from radium can be seen by the naked eye is due to this fluorescence on the impurities or barium. If a pure specimen of radium is to be produced the radiations from it cannot be seen with the naked eye, and they will not be reflected or refracted.

In the next place the X-ray and the Becquerel ray are similar in that they penetrate substances and objects which are opaque to the ordinary light ray. In the third place they produce destruction of living tissue in a very similar manner, and they produce the same or similar actinic action upon photographic plates. But it will be found that the penetration of the Becquerel ray is greater than the X-ray. It is capable of penetrating the skull, affecting nerve centers in a way that the X-ray is not. It is also capable of imparting its radio-activity to certain other substances which the X-ray is not, and the peculiar feature of this fluorescent radiation is that it is retained by the substance for a long time, and that the fluorescent rays are capable ofttimes of penetrating opaque substances similar to the radiations that come direct from radium.

The use that is to be made in medicine of the rays emanating from radium is, of course, as yet almost entirely conjectural. Something, however, has been done which shows the wonderful possibilities there are in it. There have been experiments made lately which have shown some results with the X-ray in epilepsy. The greater penetrating power of the radium ray and its more profound action on the nerve centers make it a far more potent remedy. Its powerful effect on nerve centers was proved by M. Curie's experiment when he placed some radium on the back of the neck of a guinea pig; the animal became paralyzed and died in a few hours. Also when radium is brought near the temples or closed lids light is perceived.

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The power these rays have of stimulating the centers of vision has led to its use in atrophy of the optic nerve. One case treated by Mr. Hammer and Dr. Jenkins has been benefited by its use. Unfortunately this case was not carefully diagnosed regarding the exact condition present, and exact data as to the results are not forthcoming.

The following case I have treated for Dr. A. B. Norton, and is best told by him as follows: "Mr. L. was referred by me to Dr. King for treatment with radium in October, 1903. At this time he had a neuritis of the right optic nerve, and a white atrophy of the left optic nerve following a neuritis of some two or three years, I think, previous. The vision of the left eye as recorded at the time he commenced the treatment was 20-100 difficult; after the third treatment he read with that eye 15-70, and after the sixth treatment he read three of the four letters of 15-50. The right eye which is still in the active stage of neuritis shows so far no improvement from the treatments. I feel that we have no right whatever to judge of the action of radium upon optic nerve atrophy from this one case. I must admit, however, that this man sees better, and he certainly thinks and says that he sees better.

"From a previous experience with Dr. King in the treatment of optic nerve atrophy by electricity, we have learned that the statement of the patient cannot be relied upon, for when they claimed to see better the tests would show no improvement. For this reason I have been, and still am, very skeptical as to the results. In this case the appearance of the nerve gives no indication of any change, but the vision has positively improved."

Just how these rays may act on the atrophied nerve is a matter of speculation, but it is possible that the very short wave lengths and rapid vibrations are capable of stimulating the optic nerve long after the waves of ordinary light have ceased to act.

Regarding its usefulness in cancers and lupus already enough has been done to show that it is a rival of the X-ray, and perhaps it is to take its place. One case of lupus vulgaris has been reported cured most promptly by its use, and a number of cases of cancer have been reported showing its profound action on various forms of cancer and many cases of cancer where it has been found to be of greatest effect, were the ones where the X-ray had failed. One case of epithelioma that the X-ray had nearly healed over, but where there was a small part remaining about the size of a ten cent piece which seemed to resist further action of the X-ray, was promptly cured by four applications of the radium ray. Its great advantage over the X-ray is its greater facility of use. It can be

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introduced into the nose, into the rectum, or even into the uterus if need be. I am about to begin to treat a case of malignant disease in the antrum. An operation has been performed to make an opening into the antrum, and as soon as possible I shall introduce a small tube containing radium through the opening.

What gives promise of one of the most useful sources of the radium ray is the use of various substances to which its radio-active properties may be imparted. Mr. W. J. Hammer, whose work on radium has given to this country the first scientific literature on the subject, demonstrated that water became radio-active when a sealed vial containing radium was allowed to remain in it for some hours, and that the water penetrated opaque objects for several days after the radium has been removed. I am now treating a case of carcinoma of the stomach by feeding the patient on small doses of radio-active water. One peculiar feature of this case is that the patient will tell from certain symptoms it produces, every time he takes a teaspoonful into his stomach. Various attempts have been made to deceive him, but he will detect the radio-active water every time. This radio-active water, I believe, is strongly aseptic. Mr. Hammer tried it on sore inflamed conditions of the naso-pharyngeal tract and found it relieved the soreness at once, and I have used it in one case on a boil on the inside of the nose during the rising stage of the inflammation and caused it as once to subside.

It has been suggested by a writer in the British Medical Journal that this radio-activity is evolved in a gas, which if inhaled leaves a film of radio-active substances in the air vesicles. When we consider the action the radio-active ray has on tubercular germs, it certainly offers great hopes in pulmonary tuberculosis.

The professional world is alive to the great possibilities there are in radium, and I venture to predict that within a very few years it will occupy an important, yet limited, and unique position in therapeutics.

THE DISEASES OF THE STOMACH IN INFANCY.*

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THE investigation of the diseases of the stomach in infants is based upon practically the same principles underlying this special department of clinical medicine in adults. Owing, however, to both anatomical and physiological differences, and I may also say

* Read before the Maryland State Homeopathic Medical Society.

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psychic, a slight divergence in methods must necessarily exist, the appreciation of which becomes of the most practical importance.

There is a number of nervous gastric disturbances—gastric neuroses—common in adults and, on the other hand, practically unknown in infancy. I refer to hyperchlorrhydria, idiopathic achylia gastrica, gastralgia, nausea, dyspepsia nervosa. This class represents states of sensory, motor and secretory irritation or depression and originates in causes not yet operating in infancy.

Again, malignant disease may practically be discarded from the category of gastric diseases in infants. Isolated cases have been reported, but the majority of these were never suspected during life.

The chief etiological factor in gastric disturbances in infants is improper feeding. This is a complex factor which may be analyzed into (a) the use of foods of improper composition; (b) the administration of abnormally large quantities of food; (c) irregularity in the time of feeding and (d) improper temperature of the food. A last factor, so important that it merits separate discussion, is infection. The micro-organisms setting up pathological changes in the gastric mucosa almost invariably gain access to the system with the food. The prevention of such an infection is therefore entirely within our control.

The toxins generated by these micro-organisms act either directly upon the mucous membrane or they induce fermentative changes in the chyme with the formation of irritating products. Accordingly bacterial contamination of the food is responsible for the occurrence of cholera infantum, ilio-colitis, acute and subacute gastritis and many cases of acute indigestion. The derangements resulting from improper foods are acute and chronic indigestion, gastric catarrh, gastric dilatation, colic and vomiting. Colic is a distressing symptom common in infants and is often gastric in origin. It is most often due to flatulency, although I am positive that a large number of cases depend upon the presence of tenacious mucus in the stomach which acts by interfering with digestion and with the exit of the food through the pylorus.

Colic may also result from taking the food too rapidly, in too large quantities, and from excess of proteids. Again, some cases seem to depend upon an inability to digest fat in normal and even decreased percentage, owing to a gastro-intestinal catarrh.

An important fact that cannot be disregarded is the impossibility of drawing a sharp line of demarcation between diseases of the stomach and intestines. In adults there is greater possibility of doing this. The infantile stomach is nothing more than a dilata-

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tion of the alimentary canal and is not completely differentiated from the same. Its position at first is almost vertical; its capacity is relatively small and its sphincters are immature. Physiologically it is also immature, the main work of digestion falling upon the intestinal tract. Under normal conditions, therefore, the food (breast-milk) is coagulated shortly after reaching the stomach by the rennin of the gastric juice. Hydrochloric acid is now secreted and the casein is converted into acid albumin (syntonin). The action of the pepsin simultaneously secreted is feeble. In fact, the food does not remain long enough in the stomach to be digested very completely. In a long series of cases that I have studied critically I have found that in infants under six months there is rarely a trace of food in the stomach at the end of an hour, under normal circumstances. In fact, at any period of infancy the stomach should have emptied itself at the end of two hours. If gastric contents can be recovered after that time we are confronted with an abnormal condition.

Let us consider the various steps by which we arrive at a diagnosis of these diseases.

Inspection.—In an emaciated infant it is usually possible to see the outline of the lower border of the stomach when the same is distended. It is impossible to arbitrarily decide just where this should reach, because the stomach is capable of a certain amount of distention under normal conditions and its size also varies in different individuals. A safe rule, however, to follow is to look upon any stomach as dilated that reaches below the umbilicus, unless there be an enteroptosis. The latter condition I have never encountered in an infant. Again, when the stomach is dilated its outline is abnormally large. The transverse position is exaggerated, the cardiac extremity showing the greatest amount of enlargement. Irregular or saccular dilatation is exceedingly rare.

A condition from which dilatation of the stomach must be differentiated is dilatation of the colon. The latter, however, presents a concave outline, while the lower border of the stomach is convex.

In pyloric obstruction peristaltic waves beginning at the cardia and traveling toward the pylorus may be seen. Pyloric obstruction may be congenital or acquired. Some cases appear to be spasmodic in character. In typical cases the pyloric extremity of the stomach is found hypertrophied and sclerotic in nature at the autopsy. I believe a certain amount of pyloric obstruction not infrequently accompanies gastric catarrh; and I have been able to control the condition with systematically conducted lavage in a number of cases. Again, I have observed hyperacidity of the gastric contents

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in a few cases with gastric dilatation presumably not due to overfeeding. It is fair to infer that spasm of the pylorus may result in these cases from irritation by the hyperacid gastric contents; it will require further investigation, however, to prove this assertion.

Percussion.—This is a most valuable aid in determining the size of the stomach. The best results are obtained by filling the stomach with water through a lavage apparatus and outlining the absolute dullness gotten in this way. I do not look upon this as a dangerous procedure when the child is placed in the prone position and the water poured in slowly, from only a moderate height (one to two feet).

Traube's semilunar space is not as sharply outlined in infants as in adults, owing to the vertical position of the stomach and the horizontal position of the ribs. It is difficult to elicit and throws no light on the present subjects.

Mensuration.—I will apply the term mensuration in the sense of estimating the capacity of the stomach. This can be done by pouring water into the stomach through a lavage apparatus from a graduate and noting the amount required to fill the stomach. If carried out as above specified there will be no danger of doing harm. The stomach of the new born holds about one ounce, and its capacity increases at the rate of one ounce per month so that a two months infant will have a capacity of three ounces; a three months infant, four ounces; four months, five ounces; five months, six ounces; six to eight months, seven ounces; eight to ten months, eight ounces; one year nine ounces.

At the same time we can outline the stomach. These data give positive indications as to whether the stomach is normal or dilated. Another point, namely, the length of time the food remains in the stomach, also bears a strong relation to dilatation of the stomach. This will be discussed further on.

Auscultation.—Stenosis of the cardiac orifice is indicated by absence of the deglutition sound over the stomach. In dilatation splashing sounds are readily elicited by tapping against the stomach walls sufficiently hard to set in motion the gastric contents. As a means of outlining the stomach the stroking method with the phonendoscope is a very convenient procedure. The stem of the instrument is placed over the stomach just to the left of the medium line in the epigastric region, midway between the ensiform cartilage and the umbilicus, and with the finger light strokes are made in different directions radiating toward the stem of the same. It is best to use only one ear piece in carrying out this method. As the finger passes over the border of the stomach a change in the sound

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is perceived. The points where this change takes place are marked and in this way the outline of the organ—at least of the cardiac extremity—is obtained.

Palpation.—Palpation is more applicable to the other abdominal organs than to the stomach. New growths are exceedingly rare and pyloric hypertrophy is not sufficiently marked to become palpable. Points of tenderness, however, may be elicited by palpation; and we must not lose sight of the fact that ulcer of the stomach may be present at an early period. The interpretation of the symptoms referred to the stomach is an important point in diagnosing.

Vomiting.—Persistent vomiting from birth indicates either cardiac or pyloric obstruction. In the former deglutition sounds are absent, while in the latter the food is usually retained abnormally long before being rejected. At the same time dilatation of the stomach develops together with other signs of pyloric obstruction.

The natural tendency for infants to vomit must not be lost sight of. The cardiac sphincter is poorly developed and owing to the habit of gulping the food too rapidly or overfilling the stomach, vomiting is a common symptom. In indigestion the food is usually vomited an hour or more after nursing and it is curdled and sour. In acute gastritis there is fever; the food is promptly rejected and mucus is present in the vomit. In pyloric obstruction vomiting takes place after the stomach has become overfilled. The vomiting of intestinal obstruction is forceful and persistent; at first gastric contents are rejected and later fecal matter appears. The vomiting of brain disease is projectile and unassociated with any gastric derangement. It is not easily differentiated from ordinary infantile vomiting. Cyclic vomiting is periodic; it occurs in older children and is due to autointoxication. The vomit often contains acetone and diacetic acid.

Pain.—Gastric pain in infants is usually spoken of as colic, although colic is perhaps more frequently intestinal than gastric. Gastric pain has been referred to above. Its true nature cannot be determined until the case has been investigated in every detail.

The final step comprises the chemical examination of the gastric contents.

The gastric contents are recovered by means of a soft rubber catheter into the free end of which a piece of glass tubing about three inches long should be inserted. For an infant three months old I use a number ten (English), from the third to the sixth months a number eleven, and from six months up a number twelve. It is well to slightly enlarge the eye of the catheter in order to permit the chyme to escape more readily. As soon as the tip of the

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catheter reaches the fundus of the stomach the chyme as a rule flows out freely if the stomach is full. Should there be difficulty in obtaining a specimen, the child may be bent forward and gentle pressure made over the pit of the stomach. This failing, it is better to withdraw the catheter and clean it in case it has become clogged with mucus or curds, then reintroduce and make another attempt. I do not approve of using suction, as I have seen it bring blood even when cautiously employed. By this means we obtain a specimen of the gastric contents for inspection, and can judge of the state of the digestion and whether mucus and blood be present. We also determine how long the food remains in the stomach. Ordinarily the infant's stomach is practically empty after one hour; in young infants it may be empty three-fourths of an hour after nursing, and under all conditions it should be empty after two hours in an infant one year old. In pronounced cases of dilatation and atony the entire amount that was taken may be recovered after two hours.

The coagulated state of the milk indicates the presence of rennin. Mucus in small quantities may be normally present; but excessive amounts of thick tenacious mucus always stand for gastric catarrh. Blood not infrequently appears in the gastric contents, and contrary to what may be expected, it rarely signifies ulceration. This is especially so of bright blood, which, in the majority of instances, originates from capillary oozing from the mucous membrane. In aphthous ulceration of the stomach the blood is usually dark in color.

The odor is also important to note. Butyric acid and acetone are detected by their odor. Fermentation may also be detected in cases fed on malt foods.

In order to estimate the amount of *free* and *combined hydrochloric acid* we must use a test-meal of barley water, as milk combines so energetically with HCl that no trace of free acid can be detected in the chyme. In some cases we must withdraw the test-meal at the end of three-quarters of an hour or we will find the stomach entirely empty.

The method of estimating the acidity which I personally follow is a simplification of the titration method. I have described it and the instrument I use in a previous article (*Hahn. Monthly*, May, 1903, A Study of the Gastric Contents in Infancy). The procedure is as follows: Pour the filtered stomach contents into the acidometer up to the line marked "S." Add a drop of dimethyl-amidoazobenzol (if free hydrochloric acid has been detected previously by Boas's test) and then pour in, drop by drop, decinormal soda solu-

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tion under gentle agitation of the tube. As soon as the red color is changed to orange, read off the amount of soda solution that was required and multiply by twenty. The product represents the amount of free HCl (i.e., the number of c.c. of decinormal soda solution necessary to neutralize the free acid in one hundred c.c. of tomach contents). Now add a drop of phenolphthalein and continue adding soda solution until a pink color is obtained. Read off the number of c.c. required, and multiply by twenty. This gives the combined acid on the same basis as above. The product of the sum represents the total acidity. The examination for free HCl and the calculation of the total acidity are data of the highest importance in gastrological work. Regarding the total acidity in infants I have formulated the following rule: normal, thirty to sixty; in indigestion and mild grade catarrhal conditions it ranges between fifteen and thirty, while an acidity below ten indicates a grave condition, i.e., either acute gastritis, chronic atrophic gastritis or marasmus (*loco cit*).

Lactic Acid.—It is claimed that lactic acid is found normally in the stomach in the early stages of digestion. Under these circumstances the amount is exceedingly small. Lactic acid that can be demonstrated in the gastric contents by Uffelmann's test is always abnormal. As hydrochloric acid exhibits lactic acid fermentation, the two practically never occur together. Of course it is sometimes possible to demonstrate a trace of lactic acid at the very close of digestion when a milk diet has been used and the stomach is almost empty, as under these circumstances the secretion of HCl has ceased, or it has all combined with the casein, and a trifling amount of lactic acid fermentation may take place. This is seen in infants with dilatation and atony. In cases of gastritis, gastric catarrh and marasmus, where hydrochloric acid is absent, lactic acid is invariably found when milk or a food containing lactose has been administered. The invariable absence of hydrochloric acid in marasmus is a fact I have been able to prove conclusively after a thorough investigation of the subject. For a detailed discussion I must refer to my former article (*loco cit.*)

Uffelmann's reagent consists of a weak, watery solution of neutral ferrous chlorid to which a few drops of a five per cent. solution of carbolic acid have been added. This imparts to the reagent a steel color. Lactic acid changes the reagent to a canary yellow color, while HCl only decolorizes it. Platt makes the test by simply diluting the ferrous chlorid with water to a point where only a trace of color remains; the same reaction is produced by lactic acid.

Ptyalin. In order to demonstrate the presence of ptyalin, the

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infant should be slowly fed on an amylaceous liquid (barley water) and the stomach contents withdrawn after half an hour. It is then filtered and a few drops of a weak solution of iodine added. If only a blue color is obtained, ptyalin is absent; if, however, the solution assumes a pink or an orange color, starch digestion is taking place.

Pepsin.—I have repeatedly made the test for pepsin and have found it either absent or very feeble. It is done as follows: place clean cut pieces of boiled white of egg into the gastric contents and acidulate with HCl if no free acid is present. The tube containing the test should be kept in warm water at 95 to 100° F. for several hours. If pepsin be present the albumen gives evidence of being digested. The solution may also be tested for peptone (first boil to exclude albumen and then precipitate with picric acid).

Absorption and Motility.—The amount of food recovered at the end of one hour gives a clue to the motility of the stomach and its absorptive power. This method is more practical than the salol test. For testing gastric absorption a small amount of iodid of potash in solution may be poured into the stomach through a tube. The saliva is then tested with starch paper at intervals to note the time required to detect iodine in the same.

In concluding I would remark that no examination of a case with gastric symptoms is complete without a physical and chemical study of the gastric contents. In many cases the selection of a rational dietary and therapy depends entirely upon a knowledge of the state of the stomach and the condition assumed by its contents. It is surprising, for instance, how long particles of casein and fat will cling to the walls of the stomach in catarrhal conditions; I have still found them when the child has been fed exclusively on barley water for twenty-four hours. Again, many cases depend for their relief upon the removal of tenacious mucus from the stomach. Some cannot digest fat in minute quantities; others cannot tolerate proteids. The problem is either to compensate by increasing the carbohydrates or by improving the motility and the secretions, make it possible for the work to be thrown upon the small intestine. These are problems which I hope this humble effort on my part may stimulate others in pursuing and solving.

Injection Treatment of Cysts due to Hydatids, etc.—Some French physicians chronicle their success in the treatment of cysts due to parasites of different kinds by drawing off a portion of the fluid contents by means of a hypodermic syringe and replacing it by an equal quantity of sterilized oil of male fern.

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COLCHICUM.*

By T. H. Carmichael, M.D.

Philadelphia, Pa.

AMONG the six hundred and ninety-five medicines mentioned in the Homeopathic Pharmacopeia of the United States are many that may be studied by title only. The armamentarium of the average practitioner will probably comprise not more than one-sixth of this number. As he advances in years of practice, the working value of some remedies is enhanced in his estimation, while others fade from recollection only to be recalled occasionally for some odd characteristic symptom.

Some remedies are of special value because, to a greater extent than others, they seem to bear a specific relation to certain diseases, and when indicated can be relied upon with confidence to do their part. Among such cinchona and its alkaloid quinine in intermittent fever and colchicum in gout are prominent examples.

This paper presents no new proving of colchicum, its aim being simply to bring again to your notice a remedy which, in the writer's estimation, is not used as frequently as it should be, and also to emphasize its homeopathicity to gout in the ordinary dosage.

Colchicum autumnale, or the meadow saffron, belongs to the Liliaceæ and is a native of England and Central and Southern Europe. The parts of the plant used in medicine are the fresh bulbs dug in the spring shortly before flowering occurs and the seeds which are collected during July and the early part of August. The bulb contains more of the alkaloid colchicine, and is therefore to be preferred to the seeds.

The tincture prepared according to the Homeopathic Pharmacopeia of the United States is of 10% strength and is made from fresh bulbs containing 100 gm. solids and 233 cc. plant moisture, Distilled water 267 cc, strong alcohol 537 cc., to make 1000 cc. of tincture.

The U. S. Pharmacopeia gives an extract made from the root with acetic acid, a fluid extract (dose 2 to 8 minims) and a wine (containing about 40%) from the root and also an extract, a tincture and a wine made from the seeds.

There are two alkaloids: Colchicine and colchicein. Of these colchicine has an action very similar to that of the preparations of the plant. This is shown in its proving on p. 343 vol. ii. Cyclopedia of Drug Pathogenesy. In addition to these we have colchi-

* Read before the A. R. Thomas Medical Club of Philadelphia.

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coresin and beta-colchicoresin, some sugar, a fixed oil, starch and gum.

Several of the provings of colchicum were made with the wine, and at least two of those recorded in the Cyclopedia were made with a tincture of the seeds.

Gastro-intestinal inflammation is early produced by the drug. Beginning with failure of appetite and coated tongue, nausea and vomiting soon follow, and almost simultaneously colicky pains in the abdomen and diarrhea. More intense symptoms next appear, such as great thirst and increased nausea, until the very smell of food makes her sick (this is the well-known characteristic symptom of the drug). The vomit, which is of a bilious fluid, increases in severity—is worse upon the slightest movement; there is violent burning pain in the stomach. The intestinal symptoms are also aggravated; distension of the abdomen takes place, with griping pains; tenesmus with pains and spasms of the anal sphincters. These are followed by the passage of a transparent, gelatinous, membranous mucus which affords some relief to the abdominal pains.

The stools may be large, yellowish and watery, or contain a lot of small, white, shreddy particles; or they may be slimy or bloody. The urinary organs share in the inflammation and we have brown-black, scanty or bloody urine with strangury.

Such intense action induces great general weakness and exhaustion with cold extremities, which are marked symptoms of the drug. Severe pains are induced in the loins and urinary passages, cramps in legs and feet, and a violent pain in the arms so that the lightest thing cannot be held firmly.

All the above symptoms are peculiar for the severity of their type and make up pictures of dysentery and true cholera. In many points the proving resembles that of veratrum album; and it is possible that the latter has been used where colchicum would better have been employed.

It is not, however, to elaborate the gastro-intestinal sphere of the drug that this paper was written, but rather to again call attention to its usefulness in the principal manifestations of the uric-acid diathesis.

Gout or the gouty paroxysm and colchicum have become almost synonymous, and yet its mode of action has never been fully appreciated.

Authorities differ in their explanations; some contend that it favors solution and excretion of uric acid and urea, while others deny that it has such action. Some hold that it acts best in gout

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when it purges, and others consider its exhibition in purgative doses injurious. On this point H. C. Wood says: "By large purgative doses of colchicum the paroxysm of gout may often be suppressed but experience has shown this use of the drug to be dangerous, the suppression being sometimes followed by serious internal diseases apparently due to a transfer of the gouty irritation."

So late an authority as Sollman says: "It will be seen that the pharmacologic actions of colchicum furnish no guide to its rational therapeutic application. It has been widely used on empirical grounds against gout and rheumatism. There is but little evidence of any superiority over aconite and its uncertain toxicity renders it so dangerous that its use should be unhesitatingly condemned."

It is very gratifying to be able to turn from these conflicting views of the action of this drug and to claim it as another illustration of the law of similia.

The proving of Von Gersdorf on p. 317 vol. ii. Cyclopedia of Drug Pathogenesy gives a pretty full picture of the tearing pains all over the body that make up an attack of atypical gout.

The lamented Richard Hughes in his last work "The Principles and Practice of Homeopathy," points out that in Stoerck's provings "the short, lancinating pains in the joints" and from the poisoning cases that "all joints of the fingers and toes and also wrists and ankles were painfully flexed at times. Pain in shoulder joints succeeded, and later in hips and loins. It also increased in intensity until she thought she should go mad. Ultimately almost all the bones and joints were affected with pains which were of a gnawing character."

Again, where 17 persons drank from a bottle of vinum colchici—7 of whom died from the effects (p. 340 Cyc. D. P. vol. ii.)—severe pains were felt in the knee joints by some, and in two cases were very marked in the left shoulder. Rubbing was frequently demanded for relief.

Dr. Hughes also quotes the experiments made with colchicine upon eight men, three dogs and a cat. In the human provers dull pains were felt in the joints, and in the cat which was killed as soon as the effects of the poison were manifest an autopsy showed congestion of some of the articular surfaces. The reporters of these experiments, says Dr. Hughes, were constrained to recognize that colchicum produces its therapeutic effects by an irritant action and that "in gout it produces a substitutive irritation of the articular surfaces."

This evidence goes far to prove that colchicum is homeopathic to the gouty paroxysm. Other medicines are indeed applicable to

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the gouty patient, such as bryonia, pulsatilla, lycopodium, sulphur, nux vomica, arnica and aconite. just as other remedies besides china or quinine are applicable to cases of intermittent fever; but no two remedies are more specific in their action upon these two diseases than colchicum and china.

A few words upon the question of dose. The provings were made with large doses of the extract, wine and tincture, and also with the 15th dilution.

Given a case of profound prostration with nausea and diarrhea, the patient having an appetite for many things but as soon as he sees them, or, still more, smells them, he shudders from nausea and cannot eat anything, and colchicum 3x to 30th will probably relieve the condition.

In an attack of gout, however, while the medicine should be employed in small doses, I agree with Dr. Hughes who says: "I cannot affirm that any dilution, however low, answers the purpose of subduing the local pain and inflammation"; and he uses five-drop doses of the tincture of the British Homeopathic Pharmacopeia repeated every four hours. Dr. Goodno recommends ten-drop doses of a good tincture repeated every two hours, and says that one to three-drop doses often prove successful, and occasionally the 1x dilution for typical cases of great-toe gout with heavily coated tongue, nausea, possibly vomiting, colic or diarrhea. He prefers colchicum to the tincture, and gives it in the 3x trituration repeating the dose every one-half to two hours.

The tincture of colchicum prepared according to the Homeopathic Pharmacopeia of the United States, is an active preparation and may be used in the same dosage as that recommended by Drs. Yeldham and Hughes for the British tincture, viz., 5 drops every four hours. In this dose it has given me good results. The tincture of the U. S. Pharmacopeia is not so satisfactory, being made from plants collected at different seasons of the year and varying very much in the percentages of alkaloid contained. The alkaloid colchicine has consequently been preferred unless an assayed tincture was available.

I have employed Merck's colchicine 2x tablets made by Otis Clapp & Son. I prefer tablets containing 1-100 gr. to the 3x because they are more exact in the quantity of drug contained. Colchicine is soluble in water, alcohol and chloroform. I dissolve one tablet of the 2x in from five to ten teaspoonsful of water; of this a teaspoonful (which thus approximates 1-500 or 1-1000 of a gr.) is given every one, two or four hours as required. Solution in water seems to be more active than in alcohol. It is well to direct

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thorough stirring before taking each dose. In two of my cases where the patients seemed to be specially susceptible to the drug, active emesis occurred which subsided on withholding the medicine. In these cases the subsidence of the swelling and inflammation in the joints was very rapid.

In the case of the feeble or aged, a tablet of the 2x of colchicine should be dissolved in not less than ten teaspoonsful of water and a teaspoonful of the mixture (after thorough stirring) given every two to four hours.

The similarity of colchicum to the joint pains of gout suggests its use also in acute articular rheumatism; and experience proves its value in this disease.

Dr. Colby (quoted by Hughes) claims that it acts equally well in sub-acute rheumatism, especially in gouty subjects; but apart from this, he says it is well indicated when the inflammation attacks chiefly the hands and feet, shows central tenderness on palpation, moderate swelling and a pink blush, causes constant pain which is increased during the prevalence of damp east winds, and especially before a storm, and gives the affected members a sense of paralytic weakness. He prefers to administer the vinum of the British Pharmacopeia.

Dr. Goodno in his work under Rheumatism recommends colchicum 1 gr. dissolved in an ounce of alcohol, and gives 5 to 10 drops of this as a dose. Allowing two drops to a minim this dose is about equivalent to 1-200 to 1-100 of a grain.

In rheumatism colchicum is to be compared with bryonia, pulsatilla, mercurius, caulophyllum, lycopodium, viola odorata, and other remedies.

To sum up the action of colchicum, we have in it a remedy of limited usefulness, yet very valuable when indicated in such gastro-intestinal disorders as cholera and dysentery and which is homeopathic to the joint pains of gout and rheumatism when given in doses which are insufficient to cause its physiological effects.

The Treatment of Leprosy.—Dr. Razlag, an American physician resident in South China, reports through U. S. Consul McWade excellent results in the treatment of four severe cases of leprosy. Dr. Razlag's methods are in line with the modern idea of the supreme value of good hygiene. Open air, cleanliness, and baths may be said to be the main factors. The doctor brings about the slow healing of skin lesions, attacks the anesthetic areas with oil frictions, and reduces edema by the use of leeches. Then he is ready for the internal treatment, in which arsenic is used routinely in combination with strychnine and icthyol.

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THE INFLUENCE OF THE CLIMATE OF SOUTH-WESTERN TEXAS UPON RESPIRATORY DISEASES.*

By M. J. Bliem, M. D.

San Antonio, Texas.

IN this paper I propose to tell the truth, the whole truth, and nothing but the truth. There has been a vast deal of fancy writing about climates; some for advertising purposes and some from ignorance or unbalanced enthusiasm. Be that as it may, the importance of climate in the successful treatment of tuberculosis, especially, is rated much lower by the profession to-day than it was ten years ago. Two factors undoubtedly account for this change of view. First: the vast number of patients who have left home for distant climates only to come back for burial or to die has convinced us that climates do not by any means bring about the infallible cures they were supposed to. Second: the remarkable results achieved in the sanatoria, amid indifferent climates both in Germany and in this country, have demonstrated the fact that the influence of climate has been greatly overestimated.

In consequence of this change of opinion many doctors are now advising their patients to go to sanatoria near home or to live a sanitarium life, so to speak, right at home. Proper and abundant food, life in constant fresh air, perfect regularity in all habits of life, perfect hygiene — these have been found to be far more important factors in cure than change of climate. There is no question but that thousands of hopelessly incurable victims have been allowed, or encouraged to leave home, only to die among strangers, in loneliness and sorrow. The mortality records of San Antonio, Texas, show that 60 per cent. of all deaths from tuberculosis occur within the first year of their residence there. This shows the advanced stage in which many of these cases leave home. Then, forsooth, the "climate is no good!"

But, after all, let us be just. If such splendid results can be attained by proper methods in notoriously poor climates, it stands to reason that much better results can, by the same methods, be obtained in a good climate.

Among good climates that of southwest Texas holds a deservedly high place. It is *sui generis*—has qualities peculiar to itself which must be understood in order to appreciate what influence it may

* Read before the American Institute of Homeopathy.

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reasonably be expected to exert upon respiratory diseases. Starting from sea level at the gulf coast, the country slopes to the northwest, with a gradual rise, until in the region about San Antonio, 150 miles from the gulf, we are in the foothills of the Guadaloupe mountains, at an altitude of 700 feet. Within thirty miles to the northwest we reach 1,200 feet, and in 100 miles we can go 2,000 feet. Keeping on in this direction for 200 miles more we can go to the Brownwood and San Angelo country, at an elevation of 3,000 feet. Going more directly west, by the Southern Pacific Railroad. we gradually ascend until, at Marfa, Alpine, and Fort Davis, we attain an altitude of over 5,000 feet. Descending slowly again, we finally reach El Paso, 500 miles west of San Antonio, at an elevation of 3,500 feet. It can readily be seen that within this section of Texas, a good sized state in itself, the health seeker can find any altitude from sea level to that of Colorado Springs or Denver.

The proximity of southwest Texas to the great Gulf of Mexico naturally infiuences atmospheric conditions perceptibly. Near the coast there is more moisture in the atmosphere than farther west and northwest, where, owing both to distance from the sea and to the higher altitude, the atmosphere is much drier. In fact, the average humidity for the year in San Antonio is exactly that of Chicago. But the effect of this moisture is modified by two factors. In the summer the high temperature wonld naturally make such a humid atmosphere oppressive. In the summer mornings the humidity is often 80 per cent. The sky is cloudy and heavy. But by ten o'clock all the clouds have disappeared and old King Sol is getting in his work. Meanwhile the glorious, steady trade winds blow and blow from the gulf, and pretty soon the humidity goes down and down until by night it is only 25 or 30 per cent. Not only, therefore, does the breeze dry the atmosphere, but it also evaporates the body perspiration and thus keeps the blood cool. This accounts for the fact that sunstrokes in the country are comparatively rare, and such high temperatures (105 to 115 degrees) as are sometimes experienced in states farther north are never known to southwest Texas. Many summers the maximum temperature will never go over 100 degrees, and usually jogs along at about 97 to 99 degrees during July and August. But, of course, when that maximum is registered humidity is down to about 30 per cent. so you can see how easily it can be borne. And yet this very delightful breeze is a bugbear to some invalids; it makes them cough, it makes them mad. As the trade winds can't be calmed, such people must move out!

Now, in the winter the prevailing winds are from the north. As

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a rule, sweeping down over the prairie states north of us, they are very dry and drive the moisture from the gulf back into the sea. Consequently the proximity to gulf moisture does not affect us in even the coldest "norther," as these winds are called, for it is a *dry* cold. But alas! sometimes the icy north sends us down a viciously wet, rainy norther, and then we can only seek shelter and say unpleasant things about the weather and apologize for Texas! Even the fairest rose must have its pricking thorn!

In the winter the geographical position of Texas causes a detraction from an ideal climate. Lying in the direct wake and in the tail end of the great blizzard states, it suffers, in common with all these states, from sudden and violent changes of temperature. Within twenty-four hours the temperature may drop sixty degrees. Fortunately, as said before, when these changes are dry they are not so conducive to sickness as when they are wet. In this respect the equable temperature of southern California is certainly far more comfortable, to say the least. Yet, I believe that the Texas climate is the much more invigorating of the two. However, from June 1st to October 1st the climate is equable enough to suit anybody—equably *hot!* It isn't so awfully hot at any time, but it lasts and lasts; sometimes you can take in May and October, too, and make six months of summer! Now most invalids flee when this season comes. Well, many of them are so weak that the heat would be too debilitating, and, as they usually are incurable, anyway, with but a short shrift, I encourage them to go home. But if a patient has a good chance for recovery I urge him to stay through the summer. This long, equable, dry, hot season enables him to live literally out of doors day and night, and then is the time to be cured. And the constant blowing of the gulf breeze really enables one to be quite comfortable—for Texas!

Thus one can draw the climate in large outlines, but when it comes to filling in the details there is room for infinite variety. No season one year is just like that of other years. Take a series of years and the averages of temperature, humidity, rainfall, wind velocity, etc., even up pretty well. But the health seeker never meets the *average;* it seems he is always striking exceptional weather and unusual seasons! One winter may be clear and bright and warm, with mercury dropping down below freezing only once or twice. Then the next year the northers may send the quicksilver tumbling down to as low as 6 degrees above zero, as I once saw it right here in San Antonio; a drop to 20 degrees may be quite common. It may be like the past winter—rain and drizzle so much that the visitors get tired and leave in disgust. Truly we feel

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sorry, but what can we do about it? Indeed, it is only those who reside here permanently who can appreciate the superiority of the climate on the whole. Those visitors who happen to experience a reasonably favorable and average season and are not too hard to suit are abundant in their praises and come again.

Let me now inquire briefly what influence this climate exerts upon respiratory diseases. In the first place I am obliged to confess that in the area contiguous to San Antonio, with which I am most familiar, catarrhal conditions of the upper air passages are very common. Especially is this true of post-nasal catarrh and adenoid vegetations in the young. Tonsillar hypertrophies in consequence are also quite common, and the usual middle ear and mastoid complications I should judge about as frequent as elsewhere. Our ear, nose and throat specialists find considerable work among our own people. This prevalence of catarrhal conditions is due to the sudden changes of temperature of which I have spoken. Much of it, no doubt, is due to carelessness and could be avoided by reasonable caution; but people seem to think that because they live in a supposedly warm climate they cannot take cold. La grippe has usually favored this country annually in epidemic form. The past winter we have escaped. I am safe in saying that the disease is more readily managed and much fewer fatalities and serious sequelæ are met than in the rigorous north. Simple acute tonsilitis, laryngitis and bronchitis are all quite common, and for the same reason as the catarrhs. They are usually easily managed and speedily relieved. I am also sure that croupous pneumonia is much less common than in northern climates. I have gone through several years in succession without meeting a single case in my practice. In the winter and spring of 1902 I treated eight cases, which was a large number for me. In 1903 I have had only two cases. Catarrhal pneumonia is more common than the croupous form. I am of the opinion that the mortality rate in croupous pneumonia is about as high as elsewhere. There is a similar scarcity of the various forms of pleurisy. I rarely meet a case unless it is a complication of tubercular disease. Curiously enough, we frequently meet cases of large effusions and empyemas which were sent here from the north for consumption. Last year a young fellow from Ohio called on me, after being here five months for supposed consumption or vaguely "lung trouble!" He had had three good doctors at home. I withdrew three pints of serous effusion from the left cavity, the lung expanded moderately, and for a year now he has been back at home and at work in reasonably good health. There was absolutely no lung disease except simply the compression effects.

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Coming finally to the consideration of tuberculosis of the respiratory organs—it is here that the climate of southwest Texas has won its greatest renown. Thousands of recovered tubercular patients are leading useful and busy lives all over this great section. To them this climate has been the elixir of life. And yet other tens of thousands have here met only disappointment and the end of cherished hopes in untimely death. Almost invariably the latter class have come here too late for any possibility of recovery and frequently even of improvement. Many of them are so far advanced in the disease that they die within a day to a month after arriving here. Such people should of course never be allowed to leave home. And yet it is by no means uncommon to see here and there even such cases improve and finally make a practical recovery. It is the illustration of the old saying, "as long as there is life there is hope."

I do not think there is any special aseptic or ozonic or healing quality in the air, any more than in pure air anywhere. But pure it surely is, filling this great, unsettled, primitive country; for, as compared with its area, such is still southwest Texas. Pure are the salt breezes that blow from the great Gulf of Mexico—purifying all the inland atmosphere. Pure are the cold north winds as they sweep down all unclean gases into the sea. The great benefits of the climate are due to the fact that outdoor life is practically possible the whole year round. When people come here and hug hot stoves in filthy boarding-houses they are worse off than they would be at home. It is the outdoor life that cures, no doubt.

The climatic conditions are such as to embrace almost every type of tubercular patient. Those who are threatened by inheritance or who are in the incipient stage do well and get well because they can live an active, outdoor life. On account of the conditions as I have described them, the climate is not so enervating as in the other gulf states. Active outdoor life is possible in the summer. The change of seasons is decided enough to impart a virility and vigor which is impossible to a more equable climate like that of southern California. The winters are bracing and yet seldom so severe that a patient of this type cannot be outdoors every day. I believe such cases are usually supposed to do better in a mountain climate. The western section of our State affords the elevation necessary to that class, if desired, and yet devoid of the extremely severe cold and snow and storms incident to the mountains of New Mexico and Colorado.

The low altitude or coast section of Southwest Texas, extending about 200 miles inland, is particularly suited to cases farther advanced; those whose air space is too much diminished to make a

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high altitude possible, can breathe easily here. Hemorrhagic subjects run a minimum risk in this section for there is nothing to increase respiratory or heart action. Many patients who have hemorrhages at El Paso, 3,500 feet high, can live in San Antonio in security.

Patients having the mixed infection, suffering with high fevers, rapid heart action and debility cannot as a rule stand a mountain climate. They can do as well in the coast region of Southwest Texas as in Southern California or Florida. Another class—the *nervous* type—who cannot stand a high altitude, also do well here. The moderate moisture and the low altitude are alike sedative. Many such cases come down from Colorado and find relief here. Tubercular subjects of this irritable, high strung, nervous character do well at sea level itself. The delicate, anemic individuals who thrive in warmth and sunshine enjoy this climate and do well here. When the winters are severe or the wet northers prevail they would be better off in Southern California or in Southern Florida.

Without, then, decrying other climates, I believe I can truthfully say that almost any and every type of tubercular patient may be cured in this climate. I never saw a "quick" or "galloping consumption even improve here; nor have I seen any recoveries from true laryngeal and pharyngeal tuberculosis. As I said about the details of a climate, so when you come to each separate individual, you can't predict! He can only try and see. It is like every other therapeutic agent; what helps one fails in a similar case. People ask: "Is tuberculosis curable?" I say "Certainly—emphatically yes!" The tubercular victim asks me, "Am *I* curable?" I have to say, "I don't know!" So you ask, "Is the climate of Southwest Texas good for tuberculosis?" And I say, "Certainly—emphatically, yes; thousands have recovered here." Then you say, "Will it cure *me?* can *I* get well here?" And I have to say, "I don't know; maybe so, maybe not." I have never solved the mystery why one man gets well and another, with seemingly as good or even a better prospect, dies. It is the same thing in all curable diseases—typhoid pneumonia, scarlet fever, diphtheria, etc. If these diseases are curable, why don't *all* get well? Climate is good, food is good, hygiene is good, medicine is good, but in the last analysis the *personal equation* is most important of all. There is that in the one that wins and the lack in the other that loses. There is no "cure-all"—only a "cure-some." But let the sufferer, like the brave Garfield, take the one chance in a hundred for recovery and fight for it and mayhap he will win. Who knows?

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IRIDIUM AND ITS POWER AS A MEDICINAL AGENT TO PROMOTE, SUSTAIN AND PROLONG LIFE.*

By W. W. Christian, M. D.,
Berlin, Conn.

IRIDIUM is a metal of the platinum group and is found only in connection with that group, namely: Platinum, iridium, rhodium, palladium, osmium and ruthenium. This group is sometimes called the polyxene group, the most important of which is iridium. Authorities disagree as to when this group of metals was discovered, but it seems clear that the Spaniards knew of platinum and used it to a certain extent; but the Spanish alchemists knowing of its strong affinity for gold, and fearing its peculiar fusion qualities with that metal, retarded its powers and veiled its value and production. Other authorities declare that it figured in the early history of the world, and was one of the component parts used in tempering copper, and especially in the production of the Damascus blade. The most careful investigators claim that platinum, as such, however, was discovered in commercial quantities about the year 1741 by Wallaston. It is an astonishing fact that with all the commercial and scientific developments in platinum that iridium, the noblest of metals, should remain in the background until 1802. Man does not know what nature has in store, but for every new requirement in the exigencies of life there springs up some new force or knowledge to meet that requirement.

The atomic weight of iridium is 192.5, greater than that of any other metal. Its molecular weight is unknown. It occurs as a metal alloyed, as I have said, with the other members of its group. Specimens of platin-iridium and osmiridium contain from 25% to 78% of Ir. In 1802 Tennant noticed a metallic residue when he dissolved platinum ore in aqua regia, but was unable to decide its identity. In 1804 he showed that the residue contained two new metals, to one he gave the name Iridium, because of the varied colors of its oxides, and to the other the name Osmium, because of the peculiar smell of its volatile oxide.

Iridium is used alloyed with platinum for making instruments and standards of measure, etc., which are required to remain unchanged in air, also for points of gold pens. Iridium is very hard and in working it great difficulty is encountered. In cutting iridium, a copper wheel is used with diamond dust ground into it, but the iridium soon wears this out and necessitates frequent renewals.

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* Read before the Conn. Homeopathic Medical Society.

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Osm-iridium occurs in South America, California, Wyoming, Australia, and in the Ural Mountains of Russia, in hexagonal prisms of a lustrous steel gray color, slightly malleable, of a specific gravity of 19.3 to 21.1. From the Russian mines comes the greater part, or about 97% of all the iridium produced. Its great value and scarcity contribute to its obscurity as a useful item of commerce and science, assisted of course by the cupidity of the Russian Government. It is transported with the platinum ore forty-two miles, by pack horse and carts from the mines to the railroad, and thence 2,200 miles to St. Petersburg, where the refinement is guarded jealously by the officials in charge. Could it be found commercially in the United States, its scientific usefulness would be at once increased wonderfully, and its power as a medicinal agent would astonish the world.

For the last few months I have been working upon this last proposition and my labors have not been in vain. Realizing that iridium is the noblest of metals, the hardest, strongest, and least easily influenced or manipulated, either chemically or mechanically, it occurred to me that there might be an analogy between its power over others of its class in the chemical and mechanical world, and its beneficial power as a medicine, if that power could be brought out and used to the advantage of suffering humanity.

I began by applying iridium solution to the lower forms of animal life, to animal cells and to vegetable growths. The oyster absorbed the solution very readily and quickly and the wave-like motion of its cilia was greatly increased, and the specimen to which iridium solution was applied kept up its action much longer than that to which no iridium solution had been added, which showed that iridium solution would prolong cellular life, by increasing its digestive power and its power to resist outside influences.

The animal life in vinegar was sustained and prolonged. That experiment is easily performed by anyone with a microscope. Take two slides, upon one place simply vinegar, upon the other place vinegar but also add a drop of iridium solution, watch each alternately and see which lives the longer and is the more active at the end. The most interesting and instructive experiment I made was on frogs. I selected two of about the same age and weight and studied the circulation in the webb of the foot of each. Into the leg of one I injected two minims of iridium solution and kept the other for comparison. This was done after the frogs had been brought to the point of death, so that some of the arterial and all of the capillary circulation had ceased. Within five minutes from the time of injection the impulse of the heart's action began to show in

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the arteries and soon in the capillaries and very soon the capillary circulation was fully restored. From that time on the white blood corpuscles began to appear more numerous and active. The other frog was then given an injection of strychnine and while arterial circulation was somewhat restored the capillary circulation was not and the number and activity of the white blood corpuscles was not increased. The frog without iridum died in twenty-four hours, while the one with the iridium lived six days.

After repeating the important part of these experiments on frogs a number of times, and always with one result in regard to the white blood corpuscles, namely, the great increase in number and activity, I am obliged to conclude that iridium solution will promote, sustain and prolong life. With this theory an established fact, what possibilities are before us in the treatment of disease?

My next experiment was on ameboid life as found in stagnant water. Under separate cover glasses, I placed specimens of the water. To one I added iridium solution, and to the other nothing. The activity of those to which iridium had been added was greatly increased and lasted four days longer than that of the other specimens. Another example of sustained and prolonged cell life by the action of iridium. I have now two pots of earth-worms, to one I am applying iridium solution, to the other distilled water. I am unable to give you result in weight and development as the experiment is not far enough advanced

The action of iridium solution on vegetable life also shows its power to promote development. To one set of tomato plants I give a thorough sprinkling of iridium solution each day; to another set exactly like the first I applied rain water during their growing season. The plants receiving the iridium solution grew faster and larger, bearing ripe tomatoes one week earlier than the others.

I am now making the same experiments with celery plants, but can give you no definite information as yet because the plants were set late and are not sufficiently developed. This may not prove satisfactory on that account as the plants may not come to maturity before the frosts.

Clinically I have used iridium in solution in several cases in physiological doses and have met with good results in each case. I will mention nine. My first case was that of an old lady with a chronic putrefactive discharge from the bowels which had troubled her for eight years. She was cured in three months and has had no return, but she sends regularly for her "tonic." My next case was one of syphilis. Had gonorrhea in June 1902. In April 1903 showed third stage of syphilis. Has taken iridium solution faith-

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fully since May and now his skin is as fair as it ever was, showing no signs of a return. My third case was one of Bright's disease. The patient is taking iridium solution and nothing else and is improving rapidly. My fourth case is one of sprain of wrist with attendant rheumatism and insomnia. Iridium solution has relieved the rheumatism and the wrist is doing well, but how much the sprain and insomnia were affected by the iridium I am unable to judge without further clinical experience. Another case of rheumatism was relieved. A case of phthisis and attendant hip joint disease is being greatly benefited. Another case was one of intestinal putrefaction, caused by a previous attack of septicemia. In this case the urine was full of indican, and there was an over-production of urea in crystals and the amorphous state and other nitrogenous substances, also bacteria, urea, oxalate of urea and crystals of oxalate of lime. After various forms of treatment which seemed to do no good I put her on iridium solution. She is now as well as ever. In fact from observations I have made it looks as if iridium was the coming power to lift the load of sorrow from mankind caused by that fell disease. Certain consumptive hospitals, names of which I am not at liberty to mention, will take up the subject of iridium treatment; also a prominent physician of Philadelphia has begun experiments; and I have no doubt that within a year we shall see wonderful results with the new cure for consumption. Let us all work for this end. My seventh case was that of a nervous woman with a cough and night sweats whose mother and two sisters died of consumption. After taking iridium solution for two months the cough has passed away almost entirely, the night sweats have disappeared and she seems stronger and better in every way. I cannot say that this is a cure as the time has been too short, but you will all grant that the object is worthy of a faithful trial. My eighth case is a woman in pregnancy and with insomnia, malaria and acute Bright's. The chills are pronounced every day. The only results I can give you in this case are that the kidneys are acting more freely and the proportion of albumin does not seem as great. This case is too recent to allow us to draw conclusions.

The preparation I have used is a solution of 60 grains of iridium chloride to the gallon of distilled water. Of this I have given a tablespoonful every three hours. The 3x trituration can be used, giving two grains every three hours.

Radium has established its reputation as a destroyer of diseased tissue, but healthy tissue is not without danger in its presence. Iridium has proved its power to sustain, promote and prolong

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cellular development; and healthy tissue is not only not endangered by its influence but is greatly stimulated thereby. Radium is a dangerous element; while iridium is a reliable medicine. I present this subject, realizing I am practically alone, as no predecessor has attempted to write on the medicinal powers of iridium, and while my experiments have been limited to the efforts of one man, they have not been in vain,

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Post-Typhoid Sepsis.—Prof. Delafield (*Medical Record*) presented a paper on this topic at the recent meeting of the Association of American Physicians. He gives a number of temperature charts to illustrate his points. He speaks briefly of true relapses—that is, after a period of time without fever, the patient has a true relapse, a second complete attack of typhoid. Other post-typhoid fevers he places in two groups: 1 Those where there is a slight rise of temperature at certain times of the day, or for a few days, without other symptoms. These are unimportant and no attention need be paid to them. 2 Post-typhoid fevers that are of real importance; last for one or more weeks but do not make the patient very ill and are not fatal. Delafield states he has repeatedly seen this type of fever running from two to four weeks. The morning temperature is normal, or nearly so, the evening temperature ranges from 100 to 103; it may make jumps to 106 or 107. There may be chills with very high temperature. There is no delirium or sleeplessness. The tongue is clean and moist. The patient is hungry; a liquid diet is indicated. 3 Severe and long-continued post-typhoid fevers that appear to be of septic origin. These may be fatal. Delafield says baths do not control the temperature as in true typhoid. The best thing to do with the bad cases is to take them out of bed and feed them. He acknowledges it requires courage to do this; but he thinks it the only thing that will save the patient's life. He cites a number of interesting cases to prove his point. In closing Dr. Delafield says: "The impression I have received from the study of such cases is that at the end of a typhoid fever there may come in a new infection which resembles a streptococcus infection. This infection may be mild or severe. With care I think it can usually be distinguished from the typhoid infection. The point of practical importance is that this infection calls for different management from that of typhoid fever. The best results are obtained if the patients are fed and taken out of bed." These secondary fevers occur in private practice as well as in hospital practice.

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Original Articles in Surgery.

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WILLIAM TOD HELMUTH, M.D., GEORGE W. ROBERTS, PH.B., M.D.

GALL STONES AND DISEASES OF THE BILE DUCTS.*

BY H. F. BIGGAR, M.D., LL.D.

Cleveland, Ohio.

THERE is no class of systemic diseases that more fully and richly repays the student than that chosen for this occasion. There is none that calls into keener exercise the knowledge of physiology, physiological chemistry, the laws of blood and nerve supply, all in the abnormal as well as normal aspects, than this. Nor is there one, in either its medical or surgical views of successful treatment, that demands more rigid exactness of differentiation of mechanisms involved, or the means to be employed to secure satisfactory results, than the gall-bladder and ducts.

There is scant opportunity for a treatise on the subject, therefore I do not undertake it, but shall only give consideration to salient features, those lying in the way of the busy practitioner rather than in that of the specialist. And setting for myself a limit, let it be that of affections of the gall bladder and its ducts, and of these again, cholecystitis and cholangitis, inflammation of the cyst in one case and of the ducts in the other, and of a chief result, cholelithiasis.

It will also be observed that I do not confine such consideration to either medicine or surgery as such; for the one might forever find limitation falling short of cure, and the other deal only with a last fixed stage, a hopeless incident. It is not that I discourage medication—our best hope may lie there—nor decry operative measures in those cases demanding the knife; but I do plead for thorough and intelligent treatment of the same cases in their early stages with either medicines or the knife, or both in full view and easy reach.

With a warning that the surgeon's knife may be too frequently used, an eminent surgeon says: "The domains of medicine and of surgery can never be separated. It may fail to gratify the physician to see surgery obtain quickly and by a few strokes of the knife what medicine had failed to accomplish; but, on the other hand, has not the physician to stay, and with advantage, the hand of the surgeon? The immunity with which the most formidable operations are now performed has given a confidence—might I not say a recklessness—

* Read before the American Institute of Homeopathy.

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possibly which renders the staying hand of the physician of priceless value. Especially is this true when, as it sometimes happens, the inexperienced surgeon hurriedly resorts to a tentative operation to establish a diagnosis, where one more experienced would see no reason for the procedure. I have more than once observed the meddlesomeness of a surgeon to be in a direct ratio to the measure of his inexperience."

It is their duty to become intimately acquainted with causes and clinical history and physio-chemical variations in these diseases, and their differential and specific tissue changes, that insure the position of vantage.

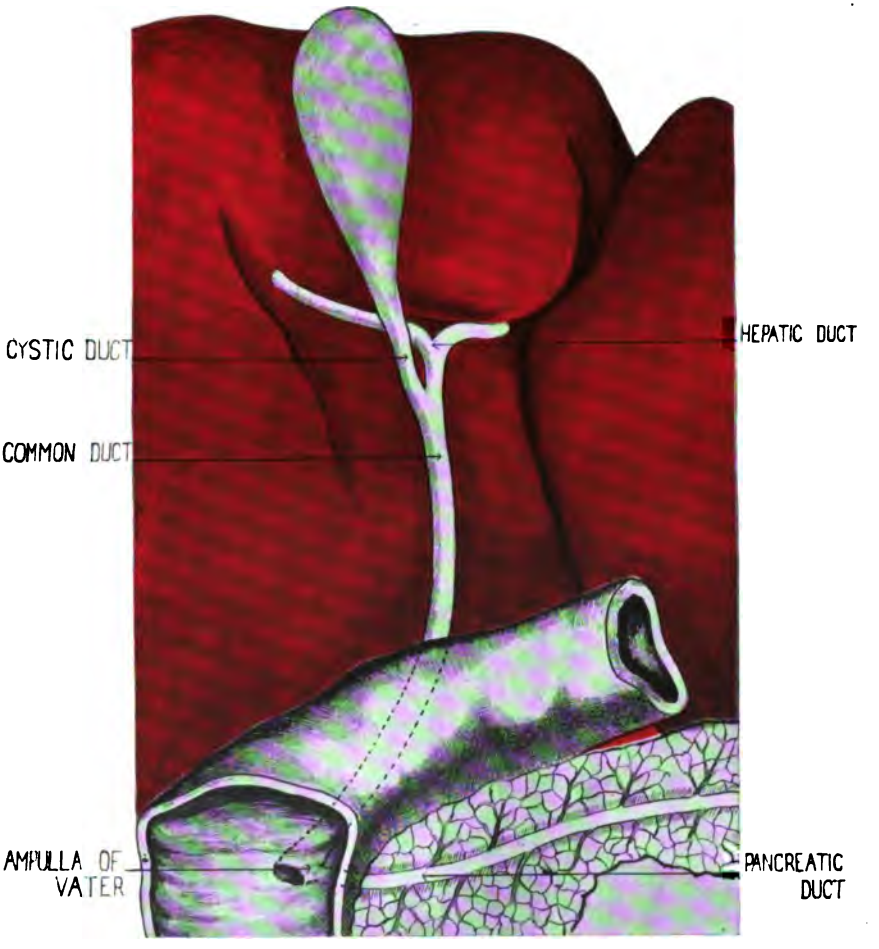
There are some facts in the surgical history of cholelithiasis, or gall-stones, that are suggestive. The era of gall-bladder surgery began in 1879, when there were in England one hundred and seventy-two deaths. In 1889, after ten years' experience, there were four hundred and eighty-eight fatal cases. Kehr, of Halderstadt, who has performed more operations for gall-stones than any other operator, gives a series which shows that a certain per cent. demand re-operation, either from the "first operation not being complete or to a return of the disease." It is a well-known fact that after operations for the removal of biliary calculi other stones are frequently passed, and even after the removal of the gall-bladder stones have been found in the bile ducts. In adults one out of ten have gall-stones, of the old one out of every four; and four times as many women are affected as men. Only one out of every thirty requires the knife.

It is concluded, therefore, that while in the simplest cases the mortality may be as low as one to three per cent., it is in complicated cases as high as five to thirty per cent. In the experience of Mayo Robson, a published series shows sixteen and six-tenths per cent. of recoveries.

In view of such a record, many of the cases being, without doubt, not in the class of last resort, we may carefully heed a remark of Treves, that "the operation for gall-stones is an excessive zeal on the part of some of our colleagues." At all events, we are impelled to return to a more searching review of the conditions the premonitions of which are gall-stone formation, and thus on to the radical cure of the diseases of which they are the expression, by medication.

What is a gall-stone? A crystalline, friable mass, composed of cholesterin, lime, iron, and various bile salts and resins, precipitated and caught up and bound together in a matrix of albuminous material.

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How formed? Irritation of the mucous surfaces of gall-bladder, hepatic, cystic, and common ducts, their obstruction by swelling or plugs of mucus causes retention of liver products, and therefore the precipitation of their solids with excess of cholesterin which, caught up as above described, become inspissated and solidified in the familiar concretions.

Their location, either as sand or larger stones, is in either duct or gall-bladder or ampulla of Vater, a dilatation of the common and pancreatic ducts at their entrance into the duodenum. Outside of the gall-bladder the cystic and common ducts are the most frequent locations of impacted stones. If there is permanent obstruction great distention occurs, and the more persistent the impaction the greater the liability to ulceration and possible perforation into the adjacent organs. The gall-bladder may be actually inflamed, when there is danger of occlusion of the cystic duct.

The causes are indigestion, intemperance and worry; and it is further predisposed by disproportionate amounts of fats and animal food. The beginnings of menstruation and pregnancy are prolific of these cases.

The diagnosis in simple cases is easy; but to differentiate in complicated or obscure cases may be very difficult. The shape, density, position, condition of superficial veins and intestinal canal, all demand consideration. One point I must not fail to notice: A distended, impacted gall-bladder can be distinctly felt between its normal position and the umbilicus; and here it swings as from a fixed point in the arc of a circle, convexity downwards. This is diagnostic. When the diagnosis is doubtful we need not hesitate to resort to exploratory operation, for then no doubt can remain and it is attended with comparatively little risk.

The greatest difficulty presents itself in inflammatory types of the disease. The most prominent are *cholecystitis* of the gall-bladder, and *cholangitis* of the ducts, generally due to some infection, but concretions are also found; these types are distinguished as the non-calculous and calculous forms. The type may be catarrhal, suppurative, or phlegmonous, and may result in gangrene, perforation and localized or general peritonitis. There may be repeated attacks.

In cholangitis the type of inflammation may also be catarrhal, suppurative, or phlegmonous, with results similar to the calculous form. If impaction is in the cystic duct there may follow gall-bladder dropsy, or infectious inflammation which runs an ordinary course. If in the common duct, it is distinguished by jaundice of more or less intensity which persists for a year or more, splenic enlargement, slight or no enlargement of the liver and gall-bladder,

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with or without ascites. The inflammation, at first catarrhal, becomes chronic and thus passes into the suppurative type; for the contents make a fertile culture medium. Osler recognizes three classes of cases: "(1) Complete obstruction with mild catarrhal cholangitis; (2) incomplete obstruction with a severe grade of catarrhal cholangitis, in which recovery is possible; (3) incomplete obstruction with suppurative cholangitis, in which death is inevitable."

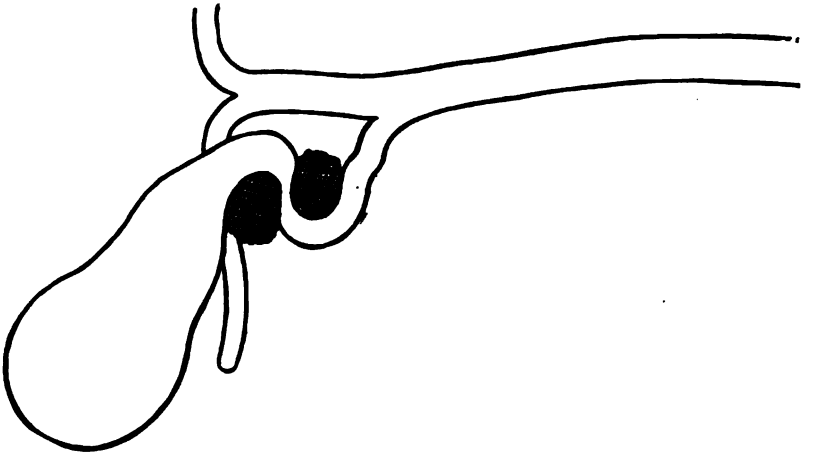
Cholecystitis and cholangitis of catarrhal type may be present with or without jaundice, but is usually accompanied with cholemia and increasing leucocytosis resulting in toxemia.

Pyloric stenosis is differentiated by the deficient motility of the stomach and rejection of food.

If an enlarged gall-bladder can be palpated when jaundice is present, malignancy or internal pressure may be diagnosed. But if jaundice is present with a contracted bladder, gall-stones are probably in evidence.

Malignant growths have the pain, wasting, cachexia, anasarca so characteristic; cholelithiasis presents a history of repeated attacks, pain, jaundice, vomiting, and often tumor formation. At times stones may be palpated, or crepita felt when many are present.

Lymph nodes, as described by Hartman, may so form about the



ducts as to cause obstruction, and cannot be differentiated from new growths.—(*Vide Diagram.*)

Pain and tenderness at Boas' point at the costal border of the twelfth dorsal vertebra is a very important symptom of all diseases of the biliary passages.

Thus the difficulties of differentiation are strongly emphasized, and the more so as complications arise. In either form there may

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be required surgical exploratory measures to make the diagnosis certain.

Differentiation must also include appendicitis, which the symptoms may exactly simulate; acute intestinal obstruction, since pain and tenderness may not always be in the region of the gall-bladder; renal colic, gastralgia and enteralgia, are usually so defined by location and other characteristics as to make their diagnosis easy, but in rare cases negative symptoms and discharges of urine and feces will have to be depended upon. Note should be made of pancreatitis. Pancreatic calculi are rare and ordinarily diagnosed as gall-stones. There is no jaundice; the pain due to expulsion of the stone is colicky but is located at the left costal border and to the back, with glycosuria and fatty diarrhea. "If calculi composed of calcium carbonate or phosphate can be recovered from the stool after the attack the diagnosis is confirmed."

What does surgery offer in these cases? Something, it is true; but in view of radical cure it is inadequate. They are essentially non-surgical. Exploratory procedures may clear up a doubtful diagnosis; or removal of impacted stones, mere products, may relieve suffering and prolong life; in suppurative inflammation the presence of gall-stones is not inconsistent with long life, as shown in post-mortem records where they have been found in gall-bladder and ducts in 18 to 36 per cent. of the cases. Kehr states that only one in thirty having them, ever suffers from biliary colic or other symptoms of the disease. Besides this, an experience of a third of a century confirms the statement that a large number who have so suffered have recovered with medication and without surgical interference.

A modern authority has said:— "it is evident that it is not gall-stones themselves that constitute the disease; but the inflammatory condition from which they originate and with which they are so often associated. Some of the ablest surgeons have even admitted that, if all inflammation is subdued and the stones kept at rest, the patient is as effectually cured as if the stones themselves were recovered; and furthermore, that the removal of inflammation and setting the stones at rest, is not only as effectual but more radical than anything that is ever likely to be accomplished by gall-bladder surgery."

So, I say, extirpate the gall-bladder if you will—it never was the initial factor of the disease, only an intermediary—and the disease, remains active as before. Obliterate sac and ducts alike and establish new bile channels into the intestine if you can;- but to what end? What step toward cure is gained? It is also to be

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admitted that the original disease either by infection or idiopathic, bile secretion still abnormal, faulty transformation of liver products and therefore their precipitation, still goes on. Surgery is more often palliative than it is curative.

Draining of the gall-bladder which will also drain all the ducts, will relieve the diseased liver and rest the mechanism of bile secretion and is, therefore, indicated in all these allied conditions, especially if infective or accompanied with progressive cholemia or toxemia.

However, notwithstanding the zeal of lesser operators which is counteracted by the conservatism of the more skilled, and the preponderance of successes at the hands of medical men, it still remains that cholelithiasis is a surgico-medical disease; surgical when the removal of obstruction is imperative, a palliative measure, and medical when time and circumstances admit considerations of cure. Kehr has pointedly drawn the lines between one and the other. He says:—

"Medical treatment is indicated (1) in acute obstruction of the common duct as long as it takes its normal or favorable course; (2) in inflammatory processes in the gall-bladder, where they seldom or at least not too frequently recur; (3) in frequent attacks of biliary colic followed by the passage of, or still frequent and followed by no passage of, stones; (4) in cases already operated upon.

"Surgical treatment is necessary (1) in acute purulent cholecystitis or pericholecystitis; (2) for adhesions between gall-bladder and intestines, stomach or omentum, provided they cause serious trouble; (3) chronic obstruction of the common duct or of the cystic duct-dropsy or empyema of the gall-bladder; (4) for all those manifestations of cholelithiasis that, beginning in a mild form, in their further course resist all treatment, and through constantly recurring pain or other symptoms deprive the patient of all comfort and render the pursuit of his occupation impossible; (5) purulent affections of the ducts and abscess of the liver; (6) in perforation through the walls of biliary passages and peritonitis; (7) for the gall-stone morphia habit."

If becomes clear enough, then, that cholecystectomy should not be performed as a routine practice for gall-stones. It does not prevent the formation of stones in the ducts, does not increase the efficiency of drainage, but does involve added risk. It is indicated however, in gangrene, sepsis, malignancy, and new growths.

The means used to accomplish a cure are internal medication and diet, mainly.

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"We undertake (a) to stimulate the cells of the liver; (b) to stimulate the muscular fibres of the gall-bladder and bile ducts; (c) to relieve the catarrhal or congested state of the orifices of the common bile ducts; (d) to remove from the intestines substances which have been passing into the portal vein and depressing the action of liver cells; (e) to stimulate the intestinal glands which drain the portal system; (f) to control inflammation and promote absorption of inflammatory deposits."

It is not necessary to restrict the diet "when there is anything wrong with the liver," for by so doing "there is a decreased flow of bile, and the bile secreted instead of passing directly into the duodenum, is stored up for future use in the gall-bladder when there is a long interval between meals. This applies to the earlier stages of gall-stones. In later stages, when they may be obstruction at the pylorus or dilatation of the stomach this injuction does not necessarily apply."

"In the early stages of gall-stones the patient should have frequent and hearty meals; and in this place late suffering may be prevented by late suppers."

The diet should therefore be generous. It is a mistake to lay on limitations and restrictions. The patient almost always craves acids and fruits; other things equal, let him satisfy his craving. It is the same with nitrogenous foods generally. The object is not to suppress free flow of bile; but to encourage it, thereby to wash out the biliary channels.

The internal remedies naturally arrange themselves into groups. The first, applicable to the disease proper, is composed of china, ceonanthus, chelidonium, hydrastis and podophyllum. Each, as indicated, should be persisted with until results indicate change.

Another group, standing midway between the persistent conditions and exacerbations or other acute incidents, includes dioscorea, berberis, carduus, belladonna, and nux vomica. In some cases the chronic condition appears to be favorably influenced by these drugs, in others not at all, even if symptomatically indicated. Their more favorable action, however, may be expected in acute phases of the disease.

According to its physiological action, as well as experimentally, belladonna is a most excellent remedy for attacks of biliary colic, during the stage of spasm. Its dosage is determined by the effect desired. Drug effects are required to bring about relaxation of the circular fibres of the canal, contractions of which are responsible for obstruction and pain. Give internally, in doses sufficient to produce atropism if necessary—even to thirty minims of the tincture

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every hour, or until the throat becomes dry and the pupils dilated. Another method of administration is to apply extract of belladonna one drachm, iodine ointment (U. S. P.) one ounce, smeared on lint sufficient to cover the affected part. In many cases the attenuated drug, is sufficient to relieve.

A third group, partially or wholly palliative, is as follows:—

Olive oil with some is disappointing—possibly on account of impure oil, or too large doses. Give a tablespoonful of pure olive oil in a glass of hot milk at bedtime. It increases the flow of bile. Becoming glycerized *in situ* it relaxes the circular fibres of ducts and adjacent muscular tissues. For the same reason the efficacy of olive oil in stenosis of the pylorus and duodenum following ulcer or fissure of the stomach has been fully demonstrated.

Eunatrol, a combination of olive oil and soda, is said to be useful.

Durand's remedy, turpentine ten minims, and ether fifteen minims may be worthy of trial. I have not proved it conclusively.

Muriate of ammonia, from five to fifteen minims three times a day, is a most excellent remedy for disease of the mucous lining of gall-bladder aud ducts.

Sodium salicylate, sulphate, benzoate, bicarbonate, succinate and potassium chloride and sulphate have all been advocated by various authorities.

Alkaline mineral waters are useful because "they antagonize the development of acid tendencies and aid in the solution of mucus."

Another explanation is that "for the time being an astringent has a soothing effect on the lining membrane of the biliary passages, relieves the spasm, and allows the stone to pass." "The Cure" at Carlsbad, is valuable, often very efficient. Another excellent water is that of Contrexeville, which if to be used for home treatment is better than Carlsbad.

Out-door exercise, horse-back riding, both judiciously controlled, are valuable adjuvants. Gymnastic exercises should be flatly forbidden. "Physical Culture" may have times and places, but not here.

GLEANINGS.

The gall-bladder except as a reservoir for bile has no apparent use or function and when removed gives rises to no consequences whatever. It is absent in rodents, camel, deer, elephant, ostrich and some fish. It has been found absent in man.

Bile is secreted by the liver cells. During periods of digestive repose it is forced into the gall-bladder and forced out again when digestion is resumed.

Cholesterin is present in the bile contained in the glall-bladder

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from 0.1 to 1 per cent. Is also found in the sputum, in fatty degeneration of the spleen, kidney, in tubercular tissue, carcinoma, sarcoma, infectious inflammation of mucous and serous surfaces and in pus.

Bacterial infection in numerous cases is the most promising theory of gall-stone formation.

Catarrhal cholecystitis is due to the invasion by the colon bacillus. Gilbert in 1886 demonstrated their presence. In 1897 Mignot, Gilbert and Fournier produced gall-stones by inoculation with the bacillus coli communis and shortly after with the bacillus of typhoid fever.

Biliary stasis of the bile ducts is the first factor in the formation of gall-stones.

Many cases of enteric are followed by gall-stones.

Gall-stones in the gall-bladder do not cause trouble unless cholecystitis supervenes.

After removing the gall-bladder, stones have reappeared in the bile ducts.

Venous oozing during the operation or post-operative is a serious complication and possibly may be adverted by administering calcium chloride a few days previous to the operation. The dosage is twenty grains three times a day. It hastens coagulation.

To normal salt solution 100 c. c., add sterilized gelatin solution (2½ %), 60 c. c. Inject subcutaneously to control post-operative hemorrhage.

The morbidity following operations for gall-stones is a strong argument that the operation is not curative.

Rubber gloves and long sleeved operating gowns for all operations.

Two years and a half without a stitch abscess in abdominal suture is our record at Lakeside Hospital.

The Wesselhoeft knot for ligation of uterine artery in vaginal hysterectomy is highly extolled.

Dr. C. E. Walton for pus cavities, the normal salt solution and to each quart add ten drops of the forty per cent. solution of formaline.

Post-operative pain may be due to adhesions. The early establishment of peristalsis may prevent adhesions.

The circulation is depressed during an attack of gall-stone colic.

Phosphate of soda is often valuable—a drachm in a glass of water once, twice or even three times a day.

With some doctors, gall-stones are their "surgical benefactor."

Impaction of ascending and hepatic flexion of colon has been mistaken for a full gall-bladder.

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The migration of gall-stones the cause of the trouble.

The X Ray has assisted me in the diagnosis.

May be mistaken for a floating kidney or appendicitis or pancreatic disorders.

Buttermilk strained, good diet.

To a glass of milk add one-third teaspoonful of baking soda—shake twenty-five times; to this add one egg and one tablespoonful of Malted Milk; then shake fifty times. Drink three or four glasses a day.

A persistent inflammatory disease of the biliary passages frequently results in malignancy.

We may have no single positive symptoms indicative of gall-stones and yet there is something about a case in which we suspect gall-stones, that when operated on, confirms the suspicion.

The gall-bladder occasionally has a distinct mesentery formed by a double fold of the peritoneum.

Dr. David Thayer recommended china 6x given twice a day for five days, then every other day, then one dose every third day, then once a month.

Dr. John H. Clarke gives calcarea carb 30x at fifteen-minute intervals during the attack; if this fails, then berberis.

Gall-stones are rare under thirty years of age—still children are not exempt, infants have been successfully operated upon.

I have seen a convalescent patient who had one thousand and sixty gall-stones, removed.

A tongue-like enlargement of the liver, Riedel's lobe, may be mistaken for the gall-bladder.

Hydrops of the gall-bladder due to chronic obstruction of the cystic duct presents but few symptoms.

The gall-bladder may contain a retention cyst.

Doyen's method for resection choledochorraphy.

Cholecyst-duodenostomy relieves pancreatitis.

Cholecystendysis is a dangerous operation.

Murphy's modified button for a drainage in cholecystotomy.

Murphy's button of proper size or Boari's button for cholecyst-enterostomy.

When the stone is impacted in the duct, jaundice rapidly follows with the usual yellow skin, and dark bile stained urine with the pipe clay feces.

Chills and fever occur sometimes with malarial regularity, due to gall-stones.

In cholecystotomy the gall-bladder is sutured to the inner aspect of the abdominal wall and at the upper angle of the wound.

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Stones are removed most quickly and safely by scoops of different sizes.

When the stone is impacted in the ampulla of Vater the transdoudenal route is preferable.

The position of the gall-bladder is not constant.

The gall-bladder may be bifid, hour glass shaped or absent, and the ducts merely fibrous cords.

Displacement of the gall-bladder may be due to outside adhesions to the stomach abdominal walls, omentum, appendix or intestine.

Catarrhal conditions of the mucous membrane of the gall-bladder and ducts may be due to the presence of microbes and produce cholesterin and calcium salts.

Enteroptosis predisposes to the formation of gall-stones; other causes are indigestion and constipation.

Jaundice is not necessarily associated with gall-stones; for the stone may not interrupt the flow of bile—its action may be ball-valve.

Lawson Tait operated for gall-stones and found only a cancer of the pylorus.

I have operated for appendicitis and found only the gall-bladder filled with twenty-seven large stones. And have operated for gall-stones with the positive evidence of their presence and found only a pancreatic cyst.

Intuitive impressions must not be ignored by the surgeon or physician.

Milk should be sipped slowly, and if the stomach rejects, then add a few grains of carbonate and phosphate of soda.

Milk should be well shaken before taken.

When in doubt give full and frequent doses of castor oil to remove any suspicious impaction.

It is stated that seven-tenths of diseases of the abdomen have origin in the liver.

It is stated that gall-stones are more frequently found in insane than in sane women.

Palpation of the intestines per rectum may differentiate between a mobile kidney and a distended gall-badder.

The pancreas is the next evolution of surgery.

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THE TREATMENT OF FRACTURES OF THE ELBOW-JOINT AND THEIR COMPLICATIONS.

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I HAVE decided to write upon a theme entirely devoid of the glamor which surrounds brilliant surgical achievement; to consider a class of cases as perplexing and difficult to treat as any which come under the care of the surgeon, where excellent results are invariably expected but difficult to obtain, and concerning which an element of uncertainty must always exist.

During the past few years I have treated quite a number of patients who have sustained complicated fractures of the elbow joint, and although the character of the injury portended serious loss of function, have obtained excellent results. In others the outcome has been somewhat unsatisfactory.

Fractures of the elbow joint may be classified as follows:

1. Fractures of the internal condyle.
2. Fractures of the external condyle,
3. Fractures of the olecranon process of the ulna.
4. Fractures of the lower end of the humerus.
5. T-Fracture of the elbow joint.

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DIAGNOSIS.

In any fracture of the elbow, a few hours after the injury has occurred there will be swelling of the soft part, restricted motion, or loss of function, and pain increased by movement of the joint. These are uniform symptoms which are to be found in every case of severe injury to the joint, but they do not necessarily indicate fracture. A sprain or dislocation might produce these same symptoms.

In examining a patient for a suspected fracture of the elbow joint there are certain points which must be kept in mind. In the first place, it is essential to carefully examine the uninjured elbow and compare the injured with the healthy side, making due allowance for the swelling which is present. If this is not too great and you are able to palpate the bony prominences and make them out quite distinctly, a fracture should not be overlooked. Unfortunately, swelling is usually present, at times so marked that it is quite impossible to differentiate the structure beneath, yet by firm continuous pressure the bone can usually be outlined. A point of great sensitiveness or a localized area of ecchymosis often directs our attention to the exact location of the fracture.

Each bony prominence should be grasped between the forefinger and the thumb and an attempt made to determine whether crepitation can be produced. At the same time the forearm should be alternately extended and flexed. At extreme extension there should be no lateral motion in the elbow joint; comparative measurements should be made of the distance between the two condyles and between the acromion process and the external condyle.

A preliminary examination should be made without an anesthetic if the patient will permit of it; as points of greatest sensitiveness and the exact motion which causes the greatest pain can only be determined while the patient is conscious.

An anesthetic should be administered in every case of suspected fracture of the elbow joint unless decidedly counter-indicated by the patient's general condition. Without it, mistakes in diagnosis and subsequent treatment are bound to occur. Only with the patient completely relaxed is a thorough examination possible; then, with passive motion and firm pressure upon the several bony prominences, crepitation can be made out if it exists.

The Roentgen Ray should be employed in every case of fracture when possible. Inspection with the fluoroscope is only practical in certain cases, while the skiagraph offers not only accurate information but a permanent record of the case. The physician who neglects the use of the X-Ray in cases of fracture, or where there is a suspicion of one, is derelict in his obligation to his patient.

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I wish now to consider very briefly the features to be observed in the special fractures above enumerated.

1. *Fracture of the Internal Condyle.*—Swelling will be considerable over the condyle, crepitation between the fragment and the shaft of the bone is present, lateral motion can be detected in the elbow joint, the area of ecchymosis over the internal condyle may be somewhat circumscribed.

2. *Fracture of the External Condyle.*—Crepitation and abnormal lateral mobility of the joint, a disturbed relation of the bony landmarks, resulting in an upward displacement of the external condyle, with an increase in the distance between the tip of the external condyle and the olecranon process will be the chief diagnostic signs of fracture of the external condyle.

3. *Fracture of the Olecranon process.*—The relation of the bony prominences will be undisturbed laterally. The examining finger will detect a depression near the base of the olecranon process. If the fracture is complete the contraction of the triceps muscle will cause a wide separation of the fragments when the arm is flexed. Crepitation and perhaps mobility of the olecranon process will be present with considerable swelling of the soft parts.

4. *Fracture of the lower end of the Humerus.*—In a transverse fracture of the humerus above the elbow joint there is likely to be an exaggerated prominence of the elbow joint and a fullness in front. This is accounted for by the forward displacement of the fractured end of the humerus. Crepitation and marked lateral anterior aud posterior mobility of the arm will be present. The relative relation of the bony prominences, the external and internal condyles and the olecranon will be undisturbed.

5. *T-Fracture of the Elbow Joint.* The chief characteristics of this fracture are to be found in the extreme mobility and wobbling motions in all directions with distinct crepitation from slight motion. The X-Ray or an anesthetic will be necessary in order to definitely determine this lesion.

TREATMENT OF FRACTURES OF THE ELBOW JOINT.

Fractures usually come under the observation of the surgeon early, i. e. within a few hours after the accident. Upon inspection there will be swelling about the joint which will not reach its height until two or three days have elapsed. Hence it will be unwise to encase the arm in any permanent splint at the first dressing. It is my practice to etherize my patient, ascertain the exact form of fracture which exists, reduce it, and put the arm into a right angle

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splint and a sling. After the lapse of two or three days, the swelling having reached its height and commencing to subside, I remove the temporary dressing and flex the arm as much as possible. The degree of flexion which one may employ depends upon the amount of swelling whieh is present; but the angles should be as acute as possible. The position of extreme flexion is adapted to fractures of either condyle and to the T-fracture of the humerus. For a transverse fracture of the lower end of the humerus a right angle splint is usually employed. Much attention should be paid to the complete reduction of this fracture, for a failure to get the lower fragment forward into its proper relation with the shaft of the humerus will result in the permanent inability of the patient to properly flex the arm.

In treating fractures of the olecranon there is apt to be a con siderable degree of swelling which must be reduced before one can determine the amount of separation between the fragments. If there is none, the arm can be placed in a right angle splint; if there be considerable, a straight splint will be necessary, and adhesive plaster straps should be adjusted in a manner so that the separated fragments can be maintained in position.

In hospital practice I X-Ray before dressings are applied for purposes of diagnosis, immediately after the splint is applied to determine whether the reduction is complete, and once or twice during convalescence.

The arm should be inspected frequently after the dressings are applied. The condition of the fingers is an excellent index of the circulation in the extremity. Some soreness, sensitiveness and pain will be experienced in all fractures; but severe pain is always an indication that something is wrong, and usually indicative of too much pressure by splint, adhesive straps or bandage.

Concerning passive motion there is a great diversity of opinion, but it is inadvisable to attempt much in this line until the fracture has united. Ankylosis will not take place in a joint if there is no displacement of fragments, i. e., if the fractured bones are in their proper relation true ankylosis will not occur. A condition of false ankylosis may exist, but this will rapidly improve by passive motion, massage, etc,; and little is gained by passive motion until bone union is complete.

I am an advocate of extreme flexion as the most desirable position in which to immobilize fractures of the elbow joint. It preserves the ability to flex the arm, and loss of power of extension is rare. It will exist for a time but is much more readily overcome than impaired flexion.

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COMPLICATIONS AND SEQUELAE.

Surgeons recognize an element of uncertainty as to the outcome in cases of fracture especially when a joint is involved. The patient is inclined to severely criticize any result which falls short of a complete restoration of functions and absence of deformity.

The most common sequelae are 1, Impairment of function by complete or partial, false or true ankylosis; 2, Paralysis from pressure of dressings or pressure upon motor nerves by the callus; 3, Adhesions between muscles or tendons and the callus; 4, Non-union of fracture and delayed union; and 5, Deformity.

True ankylosis occurs when there is osseous union of the articular surfaces of bone. The loss of function of the joint is absolute. False ankylosis is a condition of partial, or even complete, loss of motion occasioned by changes in the soft structures. More or less false ankylosis will occur after every fracture of the joint; but it usually improves and not infrequently entirely disappears after the

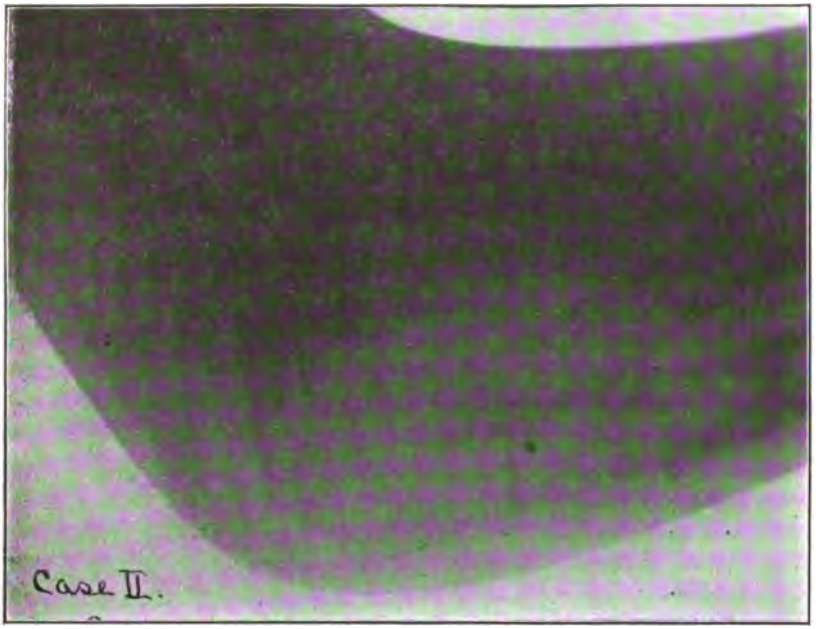


CASE I—RECENT SKIAGRAPH.

lapse of time. A true ankylosis will not yield except by forcible manipulation under an anesthetic, and this treatment is frequently conducive of more harm than good. Such attempts are frequently followed by pain and swelling of the joint with more firm fixation than before.

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Case I is illustrative of a true ankylosis. Miss, V. aged 20, I saw March 19; 1899. She fell forward upon the arm sustaining an injury to the left elbow. The pain was not very severe and she was able to use the hand somewhat. No retentive dressing was used. Two or three weeks after the accident pain became severe, the arm commenced to swell at the elbow, and a distinct arthritis developed. Passive motion only aggravated the condition and hastened the ankylosis which was complete within three months. The skiagraph



SKIAGRAPH SHOWS WIRE IN OLECRANON PROCESS

showed a fracture of the internal condyle and true bony ankylosis of the joint. December 23, 1899, about nine months after the accident I made a resection of the elbow joint which improved her condition considerably, yet she failed to get free motion. I again advised operation which she underwent December 8, 1900. In this operation I resected about three-fourths of an inch more of the humerus, which has been followed by the most perfect results which it has been my fortune to obtain.

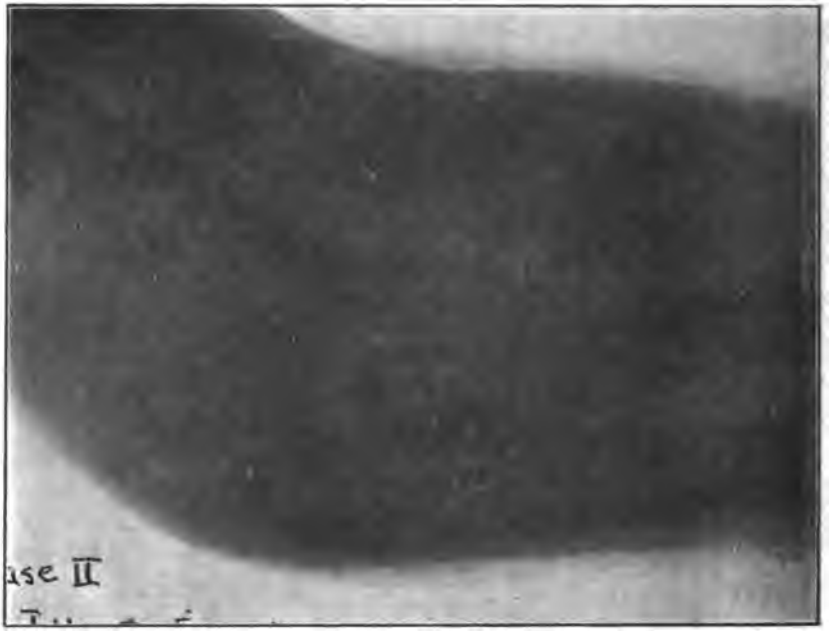
Case II, another illustration of true ankylosis of the elbow joint. Master Y, aged 10 years, fractured the elbow joint in the summer of 1901. The internal condyle was wired, as shown in the accompanying skiagraph, and ankylosis of the elbow joint was complete when I saw the case in October, 1901. On October 30 I resected

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the elbow joint, removing the lower end of the humerus and upper end of the ulna. This resulted in fairly good motion, yet it is not as satisfactory as Case I.

Case III, illustrative of partial ankylosis. Mr. C, aged 38 met with an injury December 1, 1902, and on the 6th of December under ether I reduced a dislocation of the elbow joint. The skiagraph revealed no fracture but restricted motion of the elbow joint was present when I examined him in February, 1903.

In the skiagraph it will be seen that there are points of ossifica-



CASE II—ILLUSTRATIVE OF CONDITION AFTER OPERATION.

tion just anterior to the joint. As no fracture could be made out at the time and none showed in the skiagraph I am inclined to attribute the ossification anterior to the joint to the osteoblastic tissue which was present in the ligaments at the point where they were torn from the bone. About one-half motion now exists and he is improving.

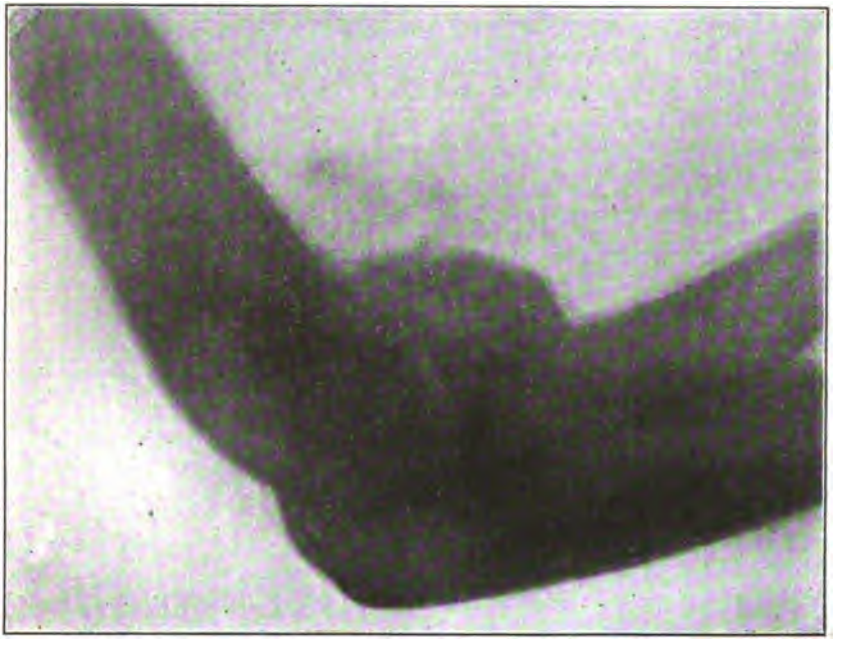
2. *Pressure Paralysis.*—Swelling of an extremity at the point of fracture is to be expected and care must be exercised to make allowance for it. Sometimes it happens that the swelling is excessive and the splints cause pressure upon the soft parts, resulting in impairment in the circulation and pressure upon the nerve trunk. The patient complains of a sensation of "pins and needles" over the

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region of nerve distribution, Pain and palsy of the muscles occur with trophic alterations in the skin and appendages. Sometimes a bone callus may cause pressure upon a nerve trunk, but by far the most frequent cause is too tight adjustment of dressings.

The prognosis is on the whole favorable; for by treatment with electricity, douching with alternate hot and cold water, and massage, improvement commences quite promptly and restoration of function usually occurs within a year.

3. *Adhesions between muscles or tendons and the callus.* This is



CASE III—SHOWING POINTS OF OSSIFICATION JUST ANTERIOR TO THE JOINTS.

a rare condition in connection with fractures of the elbow joint, but liable to occur in fractures of the lower third of the radius and ulna. Very recently a case of unusual interest occurred in my practice. On January 16, 1903, Miss G. met with an accident while coasting which resulted in fracture of the ulna and radius about three inches above the wrist joint. Anterior and posterior splints were adjusted and changed from time to time. The radius united readily but there was non-union of the ulna. Plaster of Paris was substituted for the anterior and posterior splints and changed from time to time. I saw the patient again April 18, three months after the accident,

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and could detect motion in the ulna. An enormous callus had formed at the point of non-union which had incorporated the tendons of the flexor profundus digitorum and flexor sublimis. The fingers were in a semiflexed condition, with inability to approximate the thumb to the fingers. This seemed to me to be a hopeless state of affairs as far as function of the hand was concerned. I determined to try operation, and on April 18, 1903 I made an incision six inches in length on the anterior surface of the forearm midway between the ulna and the radius. I found a very marked amalgamation of all the flexor tendons of the forearm and the tendons adherent to their sheaths. The operation consisted in separating each muscle and tendon from its adhesions, sacrificing by necessity the sheath of the tendons in many places. I then came down to the callus, removed a part of it and wired the fractured ends of the ulna and separated the callus between the radius and the ulna, allowing of supination and pronation.

I had never before attempted so radical a dissection of the tendons of the forearm and felt very solicitous about the outcome of the case. The wound, however, healed by first intention throughout and there is almost complete restoration of function. Each finger moves freely and is easily approximated to the thumb. Had I failed to secure first intention union, the result in this case would have been disastrous in the extreme.

4. *Non-union and delayed union.* In case of non-union with continuance of motion a false joint may be formed. In order to relieve this condition it will be necessary to resect the ends of the bone and wire. In case of delayed union it is only necessary to continue the use of a splint until firm union is obtained.

Quite recently a case of fracture of the tibia and fibula has come under my observation. One year ago a patient consulted me for non-union of these bones. The man was about thirty-five years of age, in apparently good health, and a carpenter by trade. The fracture had occurred some two months previous and there was no attempt on the part of nature to unite the fracture. A sharp pointed instrument was introduced through the skin into the cleft in the bone at the line of fracture and the surface of bone was scratched and extensively irritated. The leg was then incased in a plaster of Paris splint which was changed from time to time. Eight months elapsed before union could be considered complete.

5. *Deformity.*—In fractures of the elbow joint deformities which do not interfere with motion are of no great moment. But few exist which will not restrict the movement of the joint. A fracture of the lower end of the humerus is liable to heal with an

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anterior displacement of the upper fragment. This will be followed by inability to properly flex the forearm.

Considerable deviation from the normal in the healing of fractures of the condyle may occur with no special restriction of motion at the elbow joint.

Prevention Better than Cure—The National Dental Association at the recent meeting held in Nashville. N. C. passed the following: "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!" Such instruction given to students of medicine could not fail to impress upon them the importance of the proper care of the oral cavity. And this cannot be too highly commended, for with all the study devoted to other parts of the body, and with all the attention which is paid to grounding the student upon the fundamentals of other speciaities, the mouth is too often neglected. Fortunate is the child whose parents recognize this importance of the proper care of the teeth, and by early attention and care, keep them in good condition. For all too often the family physician considers this out of his province and neglects the inspection and warnings that should be given. The dentists are striving to introduce the teaching of Oral Hygiene into the public schools. This should also be heartily endorsed. For with proper care of the mouth the person will not only ward off many evil consequences upon his general system, but clean teeth and sweeter breath will make him a much more desirable member of the body politic.

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EUGENE H. PORTER, A.M., M.D. - - - - - - - EDITOR

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Contributions, Exchanges, Books for Review and all other Communications Relating to the Editorial Department of the NORTH AMERICAN should be addressed to the Editor, 181 W. 73d Street. It is understood that manuscripts sent for consideration have not been previously published, and that after notice of acceptance has been given will not appear elsewhere except in abstract and with credit to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE NEW PRINCIPLES OF THE OLD SCHOOL.

AT the last meeting of the American Medical Association in May, 1903, the special committee on revision of the code presented for adoption a "suggestive and advisory document" entitled "Principles of Medical Ethics of the American Medical Association." The report of the committee was adopted unanimously as read and we are told "with cheers." A study of the "principles" reveals some changes, three of which at least seem to demand some consideration from the homeopathic school. The first is the substitution of "Principles of Ethics" for a Code of Ethics. A code is mandatory—it must be obeyed; its system of rules must be respected—it is the law. But "Principles of Ethics" put forward as an "advisory and suggestive document" occupy a very different position. The "Principles" may be appealed to for advice or suggestion but they need not be obeyed. The counsel given is not binding. The shadow is there but the substance is departed. The power which the association so unselfishly put aside is not, however, lost; it may now be found securely held by the various State Societies in affiliation with the national body. Each one may now as its judgment or prejudice dictates, adopt such a code, not "principles," of ethics as it may desire. It may invite consultations with homeopaths or it may scornfully reject them; it may "let down the bars" or raise them still higher, the "principles" remain inviolate and inviolable, and the code returns no more to plague the association.

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The second striking modification is to be found in Section 3 Article 1 of Chapter II, and is as follows:

> It is the duty of every physician to identify himself with the organized community in which he resides. Where local or county medical societies do not exist, physicians recognized as such by the law and known to each other to possess good moral and professional character, should assemble in convention and effect an organization, ***and thereafter any physician, recognized as such by law, residing within the county and possessing a good personal and professional character, whatever may be his individual views on any question connected with the science of medicine, ought on application to be considered eligible to membership.*** (Italics ours.)

This section as a part of the "Principles" promulgated by the association is in startling contrast with earlier declarations of the same body. On its face it appears to be the embodiment of generosity and fairness; it seems to throw open wide the doors to all legal and reputable physicians, "whatever may be their individual views on any question connected with the science of medicine"; it seems to put aside partisanship and bigotry and therefore to deserve the approval of liberal minds.

And yet—and yet there may be found in Section 1 Article 1 Chapter II the following chaste and tolerably familiar passage:

> It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession, for physicians to designate their practice as based upon an exclusive dogma or a sectarian system of medicine.

Somehow the two sections quoted do not seem to drive well together in harness but perhaps they might be managed by one intent on going two ways at once. The unregenerate mind, too, might find food for reflection in the fact that while the third section invites into membership those of "good moral and professional character," the first section of the same chapter denounces as "dishonorable" a practice based on a "sectarian system of medicine." It might seem to some that "sectarian system of medicine" should read, and really means, homeopathy; and if that is not the interpretation thereof, what is? And if that is the interpretation what kind of professional or moral character would homeopathic physicians possess in the judgment of allopathic societies? And if the allopathic societies rejected—but these painful interrogations must cease lest it become too apparent that the homeopathic physician is coming out precisely where he didn't go in. Let it be

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always remembered also that these two sections under consideration are not mandatory, only advisory and suggestive. But the codes of the various State and local societies are still to be bowed down before.

Keeping in view the difficulties of the situation, it seems apropos to inquire whether anything happened in particular when the "Principles" went into practice. From information received we are enabled to state that the "Principles" worked smoothly and effectually. In Chicago where a homeopathic physician was invited to join the Allopathic County Medical (see Section 3, Art. 1 Chap. I), there was appended a pledge that he must "agree not to practice or support sectarian medicine" (see Section 1 Art. 1 Chap. II). The homeopathic physician did not join. In Des Moines the Polk County Allopathic Medical Society invited all reputable physicians regardless of school to join (see Section 3 Art. 1 Chap. I), and presented the insignificant condition that only those who "practised non-sectarian medicine should be eligible to membership. (See Section 1. Art. 1 Chap. II). The invited guests remained at home. It may possibly be noted how beautifully the two sections of the "Principles," seemingly at first discordant, work together when reduced to ultimate form in local codes. But then the same men who voted for the "Principles" at New Orleans make the codes for State and local societies. The "Principles" at New Orleans and the application at home. Whatever we may think of the "Principles" as a work of art the application—well, the application seems to be somehow seriously defective, and the liberal minded person to whom we have referred might be hastily disposed to look upon the results attained with severe displeasure.

The third change is that no restriction is laid upon consultations. But as consultations between the schools were held at the pleasure of individuals and the old code was practically ignored, this change is perhaps not of special practical importance.

If the action of the American Medical Association was taken with an earnest purpose of rebuking bigotry and prejudice; of encouraging tolerance of opinion and liberality of thought; of beginning a movement for the understanding and agreement of the schools, it may be cordially welcomed. At any rate, it has freed

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the code from relics of barbarism with which it had been so long decorated. What the immediate results of this new policy may be and the effect upon the homeopathic school as well as the attitude it should take, are questions that will be treated of in the January number.

THE USE AND ABUSE OF MEDICAL PRACTICE ACTS.

THE editorial on "An Advanced Step in the Licensing Question," which appeared in our October issue, brought us letters from two correspondents. One of them showing that Connecticut was not the pioneer in the movement is printed in our Correspondence column in this number. The other was not meant for publication; but it embodies an idea which needs discussion. Our editorial, it will be remembered, told of the step the Legislature of the State of Connecticut had taken at the instance of the local medical societies, giving the Boards of Examiners the privilege of accepting without examination any candidate for license who could show that he had passed an examination equal in character to that of Connecticut. Our correspondent, not a Connecticut practitioner, by the way, thinks that the fraternity in the Nutmeg State have been foolish in obtaining this amendment to their law, because it opens the way for New York physicians to spend their long summer vacations at the shore and country resorts of Connecticut, and deprive the native physician of the extra business that summer brings and that many of them sorely need in view of the scanty population of their parishes in winter.

While giving all credit to our correspondent for his disinterested solicitude for the welfare of his brethren in Connecticut, we cannot but think he is radically wrong in the method he would employ to foster that welfare. The acts governing the practice of medicine that now grace the statute books of nearly all our states were not put there for the protection of the physician, but for the protection of the people. Their only *raison d'etre* is to provide that the laity shall not be subject to receiving medical attendance from unskilled sources. These laws have, we believe, without exception been passed through the influence of various medical societies; but had the legislatures had the least idea that the physicians were seeking

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special class legislation to protect their own interests, none of the laws would have been passed; and should the public get the idea that the doctors were using the laws to promote their own selfish interests, we should see them repealed at the first opportunity.

We are not denying that any state has a right to look out first for the interests of its own citizens, and that there is an element of injustice in allowing strangers to come in and eat the children's bread. What we object to is the proposition to endanger the status of medical legislation by making the present statutes serve a purpose for whlch they were never intended.

As a matter-of-fact, the physicians of Connecticut are amply protected in the new law against migratory New Yorkers. The law provides that an applicant for the registration of his license without examination must show "that he is a resident of this state or that he intends in good faith to permanently reside herein." The latter half of this clause shows that the law is not meant for the benefit of a temporary resident, even though his residence spread over a period of four months and the resident own and pay taxes on the property he occupies during his temporary sojourn. He must be a permanent resident.

We trust that the Homeopathic Board of Examiners, having seen that their seacoast brethren are not endangered, are taking advantage of the powers put in their hand by the legislators for the relief of good men desiring to permanently locate in their state and for the benefit of several communities who would thereby be the quicker supplied with homeopathic physicians.

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Notes and Comments.

The North American.—The NORTH AMERICAN for 1904 will present a great variety of interesting and valuable material. Papers in Materia Medica, Therapeutics, Surgery, the important specialties and on allied topics have either been secured or promised by our best writers. The various departments will be kept up-to-date and some of them will be enlarged. Current events will present promptly "all the news that's fit to print." A new cover and new and heavier paper will be among the new mechanical features of the beginning volume. Our aim, in brief, will be to make the volume for 1904 very much better than any other ever issued. The relations of the NORTH AMERICAN with its readers and advertisers have always been most pleasant and cordial, and it has been because of their loyal support that the past year has been for the journal so prosperous. Once again the NORTH AMERICAN greets you as the old year leave us and wishes you all a very merry Christmas and a Happy and Prosperous New Year.

The "Traveling Scholar."—Some of our readers may recall that among the objects of the British Homeopathic Association was that of the establishment of a "Traveling Scholarship." This was accomplished and in due time the scholarship was filled by the appointment of Dr. James Searson, of Brighton. This "traveling scholar," for certainly he is one, has been in the United States for some time and has doubtless accumulated sufficient material for a full report. His special mission is to study our methods of teaching particularly materia medica and therapeutics and the policies which have made possible the rapid advance of homeopathy. Dr. Searson has won the good opinion of his colleagues here by his modesty, his fidelity to his mission, and for his ability to grasp speedily not only subjects but situations.

Was it Justifiable?—Fiction writers have on more than one occasion based a story upon the experimental inoculation of persons with disease germs; and the profession has rightly protested against the slander. Akin to this, and unhappily too prevalent, is the experimenting upon the sick with new and untried drugs. In a paper read before the 53d annual meeting of the American Medical Association, William P. Spratling, M. D., medical superintendent of the Craig Colony for Epileptics, incidentally confessed to what seems to us to be a still more reprehensible practice. Quoting from the Craig Colony report for 1898 he spoke of the damage done to the epileptic by quack nostrums, and said that "he is deceived with a drug, that in time destroys his mind and ruins his physical health. We are not giving hearsay evidence, but facts, and to make sure of such facts *we tried one of the 'surest cures' at the colony with the result that two patients were made temporarily insane.*" (The italics are ours.) For the sake of the unfortunate patients who are liable to such unjustifiable experimentation, we wish the Craig Colony were under homeopathic control.

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Fourth of July Imbecility—We publish in another column the resolutions adopted by the Mississippi Valley Medical Association relative to the regulation of the use of toy fire-arms and the treatment of wounds caused by them. 400 deaths from tetanus following the Independence Day celebration of 1903, point to the necessity for taking drastic measures to check the uncivilized procedures which are countenanced on this holiday. The small boy is curbed by the authorities on 364 days of the year, but on the "glorious Fourth" he is given unlimited license to display his inherent barbarism and work off his surplus spirits in a manner at once pleasing to himself and annoying to his neighbors. A few years ago torpedoes and Chinese powder-crackers produced enough noise to gratify him. But his tastes have developed until now he must have cannon crackers, blank cartridges and dynamite. The day is no longer one of risk but of positive danger. The action of the Mississippi Valley Association is therefore both timely and praiseworthy. For if parents are blind to the menace, the nation should enact laws forbidding the manufacture and sale of these death-dealing toys. The resolutions relative to the treatment of wounds where there is risk of tetanus, in a modern scientific manner, merit approval and scarcely need further commendation.

A Legal Schedule of Fees.—And now physicians must join the Union. No scab doctoring. We suppose the next thing will be the walking delegate who will come into the sick room and order the attending physician to strike because his brother in another town is not working for union wages. For a wage scale has now been adopted by a State Society. A list of all possible cases has been tabulated and the proper charge for each designated. However it is not stated whether the physician who refuses to adhere to the union scale, will thereby forfeit his membership in the Society.

There are, of course, advantages in a fixed schedule of charge for services. A minimum rate should be established in every community and ethics as well as business principle should forbid receiving fees lower than this standard. But in fixing a maximum, the Society seems to go too far. Conditions vary and circumstances change. A large bill for one patient is but a small fee for another. Yet legally the homeopathic physician of the State in question will henceforth be able to collect only the fee that the practitioners from one section of the State consider the maximum. And the local profession that attended the meeting have modest ideas. Granting that a society should fix rates for the State, let it make the range of fees broad enough to satisfy members in all sections of its bounds.

Another One.—Additions to the serum cures are being made almost daily. Now we are asked to chronicle a sure cure for hay fever. Prof. Wm. Dunbar, an American resident in Germany, is the discoverer. The serum is obtained by inoculating rabbits with poison extracted from the pollens of different kinds of grasses. The immunization of a patient or the cure of the disease takes from six to eight weeks, during which time the patient remains indoors with closed windows.

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Boiled Milk vs. Fresh Milk.— When some five or ten years ago the germ theory came in like a flood upon us, it was decided that all milk to be fed to infants must be either pasteurized or sterilized. Pediatrists are now receding from this position, there being a wide and increasing impression based upon observation that a diet of milk that has been subjected to heat in this manner is liable to produce rickets, pot-belly, sweating, flabby muscles, craniotabes and restlessness at night. Fresh, pure, raw cow's milk is once more in the ascendant as the best substitute for mother's milk.

A Standard for the Preliminary Education of Medical Students.— The majority of the states in the Union are agreed in requiring candidates for license to practice medicine to undergo an examination; and there is no question that this practice has meant a general raising of standards throughout the medical colleges. The time is not far off when another forward step must be taken, and the candidate must be required to show that before entering the medical school, he had attained a moderate amount of general education. New York and Ohio are in the lead in this movement, requiring a high school diploma or its equivalent. When one considers the educational advantages offered the youth of our land, this does not seem too high a standard; and it is to be hoped that other states will fall into line as soon as may be.

Advanced Philology.—The *Medical World*, publisht in Philadelphia, has endeavored for some time past to educate its readers up to reformed spelling, throu the medium of its columns. It would be interesting to learn how far it has succeeded in its role of pedagog, as evidenced by the way its correspondents spell their words in their letters. Do they adopt the whole catalog of the changes thruout their writings? Having presumably converted his own flock, the editor seeks the philological salvation of practicians of medicin elsewhere, and has addrest a letter to his fellow editors, urging them to make a thoro change in their proof-reading departments. Reformed spelling is easy enuf when you get used to it, tho it may take some of the older ones among us some time before we acquire the requisit nack.

A Doctor by Courtesy and a Doctor in Fact.—A good many English practitioners depend for their qualification upon being Licentiates or Members of the Royal College of Physicians or Surgeons. Such practitioners have no legal right to call themselves doctors, although their patients, knowing little of the nice distinctions in the English medical profession, usually address them as such. It often happens that when a layman learns that his medical attendant is not really a doctor, the latter suffers in the estimation of his client, although he may have done more and better work to earn his qualification to practice than his brother who went to a university and secured the degree of M.D. To overcome the possible social stigma attached to not being a "real" doctor, a good many English practitioners run over to Brussels University where they can spend a week in being examined, and, if successful, earn the right to append the mystic letters "M.D. Brux." to their names.

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The examination conducted in vivâ voce in English, includes the following branches, general medicine, general therapeutics, materia medica, and pharmacology, pathology and morbid anatomy, special therapeutics and medicine of internal diseases, including mental diseases, theoretical surgery, theory of midwifery, public and private hygeine and medical jurisprudence. These vivâ voce examinations usually consist of one question only in each subject; but the candidate is supposed to go thoroughly into the matter touched upon, and to take 15 or 20 minutes to each answer. Then there are clinical examinations on patients in medicine, surgery and ophthalmology, practical midwifery, operative surgery, and regional anatomy with dissections. If any of our brethren want to put on airs and bring back with them when next they go abroad a European degree, they can stop off at Brussels for a week, pay fees to the amount of about $110, and do the trick. It might be well to read up a bit to while away the tedium of the outward voyage, especially in therapeutics and pathology, for weakness in these subjects is said to largely account for the 50 or 60 per cent. of failures to pass.

Determining the Purity of Water.—Chemical analysis no longer takes the first place in an examination into the purity of water for drinking purposes. The determination of the presence of nitrites by a qualitative examination may be enough to induce suspicion and an estimation of the amount of the impurity present may be determined to a degree by a quantitative analysis; but the trouble is that a sample of water may leave the chemial laboratory with a clean bill of health and yet be unfit for the table. Micro-organsims are of greater importance than chemical substances, and microorganisms may be present in dangerous quantities in a water that a chemical analysis has been unable to detect any impurity in. So bacteriological examination is always necessary before declaring a water to be fit to drink. And whereas in a chemical analysis quantitative examination is better than one that doesn't tell the amount of the impurities present, in a bacteriological examination, the reverse holds good. Here it is of more importance to settle the type of bacteria present them to establish the number of bacteria of all kinds there are in a cubic centimeter. A chemical examination may seem to indicate the presence of impurities and yet the microscope show that they are not of a particularly dangerous type.

The Relation of Acute to Chronic Tuberculosis.—It has puzzled a good many pathologists to explain how a sudden acute general tuberculosis develops in the course of the chronic form of the disease. It seems hardly reasonable to suppose it due to the work of a specially virulent brand of bacilli, as some have thought. Professor Benda offers a more plausible explanation. He says that the mediastinal glands are the last barrier between the bacilli and the thoracic duct. When they break down the bacilli pour into the lymph channel and are carried into the blood stream; and like a drug injected intravenously, the toxins are transported throughout the body by the circulation. The bacilli, too, now make their home on the walls of the blood vessels, and continue to pour their

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poisonous products into the stream without let or hindrance. Sudden pleurisy developing in the course of a chronic tuberculosis is produced in a similar manner, a mediastinal gland breaking down and allowing free access to the pleura.

Administration of Remedies in Catalepsy and Coma.—In diseases like catalepsy and coma the administration of remedies by the mouth is liable to be an unsatisfactory procedure. It is well to bear in mind, under such conditions, the absorbing power of the ocular mucous membrane. We make use of this property in treating certain affections of the eye; and there is no reason why the procedure should not be extended to embrace such diseases as those above mentioned. At a recent meeting of the Academy of Homeopathic Medicine at Barcelona, Dr. Pinart cited an instance in which he had brought a woman out of the tetanic condition in five minutes after instilling a drop of Curare 2x into the eye; and in a case of cerebral congestion Dr. Abreu promptly dispelled the coma by putting two drops of Opium 6 in the eye.

Correspondence.

DEAR NORTH AMERICAN:

In the October number of the N. A. JOURNAL OF HOMEOPATHY is a letter from your Counecticut correspondent in which he claims that state as the pioneer in allowing its medical boards to recognize licenses given by other state boards.

There is before me an act of the Virginia legislature, approved Feb. 16, 1901, giving to the examining board of this state the same privilege, so that Virginia can claim priority over Connecticut in this step; whether any other state antedates Virginia in this matter I cannot say.

Since the recognitions of licenses was left entirely to the discretion of the board, it was deemed best not to discard the examination entirely but to subject such applicants to an oral examination only, the character of the latter depending upon the time that has elapsed since the graduation of the applicant. Applicants from states whose standards are below that of the Virginia board are not granted any privilege on account of their licenses, but are compelled to take the usual written examination.

Trusting that you will be so kind as to give Virginia's claim a place in the next issue of your journal, I am, fraternally,

E. C. WILLIAMS.

Hot Springs, Va.

OUR BOSTON LETTER.

DEAR NORTH AMERICAN:

The Twentieth Century Medical Club—the only woman's medical club in New England—held its first meeting of the present season October 21st, at its rooms in the New Century Club House, Boylston St., Boston.

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This flourishing and enterprising little club, now in its fifth year of existence, numbers about sixty members, and has been of inestimable benefit to those who have taken an active part in its proceedings. Not only is good work done in the meetings of the club, but its women go out from it to the gatherings of the general societies to accept with greater confidence their share in the larger proceedings of these societies. Because of such advantages, and the better acquaintance and understanding which such association promotes, this association fills a place among medical societies which has been too long vacant.

This club, contrary to the usual custom, does not adhere to any fixed plan of work, but changes its schedule from year to year, as seems wise to its executive committee. Last year was devoted entirely to the study of Materia Medica and the philosophy of Homeopathy. This year a mixed program of great excellence will be presented, each evening being devoted to some one department of medicine, the meeting being in charge of two members appointed at the beginning of the year.

At the first meeting was considered "The Study of Biology in its Relation to the Practice of Medicine," and was in charge of Marion Coon, M.D., who gave the opening address, after which the following papers were read and discussed:

1. "The Study of Biology as an Aid in the Treatment of Nervous Diseases;" Clara E. Gray, M.D.
2. "Botany in Relation to the Practice of Medicine;" Carrie E. Rice, M.D.
3. "The Effect of the Study of Biology upon the Individual;" Ella Severance, M D.
4. "The Desirability of the Study of Biology in Medical Schools;" Margaret Sandford, M.D.
5. "Statistics Regarding the Study of Biology;" Helen G. Mack, M.D.

So important would it seem that biology, with its two great divisions of botany and zoology, should form an essential part of the foundation of a thorough medical education that it strikes one with surprise to learn that in only six medical colleges in the United States is given even a partial course in this study, and that only in recent years.

The Hahnemann College in Chicago gives a course in biology, and embryology of the chick, consisting of lecture and laboratory work twice a week during the first year. In Rush Medical School, now a part of Chicago University, laboratory work in embryology is required two hours daily, together with two lectures a week for one term of the first year. The College of Physicians and Surgeons of the University of the State of New York gives a course in vertebrate morphology, occupying three hours a week for the entire year. The Chicago Homeopathic Medical College has a course in histology and biology four hours a week for the first year. Johns Hopkins Medical School gives in the fourth year ten lectures on medical zoology with demonstrations and laboratory work. In Boston University School of Medicine there is a course in animal morphology for the Freshman class five hours a week during the year.

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That *three* out of the *six* colleges above mentioned are homeopathic shows that in this, as well as in other lines of progress, the newer is abreast of, and indeed, considering their smaller number, in advance of the dominant school.

There has recently been formed in Boston a new society under the title of the Boston Society of Homeopathicians. Its special object is the study of the philosophy of homeopathy and materia medica. It starts out with a membership of about fifty, with two meetings a month, and has for its official staff Wm. P. Wesselhoeft, M.D., Chairman, Samuel H. Kimball, M.D., Vice-chairman, and F. W. Patch, M.D,, Secretary and Treasurer.

Book Reviews.

Psycho-Therapy in the Practice of Medicine and Surgery.—By Shelden Leavitt, M.D. Large 8vo. Illustrated. Cloth $2.00, pp. 250. Garner-Taylor Press, 79 Fifth Avenue, Chicago, Ill.

Dr. Leavitt's book is certainly very frank and outspoken and for that reason as well as for others most important, is of a very positive value. The author has the courage born of positive convictions to lay before his readers his honest opinions concerning suggestive therapeutics although he thinks there is a certainty of his being misunderstood. He believes there are vast possibilities in psycho-therapy, but also believes that its practice should be confined to the medical profession. In regard to drugs he says: "It should not be inferred from anything herein contained that I have lost faith in drug remedies. I have merely changed my theories concerning their limitations and mode of action." Among the many topics discussed are "Origin of Disease," "Psychic Effect Determines Cure," "Revulsion from Old Theories," "Duality of Mind," "Telepathy," "Faith," "Auto-Suggestion" and "The Question of Absent Treatment." The discussion of these subjects reveals an ability to get at the root of things and a comprehensive grasp of the situation. Dr. Leavitt has written an able book, a thoughtful book, a profound book. It will abundantly repay reading, and we cordially commend it to our readers.

Portfolio of Dermochromes. Parts 1 and 2. By Professor Jacobi of Freiburg im Breisgau. English adaptation of text by J. J. Pringle, M.B., F.R.C.P. Physician to the Department for Diseases of the Skin at the Middlesex Hospital, London. Two volumes. Flexible leather $16; half leather, cloth boards $15. Rebman Company, 10 West 23rd St., cor. 5th Ave., N. Y. City.

This magnificent work will be warmly received by the profession. It seems to have attained very nearly to perfection in its plates. These plates of Dermochromes are beautifully reproduced on natural tints by a new four-color process, and strikingly illustrate the common diseases of the skin and venereal affections which the general practitioner has very frequent opportunities of observing in his daily rounds. The process employed on the production of the plates is that known as Citochromy and is the invention of Dr. Albert of Munich. The great majority of the illustrations are taken from models in the Breslau Clinic, executed by Herr Kröner,

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and are reproduced by permission of Professor Neisser to whom the inception of the work is mainly due. The main object of the Atlas is not to illustrate the rarer forms of skin disease but to furnish to physicians, teachers and students a handy and comprehensive series of illustrations of the skin affections most frequently met with in practice in their various phases and at a reasonable price.

Materia Medica.

CONDUCTED BY

J. B. GREGG CUSTIS, M.D., AND J. PERRY SEWARD, M. D

Mercury Cyanide as a Surgical Antiseptic.—For four years experiments with cyanide of mercury in surgery have been in progress, since Laborie published his results. Associated as it is, in homeopathic minds, with the most virulent diphtheria, it sounds strange to read of its harmless use in the surgery of children.

Dr. C. G. Cumston (*N. Y. Med. Jour. etc*, Sept. 26, '03) reports a considerable experience without one indication of toxic action. The cyanide ranks immediately behind the bichloride in both toxic and germicidal effects, while the former is free from several defects of the latter. He sums up: It may be stated that mercury cyanide is a powerful antiseptic, seventeen milligrammes added to one litre of bouillon preventing the development of microorganisms, as proven by the experimental work of Laborie. It presents great advantages over other antiseptics now in vogue for the reason that it does not attack instruments nor the epidermis; nor does it coagulate the albuminoids, while it is absorbed with difficulty by the tissues. Lastly, it has been conclusively proven by clinical trial that its toxicity is no greater, and in all probability far less, than that of mercury bichloride.

Saponaria Officinalis.—A proving of this plant by Dr. Schier, of Berlin, is translated by P. W. Shedd for the *Chironian* Nov. 1903. These are the keynotes:

1. Utter indifference to his pain or possible death.
2. Sensation of drunkenness, with constant endeavor to go leftwards.
3. Left-sided trigeminal neuralgia, especially supra-orbital.
4. Violent eye pains, momentarily increasing.
5. Diarrhea; stool frequent, scanty, sudden desire.
6. A peculiar anxious suggestive appreciation of the heart's movements.
7. Worse at night, worse by mental exertion, worse left side.

Comparisons are made with Bell., Hell., Hyos., Cimic., Cedron, Ars. alb., Kali iod., Kali bi.

Prussic Acid and Chloroform.—T. G. Stonham, M.D., of the Brit. Hom. Soc. (*Med. Times*, Oct. 1903), makes the following suggestion: "There is a good deal of similarity between the poisonous effects of prussic acid and chloroform. Both are protoplasmic poisons, and in sufficient strength stop the contraction of the heart;

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both act primarily and with great energy on the respiratory centre, and usually cause death through the respiration; both act with great rapidity, and with both the effects, if recovery takes place, are very evanescent. When on the operating table respiration ceases from an overdose of chloroform a remedy is required which is powerful, which acts speedily and which is easily administered. A drop or two of acid hydrocyan. dil. placed at the back of the tongue would be immediately carried to the lungs by artificial respiration, and by means of its extreme diffusibility would quickly gain access to the blood and to the respiratory centres, and it would not interfere with the adoption of any other means of resuscitation. I would suggest that a bottle of HCy be placed in the theatre ready for use in the next emergency.

Family Type of Arsenical Paralysis.—Ferrannini observed arsenical paralysis giving the same symptoms in three members of the same family. The cause of the poisoning was arsenic which was contained in some flour which all the patients had eaten. All three were seized with symptoms of acute arsenic poisoning, and within a fortnight developed the same symptoms of arsenical paralysis. They were troubled with anesthesia and paresthesias in the extremities, inability to work and to walk. The gait was unsteady and they were unable to stand with their feet close together. Their walk was slow, rigid and irregular. There was left facial paresis, and abolition of the tendon reflexes, but no affection of the sensory nerves, and no paresis of the upper extremities, save that in one of the three patients there was slight paresis of the fingers and thumb. The peculiar feature of these cases was the fact that the paralysis was identical in all three, possibly owing to hereditary peculiarities. —*N. Y. Med. Jour.*, Aug. 1, 1903.

Clinical Medicine.

CONDUCTED BY

JOHN L. MOFFAT, M.D. AND JOHN B. GARRISON, M.D.

Raisin-Juice is Valuable in Rapid Wasting Diseases because it saves nitrogenous tissues and leads to the formation of fat. According to H. Moreigne (Arch, de Méd. Epér. et d'Anat omie Pathol., May, 1902), the administration of raisin-juice causes increased diuresis, diminished acidity of the urine, diminution in the relative and absolute quantity of uric acid; a derivative action on the intestine, which gives it value as a laxative, and a diminution of intestinal fermentation; its metabolism tends to spare the nitrogenous elements of the tissue; it causes a deposition of fat in the organism; it stimulates the hepatic mechanism, particularly the secretion of bile.

Nitrate of Uranium has caused nephritis and albuminuria; also may cause a large deposit of oxalate of lime. It has a profound effect upon the metabolic processes of the digestion and assimilation of proteids.

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Pennyroyal produces a uric acid sediment with sore, lame pains in ankles, wrists and fingers.

Give Uranium Nitricum in lithemia when there is dry catarrh, pharynx and throat, a sensation of dryness with a hawking of viscid stringy saliva, water relieves only during deglutition. The hand feels "asleep." Itching of the skin, even to an eruption. Aching of leg, deltoid and other muscles. Pains shifting, drawing, sprained, sharp stinging, arthritic. Abdominal flatulence, eructations, diarrhea; dysuria; hyperacidity of the urine, excess of uric acid; albuminuria.

In Riggs' Disease urates have been demonstrated in the deposits about the roots of the teeth.

The Saliva in Lithemia has increased sulphocyanides; but they are ammoniated.

Urine with a Uric Acid Sediment (especially if with low specific gravity and high color) is apt to contain the least uric acid. If urates are deposited freely uric acid is apt to be in excess, We cannot infer from a sediment that there is excess of uric acid; there may be an excess when the urine is alkaline.

Lithemia is Undoubtedly Due to Autointoxication; it underlies many if not most cases of skin disease.

A New Method of Vaccinating—Dr. Boicey (*Gazz. Med. Lombardi*) produces a ½ cm. blister by means of the application of a little disc of leather (shaped like Mayor's hammer) previously soaked for about three minutes in boiling water. Into this blister the lymph is injected with a needle or lancet. The results in the 18 cases experimented upon were as follows. One failed entirely, but had been successfully vaccinated only three months previously. Two had general symptoms (fever, restlessness, etc.) without local pustule. The remaining 15 gave characteristic pustules. Of these 15, 5 had been previously vaccinated with positive and 10 with negative result. The author says no more pain is caused by his method than by the usual mode of procedure.—*Am. Physician*, Nov. 1902.

Many Failures in homeopathic prescribing are due to neglect or failure to ascertain the totality of symptoms in a most important particular; i. e. from ignorance or misapprehension of the pathological condition. An aborted ovum or dead fetus will be removed with the attendant symptoms more quickly, surely and safely than by merely prescribing the indicated remedy.

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Societies and Current Events.

CONDUCTED BY . . . . . ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 181 West 73d Street, New York City.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach this office before the 10th of the preceding month.

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Dr. H. G. Sloat has located at South Britain, Conn.

Dr. G. DeWayne Hallett of 132 West 81st Street, New York, respectfully announces that he has withdrawn from general practice, and will hereafter give his whole attention to his specialty of diseases of the eye and ear.

Dr. H. Everett Russell of 30 East 74th Street, New York, who is making a specialty of diseases of children, desires to announce that in the future he will be glad to assume temporary charge of any cases of non-surgical, orthopedic cases.

Dr. Edwin Brown Jenks has located at 134 East 70th Street, New York City, Telephone 2628-79th Street. Hours: 9-11, 5-6.30 daily. Anesthetizing a specialty.

Dr. Alfred S. Mattson, formerly of Moorestown, N. J., has removed to Omaha, Neb. His home address is 1026 S. 32nd Street and his office address, to which all communications should be sent, is Bee Building.

Dr. D. A. Richardson has been appointed professor of chemistry at the Denver Homeopathic Medical College.

Professor Jaques Loeb, the eminent biologist, has resigned from the faculty of the University of Chicago, to accept a position with the University of California where a new laboratory is being built for him.

Dr. Ralph I. Lloyd of Brooklyn, New York, lecturer on anatomy in the New York Homeopathic Medical College and Hospital, has announced his engagement to Miss Nettie Linberg of Denver, Col.

Dr. T. Griswold Comstock of St. Louis, who graduated from Hahnemann College of Philadelphia nearly fifty years ago, has practiced for most of that time in St. Louis. The St. Louis physicians recently manifested their love toward the Doctor and

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their appreciation of his work by presenting him with a silver loving cup. Dr. James A. Campbell made the presentation address and Dr. David N. Gibson recited an original poem appropriate to the occasion. Dr. Comstock responded with a few felicitous remarks.

Dr. A. W. Woodward of Chicago died on October 9. He was graduated from the Hahnemann of Chicago in 1865 and has been in continuous practice ever since. He was the popular and capable professor of materia medica in the Chicago Homeopathic Medical College for many years, and of late has been emeritus professor of that branch there. His death removes another of the well-known teachers of the West.

Mr. Salem Howe Wales died at his residence, 25 East 55th Street, New York, on December 5. The cause was a stroke of apoplexy received one week previous. He was born at Wales, Mass., on Oct. 4, 1825, and came to New York in 1846, where he soon purchased an interest in the *Scientific American* and was for twenty-five years its managing editor. He was identified with many public interests in the city, besides being a director in a large number of private organizations The homeopathic profession is indebted to him for founding and firmly establishing the New York Homeopathic Medical College and the Hahnemann Hospital. He was for many years the President of the Boards of Trustees of both these institutions. Mr. Wales celebrated his golden wedding on Feb. 12, 1901. Those present when he died were his wife, his son Edward H., his daughter Mrs. Elihu Root, and her husband, the Secretary of War, and the attending physician, Dr. F. K. Hollister.

Dr. C. Carleton Smith, of Philadelphia, Pa., died on September 23rd of Bright's disease. Dr. Smith was one of the oldest homeopathic physicians in Philadelphia, being a member of the second class graduated from the New York Homeopathic Medical College, the first class of 1862. He went to Philadelphia from a location in Ohio in 1872, to take the chair of Diagnosis in the Hahnemann College, but after two years' work in the College resigned and went into general practice.

The New York Homeopathic Medical College and Hospital will this year inaugurate a post-graduate course, to start at the close of its regular session. Many members of the faculty will lecture upon their specialties, and unusual clinical advantages will be afforded. The course of three weeks microscopical laboratory work, under the direction of Dr. Louis Heitzman, will appeal to many members of the profession.

Pulte Medical College on October 1st opened its regular college year and at the same time its new hospital. The old building was damaged by fire last winter and the new structure has been greatly enlarged and all its appliances brought right up to date. Dr. R. G. Reed made the address of the day while Professors J. D. Buck, M.D., and C. E. Walton, M.D., also spoke.

The Southwestern Homeopathic Medical College at Louisville, Ky., opened its term on the evening of September 30th. A number of the members of the faculty made five minute

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speeches, the Dean of the faculty, Dr. A. Leight Monroe, presiding.

The Homeopathic Medical Society of Western Massachusetts is joining with the Western Massachusetts district medical societies in the endeavor to have established near Pittsfield a new home for consumptives. A committee was appointed to confer with the State Board of Charities and to arouse public interest in the matter.

The Syracuse Homeopathic Hospital, though only seven years old, in a recent report shows the work accomplished there to be equal to that of any in the country. Dr. J. W. Sheldon is president of the medical and surgical staff of the hospital, Dr. E. Olin Kinne, vice-president, and Dr. Gordon W. Hoyt, secretary. The consulting physicians are Drs. J. W. Sheldon, A. B. Kinne and J. W. Candee. Dr. W. L. Hartman is the surgeon and the attending physicians are Drs. E. O. Kinne, G. W. Hoyt, C. M. Lukens and J. M. Keese. Dr. H. A. Church is the oculist and aurist at the hospital and Dr. J. M. Keese the pathologist and pharmacist.

The New York State Commission in Lunacy call attention to the fact that in cases of insanity where it is not necessary to resort to the public examiners and in all acute cases where it would be injurious to the patients to send them first to Bellevue and transfer them to Ward's Island, the patients may be sent directly from their homes, after judicial approval of the finding of insanity, to the Manhattan State Hospitals on Ward's Island. If the papers be duly executed and the patient be free from contagious diseases and cleanly and properly clothed, an ambulance will be sent to any part of the city with nurses to remove the patient whenever the Medical Superintendent of either of the two hospitals is notified. The telephone number of the department for males, Dr. A. E. Macdonald, Superintendent, is 1872 Harlem. For females, Dr. C. E. Dent, Superintendent, 1869 Harlem.

It is now nearly half a century since Angelo Mariana, a pharmaceutical chemist of Paris, France, cleverly blended the properties of the marvelous Coca leaves with a nutrient wine. This was prompted through the phenomenal action of Coca upon the Andean Indian, who is supported by its use through the most arduous trials to which mankind can be subjected. Long after this early adaptation, the potent quality of the several alkaloids of Coca were made known to the physiologist, proving the wisdom of the selection, and Vin Mariana is accepted throughout the world by conservative physicians as a worthy tonic-stimulant the merit of which has been confirmed through the severe tests of time.

Appreciating the importance of the command "Keep the Bowels Open," The Antikamnia Chemical Company offers Laxative Antikamnia & Quinine Tablets, the laxative dose of which is one or two tablets, every two or three hours, as indicated. When a cathartic is desired, administer the Laxative Antikamnia & Quinine Tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter.

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The St. Louis Homeopathic Medical Society has reorganized for the season of 1903-4 with the election of Dr. J. H. McCaughn for President and Dr. E. L. Perry for Secretary. As both of these officers are from the "younger set" of physicians, it is hoped that new vigor and enthusiasm will be infused into the Society.

The October session of the Denver Homeopathic Club, was one of the largest in attendance and best in interest of the year. Papers were read upon "Why the Indicated Remedy Failed," by Dr. J. W. Mastin, and upon "Some of the Prominent Urinary Disturbances, With Their Characteristic Phases," by Dr. C. E. Tennant.

The Dunham Medical Society of Kansas City, Mo., has been organized as a result of the union of the two former societies of the two old colleges. Dr. Van Scoyoc was elected president, Dr. Reynolds vice president, Dr. Williams secretary, Dr. Nelson treasurer, Dr. Laffoon reporter, and Drs. Gammage, Smith, Noble and Clayton the executive committee.

California is more severely taxed for the support of physicians than any other state in the Union, there being one physician to every 383 of the permanent population. If the transients were computed, however, the proportion would be materially changed.

"**Country Doctor** (catechising)—Now, little boy, what must we all do in order to enter heaven?

Boy—Die.

Country Doctor—Quite right; but what must we do before we die?

Boy—Get ill and send for you."—*The Critique.*

Dean John P. Sutherland, M.D., of the Boston University School of Medicine is unable on account of illness to take up his duties there. His work is to be done by a woman physician, Dr. Eliza Taylor Ransom, of Dorchester, who is a B. U. graduate of 1899. For some time she has been the Dean's assistant and last year was an instructor in histology.

The Homeopathic Hospital of Wilmington, Del., has a training school for nurses. The schedule calls for a course of sixty lectures to be delivered between October and February.

American Institute of Homeopathy.—The Executive Committee, after careful investigation and consideration, has decided that the best interests in the Institute will be served by holding the session of 1903 in the Back Bay district of the city of Boston, with the Hotel Somerset as headquarters.

The Somerset is the most select non-commercial hotel in Boston, and the management has granted the American Institute the most favorable terms it has ever offered to any guests.

The session will be held the week of June 22d to 27th, 1903. The preceding week, the 15th to 20th, being "Class Day" week at Harvard, would make it impossible for the Institute to secure adequate accommodations.

Homeopathic Medical Society of Delaware State and Peninsula.—The annual meeting of the Homeopathic Medical Society of Delaware State and Peninsula was held on Nov. 13, 1902. After the election of officers papers were read on the subject "Phthisis Pulmonalis," and discussion followed by guests.

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and by members. The next annual meeting will be held in Nov. 1903. Officers for ensuing year are as follows: President, Silas C. Frederick, M.D., 402 Delaware avenue; Secretary, Clara M. Ferguson, M.D., 830 West street.; Treasurer, Leonard Kittinger, M.D., 411 Delaware avenue; all of Wilmington.

Clara M. Ferguson, Secretary.

Middletown State Homeopathic Hospital.—The thirty-first annual report of this institution, for the year ending Sept. 30, 1901, is the last report—the twenty-fifth—of the late Selden H. Talcott, M.D., The pamphlet contains a number of excellent photographs of the different buildings, rooms, etc. Besides the complete report telling of the work done and projected, there are twenty-three tables of statistics. These in most cases tell of the comparative records back to 1888, while some afford comparisons as far back as 1872. Statistics for 1901 show an average daily population of 1243, the largest in the history of the institution. 215 patients were admitted in 1901 and the percentage of recoveries was 41.39. The treasurer's report shows an increased balance over last year. Altogether the condition of affairs is a credit to the managers of the Hospital and to the homeopathic profession.

Advertisers and Readers.—As is well known the day has passed when a publication can be made to pay expenses from the proceeds of its subscription list alone. The advertisers are the financial supporters of the journal. The more there are of these, the better the possibilities for a good magazine. And on the other hand, the larger the circulation and the more educated the clientele, the more valuable is the advertising space.

Those advertising in the NORTH AMERICAN JOURNAL place their notices before the cream of the homeopathic profession. They spend annually large sums of money to do this. And as a rule the advertisements are carefully written and will repay a thorough reading. Consequently the physician who is in need of anything will benefit by looking in our columns before buying. The firms advertising with us are all reputable houses, whose word may be relied upon. We admit nothing that we cannot endorse. An article of sufficient value to repay its insertion in a first-class journal, merits a trial at least.

If the reader sees anything mentioned in our columns, and wishes further information concerning it, drop a line to the firm. They will be glad to tell you what you wish to know. And when you write, do not forget to mention that you saw it in the NORTH AMERICAN JOURNAL OF HOMEOPATHY.

Another Attempt at Substitution.—We are informed that preparations of liquid magnesia are being urged upon physicians and sold do the dispensing chemist under various titles. Many of these preparations are chemically unsafe, while others contain calcined magnesia, triturated or suspended by mucilagenous or glycerine solutions. Chalk and other earthy substances have also been found. The strongest claims made for their adoption is cheapness. Their administration, simply or in combination, is dangerous, certainly with infants, where concretions in the delicate intestinal tract are so readily formed.

It can hardly be deemed necessary to suggest that these pro-

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ducts of unscrupulous manufacturers would not have appeared, were it not for the esteem in which Milk of Magnesia (Phillips), has been held for so many years. Physicians should not be misled in this matter. In this instance at least, "the best is the cheapest," and the "best" preparation of magnesia is Milk of Magnesia (Phillips).

Aletris Cordial is an emmenagogue, not abortifacient. It cures congestion of the uterus and ovaries, and favors the occurrence of the menstrual discharge. It is also especially appropriate when the amenorrhea depends upon anæmia. It regulates menstruation, and is useful in all the derangements of menstruation, namely, amenorrhea, dysmenorrhea, and metrorrhagia, provided these disturbances be idiopathic. By curing menstrual disease, a common cause of sterility, it will also cure sterility. It is also recommended in erosions of the cervix and vulvar eczema.

For Your Desk.—For several years a handsome rocker pad has been mailed to physicians by Henry B. Platt of New York. Finding that many prefer a flat desk blotter, the concern had one designed especially for them, and are now ready to mail them on request. A postal card addressed to the office of "Platt's Chlorides, 42 Cliff St., New York," will bring you one.

Twenty-three cases of anæmia were treated with Pepto-Mangan (Gude), twelve showed a normal hæmoglobin per cent. of the blood after fourteen days, five after three weeks, and five after a month. One of the patients who had hereditary trouble (her father having suffered from pulmonary disease) was only improved, the blood, after two months' treatment with Pepto-Mangan (Gude), showing only an increase of hæmoglobin to 75 per cent. This was probably a case of tuberculosis which simulated an obstinate or severe chlorosis at its beginning.

Woman Doctor Appointed.—Alice E. Rowe of Springfield, Mass., has been appointed woman physician of the State Homeopathic Hospital at Gowanda. The salary is $1,000.

Homeopathic Medical Society of the County of New York.—The Annual Meeting was held on Thursday evening, Dec. 11, 1902. A sleet storm caused the small attendance of 36, including visitors from Louisiana and Texas, Connecticut and New Jersey.

There were elected to membership Dr. Emily L. Hill of 250 West 94th street, and Dr. Agostino Matoli, of 300 East 107th street, and to corresponding membership Dr. Marea H. Brokhaus of Hoboken and Joseph A. House of Mt. Vernon. Nominations to membership were Dr. Mary E. Butterworth of 17 East 111th street, Dr. P. D. Riordan of 724 Lexington avenue, and Dr. J. Leonard Whiteman of 225 West 45th street, and to corresponding membership Dr. Geo. B. Best of Englewood, N. J.

Papers were read as follows: "An Additional Proving of Ichthyol, with Special Reference to the Female Organism," by Dr. Wm. H. Dieffenbach, and "Child Labor a Destroyer of Health," by Dr. Charles McDowell.

The Committee on Public Institutions reported through its chairman, Dr. Geo. F. Laidlaw. He reviewed the hospitals and dispensaries of the city and vigorously criticised the New York

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Ophthalmic Hospital, pointing out that it did not progress in the proportion that its competitors have done. Resolutions were adopted thanking the Commissioner of Charities for his fair treatment of the homeopaths, urging an investigation of the Out-Door Department of the N. Y. Hom. College, and urging a change of policy by the Ophthalmic Hospital.

The annual reports of the officers were read. They showed the most prosperous year in the history of the society, great gains in membership and attendance, and an unusual amount of good work done.

The President announced the deaths of Dr. Obadiah Newcomb and Dr. Timothy Field Allen, and appointed memorial committees.

The election of officers resulted in the choice of the following board: President, Irving Thomas, M.D.; Vice-President, Wm. Tod Helmuth, M.D., Secretary, Walter Sands Mills, M.D.; Treasurer, Edwin S. Munson, M.D.; Necrologist, John Hutchinson, M.D.; Censors, Bukk G. Carleton, M.D., Edward D. Rudderow, M.D., J. Perry Seward, M.D., Edwin D. Simpson, M.D., Wm. H. Van Den Burg, M.D.

The meeting then adjourned.

J. Perry Seward, Secy.

A charming residence property situated in park-like grounds at the corner of Genesee and Newell Streets, is now known and used as the Utica Homeopathic Hospital. Dr. M. O. Terry is the Medical Director of the institution; and nine other well-known Utica physicians serve with him on the staff.

Dr. and Mrs. A. C. Cowperthwaite, of Chicago, announce the marriage of their daughter, Florence Elfleda, to Mr. Levi Stuart Thomas, on Thursday, November 27th. The happy couple are to live in Omaha, Nebraska. The NORTH AMERICAN tenders its congratulations.

Dr. G. DeWayne Hallett, of 132 West 81st street, New York, announces his withdrawal from general practice for the purpose of devoting his whole attention to diseases of the eye and ear.

Dr. G. R. Bissell, of Columbus, O., with his wife and family, spent a few days in New York recently. The doctor found much to interest him professionally in the city, and, with his family, also enjoyed some of the less serious attractions offered in New York at this season.

Dr. Bushrod Washington James has temporarily discontinued his afternoon office hours. The first volume of the doctor's interesting and valuable "History of the American Institute of Homeopathy" will be out this month; and the second volume is already written. Copies of this work can be secured for a dollar a volume by addressing Dr. James, 1717 Green street, Philadelphia, Pa.

The pupil nurses of the Buffalo Homeopathic Hospital recently gave a demonstration of bandaging, washing infants, and invalid cookery before a large number of friends who had gathered for that purpose.

The New York Pharmacal Association, of Yonkers, N. Y.,

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the enterprising manufacturers of Lactopeptine, have issued a neat calendar embellished with portraits of noted medical worthies of this and other lands.

Dr. E. E. Case, of Hartford, Conn., entertained the Dunham Medical Club of that city at his residence on the last Saturday evening in November, reading an able paper on "The Second Prescription."

At the December meeting of the Cincinnati Homeopathic Lyceum papers were read by Drs. C. N. Cooper, Thos. M. Stewart, S. R. Geiser, and Ella G. Hunt.

A course of Clinical Lectures on Orthopedic Surgery, free to the medical profession and students, will be given at the New York Orthopedic Dispensary and Hospital, 126 East 59th street, by Surgeon-in-Chief Russel A. Hibbs on Tuesday and Saturday afternoons, at four oclock, from November 25th to December 27th.

Dr. Frederick A. Faust, who devotes his attention to pulmonary diseases, has removed his office from 21 E. Platte Ave. to 114-116 E. Monument Street, Colorado Springs, Colo.

Prof. Briggs, of the Homeopathic College, University of Minnesota, is to lecture on "The Moral, Mental and Physical Characteristics of the Ideal Surgeon," on January 5th.

Dr. T. Sheldon Hicks announces his removal to 14-16 Grant Avenue, Duquesne.

Dr. W. H. Dieffenbach, the editor of the NORTH AMERICAN'S electrotherapeutical department, has been conducting a proving of Icthyol which seems likely to establish the drug as a remedy for the lithemic diathesis and as valuable in coryza and short, dry, hacking coughs.

On the 24th and 25th of November, 1902, Phi Alpha Gamma, the largest homeopathic medical fraternity, held the seventh annual convention at the Hotel Navarre, New York City, under the auspices of Alpha Chapter of the New York Homeopathic College.

The convention was characterized by a large attendance, about one hundred being present.

J. G. Dillon, senior delegate from Lambda Chapter of the Hahnemann College, Chicago, was elected grand president for the ensuing year.

The programme follows:

Monday morning. Business session.

Monday afternoon. Special clinics at the Flower Hospital by Drs. Doughty, Simonson and St. Clair Smith.

Monday evening. Smoker at Hotel Navarre.

Tuesday morning. Business session.

Tuesday, 4 P. M. Tea given by Mrs. H. M. Dearborn, Miss Dearborn and Mrs. F. M. Dearborn.

Tuesday evening. Banquet at Hotel Navarre.

The following distinguished gentlemen were elected to honorary membership: H. F. Bigger, Cleveland, O.; Gains J. Jones, Cleveland, O.; J. H. McClelland, Pittsburgh, Pa.; Carl Vischer, Philadelphia, Pa.; E. H. Wolcott, Rochester, N. Y.

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Societies and Current Events.

CONDUCTED BY . . . . . ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 181 West 73d Street, New York City.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach this office before the 10th of the preceding month.

Dr. J. W. Sheldon and wife, of Syracuse, N. Y., one of the most distinguished physicians of the homeopathic school in Central New York, has been spending several weeks in New York City with his daughter, Mrs. Gleason.

The Dunham Medical Club, of Hartford, met with Dr. H. P. Cole of that city on the last Saturday in 1902. The subject of the evening's discussion was the Therapeutic Value of the X-rays. Dr. Donnelly, of Hoosick, N. Y., attended the meeting as a visitor.

Dr. C. E. Sawyer, of the Sawyer Sanitarium, Marion, Ohio, has received from the Governor of his State the appointment as a member of a special commission to investigate the feasibility and practicability of establishing a state institution for the treatment and education of crippled and deformed indigent people.

The Homeopathic Medical Society, of Chicago, met on December 18 to discuss the following program: Constipation in Infants, Dr. Joseph P. Cobb, essayist; Dr. J. E. Gilman, disputant. Treatment of Colles Fracture. Dr. L. D. Rogers, essayist; Dr. C. E. Kahlke, disputant. Serum Therapy, Dr. Chas. Gatchell, essayist; Dr. Harvey Farrington, disputant. Antistreptococcus Serum, Dr. C. A. Weirick, essayist.

When in need of a diffusible stimulant every physician first thinks of whiskey; but in these days of prevalent adulteration, he is at a loss to know where to find an article pure enough for medical use. The Cushing Medical Supply Co., of 254 Sixth avenue, New York, purifies all its liquors by Dr. Cushing's aerating process. A sample bottle of their Old Colonial Brand of Whiskey will be sent free of charge to any physician mentioning the NORTH AMERICAN.

Two Meetings of the Dayton Homeopathic Medical Society were held in January. At the first, Dr. J. E. Welliver read a paper on "My Mistakes," and the speaker on the other evening was Dr. H. F. Wetzel, whose subject was "Treatment of Burns."

The Metropolitan Hospital, New York, has installed a complete static machine and X-ray outfit which will be put in charge of

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a competent operator. Extensive clinical work in X-ray therapy will be conducted at the hospital, and some interesting reports should be forthcoming.

Dr. Geo. F. Raynor, of 989 East 169th Street, New York, has had his telephone number changed to 182-A Melrose.

Dr. G. Waldron Bartlett, of Bensonhurst, New York, was married to Mrs. M. Rennie Bateman on December 24.

Dr. Bryan DeF. Sheedy, of New York, announces his removal to 10 West 46th street. Practice limited to diseases of the ear, nose and throat.

Dr. Edward G. Tuttle, of 61 West 51st Street, New York, desires to announce that he has withdrawn from general practice and will hereafter devote his attention exclusively to surgery and gynecology. Hours, 11 to 1, Sundays excepted, and by appointment.

Dr. Caleb Barker, who has located at 126 West 93d Street, New York, has been appointed anesthetist at the Metropolitan Hospital, Blackwell's Island.

Dr. Wm. Morris Butler, of 507 Clinton Avenue, Brooklyn, has been appointed Professor of Mental Diseases at the New York Homeopathic Medical College and Hospital. Dr. Butler is well fitted for the work. He studied as a private student with Charcot in Paris, was for nine years physician in the Middletown State Homeopathic Hospital and has made a specialty of mental and nervous diseases for the past fifteen years in his private practice in Brooklyn.

The Alumni Association of Flower Hospital, was organized at a meeting held at the residence of E. D. Rudderow, M.D., of New York, on December 17. The following physicians were present: Drs. W. G. Crump, T. F. Davies, W. B. House, F. M. Lund, J. D. Miller, H. S. Neilson, P. D. Riordan, E. D. Rudderow, B. B. Sheldon, R. A. Stewart, R. L. Eltinge, G. P. Holden, C. H. Wintsch.

Dr. James F. Doolittle, of Ballston, N. Y., died on December 29. He was seventy-seven years old and had practiced homeopathy there for fifty years. He is survived by five children.

Tri-County Homeopathic Medical Society.—The homeopathic physicians of Dutchess, Delaware and Ulster Counties, New York, have organized a society which will hold monthly meetings. There is a good membership already. Dr. J. C. Otis of Poughkeepsie is President. At the next meeting Dr. Irving Townsend, the President of the New York County Society, will read a paper.

A Prolific Mother.—Mrs. Stanislaus Spyhalski, a Polish woman of Toledo, O., who weighs 200 pounds and is twenty-two years old, gave birth to quadruplets on January 3. The two boys and two girls are all alive and very healthy. The boys weighed five pounds each and the girls three and six pounds. They have been named Theodore Roosevelt, Sam Jones, Helen and Dorothy The mother gave birth to twins when she was sixteen years old, triplets when she was nineteen and ten months ago to a single child.

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She was sitting up and helping to care for her last installment two days after their birth.—*N. Y. Times.*

The Physician Protested.—Dr. T. F. Mayhem, a citizen, and for many years Mayor of Fond du Lac, Wis., had a driver that had been in his service so long that he considered himself part of the firm. The doctor did not object to his constant speaking of "our" patients and "our" calls, until one day when they overtook a funeral procession. "Doctor," asked the junior member of the firm, "is that one of our funerals?"—*Chicago Chronicle.*

Dr. Petrie Hoyle, formerly of San Francisco, has taken advantage of a real estate boom to sell his house, and may be addressed for some time at the Hyde Park Club, W., Piccadilly, London, England.

Dr. Edward Harper, Secretary of the Tennessee State Hom. Society, and formerly of Knoxville, Tenn., has removed to 111 Bourbon street, New Orleans, La.

Removal of Foreign Substances from the Ear.—In the November issue of the *New England Medical Monthly,* Dr. Geo. B. McAuliffe says: "The removal of foreign substances and loose scales from the drum membrane and canal is met by the use of hydrozone. This is stronger and better than any other kind of H_2O_2 preparation in softening and boiling out the débris of the canal and loosening the resistance of the dermal layer. The hydrozone is subsequently mopped out by cotton applicators or syringed from the canal."

Treatment of Anemia in Cuba.—The physicians in charge of Hospital No. 1 in Havana write: "Anemia is a very common disease in Cuba and the use of the ordinary iron preparations usually produces constipation. In looking for a preparation which would not present this very serious disadvantage we came across Gude's Pepto-Mangan. Accordingly, we obtained a sufficient supply of this preparation for our hospital, and began to treat all our cases of anemia, in which iron was indicated, with Gude's Pepto-Mangan. We may say that our expectations were more than realized, when we noted its efficiency in combating the disease, its perfect palability and its freedom from constipating after effects."

Puerperal Septicemia Complicated by Septic Double Pneumonia. Abscess of Thigh. Treatment. Antiphlogistine. Recovery.—Here was a patient *in extremis* with every surgical and medical accessory available, and yet one pharmaceutic preparation proved adequate to the emergency. Demonstrating beyond criticism that antiphlogistine should be applied in every process of inflammation. That antiphlogistine relieves blood pressure tension by induction of osmosis and dialysis.

Your Pulmonary Quartette.—In a complimentary letter to The Maltine Company a prominent New York physician makes a happy reference to Maltine with Cod-liver Oil, Maltine with Creosote, Maltine with Hypophosphites and Malto-Yerbine. He calls them "Your Pulmonary Quartette."

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"The Documents in the Case."—We hope that every physician who receives this somewhat graphic description of the case of Mrs. S—— and notices the marked and rapid improvement of her condition as evidenced by the differential blood counts, may apply to The Palisade Manufacturing Company for information in regard to the treatment which proved so distinctly successful in this marked case of chloro-anemia. Those who have not as yet received this unique portfolio of legal-looking documents should apply for a copy at once before the supply is exhausted.

The New York Homeopathic 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, homeopathy 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, No. 170 West 59th Street, New York.

The Nauheim baths have been given at the Newton Nervine for the past year.

Dr. N. Emmons Paine has just returned from a tour abroad. He took a course of the Nauheim baths himself, 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.

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 Forty-sixth Annual Meeting of The Homeopathic Medical Society of the County of Kings was held in Weed's Hall, corner of Bedford Avenue and Hancock Street, January 13, 1903. The annual election of officers resulted as follows: President, Dr. W. J. Shrewsbury; Vice-President, Dr. Stuart Close; Secretary, Dr. Ralph I. Lloyd; Treasurer, Dr. W. L. Love; Necrologist, Dr. John L. Moffat; Censors, Drs. W. B. Winchell, O. S. Ritch, W. S. Rink, W. H. Aten, W. W. Blackman.

The Cumberland Street Hospital is now doing good work. About one hundred patients are to be found there and the daily

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average will probably increase. The contract for a complete X-ray and static outfit has been let and the institution will soon give very favorable results in this line.

Dr. W. H. Freeman has removed his office to 263 Arlington Ave. R. I. LLOYD.

The Lexington Heights Hospital was opened in 1890, being one of the first private hospitals in New York State. It was then known as the Wilcox Private Hospital, with Dr. DeWitt G. Wilcox as proprietor and owner, who organized it for the purpose of providing a place for his surgical patients. It became so popular through its excellent management that Dr. Wilcox was induced to make it a stock company, which was done in 1893. Later it was enlarged and called the Lexington Heights Hospital. It was conducted as a stock company until '97, when Dr. Wilcox leased the property from the company and used it for his own patients. Dr. Wilcox has now purchased the entire plant with all its equipment and is again the sole owner and proprietor. It will still be known as the Lexington Heights Hospital. It has been newly furnished throughout and equipped with the most approved and practical appliances for the treatment of gynecological and surgical diseases; a particularly complete X-ray outfit has been added. The Hospital report for the past year shows that a large number of interesting operations have been performed, many of an unusual nature. The death rate is extremely low, being but 2.6 for the year 1902. A regularly incorporated Training School is attached to the Hospital, which has graduated nurses for the past ten years. Many of Buffalo's best nurses hold the diploma of this hospital.

One usually associates a cowshed with the thought of more or less dirt and disagreeable odors; but a visit to Mulford's Vaccine Stables convinces one that it is possible to render such a place entirely free from these objections. Great pains are taken to have both the animals and their stalls scrupulously clean.

The Fifth Annual Meeting of the Washington Homeopathic Medical Society was held in the Arlington Hotel Friday and Saturday evenings, December 5 and 6, there being a large number of the members present. Among the vistors in attendance were Drs. George W. Roberts, New York City, Sayer Hasbrouck, Providence, R. I., A. W. Baily, Jno. R. Fleming, and Dr. Jackson of Atlantic City, Dr. Moncure, Fairfax C. H., Va., Jas. S. Barnard, B. C. Catlin, and Lewis R. Palmer, Baltimore, Md.

The first paper presented was by Dr. Moffitt, entitled, "The Mind as a Therapeutic Agent," which was handled in a masterly style, showing that the doctor had given considerable thought and study to the subject. In brief he said: "Every one will recognize the value of confidence and expectant attention upon the part of the patient, especially in this time of intelligent and sensitive subjects, and how unfortunate for both patient and physician if confidence is lost. Positive assurance is better in doubtful cases many times than drugs, and in many cases it secures good

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results when medicines without it would utterly fail. But the possibilities of this agent, as of every other, are the forces which it is capable of exerting upon the nerves of organic life. If the mental powers are sufficiently acute to realize the impressions applied to them, and the tissues have not yet undergone serious disintegration, this agent, under proper conditions, has shown most wonderful results in restoring the organs to normal and healthy conditions. It is worthy of a higher position in Homeopathic armamentarium."

The second paper of the first evening was read by Dr. S. S. Stearns, the subject being "The Treatment of Typhoid Fever." As the doctor is one of the oldest members of the society, and has had such large experience, his paper was both interesting and instructive to the beginner as well as to the older physician, especially as Washington has just emerged from a severe epidemic of that dreaded disease. The writer stated that outside of the medicinal treatment the care and attention of the patient was of the utmost importance, and emphasized the necessity of the hair mattress, the change of the air of the room daily, cleanliness of the patient, examination of the nose, hips, anus; the washing of the mouth often with cold water, the sordes to be softened with glycerine; the frequent changing of the position of the patient; the giving of plenty of water, without ice, preferably hot; that ice aggravated the thirst, one could add acid juice to the water; the injurious effects of alcoholic stimulants unless demanded, and when called for, California brandy was the best. In the way of nourishment he considers milk preferable; if it does not agree it can be modified, but should not be skimmed; nourishment should be given a little at a time, the greater quantity being given when the temperature is lowest.

Among the remedies mentioned were: Bryonia 3x, Baptisia, Pulsatilla 3x to 30x, Gelsemium, Mercurius Sol. 2x trit. He believes that many cases of Typhoid Fever can be aborted in their incipiency by the use of the last two remedies, alternating every hour for the first 24 hours one drop of Gelsemium and two grains of Mercurius Sol. 2x trit.-Rhus Tox. 3x to 30x (rigidity of neck), Canthartis 1x (one drop doses); Bryonia and Phosphorus are the best remedies when complicated with Pneumonia, the Phosphorus to be discontinued when an improvement is noticed. Phosphoric Acid 1x to 3x, drop doses; Arnica 3x to 30x. In case of hemorrhage raise foot of bed and place ice bag to iliac fossa, giving, as indicated, Hamamelis, Terebinthina, Nitric Acid 1x, and sometimes Morphia hypodermically. Cuprum Ars., Belladonna, Hyoscyamus 3x to 30x in sleeplessness and nervousness; also Hyoscine Hydrobromate—if no relief in ten hours give one grain of the 2x of the Hydrobromate hypodermically. Stramonium, Agaricine 1x, one grain hourly. If heart is weak give Brandy, one-half ounce; Strychnine 2x one grain.

The paper was ably discussed by Drs. J. B. G. Custis, Kings-

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man, and others, Dr. Custis stating that Mercurius has helped him in cases where there was "Tremulousness of the hands;" also Hydrocyanic Acid. The desire for cold milk called for Rhus Tox. The rash will appear after the use of Calcarea Carb.

Dr. Kingsman stated that he instructs the nurse to use tepid water in bathing; for the thirst he does not use ice—where the tongue is dry Terebinth 3x will relieve, and finds this remedy useful in hemorrhage.

Dr. Custis's paper on "Specific Medication" was then read, and his paper was really a reply to the one read at Cleveland by Dr. Goodno on "Specific Treatments," it will appear in the North American Journal. It was discussed by Drs. W. R. King and C. B. Gilbert.

The fourth paper of the evening was "Some Conditions Necessary to Good Prescribing," by Dr. Julia M. Green, the doctor giving an able discourse on Homeopathic Philosophy. The discussion was participated in by Drs. Gilbert, Curtis, and others.

The first paper of the second evening was by Dr. L. Y. Baker, the subject being "Hay Fever." After giving the etiology and symptoms of the disease he mentioned in his line of treatment such remedies as Belladonna, Zinc, Phosphorus, Strychnine; also the use of cold water to the spine, the Extract of Adrenal Gland in 1-1000 to 1-5000 solutions, or as a spray or on cotton, and 5-grain powder for internal use. The application of a 2-per-cent., 4-per-cent, or 10-per-cent. solution of Cocaine as a spray, on cotton, or applicator. He finds that Cocaine in a solution of glycerine and water gives more benefit; that of the watery solution lasting from 15 to 20 minutes, while that of glycerine and water is half an hour or more.

The paper was discussed by Drs. Sayer Hasbrouck and W. R. King, Dr. Hasbrouck stating among the remedies he uses are Arsenic, Arsenicum Iodide, Sabadilla, Kali Bichromicum, Dr. King mentioning in addition to those just given Silicea and Rosa Damascena.

In the Bureau of Surgery the paper was by Dr. Geo. W. Roberts, of New York, entitled "Sigmoido-Proctectomy for Cancer of the Rectum." The paper was an argument for the abdomino-vaginal method of Schwartz and himself, the doctor modestly giving Dr. Schwartz priority, although at the time of his performance of this operation he was unaware of Dr. Schwartz's method. Dr. Roberts is an advocate of the median abdominal incision in preference to the left inguinal believing that this incision gives more direct access to the sacral lymphatics, which he deems of more importance than the direct access to the sigmoid as afforded by the left inguinal. He emphasized the inestimable value of the ligation of the superior hemorrhoidal. The discussion was by Drs. Crichton, Sommer, Riggs, and others, Dr. Crichton raising the point of "Gangrene of the Intestine" from these extensive ligations. Dr. Roberts replied that he had gangrene of the intestine, but only in that portion which was preserved as specimens in the jars.

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Dr. Sommer stated that one of the main points made by Kraske was that no gangrene of the intestine had resulted as was feared before the operation had been attempted.

Dr. Rigs's point was the importance of the early recognition of Cancer of the Rectum, in connection with which he gave some deductions from his own experience in a number of cases.

Dr. T. L. Macdonald had prepared quite a complete discussion upon this paper and had hoped to congratulate Dr. Roberts upon the fact that he had saved his first three cases while Kraske had lost all of his first three. Dr. Macdonald, however, was detained with Drs. Goodno and Gardner at the bedside of the dying Ex-Speaker Reed.

In the Bureau of Electricity the paper presented was by Dr. H. H. Hawkhurst on the "Treatment of Cancer of the X-Ray." This was a very able paper upon a live and potent topic and was much enjoyed by those present.

The paper was intended to be discussed by Dr. Wm. Harvey King, of New York, and Dr. F. A. Gardner. On account of the death of Dr. T. F. Allen Dr. King was unable to be present, and the serious illness of Ex-Speaker Reed made the absence of Dr. Gardner imperative.

The paper was discussed by Drs. Bliss, Davis, Krogstad, Riggs, and J. B. G. Custis.

The following resolution was offered by Dr. J. B. G. Custis and unanimously adopted:

Resolved; That the Homeopathic Medical Society of the District of Columbia learns with regret of the death of Dr. T. F. Allen, of New York, in which they recognize the great loss to the Homeopathic profession, because of his unselfish devotion to the investigation of drugs and the application of their therapeutic powers according to the methods peculiar and distinctive to itself.

Be it further resolved, That the President appoint a committee to prepare a memorial to be sent to the family of Dr. Allen and to the Board of Trustees of the New York Homeopathic Medical College, of which institution he was for a number of years Dean.

Dr. Frank Kraft, the well-known editor of the *American Physician,* will conduct a tour to Europe in 1903. The trip will occupy two months, and the party will sail from New York, visiting Naples, Pompeii, Vesuvius, Pisa, Florence, Bologna, Venice, Milan, Genoa, the Lake of Como, St. Gotthard tunnel (under the Alps), climbing the Rigi-Kulm, Zurich, Lucerne, Schaffhausen, the Falls of the Rhine, through the Black Forest to Strassburg, Heidelberg, Mayenee, an entire day on the Rhine to Cologne, Amsterdam, Rotterdam, Antwerp, Brussels, Paris, Versailles, St. Cloud, Fontainebleau, London and environs, Shakespeare district, coaching tour to Warwick and Kenilworth, Dublin, Liverpool, New York (Quebec or Montreal).

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Societies and Current Events.

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Academy of Pathological Science.—The regular meeting of the Academy of Pathological Science was held on November 28, 1902, at the residence of Dr. W. G. Crump, 693 Madison Avenue. The following subjects were discussed: Dr. F. C. Bunn, Uterus bilocularis removed for septic infection. Specimen. Dr. L. L. Danforth, Infected breast. Specimen. Dr. F. E. Doughty, Malignant disease of the heart, pericardial adhesions, sero-fibrinous pleurisy, and hemorrhagic infection of lungs. Specimens. Dr. De Wayne Hallet, Trachoma. Follicular conjunctivitis. Mixed cases. Living subjects. Dr. G. F. Laidlaw, Pentosuria. Tests for Pentose and glucose differentiated. The dilution test for renal efficiency. Dr. B. H'B. Sleght, Cervical adenitis. Specimen. Dr. S. F. Wilcox. Specimens. The officers elected for next year are: President, Walter Sands Mills; Vice-President, D. J. Roberts; Recording Secretary, Nathaniel H. Ives; Secretary and Treasurer, J. E. Ambler; Pathologist, Spencer Carleton; Curator, W. H. Dieffenbach.

British Homeopathic Society.—The council at their last meeting made the following arrangements for the coming session:

The meetings of the section of Surgery and Gynecology to be held on Thursdays, November 6, February 5 and May 6.

The section of Medicine and Pathology to meet on Thursdays, December 4, March 5 and June 4.

The section of Materia Medica and Therapeutics to meet on Thursdays, January 8, April 2, and Wednesday, May 1.

Dr. Goldsbrough was appointed editor of the *Journal*.

In view of Dr. Johnstone's election as a vice-president of the society, Mr. Knox Shaw was appointed to be secretary for the session.

The first meeting of the session was held in the board room of the London Homœopathic Hospital on Thursday, October 2. The meeting was devoted to the presidential address by Dr. Roberson Day entitled "Efficiency in Homeopathy."

After the meeting the members present were invited to supper at the Hotel Russell as the president's guests.

Mississippi Valley Medical Association.—The twenty-eighth annual meeting of the Mississippi Valley Medical Association was held in Kansas City, October 15, 16 and 17. The following officers were elected for the ensuing year:

President, Edwin Walker, M.D., Evansville, Ind.; first vice-president, Hugh T. Patrick, M.D., Chicago, Ill.; second vice-president, Wm. Britt Burns, M.D., Memphis, Tenn.; secretary, Henry Enos

Tuley, M.D., Louisville, Ky.; treasurer, Thos. Hunt Stucky, M.D., Louisville, Ky.; chairman Committee of Arrangements, Jno. L. Jelks, Memphis, Tenn. Next place of meeting, Memphis, Tenn., October 7, 8 and 9, 1903.

HENRY ENOS TULEY, Secretary.

The Cincinnati Homeopathic Lyceum met at Pulte Medical College on November 12 and listened to and discussed the following papers: "Neuroses vs. Psychoses," Dr. J. D. Buck; "X-ray Therapy," Dr. H. H. Wiggers; "Ideas from New York Hospitals," Dr. F. W. Fischer; "Clinical Cases," Dr. Lincoln Phillips.

The Medico-Chirurgical Society, of Central New York, was called to order for its fourteenth regular meeting by President J. T. Wallace, M.D., at the St. Cloud Hotel, Syracuse, at 11 A. M., on Dec. 4. After the approval of the minutes, Dr. W. H. Nicholson gave a short impromptu talk on "Appendicitis." This elicited discussion from Drs. Doud, Sherwood, Leonard, Sheldon and Haviland. Dr. Frederick Hooker read a paper "Care of Parturient Women," and Dr. J. W. Candee one on "The Obstetrical Surgeon." These were discussed by Drs. Bailey, Hartman, Nicholson, Grant, Sherwood, Hooker and Doud. "Conservative Methods in the Treatment of Glandular Troubles," by Dr. M. O. Terry, of Utica, was read by Dr. Grant in the absence of Dr. Terry. Discussion was opened by Dr. Hartman.

After luncheon Drs. M. O. Terry and A. R. Grant, of Utica, were elected to membership. The following papers were then read and discussed: "Post Natal Care and Treatment of Mother and Child," by Dr. C. M. Lukens; discussed by Drs. Young, Nicholson and Sheldon. "A Case of Hydrorrhea," by Dr. H. L. Leonard; discussion opened by Dr. Hoyt. "Imagination as a Leader," by Dr. J. M. Keese; "Septicemia and the Curette," by Dr. H. Plympton, of Brooklyn, was read by Dr. Keeler and discussed by Drs. Sherwood and Irish. Dr. Sweeting's paper on "The Hygiene of the Farm," though not read, was discussed by Drs. Haviland and Keeler; "Anatomy Applied to Fractures and Dislocations," By Dr. A. G. Anthony, and "Some Observations on the Diagnosis and Treatment of Fractures," by J. H. Irish, were discussed by Dr. Wiley. The Society then adjourned to meet in June, 1903. The officers for the present year are J. T. Wallace, M.D., Oneida, president; Elmer Keeler, M.D., Syracuse, first vice-president; F. H. Doud, M.D., Lysander, second vice-president, and E. M. Santee, M.D., Cortland, secretary and treasurer.

The Rhode Island Homeopathic Society held its fifty-third annual meeting at Providence, on Jan. 9, at 4 P. M. After the reading of minutes and reports of the secretary, treasurer and executive committee and the election of members and officers, the following program was taken up: "Pulmonary Tuberculosis and Its Sanatorium Treatment," Roswell S. Wilcox, M.D., of Auburn, discussion opened by Gardner T. Swarts, M.D., of Rhode Island State Board of Health; "The Radical Cure of Hernia With Special Consideration of Suture Material and Wound Closure," J. Emmons Briggs, M.D., of Boston; discussion opened by H. A. Whitmarsh, M.D. President's Annual Address, "Diagnosis." John Hillman Bennett, M.D., of Pawtucket; "The Treatment of Cancer and other Tumors by the X-Ray, including stereopticon illustrations and exhibition of

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apparatus," George R. Southwick, M.D., of Boston, discussion opened by Martin S. Budlong, M.D.; "Exhibition of the Pneumo-Rhysmatic Massage Apparatus, and its method of application, with report of cases," Sayer Hasbrouck, M.D., of Providence.

Dinner was served at 7:30 P. M. and the following responded to toasts: His Excellency L. F. C. Garvin, M.D., Governor of Rhode Island; Rev. J. J. Woolley, of Pawtucket; Henry D. Hervey, superintendent of public schools of Pawtucket; F. C. Richardson, M.D., of Boston; Gardner T. Swarts, M.D., Sayer Hasbrouck, M.D., and J. O. Arnold, M.D., of Providence.

The officers elected for the ensuing year are: H. M. Sange, M.D., President; Martin S. Budlong, M.D., Vice-President; Robert S. Phillip, M.D., Secretary; and George F. Allen, M.D., Treasurer. Board of Censors: Drs. J. H. Bennett, C. H. Frink and J. O. Arnold.

Dr. Kraft is the ideal guide; he speaks all kinds of dead languages, and uses English in a terse, staccato, Emersonian manner, that in itself is an education. He has written a circular letter that tells all about the trip, which will be furnished upon application. Address 57 Bell avenue, Cleveland, O.

Southern California Homeopathic Medical Society.—The last meeting of the society was its twelfth annual meeting, held in Los Angeles, in the parlors of the Hotel Westminster. The attendance was excellent, between forty and fifty being present. The papers presented were able and evoked much discussion. The Bureau of Clinical Medicine was very complete, and much that was new and interesting was presented. One especially interesting paper was by Dr. O. S. Barnum on "Uses of Electricity in General Practice," and the Doctor reported a new discovery by him by which he had been able to increase the penetrating power of the ray nearly two hundred times. He was not able to report as to its therapeutic value. In the Bureau of Climatology and Hygiene, Dr. H. G. Bayless presented a paper on the question, "Is Southern California Climate the Best for Tuberculosis?" which brought out general discussion, and the general consensus of opinion seemed to be that there was such a variety of climate in California that it would be necessary to specify the locality, the inland towns having the preference. There was some criticism of eastern physicians who send patients to California with no real knowledge of the difference in climate in different localities, and patients should be directed to consult some reliable physician who could impart the proper advice.

The society passed resolutions of respect on the loss of two members, who had been prominent in the upbuilding of the society—Dr. J. C. Kirkpatrick, of Los Angeles, and Dr. Mortimer Ayers, of Pasadena. Six new members were added to the society during the session.

The officers elected for the coming year were: President, Dr. M. H. Chamberlain, of Monrovia; first vice-president, Dr. E. C. Buell, of Los Angeles; second vice-president, Dr. Eliza J. Beach, of Pasadena; secretary and treasurer, Dr. P. S. Barnard, of Los Angeles.

The next meeting will be held in Los Angeles on the second Wednesday of October, 1903, and from the names at the heads of the bureau it promises to be the best and most interesting meeting the society has ever had.

F. S. BARNARD, Secretary.

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Gowanda State Homeopathic Hospital Training School for Nurses.—Since the founding of the School for Trained Nurses in 1898, thirteen graduates have passed the State examination. Candidates must first receive an appointment as attendant at the hospital. The course consists of two years' didactic and clinical instruction by the Medical Superintendent and staff, assisted by the matron and supervisors. Practical training is given in baths, massage, preparation and administration of foods and medicines. Opportunity for the treatment of accident and emergency cases is afforded to members of the senior class.

Typhoid Fever.—A great epidemic of typhoid fever at Ithaca; a continuous epidemic of typhoid fever at Philadelphia, 390 new cases in one week, and all this from impure water. The springs of the Berkshire Springs Co. are absolutely protected from any contamination. The Berkshire water is pure, sparkling, healthful; 579-581 East 133d street; telephone 2883 Harlem.

The Dunham Medical Club of Hartford, Conn., held its January meeting with Dr. Cowles, the subject under discussion being "Heart Remedies." During the session Dr. E. C. King related a case of a new born child that came under his care, where it was impossible to obtain a movement of the bowels. When enemata were resorted to and the body of the child was raised by the heels to allow the water to gravitate to the higher parts of the intestine, almost clear fluid ran from the child's mouth, and continued to run out so long as the water was flowing into the bowel. The child died on the fifth day after birth; but the doctor was unable to get permission for an autopsy.

The American Institute at Boston.—Very satisfactory progress is being made with the program for the meeting at the Hub next June; and the local fraternity and their lady friends also have their plans well in hand. Everything points to an exceptionally good meeting from all points of view. The Boston physicians are urging the executive committee of the Institute to give them opportunity to show the historical places of the old city and the scenic beauties of its surroundings, but the committee intends to grant but a limited time for these accessories.

Few magazines offer more enjoyable reading than *The Four Track News,* published by George H. Daniels, general passenger agent of the New York Central. One might naturally suppose that a publication emanating from such an office would be almost entirely of an advertising nature, and given up to description of places reached by that particular road; but a recent copy carried us graphically and pictorially to Florida, the Middle West, California, Texas, Illinois, Saranac and Japan. It is a most readable little magazine, and no physician will make a mistake in investing 50 cents for a year's subscription for the sake of his reception room table.

At the February meetings of the Dayton Homeopathic Medical Society the subjects treated were "Some Obstetrical Experiences" and "Pneumonia," the writers of the papers being Dr. J. M. Wine and Dr. J. I. Bashore, respectively.

The New Jersey State Society is making plans for the celebration of its semi-centennial, to take place early in June at some shore resort.

The Treatment of Influenza and Coughs.—We excerpt the following from the *Toledo Medical Compend* by David E. Bow-

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man, M.D., Toledo, Ohio, Professor of Obstetrics, etc., Toledo Medical College: "Antikamnia and Heroin Tablets will be found useful by every practitioner, particularly during the winter and spring months. The antikamnia not only adds potency to the respiratory stimulant and expectorant qualities of the heroin, but it prevents the slight nausea which may at times follow its administration alone."

In the case of adults suffering with acute diseases like typhoid fever, where a special diet is required (necessarily the same articles very often), it is hard to get patients to continue taking them without their palling on the taste. Milk, Junket, Broths, Soups, etc., etc., have all been administered interchangeably, in many cases without securing any greater relish or appreciation by the patient's palate. Clinical reports have proven that when cow's milk is modified by Eskay's Albumenized Food in accordance with directions, a food is secured which patients can take continuously with relish without growing tired of it.

The remarkable and long-continued popularity of the Maltine preparations is an excellent testimony to their worth. A fleeting popularity, achieved by some factitious methods, is never of substantial value. The Maltine preparations, however, are made with such care, none but the choicest materials being used, their own intrinsic merits are so notable, and their uniformity of composition and results is so great that they invariably give perfect satisfaction to those who employ them in the wide range of affections to which they are adapted.

The Maltine Company has thriven exceedingly, but in the midst of its prosperity and popularity has never forgotten the painstaking and straightforward methods by which it rose to eminence. It is undoubtedly true that, unless guided constantly by such principles, any business will ultimately fall into trouble. Competition is so keen that if a manufacturing house maintains a prominent position for a long succession of years it must assuredly have thoroughly deserved its success.—*Monthly Cyclopedia of Practical Medicine.*

The Glenmary Company wishes to announce that, owing to improved railroad and telephone service, the address of the Oakhill sanitarium has been changed to Lock Box 273, Caldwell, N. J. Telephone, "31 Caldwell." Further information on application. John P. Greenleaf, Physician in Charge. David Moulton Gardner, Resident Physician.

The action of Celerina on the brain and nervous system is that of an exhilarant, relieving depressions, and lessening irritatable nerve conditions. In cases of organic and functional lesions of the heart, an increased steadiness of pulse beat, and diminution of pulse variation is apparent.

The Homeopathic Medical Society of Chicago will have two interesting meetings on March 19th and April 16th. Dr. Sarah M. Hobson is the Chairman, having the March meeting in charge, and will present papers by C. D. Collins, M.D. on "Syphilis in Children"; C. T. Hood, M.D., on "Heart Lesions in Children"; and by A. O. Sax, M.D., on "Diseases of Children." The April meeting will be in charge of Dr. Frank Wieland. Dr. Clifford Mitchell will present some "Cases from Practice: Hypertrophy of the Kidneys, Acute Septic Nephritis, and Chronic Hemor-

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rhagic Nephritis without Edema. Dr. J. B. King will also present a paper, the subject of which will be announced later.

The Middletown State Hospital gave a festal day to its inmates on Christmas. The festivities began with a dance on Christmas eve at which over 500 patients were present. And on the day itself a bounteous dinner was served. Six hundred parcels were received for the inmates. The entertainment was managed by Superintendent Cook, but its success was due in no small measure to the hearty co-operation of Medical Superintendent M. C. Ashley, M.D., and his able corps of assistants. Dr. Ashley is proving himself the man for the place. The Middletown *Argus* says: "He is proving himself an able and worthy successor to the lamented Talcott—and higher praise cannot be bestowed upon him."

The Twenty-third Annual Report of the St. Louis Children's Hospital tells of another year of successful work. Many times the Hospital has been filled to its utmost capacity and at times had over eighty children in its wards. The year was a notable one both from a medical and financial standpoint. For the latter much credit is due to the Board of Lady Managers, and for the former to the efficient corps of physicians in attendance. The Medical Staff includes Drs. C. H. Goodman, C. J. Luyties, W. J. Burleigh, and G. H. Morrill, with Drs. T. G. Comstock and Chas. Gundlach as consulting physicians. The Surgeon is Scott Parsons, M.D., the Oculist and Aurist is Jas. A. Campbell, M.D., and the Resident Physician is Burton Bohannon, M.D.

The Board of Associate Managers of the Buffalo Homeopathic Hospital gave a very enjoyable and profitable card party for the benefit of the Hospital on January 13. The tables were placed in the parlors of the Iroquois and the games began soon after 2 P. M. Many beautiful and attractive prizes were awarded.

Kolhapur, India, has a homeopathic out-door dispensary—the first of the kind in India. Dr. V. S. Tengshe, N. Y. H. M. C. & H., is in charge of this pioneer institution. Dr. Tengshe has also been asked by the State to try what he can do for the patients of the plague epidemic. Thus a heathen nation is proving more advanced than our own, where the homeopaths are not even allowed to try what the doctrine of Similia can accomplish in yellow fever or malaria in the army.

Barcelona has long been the center of homeopathy in Spain, though Madrid supports the homepathic hospital of San Jose and a dispensary. There are probably over a hundred homeopathic physicians in Spain, and of these the Academy of Homeopathic Medicine, of Barcelona, numbers twenty-one active resident members and nineteen corresponding members. They publish the *Revista Homeopathica* and maintain two dispensaries and one hospital. The following translation from a recent number of the above-mentioned journal tells how this hospital of Nino Dios was transformed into a homeopathic institution:

The Countess of Moy, a prominent society woman of Spain, now President of that institution, fell deathly sick some time ago, and after the very best doctors of the Castor Oil School had failed to relieve her she called in Dr. Sanllely, a distinguished homeopathist of that city, who very soon relieved her of her suffering and restored her to perfect health.

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She was very grateful, and became a supporter of our school.

After the death of Dr. Sanllely, Dr. Jose Gero Savall became her physician. This distinguished homeopathist talked with her about establishing a hospital. She conceived the idea of transforming the hospital of which she was President into a homeopathic institution, appointing the above doctor as medical director of the place, which position he accepted on the condition of transforming all the staff of the school, replacing the allopaths by homeopathists. Of course, the old school doctors protested, and did everything to upset the plans. But everybody concerned in the place was of the opinion that homeopathy was superior to the old school.

Cardinal Casanas and all the officers and nurses of the place recognized the superiority of homeopathy by previous experiments in the hospital, and by the unanimous decision the hospital became a homeopathic institution, regardless of the old school hostility.—*The Chironian.*

Professor Rome, of the Homeopathic College, U. of M., gave an address on "The Evolution of Operative Technique in Gynecology" on Feb. 2, and on the 16th of the month Professor Clark spoke on "Friar Lawrence's Sleeping Potion."

Drs. R. G. Reed, L. D. Meader, W. F. Reilly and W. G. Hier contributed to the program of the February meeting of the Cincinnati Homeopathic Lyceum.

Dr. Franklin A. Gardner, the best known homeopathic physician in Washington, died on Feb. 13, of typhoid fever, aged 45 years. He was a native of Massachusetts, but had practiced medicine in this city since 1883, his patrons including many persons prominent in official and social life.

Dr. Gardner was physician at the White House during the Harrison administration. His widow, a son, and two daughters survive him.

Glyco-Thymoline in Gynecological Practice.—The following will show results I have obtained with Glyco-Thymoline in one case:

Case I.—Mrs. R., case of endometritis; inflammation extensive; entire vaginal tract inflamed and tender; os ulcerated to slight degree; great deal of pain in lumbar region; profuse leucorrheal discharge; patient extremely nervous.

Treatment: Tampons of Glyco-Thymoline were applied and left in situ twenty-four hours. After removal of tampon, I gave patient a vaginal douche of a solution of Glyco-Thymoline and water (2-7). Pain and tenderness rapidly subsided, leucorrhea diminished, and after three months' use of tampons, I instructed her to use Glyco-Thymoline douches three times a week, which were continued for some time. All symptoms of former troubles have ceased and patient considers herself well.—Chas. A. Stedman, M.D., Cleveland, O.

Common Sense Tonic Medication.—Every physician of experience has many times felt the need of a satisfactory method of treatment for the exceedingly common class of cases attended with impoverishment of blood, exhaustion of nervous force and the constitutional condition designated malnutrition. What is most needed is an "all-around" tonic, which attacks the pathologic conditions upon the rational scientific basis of restoring tone to the general system—blood, nerves, organs, nutrition, by an imitation of nature's methods of restoring waste of tissue and

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impoverishment of nervous force, *i.e.,* by coaxing the abrogated digestive and assimilative functions—and thereby the general nutrition—to resume normal physiologic activity. Gray's Glycerine Tonic Comp. is an example of this principle; it is a reliable tonic, reconstructive and nutrient in the truest and fullest sense of these terms. The remedy in question may be obtained from the Purdue Frederick Co., 15 Murray Street, New York.—*Medical Examiner.*

W. E. Coquillette, M.D., of Byron, Ill., writes: "It is seldom that I give a written recommendation for any medicinal preparation, but I freely say a good word for Williams' Eczema Ointment as it may benefit my brother physicians and relieve some sufferer."

What the invalid world needs is not increased work, nor the tonics and stimulants which compel the work, but, on the contrary, they need less work, more sleep and rest, and such treatment appliances as promote rest and relaxation—sleep and recuperation. Forty years of investigation and experiment enabled the founder of The Walter Sanitarium to discover and apply this principle to unexampled results.

W. B. Saunders & Company desire to announce to the profession that they have established a branch of their business in New York. For this purpose they have secured a suite of rooms in the Fuller Building, centrally located and easily accessible from all parts of the city. Dr. Reed B. Granger, for many years managing editor of the *New York Medical Journal,* together with a representative who is thoroughly familiar with the methods of the Philadelphia house, will be connected with this new branch; and Mr. W. B. Saunders personally will divide his time between New York and Philadelphia.

The Fuller Building, erected on the triangular plot bounded by Broadway, Fifth Avenue, 22d, and 23d Streets, is one of the oddest structures in the world, and because of its peculiar shape is known as the "Flatiron Building." From the offices, purposely located on the 17th floor, can be obtained an unobstructed panoramic view of the city.

Physicians visiting New York are cordially invited to make these conveniently appointed offices their headquarters.

Dr. Harry Edwin Rice, formerly of Springfield, Mass., has removed to 685 Boylston Street, Boston. The Doctor is once more in excellent health after his enforced rest of eighteen months.

Dr. Walter Pardee, of New York, died at the residence of his son, Dr. Ensign B. Pardee, 74 West 48th Street, on February 11. Dr. Pardee was born in Sharon, Conn., in 1822. He studied medicine with Dr. Hilem Bennett, of Rochester, whose daughter he married. He was graduated from the Cleveland Homeopathic Hospital College in 1860 and started practice in New York immediately afterward. He retired from active practice in 1882, since which time he has been an invalid.

Dr. F. J. Walter, Chicago Homeopathic, '97, has removed from Chicago to Jacksonville, Florida, for the practice of his specialty—eye, ear, nose and throat. Will take special care of all cases needing change of climate sent to him.

Dr. Wm. H. Bennett, N. Y. H. M. C. & H., '89, has achieved prominence as a citizen of Fitchburg. He is president of the councilmen and member of the finance and printing committees.

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Societies and Current Events.

CONDUCTED BY . . . . . ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 181 West 73d Street, New York City.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach this office before the 10th of the preceding month.

Dr. Wm. G. Gardiner has removed to 1303 Pacific Avenue, Atlantic City, N. J.

The Clinic has changed its business address to 2813 Cottage Grove Avenue, Chicago.

Dr. Harrison G. Sloat, formerly of South Britain, has removed to 59 West Avenue, Norwalk, Conn.

Dr. M. B. Blouke has been appointed Professor of Gynecology in the Chicago Homeopathic Medical College.

Dr. Buck G. Carleton, of 75 West Fiftieth Street, New York, was married to Miss Clarice Elizabeth Griffith on February 24.

Drs. E. V. and Wm. V. Van Norman have removed to rooms in the new building at 356 South Broadway, Los Angeles, Cal.

Dr. H. F. Biggar left the 16th of February on a trip through Mexico and California, with Mr. and Mrs. Rockefeller and Mr. and Mrs. Rockefeller, Jr.

Dr. Wm. R. Pryor has located at 6 West Eighty-fourth Street, New York. Office hours, 2 until 4 P. M.; Sundays excepted. Telephone connection.

Dr. Dexter D. Ashley has removed to 337 Lexington Avenue, New York, and will hereafter devote himself exclusively to the practice of orthopedic surgery.

Dr. Fred. J. Walter has removed to 310 Dyal-Upchurch Building, Jacksonville, Fla., where he will devote his practice to diseases of the eye, ear, nose and throat.

Wanted—A position in a sanitarium or hospital by a woman physician—one having had considerable experience and can furnish the best of reference. Apply W., NORTH AMERICAN JOURNAL.

Dr. A. C. Cowperthwaite, of Chicago, has been in New York for some time, looking after one of his wealthy patients. His many friends in New York have enjoyed a chance to visit with him.

Dr. and Mrs. J. M. Lee, of Rochester, N. Y., recently made a flying trip to New York. After a visit to the automobile show the Doctor purchased a $2,000 flier and expects to be independent of railroads.

Dr. Hills Cole, of the NORTH AMERICAN'S staff, leaves for Europe the middle of April to prosecute some business for, and act as special representative of, the NORTH AMERICAN JOURNAL OF HOMEOPATHY.

Dr. A. F. Moore, of Woodstock, Va., writes that physical and mental rest combined with Homeopathy has enabled him to

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conquer incipient phthisis, and that now his sputum is free from bacilli. This will be good news to the friends of the doctor. He recommends Solidago gigantea 2x for tuberculosis and says it will also cure the grippe.

A Third Edition of the well-known Book on Urinary Analysis by Dr. Clifford Mitchell, Professor of Renal Diseases in the Chicago Homeopathic Medical College, is out, and the same author has in press a large work on practice entitled "Diseases of the Urinary Organs," which will soon be ready. Boericke & Tafel publish both books.

Success in Septicemia.—Gratifying results are obtained by treating cases of septicemia with H_2O_2 full strength, 4 ozs. every twelve hours. No medicines are necessary and nothing is used but clean linen, plain gauze and H_2O_2 (Marchand's). Hydrozone is especially valuable here as it yields 30 times its own volume of nascent oxygen, instead of 15 volumes.

Dr. and Mrs. De Witt G. Wilcox, of Buffalo, N. Y., recently spent a couple of weeks in New York, making their headquarters at the Waldorf-Astoria. As is well known, Dr. Wilcox is the official Secretary of the State Society and proprietor of a surgical hospital in Buffalo. He was a welcome visitor at the offices of some of his prominent professional friends in the city.

The Productions of Flavell's, 1005 Spring Garden Street, Philadelphia, Pa., manufacturers, are Elastic Stockings, Abdominal Supporters, Trusses, etc., which are offered to the medical profession direct. Their prompt attention to all orders and extensive facilities enable them to fill orders at once. If you have not used their goods, send a postal card for their catalogue.

Of the recently appointed members of the Cook County Hospital, Homeopathic Staff, by far the greater number are from the faculty of the Chicago Homeopathic Medical College. On the staff from this institution are Drs. E. H. Pratt, T. E. Motter, G. N. Pratt, B. A. McBurney, Edgar J. George, S. H. Aurand, C. T. Hood, and Edwin N. Nash. Dr. A. R. McDonald of the same college has been appointed to the Associate Staff.

Dr. Acken, of New York, reports twenty-three cases of anemia in which he exhibited Neoferrum—the New Iron, at the West Side Dispensary. His deliberate judgment is that this preparation far surpasses any of the various forms of iron and manganese on the market. Neoferrum—the New Iron—is prepared by The Maltine Company, which in itself is evidence that the latest advances in medicine, chemistry and pharmacy have been utilized.

The Hahnemann Medical Association of Iowa will hold its next meeting at Des Moines, May 19 and 20. From reports already received, an exceptionally interesting program is assured. Bureau chairmen who have not already reported are requested to do so at as early a date as possible. The attendance at the meetings has been increasing from year to year and it is hoped that as many as possible will be present to swell the number at the coming meeting.—E. R. Ames, M.D., Secretary.

New York Homeopathic Medical College and Hospital Alumni Association.—The annual reunion and banquet will be held at the Waldorf-Astoria, Fifth Avenue and 34th Street, New York, on the evening of Thursday, May 7, 1903. Prominent speakers will be at the dinner, and ladies may attend the speaking. Dinner will be served at small tables, and those desiring to sit together

should forward their names as soon as possible. Walter Sands Mills, Corresponding Secretary.

Clinical Examination of the Gastric Contents.—Such is the title of an admirably illustrated little book issued by the New York Pharmacal Association, makers of Lactopeptine. The book gives in a concise and lucid manner the modern methods of examining the stomach contents, the significance of abnormal conditions, and the influence of stomach diseases on the gastric secretion. Lactopeptine has given remarkable results in treatment of digestive turmoils.

Serum-Therapy Is Still Upon Probation.—Some believe that it solves the problem of therapeutic treatment, and some do not. But all are agreed that to avoid disagreeable results the serum should be pure, aseptic and of reliable strength. The antitoxin and vaccine prepared under ideal conditions by the H. K. Mulford Company fulfils all these conditions. Attention is called to the announcements of the company given in the beautiful inserts of the March issue of the NORTH AMERICAN JOURNAL.

The firm of Boericke & Tafel, consisting of Felix A. Boericke, M.D., and Adolph L. Tafel, on the first of January, 1903, associated with themselves Gustav H. Tafel, Edward E. Boericke and John J. Boericke. All these gentlemen have, after leaving their respective colleges, devoted themselves exclusively to homeopathic pharmacy, and we believe the profession will rejoice in this latest development in the history of this old house, as it assures a permanent future under the most competent and the same trustworthy management as in the past.

A Competitive Examination of candidates for internes of the Rochester Homeopathic Hospital will be held in Rochester on the third Saturday of March, 1903. Candidates will please report at the Hospital, 224 Alexander St., 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 Homeopathic Hospital, 75 South Fitzhugh Street.

The Directories.—We call the attention of our readers to the new directories appearing in this number of the NORTH AMERICAN. The directory giving classified lists of homeopathic medical societies is very full and complete. The directory of physicians has met with much approval and cordial support, and has a long list of prominent names for its first appearance. It is evidently a success, and will be found a great convenience in finding a suitable man to whom to refer a patient. Both directories may be found in the front of the journal.

The Homeopathic Medical Society of Ohio will hold its next meeting in Columbus on May 12 and 13. It is planned to limit the papers both as to numbers and as to time, so that ample time will be allowed for general discussion. President Thomas M. Stewart, M.D., says "If the coming meeting of the Society is an unqualified success, it will be due to those who present papers, and to them all the credit will belong. Therefore, it is desirable that no paper exceed ten minutes in its reading. Make your essay short, sharp, concise and to the point, and do it now."

The Laura Franklin Free Hospital for Children in its sixteenth annual report tells of an increasing and widening work.

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Notwithstanding the prevalence of more or less infectious disease, the books show that more patients have been admitted into the hospital than during any similar period since its inception. Three hundred and forty-seven cases were treated during the year with a mortality rate of four per cent. The Training School for Nurses has entered upon its third successful year. The report contains resolutions upon the death of Drs. Wm. Tod Helmuth, Martin Deschere, and Henry C. Houghton. It also contains photographs of the various wards.

The Homeopathic Medical Society of the County of New York held its regular meeting February 12, at 8 P. M., 55 members present. The President, Dr. Irving Townsend presided; after reading of the minutes, the following were elected to active membership: Josephine Howland, M.D., 1945 Seventh Avenue; William H. Newcomb, M.D., 233 East 12th Street; Arthur Palen Powelson, M.D., 328 Lenox Avenue; P. D. Riordan, M.D., 724 Lexington Avenue; to corresponding membership: Joseph Hasbrouck, M.D., Dobbs Ferry, N. Y.; W. H. H. Bull, M.D., Bloomfield, N. J.; H. A. Newbold, M.D., Morristown, N. J. The Committee on Women and Children, Walter Gray Crump, M.D., Chairman, presented a paper on "Tumor of the Sacrum—A Case of Appendicitis," by William Francis Honan, M.D. The Committee on Materia Medica, J. Perry Seward, M.D., Chairman, gave a paper on "Belladonna," by Josephine Howland, M.D. Discussion opened by Byron G. Clark, M.D. The Committee on Public Health, Charles Ver Nooy, M.D., Chairman, presented a resolution on the child-labor evil; also a resolution against change in the present tenement-house laws.

The Committee on Public Health was also ordered to investigate the lake at the upper end of Central Park and report on its healthfulness at the next meeting. Walter Sands Mills, M.D., Secretary.

The regular meeting of the Homeopathic Medical Society of the County of New York was held on the evening of March 12, 1903, the President, Irving Townsend, in the chair. The minutes were read and approved. The following were proposed for active membership: Drs. Loizean, Kidder, McIvor, Riordan. For corresponding membership: Dr. Gomez, of Rio de Janeiro, Brazil, and Dr. Kingsley, of White Plains. The following were elected to active membership: Drs. J. H. Beattie, W. E. Doremus, W. F. Fowler, A. V. Quick, A. H. Richardson. To corresponding membership: Dr. J. H. F. Datesman, of Passaic, and C. H. Mersheimer, of Jersey City. Dr. John E. Wilson read a paper on "Typical Cases of the Anesthesias of Hysteria." This was discussed by Drs. Shepard, Van der Burg, and Simpson. Dr. George B. Rice, of Boston, read a paper on "Clinical Significance of Certain Defects in Voice and Speech." The paper was discussed by Drs. Teets, A. W. Palmer, and Miss Warren. Dr. Laidlaw gave a demonstration of the Bianchi-Smith method of outlining the heart. This was discussed by Drs. Van den Burg, Moffat, of Brooklyn, and Mills. Dr. Rushmore, of Plainfield, read a paper on "Philosophy of Homeopathy." This was discussed by Drs. Hasbrouck, Van den Burg, Austin, Howland, Rice, and Moffat. Dr. Dearborn, Chairman of the Committee on Legislation, reported a set of resolutions upholding the Board of Regents in their efforts to have the systems of education all placed under their control. These were adopted by the Society.—Walter Sands Mills, Secretary.

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Annual Reunion of the Alumni Association of the Hahnemann Medical College, Philadelphia, Thursday, May 14, 1903.—The annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, 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 secured by notifying the Secretary. Requests received after Wednesday, May 13, 1903, cannot be considered. W. D. Carter, M.D., '94, Secretary, 1311 South Broad Street, Philadelphia.

Officers.—President, Daniel P. Maddux, M.D., '83, Chester, Pa.; Vice-Presidents, C. H. Goodman, '69, St. Louis, Mo.; E. C. Price, '75, Baltimore, Md.; A. C. Heritage, '84, Jenkintown, Pa.; Treasurer, William H. Keim, M.D., '71, Philadelphia; Permanent Secretary, Woodward D. Carter, M.D., '94, Philadelphia; Provisional Secretary, D. Bushrod James, M.D., '96, Philadelphia; Necrologist, John R. Fleming, '82, Atlantic City, N. J.; Executive Committee, one year, D. J. Burlinghoff, '93, Scranton, Pa.; W. W. Speakman, M.D., '87, Philadelphia; John K. Tretton, M.D., '88, Rochester, N. Y.; two years, George D. Woodward, M.D., '84, Camden, N. J.; O. S. Haines, M.D., '82, Philadelphia; H. B. Ware, M.D., '86, Scranton, Pa.; three years, H. P. Leopold, '96, Philadelphia; J. Ross Swartz, '79, Harrisburg, Pa.; J. W. Hassler, '92, Philadelphia.

William Huntingdon Leonard, M.D., of Minneapolis, was tendered a complimentary banquet on the evening of February 26 at the Harvard chambers by the medical fraternity of Minneapolis and the Northwest in honor of the fiftieth anniversary of his entrance into the practice of medicine.

Seventy-six physicians from various parts of the country joined in presenting him with a handsome loving cup as an emblem of the regard in which he is held by the members of his profession.

At the banquet table were seated eighty doctors, with their ladies. The chambers were decorated especially for the occasion.

Dr. Oscar K. Richardson presided as toastmaster. The following toasts were responded to: "The School Boy," Dr. Cyrus Northrop; "The Lover," Henry C. Aldrich; "The Soldier," Asa S. Wilcox; "The Justice," Harry M. Lufkin; "The Sixth Age," George E. Ricker; "The Last Scene," J. Davidson Lewis.

Letters of congratulation were read from Elbert Hubbard, Samuel L. Clemens (Mark Twain), and also a telegram from Henry Clay Barnabee of the Bostonians.

Dr. Leonard has been a member of the old school and is now a homeopath, so that no distinctions of school deterred Northwestern physicians as a whole from uniting in a gift which is to be presented to the guest of honor to-morrow night.

It is of general interest also to know that the doctor was a pioneer physician of Minneapolis and a member of the first wholesale and retail drug firm of the city. He was for twenty-five years a member of the State Board of Health, and the first

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member of the State Lunacy Commission for the inspection of State Hospitals for the Insane. He was responsible more than any one else for the establishment of the State Board of Charities and as a member of the State Health Board was an examining member of the medical faculty of the State University. Dr. Leonard was the first health officer of the united city. He was an organizer of the State Institute of Homeopathy of which he served three years as president.

Many of the medical organizations of the State and county which to-day are moving factors in the progress of this profession here, can trace their origin to Dr. Leonard.

His love for and his devotion to his calling and the enthusiasm which entered all his endeavors, has won for him an endearing place in the hearts of his fellows in the profession.

Famous Atlantic City.—A city by the sea, a city of the sea, a city cheered by sea breezes and both warmed and cooled by sea currents, a city for the depressed, the weary and the sick, and also a city for the fortunate and the well—this is Atlantic City.

It has ceased being local—its fame is national. Its visitors come from Maine to California, from England to Asia. Nowhere is there a health resort so well prepared to accommodate its guests. Not only has Atlantic City between 600 and 700 hotels, but these hotels, or the most of them, have made the care of patrons a careful study, and there is no place in city or country where the comforts and luxuries of life can be found in such abundance and completeness as at Atlantic City. When several weeks since a body of physicians comprising the famous Unanimous Club of New York, accepting the invitation of Dr. John R. Fleming, the well-known physician of Atlantic City, visited this great seaside resort, it is likely that some were skeptical concerning the claims made for benefiting invalids and doubtful also of the quality of the hotels. After thoroughly investigating the town and testing the powers of Galen Hall, skeptics were not to be found. It was unanimously agreed that if all the best hotels in Atlantic City were as good as Galen Hall, there were few in the country to compare with them. Beginning in a modest way, Galen Hall has now become one of the great institutions of Atlantic City. Its immense new wing has provided for its increasing patronage, but it is only a question of months when a second and equally large addition will be required. Galen Hall is a model home hotel. It is run for the benefit of its guests. It does what it agrees to do—and a little more. Its management is conservative, but progressive, keenly intelligent, and the manager and his two assistants are models of courtesy and efficiency. Of the many attractions of Galen Hall it is unnecessary to speak in detail. The great solarium, with an area of 2,240 square feet, the sea-water baths, the hot-air baths, the very complete electrical equipment, one of the finest in existence—the special dish-closets, and the most excellent table make Galen Hall a veritable haven of refuge for all who seek rest or restoration of health. A staff of physicians, both attending and consulting, comprises some of the most eminent men in the homeopathic profession. The President of the Galen Hall Company is Mr. W. T. Moore, a gentleman of great ability and discernment, and the Vice-President is Mr. George Clinton Batcheller, one of New York's most successful merchants. Of the entertainment of the visiting doctors, their reception at the station by the Police Patrol, the fine banquet in the evening, the cordial reception by the Mayor, who postponed his trip the next day, the board walk, and Dr. John R. Fleming and Dr. A. W. Bailey—it was, of course, immense.

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Homeopathic Medical Society of the State of New York.—The regular annual meeting of the Homeopathic Medical Society of the State of New York was called to order promptly at 10 A.M. on the morning of Tuesday, February 10, the President, Dr. John L. Moffat, of the Borough of Brooklyn, New York City, in the chair.

The meeting was opened with prayer by the Rev. Henry N. Dunning.

After the appointment of various committees, the President delivered his opening address. The Treasurer and necrologist read their reports.

The Bureau of Materia Medica presented a paper on "Conium as a Tonic," by Dr. E. D. Simpson, of New York.

The Bureau of Laryngology reported a paper on "Conditions of the Respiratory Passages Resulting from Automobiling," by Dr. Irving Townsend; "The Sanitary Expectoration Cup," by Dr. J. Henry Hallock.

While most of these papers were excellent, the discussion was very limited owing to the small attendance. It is hoped that at future meetings the number present at the opening sessions may be greatly increased.

Afternoon Session.—The Bureau of Surgery reported a paper on "Acute Pancreatitis," by Dr. B. W. Sherwood; "Random Remarks on Anesthesia," by Dr. T. D. Buchanan; "A Study of Three Fractures Involving the Elbow Joint," by Dr. J. Hubley Schall; "Introductory Remarks upon the Surgical and Legal Aspects of Traumatic Neuroses," by Dr. Orando S. Ritch.

The Bureau of Pediatrics reported a paper on "The Psychological Effects of Imperfect Vision of Children," by Dr. E. J. Bissell; "Further Investigations Regarding the Physical Effects of Regents' Examinations on School Children," by Dr. De Witt G. Wilcox. This paper was discussed by Mr. Charles F. Wheelock, Inspector of the University of the State of New York.

The Bureau of Ophthalmology and Otology presented a paper on "Ophthalmic Hints," by Dr. Fred D. Lewis; "Therapeutic Suggestions on the Eye, Ear, Nose and Throat," by Dr. J. Ivimey Dowling.

Dr. E. H. Porter, Chairman of the Committee on Medical Legislature, was here called upon for his report. He gave a very clear resumé of the important bills pending and commended the amendments to the child-labor laws and as emphatically condemned the proposed amendments to the present tenement-house law. He predicted the introduction of an osteopathic bill.

The Bureau of Neurology presented a paper on "Apoplectiform Attacks and Their Treatment," by Dr. C. Spencer Kinney; "Alcoholic Insanity," by Dr. William Morris Butler; "Fallacies," by Dr. John T. Greenleaf; "Provision for the Insane in General or Psychopathic Hospitals," by Dr. George F. Adams.

THE BANQUET.—The banquet on the night of the first day of the State Society meetings seems to have come to stay. This one was especially enjoyable. It was held at the Hotel Ten Eyck. Four long tables were set in the ball room and during the evening Holding's orchestra played. About 150 doctors and their wives were present.

Dr. De Witt G. Wilcox acted as toastmaster. Dr. John L. Moffatt, the President, then spoke on "The Poultice that Cured the Carbuncle." "I would like to thank you all," he said, "for the

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support which you have given all the officers during the past year. The society has never been stronger than it is now, and I am proud of it. I do not consider that there is any crisis in the course of homeopathy at present, and I am sure that we will never surrender our colors."

Mr. Rudd in responding to the toast, "Was Diogenes looking for a Lawyer?" said in part:

In answering the call of the toastmaster, in justice to myself, I must say that when your genial secretary by letter advised me of the theme of my toast, evidently anticipating somewhat my frailties, he suggested that I might speak on or off, or over or under the toast, I assure you that I shall take advantage of this liberty of conduct, and if, therefore, you are not able to recognize any continuity of thought in connection with the inquiry as to what Diogenes was seeking, it will be the fault of Dr. Wilcox, and not mine.

Rev. Henry N. Dunning, pastor of the Clinton Avenue Presbyterian Church, took as his topic "Medical Hereodoxy." To Dr. John E. Wilson fell the task of answering this question, which was set opposite his name on the toast list: "Do we achieve success or do our wives secure it for us?" The doctor's efforts were directed toward proving the case for the wives, and this he did to the satisfaction of all the diners.

In responding to the toast: "If I were President," Miss Ida M. Tarbell, Lincoln's biographer, said that in such an event she would select as Secretary of State Mr. Dooley. With him she would be sure of an unfailing source of good humor. The second man would be Mr. J. Pierpont Morgan. The remainder of the toast list was as follows: "The Yankee Doctor," Dr. Edward Beecher Hooker; "Ho Do We Compare with Our Forefathers?" Hon. Archibald Baxter; "A Czar, a President, or a Member of the Board of Regents," Rev. T. A. Hendricks.

Wednesday Morning Session.—The Bureau of Obstetrics presented a paper on "Occipito-Posterior Presentations," by Dr. E. H. Noble; "Pregnancy and Parturition," by Dr. E. L. Hinman.

The Bureau of Gynecology presented a paper on "Procidentia Uteri," by Dr. George W. Roberts; "Deciduoma Malignum, with Report of a Case," by Dr. Edward G. Tuttle.

The President's address, delivered by Dr. John L. Moffat, was a plea for education. He said the physician should be a scholarly man. That it was in his power to point the way for more knowledge, that vice—especially sexual vice—might be eradicated. In conclusion he urged homeopathic physicians to stand by their colors. He said: "Homeopathic practice is really a specialty, but it should not be narrowed down to exclusiveness."

The following were elected as State Medical Examiners: Drs. John M. Lee, Rochester; James Willis Candee, Syracuse; George E. Gorham, Albany; W. A. Keegan, Rochester; Walter B. Winchell, Brooklyn; George T. Moseley, Buffalo; and Ellsworth H. Noble, of Elmira.

Drs. George W. Roberts, of New York; H. D. Schenck, Brooklyn; F. Park Lewis, Buffalo; and W. H. King, of New York, were elected as committee to nominate the State Medical Examiners, to be voted for at the next annual meeting.

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Societies and Current Events.

CONDUCTED BY . . . . . ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 181 West 73d Street, New York City.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach this office before the 10th of the preceding month.

Personals.—DR. EUGENE H. PORTER'S new telephone number is now 2704 Columbus.

DR. ALFRED SALLS has moved from Saco to Auburn, Me.

DR. J. N. RICARDO has moved from New York City to Dover, N. H.

DR. T. PARK LEWIS has moved from New York City to Waterville, N. Y.

DR. O. M. BARBER, of Mystic, Conn., spent a portion of the winter in Florida.

DR. WALTER SANDS MILLS of New York has removed to 324 West 89th Street. Telephone: 44 Riverside.

DR. JOSEPH T. COOK, of Buffalo, N. Y., spent a portion of the winter and the early spring at Lakewood, N. J.

DR. GROSS of Walla Walla recently visited New York and spent two weeks as interne at the Metropolitan Hospital.

DR. LYNN A. MARTIN of Binghamton, N. Y., announces his removal to 177 Washington street, opposite Hotel Bennett.

DR. W. H. STONE, of Providence, R. I., writes that his address has been, now is, and in the future will be 73 Common street.

DR. NORMAN H. GETMAN, of Richfield Springs, N. Y., died in March. He was seventy-two years of age and graduated in Cleveland in 1854.

DR. J. J. THOMPSON, of Chicago, formerly of Hering College, is now conducting a clinic in gynecology at the Chicago Homeopathic Medical College.

DR. WILLIAM C. MCKNIGHT has located at 219 West 135th Street, New York. Office hours: 10-12 and 6.30-8, Sundays 10-11. Telephone: 546 Morningside.

DR. T. D. STAFFORD was recently elected mayor of North Adams, Mass., running ahead of his ticket and beating his opponent, a lawyer, by a large majority.

DR. H. V. HALBERT of Chicago, Professor of Practice in the Chicago Homeopathic College and editor of *The Clinique*, will speak

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before the New York County Homeopathic Society at its May meeting.

DR. WILLIAM M. VAN ZANDT has removed to 164 West Ninety-seventh street, New York, between Columbus and Amsterdam avenues. Telephone: 3,987 Riverside.

DR. GRACE BROWN, of Bowling Green, Ky., has been in Chicago taking Dr. Clifford Mitchell's course in Urinary Analysis and Renal Diseases and doing other post-graduate work.

DR. FRANK S. CARPENTER, of Newark, N. J., has moved from No. 168 Sumner avenue to the Cecil Apartment Building, on the northeast corner of Third and Bellevue avenues.

DR. HENRY W. RICHTER, of No. 620 Carlton avenue, Brooklyn, N. Y., died early in March. He was a member of the Homeopathic County Medical Society and had been in poor health for some time.

DR. JOHN MILLER, of Buffalo, N.Y., died March 19. He was past seventy years of age and previous to his retirement some years ago he had one of the largest practices in Buffalo. (Not in directory.)

THE "BOY HEALER" recently visited Buffalo and was given such a warm reception by the Board of Health that he moved across the Niagara River and had not returned up to our time for going to press.

DR. LYLBURN H. BREWLEY, the well-known physician of Atlantic City, has conveniently located offices in the Galbreath Apartments, New York and Pacific avenues. He will be glad to take charge of any patients whom his friends may send to recuperate in the breezes of Atlantic City.

DRS. F. MORTIMER LAURENCE and C. SIGMUND RAUE of Philadelphia, made a short stay in New York lately. They saw some of their many friends and visited, among other places, the New York Homeopathic College and Hospital, and expressed their appreciation of the equipment there.

DR. DUNCAN MACFARLAN, of Philadelphia, has been staying in the Rivercrest Sanitarium at Astoria while recuperating from an acute attack of nervous prostration. He recently slipped away and fell into the East River where he narrowly escaped being drowned. He was rescued and sent back to the sanitarium by the captain of a scow which was passing at the time.

Compulsory vaccination is constitutional according to a recent decision made by the Supreme Court of Massachusetts.

Pulte Medical College will hold its Thirty-first Annual Commencement on Tuesday evening, May 5, at 8 o'clock in the Scottish Rite Cathedral, Cincinnati, Ohio.

The New Jersey State Hom. Med. Society will hold its semi-centennial at Deal Beach on June 3 and 4. All signs predict an unusually interesting session. Save the date and come.

The Illinois Steel Company is building a new hospital in Chicago. Dr. H. W. Sutcliffe, '93, will be one of the directors and one of the chief surgeons.—*C. C. Alumni News Letter.*

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Wanted.—A position in a sanitarium or hospital by a woman physician—one having had considerable experience and can furnish the best of reference. Apply W., NORTH AMERICAN JOURNAL.

The price of Hubbell's Hard Rubber Double-end Rectal Dilators has recently been cut in half. The price on complete set of four sizes is now $1.25 postpaid, as stated in our advertising column.

His Provision.—"Oh, doctor! I'm so glad you've come. My little girl has such a——" "Now don't tell me what she has, Nellie, 'cos I'm the doctor, an' I've got to try an' guess."—*Brooklyn Life.*

The National Homeopathic Hospital, of Washington, D. C., has received an appropriation of $50,000 from Congress for its improvement. The trustees will endeavor to raise an equal amount and if successful will then reconstruct the entire plant.

At the Ohio Society banquet in honor of Secretary Hay, the homeopathic fraternity was well represented. There were present Drs. H. F. Biggar, of Cleveland, M. O. Terry of Utica, C. W. Butler of Montclair, and Norton, Roberts and Porter of New York.

Kansas State Hom. Med. Society.—The Annual Thirty-fifth meeting will occur in Topeka, Wednesday, Thursday and Friday, May 20, 21, and 22, in Y. M. C. A. Hall, commencing at two o'clock. Please notice that this is two weeks later than has been our custom.

Dust, Dirt and Germs.—Your sick-rooms are best freed from dust, dirt and germs if the sweeping is first done with a cloth-covered broom moistened with water containing just a little Platt's Chlorides. The furniture should be dusted with a cloth similarly moistened.

The New York Homeopathic Medical College and Hospital will open the exercises of its Commencement at ten o'clock on May 7 with a welcome from the Dean, Dr. Wm. Harvey King. The forty-third annual commencement exercises will be held at Mendelsohn Hall at 3.30 P.M.

Gude's Pepto-Mangan the Standard.—Iron preparations spring up like mushrooms in an night. The one backed by clinical evidence in hospital practice is the old stand-by, Gude's Pepto-Mangan, which is the standard of known worth and which gives positive results.—*Medical News.*

Fairchild Brothers and Foster have obtained a final decree from the Supreme Court of the State of New York by which all firms are enjoined from selling or dispensing any Essence of Pepsin in imitation of, or in substitution for, Fairchild's Essence of Pepsin. This decision will do much toward checking the crime of substitution.

Celerina restores the tired and jaded nervous system to its normal condition, and brings about a feeling of buoyancy that will be pleasing to both physician and patient. A fair trial will confirm the verdict of the medical profession all over the world as to the virtues of this preparation. It is put up in palatable form, and is always uniform in strength.

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The Alpha Sigma Alumni Association, of New York, held its first regular meeting on January 28. The Association started with twenty-five charter members and will hold regular meetings on the fourth Wednesday of each month. The officers are: President, Dr. Ralph A. Stewart; Vice-President, Dr. J. F. Ranken; Secretary-Treasurer, Dr. Caleb Barker.

Daniel's Conc. Tr. Passiflora, Incarnata not only relieves "After Pains" speedily, but it acts as a mild laxative and diuretic and it is therefore an ideal remedy in this condition. When once a physician has given this remedy a thorough trial he will never again revert to morphine, camphor, or any of the old-time injurious drugs.—William A. Donovan, M.D.

The Nauheim Baths are prescribed generally for heart troubles, but they are also of benefit in nervous affections. Dr. N. Emmons Paine has just returned from abroad where he made a special study of the system. His new house, just finished and most attractively furnished, where Nauheim baths will be given, offers many advantages to the invalid and convalescent.

The Twentieth Century Ailment, owing to sedentary occupation and ease of locomotion, is constipation. Nature's simplest and best remedy for this stubborn trouble is found in senna. The California Fig Syrup Co. has special facilities for commanding the choicest quality of Alexandria senna and its chemists devote their entire attention to the manufacture of this one product.

How does Antiphlogistine resolve Pneumonic Consolidation? Under reflex control Antiphlogistine resolves hepatization of lung tissue and through osmosis and dialysis assists the superficial blood-vessels and lymph spaces to drain the hyperemic parts by direct capillarity. Lessened blood-pressure prevents administration of whipping medication to the over-burdened heart.

Coca as a Depurative of the Blood.—When the blood is freed from the products of tissue waste the muscular and nervous systems are in a condition where physiological repair can be effected. Coca will bring about this excretive action in a phenomenal way, and when the volatile principles of the drug are carefully preserved—such as in the famous Vin Mariani—there is presented a purifier and supporter *par excellence.*

Bioplasm a Food.—Any constituent of the organism supplied from without is a food. Bioplasm is a food of foods, for it increases the nutritive value of foods by perfecting assimilation to the highest degree. It contains no inorganic matter, nor, in fact, anything foreign to the organism, hence it is absolutely harmless and non-toxic. This cannot be said of many legitimate foods, as they have a limit of safety in consumption.

I Believe Aletris Cordial to be a great remedy for the various uterine diseases. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmenorrhea, with good results. Aletris Cordial is certainly a fine uterine alterative and tonic, and fills the missing link in therapeutical agents in the treatment of uterine troubles.—W. T. Wilson, M.D., Bunker Hill, Ind.

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The Rochester Hom. Hospital Leaflet says that fourteen of its graduate nurses have been on duty in Ithaca during the epidemic of typhoid fever. Three of the Ithaca patients are at the Hospital, and doing well.

The young ladies gave a very successful "charity euchre" at the home of Miss Flora Palmer, Wednesday afternoon, February 11th. The net proceeds were sixty dollars.

Sick-rooms in Winter require disinfecting and deodorizing more than at any other season. Tightly closed doors and windows render thorough ventilation impossible. To prevent malodors and destroy disease germs, keep Platt's Chlorides in the vessels receiving the discharges. To purify the air, a towel or cloth moistened with Platt's Chlorides should be frequently wafted about and then hung up in the room.

A Rational Germicide.—We must destroy all the germ life we can. But since a war of extermination of disease germs is impracticable at present the physician finds a more profitable field for his exertions in preparing the body cells to resist and throw off the attack of germ disease. Scott's Emulsion containing both cod liver oil and hypophosphites is a good example of those therapeutic agents which bring immunity by reinforcing cell life.

Plasmon is the albumin of pure, fresh, sweet milk in the form of a dry soluble, unchangeable, granulated white powder. It is essentially the main substance in our food for strengthening the body, muscle, nerve, brain, etc., and renewing the waste which is continually taking place in the body. Plasmon has the highest endorsements from the most prominent physicians in the country and Europe and is largely prescribed and used all over the world.

An Old Friend's Endorsement.—In the "Reference Book of Practical Therapeutics" compiled by our old friend, Frank P. Foster, A.M., M.D., Editor of *The New York Medical Journal,* we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgetic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart."

Washington to Fight Tuberculosis.—A number of leading citizens of Washington have organized a propaganda against tuberculosis, and have undertaken the spread of intelligence that will tend to minimize the conditions which produce the disease. The work is done under the sanction and with the co-operation of the city health authorities. The organization embraces many prominent physicians, clergymen, charity workers, and other persons of philanthropic tendencies.

To Prevent Infection.—A practical and helpful series of rules for the sanitary management of contagious and infectious diseases has been prepared by The Palisade Manufacturing Company of Yonkers, and issued in pad form with cover. The advertising of Borolyptol is so arranged that, if the physician desires, he can detach all reference to the preparation before handing the directions to the family. One of these pads (32 sheets) will be mailed to any physician who may apply for some. Please mention the NORTH AMERICAN JOURNAL.

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Applying the Remedy to the Seat of Disease.—Prof. Bouchard believes that we should take a leaf out of the book of the ophthalmologist who instills drugs as near as possible to the affected part. Acting on this principle he has had good results from the injection of very small doses of salicylates near rheumatically inflamed joints, and he has dispersed syphilitic gummata by injecting iodide of potassium and bin-iodide of mercury into the swellings.

The American Congress on Tuberculosis for the Prevention of Consumption will hold its next meetings at St. Louis, Mo., from July 18-23, 1904. The work of organization is being pushed as rapidly as possible. To facilitate this the Congress has been granted a charter, thus making it a legal body and by this means greatly facilitating the work of reorganization on the lines mapped out at the last meeting, when it was decided that a radical reorganization should be completed by the officers elected. Many prominent physicians have accepted membership on the Advisory Committee.

A Conference on X-ray Therapy will be one of the features of the Section of Neurology and Electro-therapeutics at the Boston meeting of the A. I. H. It is hoped that physicians using the X-rays for the treatment of cancer, etc., will be prepared to give in from three to five minutes each the salient features of their methods and state the lessons they have learned from their work. X-ray therapy is still in a formative stage, and it is believed that this interchange of ideas and experiences will be of benefit to those interested in it. Physicians engaged in this work who look forward to being at Boston are asked to send a postal card to the Chairman of the Conference, Hills Cole, M.D., Hartford, Conn.

Dr. Wilbur A. Blauvelt died at the home of his parents, 25 Sherman Avenue, Newark, N. J., at the age of twenty-seven years, on February 18. Dr. Blauvelt was graduated from the N. Y. H. M. C. & H. as first honor man of the class in 1900. He immediately entered the Hahnemann Hospital as interne, but was compelled to resign early in 1901 on account of incipient phthisis. He endeavored to stay the tuberculosis by removing to San Antonio, Texas, where he was made Secretary of the San Antonio Society. But failing vitality compelled his removal to the Ashville Sanitarium. He returned to Newark last September. Many of his classmates and friends testified their esteem by attendance at his funeral.

Homeopathic Society of Western Michigan.—The Homeopaths of Grand Rapids began the new year by organizing the "Homeopathic Society of Western Michigan." The society was organized at a banquet held at the Pantlind, and at which Dr. M. C. Sinclair acted as toastmaster. Officers were elected as follows: President, Dr. M. C. Sinclair, Grand Rapids; First Vice-President, Dr. L. R. Marvin, Muskegon; Second Vice-President, Dr. J. N. Reynolds, Grand Haven; Third Vice-President, Dr. O. R. Lang, Ionia; Secretary, Dr. F. D. Harter, Grand Rapids; Treasurer, Dr. S. Sinclair, Grand Rapids. The society will embrace in its organization the different counties in the western part of the State, principally Kent, Ionia, Ottawa and Muskegon.—*Medical Counselor.*

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Locations for Homeopathic Physicians.—We have gleaned the following information from our exchanges, principally the Chicago College *Alumni News Letter* and *The Medical Century. Arkansas:* Berryville, Green Forest and Harrison. *Connecticut:* Write Dr. Hills Cole, care of THE NORTH AMERICAN, New York. *Illinois:* Mason City, write Dr. F. G. Cretors of that city. Also Decatur, Galesburg, Jacksonville and Mattoon, write the *Medical Visitor. Kentucky:* Corydon, Madisonville, Morganfield, Marion, Pembroke and Sebree. *Minnesota:* Appleton and Redwood Falls. *Nebraska:* Chardon, write Rev. E. A. DuBois of that city. Other locations write Dr. F. A. Foote of Omaha. *New Jersey:* Little Falls and Princeton, write Dr. Alfred Drury of Paterson. *Orgeon:* Marshfield, write Rev. F. G. Strange of that city. *South Dakota:* Aberdeen. *Wisconsin:* Baraboo and Prairie Du Lac.

The Treatment of Chronic Cystitis.—Cases of chronic cystitis are generally of infective origin, many resulting from the upward extension of an inflammatory process in the posterior urethra.

A new preparation of great value is Uriform. Its antiseptic power is due to the liberation of formaldehyde in the urinary tract, thus preventing ammoniacal fermentation and keeping the urine in a sterile state.

Associated with this is the well-known beneficial action of saw-palmetto upon the mucous membrane of the bladder, as manifested by a diminution in the secretion of mucus and relief of the tenesmus The other constituents of Uriform (damiana and nux-vomica) exert a general tonic effect upon the nervous system, and help to overcome the relaxed condition of the mucous membranes usually present.

Uriform is palatable and well adapted for continued administration in these chronic cases.

About the Berkshire Springs.—One of the spring waters that now has a large sale, especially in New York City, is the water from the celebrated Berkshire Springs. There are several of these springs on the property at Great Barrington, Berkshire County, Mass., but the oldest and best known is the Sodium Spring. The valuable medicinal properties of the Sodium Spring were discovered some 60 years ago, and in the early fifties Dr. Clarkson T. Collins and Dr. Samuel Camp brought these properties to the attention of the medical world. The water is a specific for eczema, salt rheum, and other skin diseases, and is of value for rheumatism and kidney troubles. It is the purpose of the present company to build a sanitarium on the property in the near future. The Berkshire Springs Company now furnish to the people of New York from the other springs the Berkshire Crystal Water. The water is bottled at the springs and delivered to consumers at the moderate price of 50 cents per case of five gallons. The company has built up a splendid family trade.—*American Wine Press and Mineral Water News.*

One Aspect of Preventive Medicine.—It is an unchallenged fact that the public school has been a means of spreading disease, and physicians and laity alike should welcome and encourage any effort made by municipal or educational authorities to limit the mischief done by the intermingling of healthy and sick children. The paper by Dr. Wintsch in our April issue, dealing with "The Medical Inspection of Schools," tells of the good work being done along these lines in a few of our cities, and should be carefully read by everyone interested in public health. It will be recalled that an essay on the same subject by Dr. Lewis S.

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Somers, of Philadelphia, won the second prize given by the Maltine Manufacturing Co. in their recent competition; and the judges will be upheld by all who have considered the matter in attaching so much importance to this department of preventive medicine. It is to be hoped that the time is not far distant when every school in every community will have its medical inspector, and physicians should take the lead in urging this matter.

Massachusetts Homeopathic Hospital.—The Thirty-third Annual Report of this institution tells of the growth of the hospital during the year ending Dec. 31, 1902. The number of cases treated on the medical side during the past year was 643, on the surgical side, 2,155, and 276 in the Maternity Department. This represents a total of 3,074 patients, showing an increase of 467 over the year previous. The death rate on the medical side was 8.24 per cent, on the surgical, 3.48, and Maternity, 1.81, showing an average death rate of 4.32 as compared with 4.39 last year.

The Forty-eighth Annual Session of the Illinois Homeopathic Medical Association will be held in Chicago on the 12th to 14th of May, inclusive, on the 17th floor of the Masonic Temple. President O. B. Blackman, of Dixon, has written a letter of greeting to homeopathic members of the profession urging a large attendance.

Dr. Edgar J. George, of the Chicago Homeopathic Medical College, is Secretary of the Association now for the fifth consecutive year. Drs. N. Starr of Charleston and M. H. Goodrich of Jacksonville are Vice-Presidents. Dr. A. B. Brown, of Chicago, provisional Secretary, and Dr. E. C. Sweet, of Chicago, Treasurer.

Ward's Island and Metropolitan Hospital Alumni Association.—The seventh annual dinner of the Ward's Island and Metropolitan Hospital Alumni Association was held at The Arena, 41 West 31st street, New York, on the evening of Wednesday, December 3, 1902.

The Historian reported that the year 1902 had been one of great interest in the life of the hospital. For many years, ever since its inception in fact, it has been the largest general Homeopathic hospital in the world. January 31st the Commissioner of Public Charities added a Tubercular Infirmary to the hospital. This is housed in buildings near to the hospital proper. At present there are 300 beds for tubercular cases. When all the buildings are equipped there will be 500 beds. That will give the Metropolitan 1000 beds making it one of the greatest hospitals in the country. It will be the largest in New York City, and it is under Homeopathic control. The Homeopathic profession at large do not appreciate what an immense place the Metropolitan is, and what a wonderful field of study it presents.

Owing to the addition to the Tubercular Infirmary it was necessary to enlarge the house staff to eighteen. Hereafter six new men will be taken on every six months. The term of service is eighteen months.

A year ago there were 158 graduates of the hospital living. Since then two have died, Dr. J. Keasby Weatherby, of Haddonfield, New Jersey, and Dr. Albert E. Underhill, of Brooklyn, New York. Nine men have graduated from the hospital making a total of graduates now living 165.

The following officers were elected for the ensuing year:

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President, George Taylor Stewart of New York; First Vice President, Bevier HasBrouck Sleght of Newark, New Jersey; Second Vice President, D. P. Maddux of Chester, Penn.; Third Vice President, Bernard Clausen of Hoboken, New Jersey; Secretary, Ephraim D. Klots of New York; Treasurer, Thomas Harrison Carmichael of Philadelphia; Historian, Walter Sands Mills of New York.

The dinner was presided over by the president, Dr. H. M. Bunting of Norristown, Penn. Dr. B. H'B. Sleght of Newark, New Jersey was toastmaster. A letter was read from Dr. Egbert Guernsey, the president of the medical board, who was unable to be present. The following toasts were resonded to:—The Medical Board by Dr. Egbert Guernsey Rankin. The Old Hospital by Dr. Thomas Harriman Carmichael. The Ladies by Dr. George Herbert Richards. The New Hospital by Dr. Jasper W. Coghlan. The House Staff by Dr. Bernard Clausen.

Those present were Drs. Cornwall, VanZandt, Hathaway, W. E. Foster, Honan, Boyle, Rickaby, Root, Palmer, Royle, Ely, Smith, Miner, Bren, Bagg, Carleton, Lewis, Ostrom, Demarest, Perkins, Jr., Wallin, Thomas, Breck, Poole, Clausen, Coghlan, Richards, Sleght, Monroe, Roberts, Carmichael, Fay, McClelland, Moffat, Chapman, Fletcher, Newbold, Wallace, Coles, Pursell, Maddux, Perkins, Sr., Gardner, Keiser, Meeker, Brewster, McKnight, Hutchinson, Clark, Aten, Ayres, Helfrich, H. E. Foster, Harrington, Bunting, Rankin, Klots, Mills, Norwood, Dieffenbach, Hallett.

Massachusetts Homeopathic Medical Society.—The Sixty-Third Annual Meeting of the Society was held in Boston on April 7 and 8. The meeting was called to order at 3 P.M., by the President, Winfield Smith, M.D. The Committee on Insanity and Nervous Diseases, Clara E. Gary, M.D., Chairman, considered The Establishment of Mental and Nervous Equilibrium by Systematic Training. (1) Physical Training, Frank C. Richardson, M.D.; (2) Mental Training, Edward P. Colby, M.D.; (3) Training in Responsibility, Ellen L. Keith, M.D. Discussion was opened by John P. Sutherland, M.D. and Edward H. Wiswall, M.D. Dinner was served to members and guests at Young's Hotel at 6 P.M. and the President's Address, by Winfield Smith, M.D. followed.

The Bureau Chairmen presented papers as follows: The Committee on Clinical Medicine, George H. Wilkins, M.D., Chairman. Tubercular Adenitis, by Carl Crisand, M.D. Discussion opened by Solomon C. Fuller, M.D. and G. Forrest Martin, M.D.; X-ray in Skin Diseases, by J. Arnold Rockwell, M.D. Discussion opened by John L. Coffin, M.D. and Frank E. Allard, M.D.; and The Relationship of Morbid Conditions of the Nose and Nasb-Pharynx to Affections of the Middle Ear—A few practical suggestions on early diagnosis and prophylactic treatment by the general practitioner, by Elmon R. Johnson, M.D. Discussion opened by George E. Rice, M.D. and Howard P. Bellows, M.D. The Committee on Obstetrics, Edward E. Allen, M.D., Chairman. Pelvimetry, by George H. Earl, M.D. Discussion opened by George R. Southwick, M.D.; Puerperal Infection, by J. Emmons Briggs, M.D. Discussion opened by Sarah S. Windsor, M.D.; and Management of the Third Stage of Labor, Henry H. Amsden, M.D. Discussion opened by Nelson M. Wood, M.D. The Committee on Diseases of Children, Charles E. Montague, M.D., Chairman. Hygiene for the Modern Infant, Alice H.

Bassett, M.D. Discussion opened by Sarah S. Windsor, M.D.; Hygiene of Puberty, Ellen Hutchinson Gay, M.D. Discussion opened by Eliza B. Cahill, M.D.; What Should the School do for Defective Children? by Alfred C. Thompson, Superintendent of Schools, Wakefield, Mass. Discussion opened by Carroll C. Dupree, M.D.; Congenital Dislocation of the Hip, and its Treatment by the Lorenz Method, by Horace Packard, M.D. Discussion opened by George H. Earl, M.D.; and Malaria in Children, by Charles E. Montague, M.D.

The Treasurer reported a working balance of $850.85 with an additional "Fund" account of $1,163.29.

The Necrologist, N. R. Perkins, M.D., reported the following deaths: Alvin Boyce, M.D., died November 3, 1902; Frederick A. Warner, M.D., died August 12, 1902; Alfred J. French, M.D., died December 1, 1902; Edward P. Scales, M.D., died August 14, 1902; Corresponding Member, Selden H. Talcott, M.D., died June 15, 1902; Honorary Members, Richard Hughes, M.D., died April 3, 1902; William Tod Helmuth, M.D., died May 14, 1902.

The officers elected for the year are: President, Nathaniel W. Emerson, M.D.; Vice Presidents, Frederick P. Batchelder, M.D. and William F. Wasselhoeft, M.D.; Recording Secretary, Frederick L. Emerson, M.D.; Corresponding Secretary, Wesley T. Lee, M.D.; Treasurer, Winslow B. French, M.D.; Librarian, J. Wilkinson Clapp, M.D.; Censors, John L. Coffin, M.D., Edward P. Colby, M.D., Frederick B. Percy, M.D., Frank C. Richardson, M.D., Winfield Smith, M.D.—Frederick L. Emerson, M.D., Recording Secretary.

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Societies and Current Events.

CONDUCTED BY . . . . . ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 181 West 73d Street, New York City.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach this office before the 10th of the preceding month.

Personals.—DR. HALSEY J. BALL has removed to 18 Tompkins Street, Cortland, N. Y. Dr. Ball was formerly at Scott, N. Y.

DR. MALCOLM LEAL, of New York, has removed to 171 West 73d Street.

DR. G. DE WAYNE HALLETT, of New York, has removed to 128 West 85th Street.

DR. HORACE PACKARD, of Boston, Mass., has gone to Europe to be abroad until September.

DR. CHARLES DEADY, of 151 West 73d Street, New York, has had his telephone number changed to 2850 Columbus.

DR. IRVING TOWNSEND, of New York, has removed to 62 West 51st Street. Hours 10 A.M. to 1 P.M. Telephone: 664 Plaza.

DR. ARTHUR P. POWELSON, of New York, is now located in his new office at 351 Lenox Avenue. Telephone, 2367-j Morningside.

DR. D. H. ARTHUR, of Gowanda, was elected President of the Western New York Homeopathic Medical Society at its recent meeting in Rochester.

DR. JAMES TAYLOR GWATHMEY, of New York, has removed to 124 East 16th Street, corner Irving Place. Telephone: 5041-18. Anesthesia a specialty.

DR. F. MORTIMER LAWRENCE, of Philadelphia, is spending the spring months at Johns Hopkins University, devoting his entire time to pathology and diagnosis.

DR. T. Y. KINNE, of Paterson, N. J., gave the opening address before the physicians taking the Practitioner's Course at the N. Y. H. M. C. & H. on April 21.

DR. EVELYN S. PETTIT, of New Brighton, Pa., has recently married, and should be now addressed as Dr. E. S. Pettit-Roberts, at her new address, 1221 Third Avenue.

DR. WALLACE C. CONVERSE, of Chicago, has removed to 406 Reliance Building, 100 State Street. Residence, 5442 Michigan Avenue. Eye, Ear, Nose and Throat exclusively.

DR. SPENCER D. HINMAN, of Grand Rapids, Mich., has been suffering with an attack of typhoid fever. It is hoped that he will soon be able to resume his professional duties.

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DR. BURT J. MAYCOCK, of Buffalo, N. Y., announces his removal to the Lenox Hotel on North Street, near Delaware Avenue.

DR. FREDERIC G. RITCHIE, of New York, announces the removal of his office to 110 West 49th Street. Eye, Ear, and Naso-Pharynx exclusively.

DR. A. W. PHILLIPS, of Derby, Conn., has been appointed a member of the State Board of Health. This not only gives recognition to homeopathy, but to the successful practitioner who is a civil war veteran and was at one time surgeon-general of Governor Cooke's staff.

DR. O. B. BLACKMAN, of Dixon, Ill., the retiring President of the Illinois Homeopathic Medical Association, in a recent letter, calls our attention to the fact that the Rock River Institute of Homeopathy, which holds its meetings quarterly, is one of the oldest sectional societies in the West, being organized in 1878.

DR. J. LESTER KEEP, of 460 Clinton Avenue, Brooklyn, will be in his office on Mondays and Tuesdays only after July 15, and on Mondays only from Aug. 4 until Sept. 15. His address will be Shelter Island Heights, N. Y. Dr. H. C. Allen, of 304 Clermont Avenue, will attend to all calls during his absence.

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 Homeopathic Medical Society of Vermont, and was an honorary member of *many* societies elsewhere.

DR. ALVIN B. RICE, of Jamestown, N. Y., died suddenly on May 7. He was born near Panama on October 22, 1841, and after graduation from Amherst, and Ann Arbor, Mich., he practised there until he moved to Jamestown, 14 years ago. He practised allopathy for a time, later taking a course in homeopathy at New York. Dr. Rice was an active member in the Western New York Homeopathic Medical Society and was elected its Second Vice-President on April 17 last. He was also a member of the American Institute of Homeopathy and an ardent Free Mason, being an Eminent Commander of the Knights Templar. His loss will be mourned by all who knew him.

Hospital Appointments.—The following physicians have been appointed as internes in the various hospitals:

Cook Co., Chicago, Homeopathic Dept.—Drs. A. S. Beatty, R. L Hatfield, E. L. Mason and Charles L. Sutherland, of the Chicago Homeopathic Medical College.

Cumberland Street, Brooklyn—Drs. O. Du Bois Ingalls and Wm. J. Quinn, of the N. Y. H. M. C. & H., Wm. H. Price, of Pulte, and F. E. Shuman, of Hahnemann, Philadelphia.

Flower, New York—Drs. R. A. Benson, F. P. Ekings, E. W. Kellogg, E. S. Pope and A. C. Wilkes; registrar of the dispensary, Dr. E. J. D. L. Pettet, all of the N. Y. H. M. C. & H.

Grace, Detroit—Dr. Kelly, of Detroit Homeopathic Medical College.

Hahnemann, New York—Drs. Jno. S. Gaines and Geo. W. Whitney, of the N. Y. H. M. C. & H.

Hahnemann, Philadelphia—Drs. Howard H. Webster, James P. E. Scott, Isaac W. Knight, John F. Rowland, Walter J. Snyder.

William Satterer. Alternates—Fred. W. Smith, Nicholas F. Hoffman, all of Hahnemann Medical College, Philadelphia.

Metropolitan, New York—Drs. T. D. Blair, C. W. Datesman, R. C. Fox, M. W. Johns, E. J. Miller, C. E. Paine, P. D. Saylor, W. C. Thompson and J. E. Tytler, of the N. Y. H. M. C. & H.; Drs. C. S. Caldwell, G. C. Eldridge, Leonard, J. D Miller and W J. Mitchell, of Hahnemann, Philadelphia.

Rochester General.—Drs. A. R. Austin, of the U. of Mich., and Edgar B. Cook, of N. Y. H. M. C. & H.

The New York Homeopathic Medical College and Hospital on May 7.—Of course the weather was beautiful, but this alone was not enough to account for the unusually large attendance of alumni who arose early enough to be present when the Dean gave the Address of Welcome at half-past nine. It is evident that a new interest in the college is being awakened among its graduates, and all the exercises of the day served to augment this interest and to strengthen the confidence reposed in the rejuvenated institution and its able executive head, Wm. Harvey King, M.D., LL.D. Dr. King's addresses are not lengthy, but when you hear one of them you feel that here is a man who is able to say what he thinks, mean what he says, and accomplish what he plans.

The address of the day was delivered by Eugene H. Porter, M.D. One of the well-known Metropolitan physicians is said to have expressed the desire that he might die before Porter, so that he might be sure of a good obituary. But those who heard the witty and graceful words that Dr. Porter spoke in regard to the college know that he can equally eulogize the living.

The hermit-scholar, Dr. E. B. Nash, of Cortland, next arose to speak of his chosen specialty, Homeopathic Materia Medica. His ideas upon Posology were listened to with attention, for it is recognized that here is one who knows whereof he speaks. This closed the part of the exercises which were held in the Senior amphitheatre, This largest room of the building was nearly filled with sons of the college. It was beautifully decorated with flags and bunting while the portraits of the various physicians who have made themselves great by making the college so, gave dignity to the other decorative effects. A new portrait of Francis E. Doughty, M.D., has recently been added to the others. A photograph of the room is given on another page of this issue.

In the surgical amphitheatre of Flower Hospital the visitors then witnessed a demonstration in obstetrics from E. H. Wolcott, M.D., '81, of Rochester. Dr. Wolcott also gave some instructive remarks upon various nipple disturbances. His paper as well as Dr. Ward's may be found in this number. Surgeons among the audience then admired the technique and all praised the deftness with which J. W. Ward, M.D., '83, of San Francisco, removed a twenty-nine-pound tumor from the abdomen. They tell us that Dr. Ward is not only distinguished as a surgeon upon the Pacific coast, but that he is a power politically as well.

Luncheon was served to the guests of the college at one o'clock, in the old anatomical museum, which, since its refitting, is known as the Alumni Laboratory.

At three o'clock the exercises of the forty-third annual commencement opened in Mendelssohn Hall. The auditorium was filled with friends of the Senior class and of the college. After prayer by Rev. Frank H. Morse, D.D., of Calvary Baptist Church, Dean Wm. Harvey King, M.D., made the introductory remarks. In calling at-

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tention to the high standing of the college, he especially noted the rating before the New York State Board of Regents, where the students of all institutions meet on an equal footing. For the last three years consecutively the N. Y. H. M. C. & H. has stood at the head.

Mr. Anson R. Flower, President of the Board of Trustees, conferred the degree of Medicinæ Doctoris upon the following:

Reuel Allan Benson, B.S., Thomas Dalzell Blair, A.B., Edgar Baldwin Cook, Clarence Wilson Datesman, Rev. Royal J. Dye, Frank Parker Ekings, B.S., Judson K. Folwell, A.M., Robert Campbell Fox, John Strother Gaines, A.M., John Newton Goode, Orlando Du Bois Ingalls, Miles Wendell Johns, Joseph Leonard Keeler, Edwin Wells Kellogg, Edward J. Miller, Eugene F. Mills, Walter Edmond Nichols, A.B., Charles Emery Paine, Edwin James De Leu Pettet, Edward Sutphen Pope, William James Quinn, Sidney L. Scott, A.B., M.D., Parry Dorland Saylor, William Campbell Thompson, James Edwin Tytler, George Winter Whitney, James Walsh, Arthur Chalmers Wilkes, Clarence Benson Wood.

The certificates for attendance of the clinics at the Metropolitan Hospital were awarded by John L. Demarest, M.D. Prizes were awarded by Dr. King. The first faculty prize of a microscope for highest standing during the four years to Frank P. Ekings, the second faculty prize to Thomas D. Blair, with honorable mention to Edgar B. Cook, O. D. B. Ingalls, E. W. Kellogg, G. W. Whitney and R. A. Benson. The Fiske prize for highest standing in all Freshman, Sophomore and Junior studies was awarded to L. R. Kaufman, with honorable mention to P. W. Shedd, J. N. Brandt and R. L. Wood.

Dr. Geo. W. Roberts, Secretary of the Faculty, then announced the successful candidates for hospital appointments. Twenty-one of the twenty-nine graduates competed and all were successful.

The address to the graduating class was delivered by Rev. Wilton Merle Smith, D.D., of the Central Presbyterian Church.

The music was by Crowley's Eighth Regiment Band.

The Alumni Association of the New York Homeopathic Medical College and Hospital held its annual meeting at the Waldorf-Astoria on May 7, at 6.30 P.M. President E. H. Linnell, '76, of Norwich, Conn., was in the chair. Several minor changes were made in the constitution and by-laws, although an amendment increasing the dues was tabled.

The officers elected by mail ballot were announced as follows: President, W. A. Dewey, '80, Ann Arbor, Mich.; First Vice-President, J. C. Fahnestock, '82, Piqua, O.; Second Vice-President, Luke Corcoran, '68, Springfield, Mass.; Third Vice-President, C. E. Lane, '83, Poughkeepsie, N. Y.; Executive Officer, Edw. G. Tuttle, '89, New York; Treasurer, W. G. Crump, '95, New York; Recording Secretary, A. Worrall Palmer, '83, New York; Corresponding Secretary, W. Sands Mills, '89, New York; Necrologist, F. C. Bunn, '89, Orange, N. J.; Alumnus Trustee, W. L. M. Fiske, '64, Brooklyn; Board of Directors, C. C. Howard, '84, J. P. Seward, '93, Irving Townsend, '87, W. B. Winchell, '86, of Brooklyn; G. De W. Hallett, '89, and Wm. Tod Helmuth, '87, all of New York City.

The crowning event of a happy and profitable day was the twenty-first annual banquet of the Alumni Association. The grand ballroom of the Waldorf-Astoria was the scene of the closing festivity, and a beautiful scene it was. The tables, with two exceptions, were designed to seat eight. This was a new arrangement and it did much toward promoting sociability. The speakers occupied a table at one end, beneath the draped flags of our country and our college.

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And a large round table in the center was surrounded by the proud and happy members of the recently graduated class. Four hundred and fifty sons of the institution filled the seating capacity of the small tables. The presence of so many marks an epoch in the history of the association. The efficient committee issued a sheet giving a diagram of the room with the occupants of the 37 small tables, and an index of names, making it possible to find a particular man in an instant.

A special charm was added to the affair by the invited presence of the ladies, who occupied the double rows of boxes overlooking the hall. This also was an innovation, but one so pleasing and successful that it should become a custom.

The menu contained a signed portrait of the late T. F. Allen, M.D., LL.D., and the souvenirs were plaster busts of the late Dean, Wm. Tod Helmuth, M.D., LL.D. The bill of fare was unique and showed the evidence of a painstaking professional mind. It read somewhat as follows:

Diet List.—Marine Bacilli Magnifique, Pabulum medicale cum hokus pokus with Adenoids, Bullæ and Condylomata, Appendix sauté, surgical dressing with salade á coroner, Faculté strenuous au nouveau siecle (subject to change), Alumni vivace a la entente cordiale, Hahnemannians nouvelles with sauce high delusionaire, Practitionaire universel rotis salade de poverté, Laryngitis assorties, Petits Maladie, Colique, Habitare au bactérie, Sat. sol. insomnis.

The post-prandial part was noteworthy. One could not but especially praise the able and graceful manner in which the toast-master, H. Worthington Paige, M.D., '84, presided, and admire the brilliancy and wit which made the remarks of the Hon. Lemuel E. Quigg a delightful after-dinner speech. Some of the other speakers marred the effect of their talk by too much verbosity. The list of toasts was as follows. The Glee Club consisted of a double quartette from the New York Banks' Glee Club. Music was also furnished by the orchestra of the Waldorf-Astoria.

The President—E. H. Linnell, M.D.

The Toastmaster—H. Worthington Paige, M.D.

"Ave Maria"—The Glee Club.

Medical Education—The Dean, William Harvey King, M.D., LL.D.

A Man's Inspiration—Hon. Hal. Bell.

"How Can I Leave Thee?"—The Glee Club.

M.D.'s and D.D.'s or Doctors and Doctors—Rev. Minot J. Savage.

This Year's Vintage—Reuel A. Benson, M.D., '03.

"The Night Is Still"—The Glee Club.

The Physician's Opportunity—Prof. Frederick J. E. Woodridge, of Columbia University.

"Sinament and Ginger, Nutmegs and Cloves"—Hon. Lemuel E. Quigg.

Solo—"Oft in the Stilly Night"—Dr. Carl Dufft.

The following were present: Drs. J. F. Ackerman, C. F. Adams, H. C. Allen, J. Wilfred Allen, J. E. Ambler, J. Andrews, A. Angell, John Arschagouni, D. R. Atwell, A. E. Austin, O. H. Babbitt, Geo. A. Bachman, E. H. Baldwin, Caleb Barker, G. W. Bartlett, G. W. Bates, B. L. B. Baylies, S. A. Beckwith, Edwin R. Bedford, Wm. F. Beggs, Hon. Hal. Bell, B. W. Bierbauer, A. H. Bingham, Charles E. Birch, Edgar Birdsall, T. P. Birdsall, W. H. Bishop, W. W. Blackman, A. J. Bond, A. Bornemann, Horace Bowen, A. P. Bowie, F. H. Boynton, W. B. Breck, J. E. Brittan, Chas. A. Brown,

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Chas. R. Brown, F. R. Brown, J. H. Bryan, T. D. Buchanan, Guest Austin, Frank C. Bunn, Guest Bunn, J. Burling, Clark Burnham, J. E. Burt, C. W. Butler, Wm. Morris Butler, L. L. Button, Bukk G. Carleton, Edmund Carleton, Edw. Chapin, A. E. Chapman, C. E. Chase, Oscoe J. Chase, B. B. Clark, B. G. Clark, G. W. Clarke, Bernard Clausen, M. C. Clokey, E. D. G. Conkling, W. H. Connelly, George C. Connett, C. P. Cook, F. W. Cornwell, V. A. H. Cornell, G. W. Crosby, H. N. Curtis, J. B. G. Custis, W. G. Crump, L. L. Danforth, H. F. Datesman, T. S. Davis, Chas. Deady, L. W. Dean, F. M. Dearborn, H. M. Dearborn, Edwin De Baun, F. H. De Camp, J. H. Demarest, Rial N. Denison, W. H. Dieffenbach, T. M. Dillingham, W. E. Doremus, F. E. Doughty, J. I. Dowling, Alfred Drury, Dr. Carl Dufft, W. A. Durrie, R. L. Eltinge, W. G. Emery, John P. Ermentraut, M. Fenn, E. Rodney Fiske, Wm. M. L. Fiske, A. R. Flower, F. S. Flower, J. H. Fobes, C. H. Forbes, W. E. Foster, L. Fox, Alberton Furlong, B. H. Garrison, J. B. Garrison, Chas. Gennerich, C. E. Gilbert, Arthur Ginnever, J. B. Given, J. F. Goodell, Jno. S. Gaines, C. A. Groves, J. Frank Hall, M. J. Hall, G. De W. Hallett, Frank M. Hallock, F. W. Hamlin, Olin S. Hardy, H. A. Harrison, H. S. Hathaway, Chas. H. Helfrich, W. T. Helmuth, Henry C. Henderson, H. M. Hitchcock, A. A. Hoag, G. S. Hodson, James Hoffman, Geo. P. Holden, F. K. Hollister, J. M. Holloway, W. F. Honan, M. T. Hopper, Dr.Hornby, W. B. House, Robt. F. Hovey, C. C. Howard, Geo. A. Hull,F. D. Humphrey, John Hutchinson, Geo. H. Iler, F. C. Irwin, N. H. Ives, Geo. J. Jackson, Frank I. Jacobson, E B. Jenks, D. B. Jewett, R. M. Jones, J. L. Kastendieck, J. Lester Keep, H. G. Keith, H. T. Kerr, Wm. Harvey King, W. R. King, W. H. Krause, W. B. Kunhardt, Geo. F. Laidlaw, Joseph F. Land, C. E. Lane, F. G. P. Leao, Theo. H. Lemmerz, E. H. Linnell, Ralph I. Lloyd, W. L. Love, L. P. Lyon, R. L. MacFarland, Chas. S. Macy, Fred. B. Mandeville, Geo. L. Mason, S. W. Mathewson, Chas. McDowell, George W McDowell, W. C. McKnight, W. H. McLenathen, A. R. McMichael, Irving Meeker, C. H. Merscheimer, C. J. Miller, H. T. Miller, J. D. Miller, Samuel C. Miller, Walter Sands Mills, H. B. Minton, John L. Moffat, Edgar V. Moffat, R. W. Moister, J. Herbert Moore, Samuel B. Moore, James H. Moran, E. J. Morgan, N. A. Mossman, Jos. H. Muller, E. S. Munson, E. B. Nash, R. W. Neefus, J. L. Nevin, Frank Nichols, G. L. Nichols, H. Noble, A B. Norton, Frederick J. Nott, C. P. Opdyke, L. A. Opdyke, B. S. Orcutt, Homer I. Ostrom, John C. Otis, H. Worthington Paige, Guest Paige, A. W. Palmer, John Palmer, Hobart M. Park, C. N. Payne, W. I. Pierce. W. H. Pierson, C. B. Pinkham, E. H. Porter, Walter Post, C. A. Putnam, Dr. Quayle, L. A. Queen, Hon. L. E. Quigg, F. E. Rabe, R. F. Rabe, E. G. Rankin, J. F. Rankin, W. U. Reynolds, Harry Edwin Rice, G. H. Richards, B. M. Richardson, G. W. Richardson, P. D. Riordan, F. E. Risley, D. J. Roberts, Geo. W. Roberts, Harry Rogers, E. D. Rudderow, E. W. Runyon, J. P. Ruyl, H. R. Sackett, Rev. M. J. Savage, C. W. Scarborough, J. Perry Seward, F. W. Seward, Jr., Burt B. Sheldon, Floyd P. Sheldon, G. G. Shelton, Geo. A. Shepard, Le Roy B. Sherman, A. C. Shulte, D. Simmons, J. T. Simonson, E. D. Simpson, Wm. Slater, Carroll D. Smith, Edw. Sylvester Smith, St. Clair Smith, T. Franklin Smith, C. F. Snyder, Guy B. Stearns, G. R. Stearns, Olin J. Stephens, C. F. Sternback, Geo. T. Stewart, Ralph Stewart, J. H. Storer, C. E. Strong, C. R. Sumner, E. C. Swezey, E. P. Swift, G. P. Sword, L. Swormstedt, Mr. Tafel, Chas. E. Teets, P. C. Thomas, Arthur F. Thompson, M Tilling, Charles W Townsend, Irving Townsend, R. R. Trotter, E. G. Tuttle,

Geo. E. Tytler, Roy Upham, W. H. Van Den Berg, A. B. Van Loon, W. M. Van Zandt, C. A. Walters, R. R. Walter, Jas. W. Ward, Guest Ward, Alton G. Warner, R. J. Wasgatt, W. P. Weaver, E. G. West, F. N. Whitehorne, Jack White, Theo. C. Wiggins, F. E. Wilcox, S. F. Wilcox, Louis de V. Wilder, H. S. Willard, Guest Willard, G. S. Willis, John E. Wilson, M. A. Wilson, W. B. Winchell, C. H. Wintsch, E. H. Wolcott, Prof. Woodbridge, A. G. Woodruff, Geo. W. Worcester, Charles H. Young, and members of the graduating class.

Hahnemann College Commencement (Philadelphia).—The approach of summer is heralded in Philadelphia, as elsewhere, by the commencement season. The fifty-fifth annual commencement of Hahnemann Medical College and Hospital occurred at the Academy of Music on the evening of Thursday, May 14th, and was, as usual, a brilliant affair. The address of the evening was made by the Rev. George Edward Reed, S.T.D., LL.D., president of Dickinson College. The degrees of the college were conferred on sixty-nine men, constituting one of the largest classes ever graduated from the institution. They were: Walter C. Barker, Charles O. W. Bartine, Arthur W. Belting, Carl M. Bradford, Charles S. Caldwell, R. C. Casselberry, George P. Eldridge, William F. Ely, George J. Enders, John H. Ervin, Charles D. Fox, Michael F. Gallagher, Ralph E. Getelman, Edwin P. Hall, Earl S. Hallinger, William L. Hamilton, N. B. Hammond, Carl J. Hart, Adam L. Hauer, William L. Hicks, William T. Hilliard, Jr., James McQ. Hincken, Nicholas F. Hoffman, Frank N. Hoffmeier, A. B. Kaufman, Isaac W. Knight, Harold W. Lambert, Albert H. Laros, John McG. Leonard, Donald G. Lerch, Joseph W. Long, Franklin F. Massey, John D. Miller, Walton I. Mitchell, Winfred T. Morrison, Morgan F. Mount, Richard A. Mueller, George W. Newman, Brantly F. Parker, Irving J. Pond, John S. M. Pratt, James J. Reitz, William E. Rink, Maximilian Roedmann, John F. Rowland, Clyde W. Sample, William Satterer, James P. E. Scott, Charles H. Seybert, Franklin E. Shuman, Homer I. Silvers, Karl S. Simpson, Stuart E. Skiff, Frederic W. Smith, Walter J. Snyder, William Steele, Jr., John C. Stewart, Albert H. Super, Isaac W. Sutton, Claude W. Thomas, William I. Tomlinson, Howard L. Vail, Richard F. Viehe, Joseph C. Wallace, Howard H. Webster, Absalom S. Wescoat, Walter L. Williams, George H. Wilson, Edward C. Winsmore.

At the conclusion of the exercises in the Academy the Alumni Association gathered for its annual banquet in the Bullitt Building. Dr. Herbert L. Northrup, '89, presided as toast master, and the responses were as follows:

"The Alumni," Daniel P. Maddux, M.D., '83.
"The Faculty," William C. Goodnow, M.D., '70.
"The Class," John McG. Leonard, M.D., '03.
"Fraternity," Elbridge C. Price, M.D., 75, of Baltimore.

In addition the programme was interspersed with musical selections by the college quartette, the Hahnemann College Glee Club, and the Germania Orchestra; while Mr. Albert E. Kelley, a professional entertainer, contributed to the evening's enjoyments.

The business meeting of the Alumni Association, which occurred in the afternoon, was presided over by Dr. Daniel P. Maddux, of Chester, Pa. His more important recommendations were, however, reserved for his speech in the evening, in the course of which he entered an earnest plea for the aid of the graduates in the upbuilding and development of their alma mater. Specifically he urged that the

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alumni provide prizes for undergraduates and endowments for graduates devoting themselves to original research. Dr. Maddux made a strong impression by his admirable address. Dr. William B. Van Lennep was elected president for the coming year.

Almost coincident with the end of the college session comes the announcement of the extensive new buildings to be erected during the summer. The architects are engaged in planning a new dispensary building, to be erected in Broad street, north of the college building; a new amphitheater and receiving ward, to occupy the rear of the large Fifteenth street property; and a new home for nurses, to cover the front of the Fifteenth street property. The present clinical hall and the nurses' portion of the hospital will be remodelled for hospital purposes, permitting an addition of more than 100 beds to the present equipment. These changes will cost about $300,000.

The demand for homeopathic representation on the staff of the city's hospitals, which has been repeated for many years, has again become insistent, as the result of a communication of the retiring mayor, Mr. Ashbridge, to the City Councils, in which he advocated placing in the care of the homeopathic physicians the present Municipal Hospital, about to be abandoned for a new contagious disease hospital in the suburbs. Action was delayed pending the entrance of the new mayor, Mr. Weaver, upon his duties; but an aggressive committee has been appointed by the county society and will not permit the project to slumber.

The close of the college session permits a general scattering of those engaged during the winter in teaching medicine. Dr. F. Mortimer Lawrence is engaged in special work in pathology and diagnosis in Johns Hopkins University. Dr. W. Howard Lyle is engaged in the study of blood diseases in the laboratory of Dr. Charles E Simon in Baltimore. Dr. J. R. P. Gray, of Chester, who spent a portion of the winter in pathological studies in Philadelphia, is similarly engaged in Baltimore. Dr. W. C. Goodno is still in Philadelphia, and is reported to be at work on a new edition of his work on "Practice of Medicine." A majority of the members of the profession will remain in the city until the latter part of June, when the exodus to Boston will mark the beginning of vacation.

Hahnemannian Commencement at the N. Y. H. M. C. & H.—The class day exercises of the class of 1903 were held as usual under the auspices of the Hahnemannian Society Wednesday evening, May 6th, at the College building, corner of 63d Street and Eastern Boulevard. The room was very prettily decorated with American flags and college flags intermingled, and to add to the effect a new oil portrait of Dr. Doughty was in place for the first time. The room was filled to overflowing by an unusually large audience.

The programme was a very good one, being opened and closed by a baritone solo by Mr. Chamberlain.

The second number was the class history by C. E. Paine. This was followed by the awarding of the Glenmary prize to the freshman with the highest percentage during the year. It was given to Davis, '06. After this came the "Junior Send-off," by J. W. Fox, '04. The Presentation of Mementoes by T. D. Blair, which next followed, was quite the hit of the evening. The faculty address was given by Dr. A. B. Norton. E. B. C.

The Western New York Homeopathic Medical Society held its annual meeting on April 17 at the Homeopathic Hospital at Rochester. About fifty physicians were present. The principal

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theme of discussion was the tests of the proving clubs that have been conducted during the past year.

The business of the session was conducted at the afternoon meeting, and a banquet was held in the evening at the Genesee Valley Club. The guest of honor was Dr. H. P. Bellows, of Boston. The officers elected for the coming year are: President, Dr. D. H. Arthur, of Gowanda; First Vice-President, Dr. J. E. Slaught, of Warsaw; Second Vice-President, Dr. A. B. Rice, of Jamestown; Secretary-Treasurer, Dr. W. D. Winans, of Rochester.

The President, Dr. Emily F. Swett, of Medina, delivered an address at the opening of the session, in which she told of the work of the society during the past year, and expressed hopes of its continuance in the future. Addresses on medical topics were delivered by Dr. W. L. Hartman, of Syracuse; Dr. George R. Stearns, of Buffalo; Dr. Clarence Bartlett, of Philadelphia; Dr. J. W. Le Seur, of Batavia; Dr. F. Park Lewis, of Buffalo, and Dr. D. G. Wilcox, of Buffalo. Dr. George F. Adams, of Gowanda, spoke on "Provisions for the Insane in General of Psychopathic Hospitals." This paper was well received and aroused considerable discussion. A resolution was passed that a committee be appointed to agitate the matter of having some provision made in the general hospitals so they could care for incipient cases of insanity. Another paper awakening considerable interest was that by W. W. Winans, of Rochester, on "A Prover's Note-Book."

The annual banquet of the society followed the meeting, and at 7 o'clock about seventy-five members and their friends sat down to an elaborate menu amid flowers, festoons and music. Following the dinner came the toasts of the evening, with Dr. Chas. R. Sumner, of Rochester, gracefully presiding.

The retiring President, Dr. Emily F. Swett, responded to the toast, "Retrospection"; Dr. William S. Rambo spoke on the "Monroe County Homeopathic Medical Society," and Rev. Clarence A. Barbour, D.D., responded to the toast, "The Ministry of the Physician." The address of the evening was made by Dr. H. P. Bellows, of Boston. His topic was "Inspirations."

After expressing his pleasure at the formation of a proving club in this city, Dr. Bellows told of the origin of the movement to prove the homeopathic materia medica, arising from an expressed discontent with its present condition, due to inaccuracies that have crept in through an excess of zeal in some of its compilers. Instruments and specialists were unknown, he said, to the pioneers who laid the foundation of our materia medica and to their successors who built up the volumes now in existence. Now, however, the mass of symptoms recorded are a source of dismay to the student and prescriber alike. As a result, condensation and the critical confirmation of symptoms, instead of expansion, is the actuating motive to-day. The only scientific basis for the study of drug action, he said, was a record in the form of a narrative, which shows from day to day, in orderly sequence, the prover's symptoms and experiences while taking the drug.

The only satisfactory way is to prove the drugs over again, beginning with a clean sheet and a properly assayed drug, the purity and strength of which is a known quantity. This is particularly desired by specialists, that there might be built up an exact symptology for their use, which the present materia medica nowhere presents. He concluded by giving the general methods used in drug proving.

Dr. E. H. Wolcott, who was instrumental in forming and direct-

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ing the Rochester Proving Club, gave a résumé of the work accomplished.

Dr. D. H. Arthur responded as President-elect and invited the society to Gowanda for its next meeting.

Dr. D. G. Wilcox favored the society with a few impromptu remarks, and after an informal reception to Dr. H. P. Bellows, of Boston, the meeting was over.

The commencement exercises of the Kansas City Hahnemann Medical College were held Thursday evening at the Academy of Music. The annual address was delivered by Rev. J. P. Fifield, and the report of the Registrar by Dr. Moses T. Runnels. A class of seventeen graduated. The following are their names: James Frank Brooke, Frances A. Cady, Lew Arthur Carter, William Orange Coleman, Silvies S. Fuller, Tom Rogers Gammage, Joseph Luff, Enoch Merrill Miller, Gladys Colt Puckett, Oscar Hugh Wiley Reynolds, Ira Frederick Richardson, Cordelia Alida Riddle, Samuel Sheldon Robinson, Albert Henry Schoor, Luther Winfield Welsh, Reuben Augustine Williams, Herbert Earl Young.

The Detroit Homeopathic Medical College held its commencement exercises in the Detroit Opera House on April 21. The Rev. M. C. Hawkes pronounced the invocation and the Dean, D. A. MacLachlan, M.D., made the introductory remarks. Dr. Charles Gatchell, of Chicago, delivered the address. In the absence of Prof. Jonathan Palmer, Jr., the faculty address was made by Dr. Stephen H. Knight, professor of surgery. It was the wittiest thing heard at a commencement in many a day. The President of the college, Dr. C. C. Miller, awarded the degrees, State licenses and prizes, with a few words of advice to the class in general. The valedictorian was Edwin H. Bailey.

The following received their degrees: Edwin H. Bailey, E. Arthur Bowles, Charles Parsons Brown, Ferd Bion Fisk, Frank A. Kelly, Charles R. Lawson, M.D., Norman Anderson Mallory, James Curtis Martin, Ashton D. McKenney, M.D., Everett A. Orr, Charles Andrew Reinbolt, B.S., Adolph Gustave Studer, Horace Hill Van Tuyl, Ph.B., and Ora A. Wigle.

Solos were interspersed by Miss Susan D. Bamford, Frederick Joslyn and Mrs. Chas. D. Joslyn.

The annual banquet took place in the evening at the Hotel Cadillac. About 130 were present, including the members of the faculty and their wives, the alumni and the members of the graduating class and their lady friends. Dr. W. R. McLaren was toastmaster, and the toasts were excellently given and received in the happiest spirit.

The first on the programme was "Our College," given by Dr. C. C. Miller. Mrs. George G. Caron responded to "The Free Dispensary," and Mrs. Alexander Groesbeck answered to "The Patient." "Matriculation" was in the hands of Dr. J. M. Griffin, and Dr. A. G. Studer responded to "The Class of '03." Dr. C. S. Strain concluded the list with "Our Alumni."

Dr. H. H. Van Tuyl, in behalf of the class, made the presentation of the class picture to the faculty, and Miss Grace Gray and Mrs. George Daily furnished the musical and literary entertainment for the banquet.

London, Paris, Rome, and Venice.—The "Big Four" of the American tourist. Dr. Frank Kraft, Editor of the *American Physician*, 57 Bell Avenue, Cleveland, O., has secured the newly built steamship *Germania*—Fabre Line—to sail for Naples, July 7, from

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Brooklyn. Only a limited number of first cabin outside rooms remaining. Party is small and select. Will be absent 60 to 70 days in Italy, Switzerland, Germany, Belgium, France, England, and Ireland. No night or Sunday travel. Sail home from Liverpool. No care and no responsibility. Apply for choice places in this personally conducted club and at once.

The commencement exercises of the Pulte Medical College attracted a large audience to the Scottish Rite Cathedral last night. For the occasion the beautiful auditorium was made more attractive by a profusion of flowers and plants. The programme was exceedingly interesting, interspersed as it was by vocal and instrumental music in which Miss H. Frances Fisher, Mr. Henry Fisher, and Mr Clarence L. Adler were heard to advantage.

The opening remarks were made by Prof. J. D. Buck, and the address by Prof. H. F. Biggar, of Cleveland. The faculty valedictory was delivered by Prof. C. E. Walton. The exercises were preceded in the afternoon by a banquet at Hotel Sterling, where the responses to the toasts were made by Drs. Buck, Crank, Price and Geohegan. Following were the graduates: William Nast Cruessle, William Harrison Price, Sarah Jane Van Gorden, Hannah Goodridge, Calvin Rawson Main, George Ephraim Martin, James Henry Hutchins, Thomas Megibben Righter, Florence Margaret Pollock, Charles Alvin Strasburg.

The Indiana Institute of Homeopathy will hold their thirty-seventh annual session at the Denison Hotel, Indianapolis, on June 9 and 10. Excellent papers, a sumptuous banquet and special railroad rates are promised.

H. H. BAKER, M.D., *Secretary.*

The following were the officers elected by the Missouri Institute for the ensuing year: President, L. P. Crutcher; Vice-President, Frank B. Antrobus; General Secretary, George A. Mellies; Treasurer, D. M. Gibson; Provisional Secretary, Paul Fletcher. The following appointments were made for the ensuing year:

Board of Censors—Drs. J. M. Patterson, Kansas City; H. W. Westover, St. Joseph; S. D. Henry, Excelsior Springs; Willis Young, St. Louis.

Legislative Committee—W. E. Reily, Fulton; L. C. McElwee, St. Louis; W. Young, St. Louis; B. B. Andrews, Kansas City; F. B. Antrobus, Jefferson City, and L. E. Whitney, Carthage.

Delegates to the American Institute of Homeopathy, which is to assemble in Boston in June—W. E. Reily and J. M. Patterson.

The heads of the various bureaus—Eye and ear, Frank B. Antrobus; sanitary science, S. A. Benson; gynecology, Henry J. Ravold; clinical medicine, L. E. Whitney; diseases of children, Lizzie G. Guthrez; surgery, B. B. Andrews; materia medica and homeopathic philosophy, E. K. Thompson; diagnosis, R. Y. Henry; education and legislation, W. E. Reily, and obstetrics, F. M. Martin.

The Fourth Annual Session of the Surgical and Gynecological Association of the American Institute of Homeopathy will be held in the Library of the Hotel Somerset, Boston, Mass., beginning June 24th, and continuing through the two following days or until the Society has completed its work.

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

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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 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. Runnels, President; J. W Hassler, Secretary.

The Arkansas State Homeopathic Medical Association was organized on the 15th of April, with Dr. W. E. Green, of Little Rock, as President; Dr. V. H. Hallman, of Hot Springs, as Vice-President: Dr. Zuber N. Short, of Hot Springs, as Secretary, and Dr. P. C. Williams, of Texarkana, as Treasurer.

Hahnemann Medical College.—The June number of *The Clinique* will be of unusual importance to all who practice medicine and surgery.

It will contain special clinical reports in each department of practical medicine, general medicine, surgery, eye and ear, nose and throat, and all important divisions. Each will have a report of a series of cases of great importance. This number will have an especially handsome cover and will be sent to any address for 20 cents in stamps in advance. *The Clinique,* 2813 Cottage Grove Avenue, Chicago, Illinois.

Progress in Massachusetts.—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.

Homeopathic practitioners are now, therefore, placed on an equality of privilege so far as the use of private rooms goes.

On the evening of March 26th the Faculty of the Chicago Homeopathic Medical College gave a reception to the students of that institution at Beek's Hall, which was largely attended, over three hundred persons being present. After an address of welcome by President Cowperthwaite an excellent entertainment, musical and literary, was given, followed by dancing and refreshments. Among the Faculty present were Profs. Cowperthwaite, Blouke, Aurand, E. G. Davis, Motter, George, McDonald, Stearns, Pratt, McBurney, Converse, Simmons, Fitzpatrick, and many of the younger men. The success of this very enjoyable affair was largely due to the efforts of Drs. Blouke, McBurney and Motter, the committee in charge.

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Societies and Current Events.

CONDUCTED BY - - - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the 10th of the preceding month.

Personals.—DR. A. B. VAN LOON, of Albany, N. Y., has removed to 198 State Street.

DR. CHAS. B. GILBERT, of Washington, D. C., has removed to 1444 R. I. Avenue, of that city.

DR. H. C. ALLEN, of Chicago, is making an unexpected trip to Europe in charge of one of his patients.

DR. JONATHAN WRIGHT, of New York, has removed his office to 44 West 49th Street. Telephone 3106 38th.

DRS. EDMUND AND SPENCER CARLETON, of New York, have removed to 71 West 50th Street. Telephone 2084 Plaza.

DR. D. P. BROWN has left the staff of the McKinley Hospital of Trenton and is now located at 305 E. State Street in that city.

DR. JOSEPH H. FOBES has located at 482 Park Avenue, New York. Hours 10–12, 5–7; Sundays 9–11. Telephone 4122 Plaza.

DR. J. MUMFORD KEESE, of Syracuse, has removed to his recently purchased house and may now be found at 215 Slocum Avenue.

DR. J. LOUIS BEYEA, of New York, has removed to 28 East 47th Street. Dr. Beyea sailed for Europe on June 24 to be gone until October 1.

DR. BUKK G. CARLETON, of 79 West 50th Street, New York, will be out of town from July 8 to September 2. Summer address, Whitefield, N. J.

DR. A. P. HANCHETT and family, of Council Bluffs, Ia., sail July 4 from New York for a three months' trip in Europe. The doctor will spend much of the time in surgical study in Paris and London.

DR. H. C. SARCAR, M.B., F.S. Sc., of Calcutta, Ind., has issued "An Appeal on Behalf of Homœopathy." He lucidly describes some of the advantages of homœopathy and urges the government to recognize its value.

DR. EDWARD G. TUTTLE, of 61 West 51st Street, New York, announces that during his absence in Europe from July 1 to Sept. 22, his office will be closed. All patients are referred to Dr. W. G. Crump, 693 Madison Ave.

DR. CHAS. E. TEETS, of New York, has removed to 59 West

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37th Street. Dr. Teets will be absent from the city from August 3 to September 3. Patients are referred to Dr. W. E. Delebarre of 222 West 59th Street during that time.

DR. F. E. DOUGHTY, of 512 Madison Avenue, will be at his summer home at Eastern Point, New London, Conn., until October 1. Dr. Doughty has resigned from the professorship of Clinical Gynecology at the N. Y. H. M. C. & H.

DR. A. B. NORTON, of 16 West 45th Street, New York, will be absent on his summer vacation from June 20 to September 14. Dr. E. S. Munson, who has been his associate for the past seven years, will be in his office daily during his absence.

DR. A. M. CUSHING, of Springfield, Mass., has sent us a copy of his response to the toast "History of Microbes." The pink paper containing the veracious history lightens dull care and makes us rejoice that he was one of the eight microbes that his mother had.

DR. M. J. BROOKS, of New Canaan, Conn., is the manager of the Brooks Sanatorium for the modern and scientific treatment of diseases of the lungs. The institution, now in its sixth year, is ideally located in a region of open country, and every attention which modern medicine, hygiene, nursing and sanitation suggests, is afforded to the inmates.

DRS. BRYAN AND BURT, of Asbury Park, N. J., will be glad to take charge of any patients desiring homœopathic treatment, who may sojourn at the shore resorts, to wit: Asbury Park, Ocean Grove, Elberon, Deal Beach, Deal Park, Allenhurst, Loch Arbour, Bradley Beach, Avon, Belmar, Como, Spring Lake, Sea Girt, Manasquan and Point Pleasant.

DR. BENJ. F. BAILEY, the president and manager of the well-known Sanatorium at Lincoln, Neb., has been re-appointed to the Nebraska State Board of Health. Dr. Bailey has served on this Board for nearly eight years, nearly five years as its president. The appointment coming three months before the expiration of his term, is a deserved tribute to his efficient service.

Kentucky State Homœopathic Medical Association.—The 18th annual session of the Kentucky State Homœopathic Medical Society was held in Louisville, May 20-21, 1903, President Chester Mayer, of Louisville, presiding.

The meeting was well attended by Kentucky men, and the presence of Drs. Walton and Pauly, of Cincinnati, Sawyer, of Marion, Ohio, and Rumels, of Indianapolis, added greatly to the interest and success of the meeting.

All bureaus showed up well with good papers, and the best news we have for homœopathy is the number of young men in our society who are contributing papers and entering into the discussions. Seven new members were added to our list, among them the brilliant and versatile Orrin L. Smith, M.D., formerly of Chicago, whom we gladly welcome to our midst.

The session lasted two days, when it adjourned to meet in Lexington, May 1904.

The officers for the ensuing year are: President, J. W. Krichbaum, M.D., Danville; Vice-President, Chas. J. Pollard, M.D., Princeton; Secretary, Hugh M. Clendenin, M.D., Louisville; Treasruer, E. B. Smith, M.D., Shelbyville; Censors, C. A. Fish, M.D.,

Frankfort; A. P. Latham, M.D., Vine Grove; O. F. Miller, M.D., Louisville.

H. M. CLENDENIN, Secretary.

The Illinois Homœopathic Medical Association held its annual session in Chicago on May 12–14. The meeting was large and well attended. Many interesting papers were read and discussed. The meeting for next year will be held in Chicago, May 11th, 12th and 13th. The following officers were elected: President, H. V. Halbert, M. D., Chicago; First Vice-President, Nathan Starr, M.D., Charleston; Second Vice-President, M. H. Goodrick, M.D., Jacksonville; Treasurer, E. C. Sweet, M.D., Chicago; Secretary, Burton Haseltine, M.D., Chicago; Prov. Secretary, T. E. Costain, M.D., Chicago; Necrologist, Wilson A. Smith, M.D., Morgan Park.

Alcoholism.—The effects of Alcoholism vary in different men. Chronic Alcoholism implies altered nutrition of all the tissues, causing thickening and ultimately fibroid changes. The degeneration of the tissues is general, and often of a nervous character. The systematic use of Daniel's Conc. Tinct. Passiflora, Incarnata will build up the exhausted ganglia, infuse energy and strength in languishing nerves, and finally relieve the patient of all deleterious effects and influences.

New Jersey Semi-Centennial —The fiftieth annual session of the New Jersey State Homœopathic Medical Society was held at the Hathaway Inn, Deal Beach, on June 3 and 4. The session was a success from start to finish, the utmost interest and good feeling prevailing. A large number of physicians were in attendance when President James F. Ackerman, M.D., of Asbury Park, called the meeting to order at 4 P.M. The invocation was pronounced by the Rev. James C. Egbert, D.D., the same divine who made the prayer at the first meeting of the society fifty years ago. A short business session followed, when the following officers were elected:

President, Dr. R. Fleming, of Atlantic City; first vice-president, Dr. Bernard Clausen, of Hoboken; second vice-president, Dr. E. S. Sheldon, of Collinswood; third vice-president, Dr. Mary G. Cummins, of Paterson; recording secretary, Dr. Isaac Cooper, of Trenton; corresponding secretary, Wallace McGeorge, M.D., of Camden; treasurer, F. C. Carpenter, M.D., of Newark; necrologist, Theo. Y. Kinne, M.D., of Paterson. Board of Censors: Drs. Ella Prentiss Upham, W. J. Andrews, B. F. Rabe, C. C. Strangler and Caldwell Morrison.

The chief feature of the afternoon session was an historical address by the corresponding secretary, Wallace McGeorge, M.D. This gave in a comprehensive manner the chronicles of the society for the first twenty years of its existence. Although the incorporated Society was founded in 1853, yet an organization existed prior to that, an auxiliary to the American Institute being started in New Jersey in 1846, only two years after the founding of the Institute.

Dr. McGeorge was unanimously requested to complete this history, bringing it down to date.

Pleasant features of the celebration were a reception and banquet which were given at 8 P.M. on Wednesday. The reception committee were: Dr. Ella P. Upham, Mesdames Bruce S. Keator, Jas. F. Ackerman, Jas. E. Burt, Henry Winsor, T. F. Appleby, George Smock and J. LeRoy Taylor, Misses Anna M. Genung and Fannie Richards.

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A large number of physicians with their wives partook of the sumptuous repast tendered by Wm. H. Warburton, the proprietor of the Hathaway Inn. Dr. Fred B. Mandeville of Newark presided over the ceremonies which followed the banquet. Toasts were responded to as follows: "The Freedom of Deal Beach," Enoch L. Cowart, Esq. "Liberal Education," Rev. Dr. Taylor. "D.D.'s and M.D.'s," W. R. Wedderspoon, M.D.. "Surgery of the School," Edward G. Tuttle, M.D. "Welcome to Deal," Ella P. Upham, M.D. "The Women of the Profession," Mary G. Cummins, M.D. "Reminiscences," Theo. Y. Kinne, M.D. "Law and Other Uncertain Things," Ralph C. Ely, Esq. "Reminiscences," Rev. Jas. C. Egbert, D.D. "Hahnemann," Aug. Korndoefer, M.D. "Our State Society," President Jas. F. Ackerman, M.D. Music was furnished by the Hathaway Inn Orchestra.

June 4 was given to scientific work. Interesting papers were read and provoked lively discussion. Among those presented were: "The Present Status of X-Ray Therapy," by Edward M. Gramm, M.D. "Early Diagnosis of Pulmonary Tuberculosis," by Howard Percy Deady, M.D., and "The Homœopathic Materia Medica," by Edward Rushmore, M.D.

The Society will hold its semi-annual meeting at Atlantic City, probably in October next.

Prepared by the Rio Chemical Co., St. Louis, S. H. Kennedy's Extract of Pinus Canadensis is obtained from the hemlock spruce, an indigenous tree of considerable height, and having a coarse, heavy bark; the bark, moreover, is highly astringent, containing, as it does, both tannin and gallic acid, besides an oleo-rosin juice which is constantly oozing from it. To use an expression freely employed by those who have given Pinus Canadensis a trial, "it acts like a charm on mucous surfaces." It therefore possesses properties which give it a prominent rank in the treatment of exhausted and relaxed mucous membranes.

The Northern Indiana and Southern Michigan Homœopathic Medical Association held its annual meeting on May 6th. Dr. G. F. Washburne presided in the absence of the President, Dr. Julia D. Godfrey. The Necrologist reported that no members had died since the last meeting. Mrs. Esther A. Van Riper, M.D., of Circleville, O., G. H. Benton, M.D., C. E. Sawyer, M.D., of Marion, O., and H. L. Prouty, M.D., of West Unity, O., were elected members.

Dr. C. E. Sawyer, of the Sawyer Sanitarium, spoke of the good work done by the Northwestern Ohio and Miami Valley Homœopathic Medical Associations, while Dr. A. L. Blackwood, professor of Materia Medica, Hahnemann Medical College, Chicago, added a few words concerning the present status of homœopathy in the Windy City.

The following papers were read and fully discussed by all the members present:

"Hay Fever," A. L. Fisher, M.D.; "Clinical Massage," W. B. Kreider, M.D.; "Tetanus," J. B. Ellis, M.D., (read by A. L. Fisher); "Septicæmia," C. E. Sawyer, M.D.; "The Skeleton," Mrs. E. A. Van Riper, M.D.; "Feeding of Infants," E. G. Freyermuth, M.D.; "Logical Result," G. W. Bowen, M.D., Fort Wayne (read by the secretary); "Neurasthenia "A Brief Study," E. C. Dunning, M.D.

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Chairmen of bureaus for next meeting: Materia Medica, A. L.

Fisher, M.D; Surgery, A. L. Blackwood, M.D.; Practice, John Borough, M.D.; Gynecology and Obstetrics, Martha V. Thomas; Paediatrics, H. S. Hewitt, M.D.

Election of officers for the ensuing year resulted as follows: President, William Dederick, M.D.; First Vice-President, E. G. Freyermuth, M.D.; Second Vice-President, C. W. Haywood, M.D.; Secretary and Treasurer, H. A. Mumaw, M.D. Dr. C. H. Myers was appointed Necrologist.

The next meeting will be held in Elkhart on October 6, 1903.

The Connecticut Homœopathic Medical Society met in New Haven, May 19; President C. H. Colgrove in the chair. The secretary's report showed two very important events for homœopathy during the year through the efforts of the legislative committee. One, the appointment of a homœopathic member—Dr. A. W. Phillips of Derby—to the State Board of Health; the other, the vote by both houses of the legislature in favor of the building of an insane Hospital at Norwich, to be placed under the management of Homœopathic Physicians, the cost of the hospital to be $100,000. Dr. E. B. Hooker, for the legislative committee, reported that the bill was now in the hands of the Appropriation Committee, and that we must continue our efforts that it shall not now die, or we lose our hold upon it. After the transaction of routine business, Dr. C. N. Payne, of Bridgeport, was elected President, Dr. Sophia Penfield, of Danbury, Vice-President, Dr. Hills Cole, of Hartford, Secretary, Dr. E. J. Walker, of New Haven, Treasurer. After dinner the Bureau of Surgery, Dr. Harlan P. Cole, Chairman, reported. Dr. E. H. Linnell, of Norwich, read a paper on "Injuries of the Eye, and Their Treatment"; Dr. W. P. Baldwin, of New Haven, reported an interesting case of Coccygydinia from fracture of the Coccyx, cured by removal of the fractured bone. Dr. M. J. Adams, of New Haven, reported a case of obscure abdominal tumor, which proved, on opening the abdomen, to be a bicoruate uterus, one side of which was occupied by a foetus so completely decomposed that, when an attempt was made to remove it by Cesarean section, the flesh was easily detached from the bone by the fingers. The other side was also pregnant. The patient died of sepsis a few days after the operation. Dr. H. P. Cole, of Hartford, showed a case of extreme Talipes Varus, with atrophy of all muscles, especially those of the legs. Before treatment, the boy, who is 19 years of age, could not stand without a crutch, and when he walked it was on the edge of the sole, and the upper of his shoes. The treatment consisted in the use of a specially constructed shoe without brace of any kind, nothing else had been done for him. This boy walked about the room on the bottoms of his feet without support of any kind.

Next followed a report of the Bureau of Practice of Medicine. Dr. J. H. McDougal, Chairman. Dr. Mary Ives, of Middletown, reported some remarkable cures of malarial conditions with extreme high potencies. Dr. J. H. McDougal, of Middletown, reported a case of sudden loss of sight about four weeks after hysterectomy for uterine cancer. The sight was regained in one week; patient died not long after the occurrence. Dr. Geo. F. Laidlaw, of New York, demonstrated a method of outlining the heart and other organs. The meeting then adjourned. The place of next meeting, which is the Semi-Annual, will be determined by a committee, and will occur at some point that will generally benefit homœopathy and call together those who do not often attend the meetings.

H. P. Cole, Sec. *pro tem.*

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The Brooklyn Hahnemannian Union held its monthly meeting on May 30, at the residence of Dr. Stuart Close. The special feature was a paper by Dr. Leverson on "The Researches and Discoveries of Béchamp." An interesting discussion followed this introduction of the Biological discoveries of Prof. Béchamp, of the Montpelier School of Medicine.

The Class of '83 of the New York Homœopathic Medical College and Hospital celebrated the 20th anniversary of its graduation by a Dinner at the Hotel Manhattan on May 6th. It was an entirely informal affair, no regular toast having been prepared, but when the coffee and cigars appeared, the temporary class Secretary, A. G. Warner, read letters of regret from most of the absentees. The President, A. W. Palmer, made befitting mention of the classmates who had died, after which every one present told some humorous story, recalled some old college joke, etc.

Upon the suggestion and motion of J. W. Ward, it was decided to commemorate the occasion by making some suitable present to the college. The preferable form seemed to be the placing of a tablet in some proper place in the college building, in memory of the honored and beloved professors of the class of '83; the majority of whom have died, and the remainder have retired from the acting faculty.

J. E. Wilson was elected president and A. G. Warner secretary; and it was voted to have another reunion on our twenty-fifth anniversary.

A. W. P.

Queer Reasoning.—The fundamentals of the woolen underwear theory are stated as follows: 1. Animal wool is a material provided by nature for the clothing of an animal body. 2. Man, therefore, can be clothed naturally and properly only in animal wool.

The tremendousness of the above reasoning is sublime, and can be supplemented as follows:

1. Grass is a material provided by Nature for the nourishment of an animal body; 2. Man, therefore, can be nourished naturally or properly only by grass; or, further;

1. A sheep is the only animal wearing wool on its skin; 2. Man, therefore, who wears wool on his skin is a sheep.

The New York Medical College and Hospital for Women held its fortieth annual commencement at the Astor Gallery of the Waldorf-Astoria on Tuesday evening, May 12th. The exercises were of a very pleasing nature, and the gallery was thronged with the friends who came to witness the presentation of the diplomas. The members of the class, in cap and gown, took the Hippocratic oath as administered by the Dean, Dr. M. Belle Brown; after which Mrs. Mary Knox Robinson, President of the Board of Trustees, conferred the degree of Doctor of Medicine upon the eight members of the class of 1903. Addresses were given by Doctor Emily Pardee-Disbrow, of East Norwich, Conn,, and the Rev. Wallace McMullen, D.D., of New York City. Music was furnished by Von Baar's orchestra. On Wednesday night the Alumnæ banquet was held at the Hotel Majestic, and a large number of the friends of the college sat down to a fine repast. Dr. Harriet Van Bueren-Peckham, of Brooklyn, officiated as toast mistress, and a very enjoyable time was passed in listening to the witty remarks of the speakers.

E. F. H.

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The Class of '88, New York Homœopathic Medical College and Hospital, celebrated the fifteenth anniversary of its graduation by a re-union and class dinner at the Hotel Navarre, on the evening of May 6th, 1903. After an hour of greeting and social intercourse, the class adjourned to the dining-room to discuss the excellent menu prepared by mine host. The toastmaster of the evening was Dr. Alva A. Hoag, of Bridgeport, Conn. His felicitous remarks introducing the members of the class who responded to toasts evoked frequent applause. Toasts were responded to by Drs. F. M. Cummins, F. A. Jacobson, E. S. Smith, J. T. W. Kastendieck, T. C. Wiggins, H. T. Miller, A. E. Baker and F. A. Mandeville. It was decided by a rising vote that the class should hold another re-union in 1908. The guest of honor was Dr. George De Wayne Hallett, of the class of '89. The following members of '88 were present at the banquet:

Baker, Clausen, Cummins, Elliot, Fletcher, Hoag, Hamlin, Jacobson, Jewett, Jones, Kastendieck, McIntosh, Mandeville, Miller, Platt, Queen, Robinson, Smith, Ver Nooy, Wakeley and Wiggins.

F. W. H.

A very convenient and valuable chart of the principal poisons and their antidotes is published by The Maltine Company, and will be promptly sent to physicians and to hospitals, dispensaries, training schools for nurses and kindred institutions on application. Address The Maltine Company, Eighth Avenue and Eighteenth Street, Brooklyn, N. Y.

The Homœopathic Medical Society of Kansas met in Topeka, May 20 and 21, this being its 35th annual meeting. Dr. Chas. Lowry, of Topeka, called the Society at 2.30 May 20, the roll call showing an attendance larger than usual for the first meeting.

After some routine business the president's address was read, and received high commendation from the Society. It dealt particularly with the progress of homœopathy and with the serious loss sustained during the past year in the death of many of our strongest men.

The evening session was occupied with the presentation of papers under the Bureau of Clinical Medicine. The following were read and discussed: "Importance of Early Recognition of Congenital Disease," by F. E. Stoakes, M.D., Mayetta. "Pyorrhœa Alveolaris," by D. L. Wallick, M.D., D.D.S., Olathe. Two cases: "A Fibroid—An Accident," by C. S. Youngman, M.D., Harveyville; "Clinical Experiences," J. W. Tiffany, M.D., Hiawatha. The Thursday morning work was by the Materia Medica Bureau with Dr. E. P. Mills, Chairman.

A portion of the program was occupied with a symposium dealing with five of the mineral acids and their comparisons.

On Thursday, under the Bureau of Materia Medica and Organic Law, E. P. Mills, Chairman, presented a comparative study of some inorganic acids, under the heads: Mental, by W. A. Yingling, M.D., Emporia; Thoracic, by T. J. Clark, M.D., Castleton; Abdominal, by Wm. McClay Lyon, M.D., Topeka; Genito-Urinary, by W. H. Lemon, M.D., Olathe, and Skin, by Chas. Ott, M.D., Kansas City.

Other papers were: On the importance of a careful comparison and differentiation of remedies, by F. E. Stoakes, M.D., Mayetta; Our House, by T. H. Hudson, M. D., Wichita; Homœopathics, by Ernest P. Mills, M.D., Olathe.

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This was one of the most interesting parts of the program and resulted in much discussion.

The election of officers took place Thursday noon and resulted as follows: President, J. W. Tiffany, Hiawatha; vice-president, Clay E. Coburn, Kansas City; secretary, Wm. McClay Lyon, Topeka; treasurer, Miriam A. Swift, Topeka. Censors: Eano Harding, Ezra Kendall, W. A. Yingling. E. W. Boardman, of Parsons, was appointed delegate to the American Institute.

Topeka, Kansas, was selected as the next meeting place of the Society, which will be held in May, the exact date to be selected later.

During the afternoon session the Bureau of Surgery presented its program as follows: Other Uses of the Hodgens Splint than in Fractures of the Femur, by Sam H. Anderson, M.D., Kansas City, Mo.; Partial Tenotomies in Heterophoria, by S. C. Delap, M.D., Kansas City, Mo.; Inguinal Hernia; Its Radical Cure, by Wm. Davis Foster, M.D., Kansas City, Mo.; Address in Surgery, by H. W. Roby, M.D., Topeka.

This was followed by three papers from the Bureau of Obstetrics and Gynecology: Uterine and Mammary Cancers, by Chas. Ott, M.D., Kansas City; A Very Large Cyst of the Right Ovary: History; Operation; Recovery, by W. D. Foster, M.D., Kansas City, Mo.; Placenta Previa; a Case, by Clay E. Coburn, M.D., Kansas City, Mo.

The closing papers presented to the Society were under the Eye and Ear section: "Canaliculi and Drainage," by W. E. Buck, Kingman; "Why Glasses Don't Fit," by S. C. Delap, Kansas City, Mo.

Resolutions of sympathy were passed on the death of Dr. W. B. Swan, who was accidentally drowned last summer.

The meeting closed with a banquet with the Eclectic Medical Society of Kansas. C. E. COBURN, Secretary.

The Nebraska State Homœopathic Medical Society held its annual meeting in Lincoln at the Lincoln Hotel on the 28th, 29th and 30th of April, and it was the best meeting for a number of years. Dr. E. B. Finney, of Lincoln, president, was unavoidably absent, but he had done yeoman work in the preparation for the meeting and to him is very largely attributable its success. Dr. F. E. Way, of Wahoo, Nebraska, first vice-president, proved to be a most capable and dignified officer and was elected president for the ensuing year. All the three days' time was filled with papers of the best sort. On the first evening of the meeting a delightful reception was given by the local profession at the home of Dr. F. B. Righter, of Lincoln. On the second evening the local profession tendered to the profession a banquet at the Dr. B. F. Bailey Sanatorium. All in all, it was a delightful and most successful meeting.

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Societies and Current Events.

CONDUCTED BY - - - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the 10th of the preceding month.

Personals.—DR. JOHN E. WILSON, of 23 E. 45th Street, New York, will be absent from the city until September 15.

DR. ESTHER S. BARNARD, a graduate of Boston University, is now a resident physician at "Interpines," Goshen, N. Y.

DR. GEO. F. RAYNOR, of New York, has removed to 1730 Washington Ave. cor. 174th Street. Telephone, 130 Tremont.

DR. J. ELLIOTT COLBURN has been elected professor of ophthalmology in the faculty of the Chicago Eye, Ear, Nose and Throat College.

DR. HERBERT C. SCHENCK, of 241 McDonough Street, Brooklyn, will be out of town from August 4 until September 1. Dr. Ralph I. Lloyd, of 450 Ninth Street, will attend to all calls during Dr. Schenck's absence.

DR. RALPH WORDEN, of Circleville, Ohio, died on May 12 of chronic nephritis. He was fifty-one years old and was prominent both as a physician and a citizen. Dr. Worden was graduated from the N. Y. H. M. C. & H. in 1875. He was a member of the Ohio State Homeopathic Society.

LADY PHYSICIAN WANTED for staff position in high class Sanatorium where alcoholics, insane and drug habitues are not taken. Applicants should state age and date of degree. One with Sanatorium or Institutional experience preferred. Communications confidential.

Address W., NORTH AMERICAN JOURNAL OF HOMEOPATHY.

The New York State Homeopathic Medical Society will hold its semi-annual meeting at Lake Placid on September 15 and 16. The officers of the Lake Placid Club have offered their beautiful club-house and cottages at one-half the regular rates paid by their own members. Pleasure and profit may thus be combined at this ideal spot in the Adirondack woods.

The International Hahnemannian Association held its annual meeting at the Bellevue Hotel, Boston Mass., on June 18–20. Dr. E. B. Nash, of Cortland, N. Y., President of the Association, delivered a very commendable address in which the interests of true Homeopathy and the Association were ably discussed.

Many valuable papers were presented and discussed. The paper by Dr. Stuart Close, of Brooklyn, entitled "Drug Diseases and Compulsory Medicine" proved so interesting that action was taken

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to have it published in pamphlet form for general distribution, and over 3,000 copies were ordered by the members present.

A series of resolutions designed to bring about a consolidation of the Association with the Society of Homeopathicians were adopted.

The meeting next year will be held at Rochester, N. Y. The following were elected officers: C. M. Boger, M.D., Parkersburg, W. Va., President; E. C. Hussey, M.D., Buffalo, N. Y., Vice-President; J. B. S. King, M.D., 90 State Street, Chicago, Ill., Secretary; P. E. Krichbaum, M.D., Montclair, N. J., Treasurer. Board of Censors: Drs. B. Le B. Baylies, Caroline E. Hastings, Stuart Close, C. M. Boger.

Member Publication Committee, G. P. Waring, M.D., 92 State Street, Chicago.

Necrologist, C. E. Aliaume, M.D.

Drs. Joseph E. Biegler and Walter James were elected honorable seniors.

The Chairmen of Bureaus were announced by Dr. Nash as follows: Homeopathic Philosophy, Dr. Stuart Close; Materia Medica, Dr. Erastus E. Case; Clinical Medicine, Dr. L. M. Staunton; Surgery, Dr. G. P. Waring; Obstetrics, Dr. Julia Plummer.

G. P. W.

Impaired Digestion of Infants.—Dr. F. H. Munroe, of Newark, N. J., says that he has found Glyco-Thymoline to be a "sheet anchor" in the treatment of intestinal disorders, both in babies and older people. The hyperacidity caused by fermentative changes in the food, and the sequelæ of colic, vomiting and diarrhea are promptly controlled by its use.

At The Fortieth Semi-Annual Meeting of the Westchester County Homeopathic Medical Society, held on May 28, at the office of Dr. D. J. Roberts, Centre Avenue, New Rochelle, New York, the committee appointed by the President, Dr. Hall, reported as follows:

Your committee recommends the following informal resolution:

Dr. Russell P. Fay, our esteemed fellow member, having been called to the Great Unknown by an inscrutable Providence, we, the members of the Westchester County Homeopathic Medical Society, collectively and individually, sadly pause to express and record our deep sense of personal loss and sorrow.

Dr. Fay's course in life has been marked at every step, from childhood till the moment of his untimely death, by signal, honorable success. He had passed nobly through the struggling periods of his life's work, and was just fairly beginning to receive the honors and laurels due him from an appreciative profession, community and clientage.

Dr. Fay was a dutiful son, an affectionate brother, a devoted, fond and faithful husband and father, an honored and esteemed citizen, a loyal friend, and an *ideal physician*.

We extend to his stricken family our sincerest sympathy.

We direct that this statement of our high regard for Dr. Fay's memory be spread upon the minutes of this society, and that copies be sent to his widow and his aged parents, and that it be printed in the medical journals and elsewhere as the president and secretary of this society may direct.

DR. R. OLIVER PHILLIPS, Chairman.
DR. HORACE G. KEITH.

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Dr. Russell P. Fay.—Apropos of the duties of this Committee, of which I have the melancholy honor to be the Chairman, our esteemed President wrote: We all sincerely deplore the occasion that has brought the Committee into existence, but President McKinley's words should lighten our burden.

We physicians like the scarred veteran must be trained to deal practically with the subject of the dying and death. But one can fancy that even this veteran of many campaigns might find his mental discipline suddenly shattered by the shock of the same shell that has just placed into his open arms the lifeless form of his gallant comrade who had stood bravely by in so many hot campaigns that he had come to be regarded invulnerable. The overpowering sense of loss, the consciousness of the weakened ranks impel him to lay down his arms—but no, not yet; advance he must. He feels his faltering steps, he brushes the tears from his eyes. His heart is sore, aye broken. Then it is that he is fortunate indeed if he has the comfort of faith and trust in God and can say and feel with our martyred McKinley: "It is God's way. His will not ours be done."

I am sure that this sentiment will find response with every member of this Society and more especially with those whose associations had been at all intimate with our late cherished and sadly lamented fellow-member, Dr. Russell P. Fay, whose death occurred on the 31st of March last, from heart clot, after an illness of ten days with pleura pneumonia superinduced by la grippe.

Dr. Fay was born at Burlington, New York, March 2, 1864. He was therefore 39 years old. He was the fifth and youngest son of Russell Philander Fay and Catherine Curry Fay, both of whom with three brothers survive him. He received his early education at the public schools of Cooperstown, New York, graduating with honor from the New York Homeopathic Medical College with the class of 1887. After completing an eighteen months' course at the Ward's Island Hospital he came to Yonkers in the autumn of 1888. He was married in October, 1895, to Miss Ruby L. Johnson, of Yonkers. His only child, Roberta Fay, was born July 27, 1902. Besides his membership in this Society, of which he was Secretary and Treasurer for several years, afterwards President, he was a member of the New York State Homeopathic Medical Society, Am. Inst., Acad. Pathol. Science, Nat. Soc. Electro-Therapeutics, Chiron Club, Meissen Club, Yonkers Clinical Club, and one of the original members of the Governing Medical Board of Yonkers Homeopathic Hospital and Maternity.

Dr. Fay's frank, honest and cheerful personality won for him at the outset in Yonkers the friendship of every man then on the field, which insured an easy victory in the race for practice which came to him rapidly and increasingly. During the past ten years or thereabout the amount of work he accomplished seemed to some of us phenomenal. To employ the language of an observing lay woman: "He was truly the people's doctor." He gave himself without stint to all sorts and conditions of suffering humanity. His patients trusted and loved him and so did all the children with whom he was universally popular.

In the effort to pay a loving tribute to the character of Dr. Fay, I trust that so much of personality may be forgiven as to permit me to say that I feel constrained to apologize in advance to his memory lest in speaking freely, as a friend of a friend, to a company of mutual friends, I might seem to betray some friendly con-

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fidence, I am sure I can trust his charity for I think he never doubted my friendship. I am speaking not as a eulogist but only as a friend. If eulogy were desired it would better come from other and more eloquent lips than mine, from hearts and lives longer and more intimately knitted with his. But I venture that no eulogium upon Dr. Fay could be compared with that which might be easily obtained by gathering up from the willing lips of hosts of patients and friends their spontaneous encomium, intermingled as they would certainly be with fond and melancholy reminiscences, for the people loved him dearly. They somehow felt that he was their very own and in turn he was tenacious of every friendship.

One could not associate with Dr. Fay without being impressed that he was a man of high character, strong conviction and sincerity of purpose and the more intimately one knew him the more the impression grew that many of his traits of character were worthy of emulation. Those to which I shall refer eminently fitted him for success in his chosen profession.

His suavity of manner was winning. Kindness was written on his face and was displayed in his smile. Sympathy was in his tone. Patience was in his bearing, mildness in his expression. He was self-controlled under pressure. He was cool in the midst of excitement. He was unruffled by the irritation of others. He had confidence in himself; what he knew he was sure of and he was not inclined to presume to know what he did not know. He was eminently fair in his estimate of others and their opinion, even if they disagreed with his own. In fact, he always stood for fairness in everything with everybody. He could see the other side of every question, as well as his own side, in a most unusual degree. He possessed the remarkable ability to array all these fine, manly traits, and many others, at the right time and to the advantage of the situation, which made him appear to be just what he actually was, a thoughtful, wise, far-seeing, safe, conservative, manly man. To sum it all up, Dr. Fay had a level head.

He was a friend to everybody who needed his friendship, whether rich or poor, in high or low estate. In fact, he loved everything that was worth loving, whether humanity or animal. His heart seemed big enough for all.

These characteristics made him the most popular of practitioners. In his practice he was self-denying in action, willing and glad to serve always, deferential in his attitude and proud of his strength and endurance. His judgment was excellent, his touch gentle, his eye and ear quick and correct. These things added to his ever responsive heart and conservative brain made his popularity unique and his success unexcelled. He was truly a general practitioner, dealing promptly with everything presenting itself, of course availing himself freely of the assistance of his numerous specialist friends when usual skill and technique were required. Upon the whole, Dr. Fay was an all-round good physician, of whom any school or community might well be proud to honor, and that he was honored and appreciated was most clearly demonstrated to every one who attended his funeral.

As I sat in a front pew on that memorable day and watched that surging crowd of sorrowing humanity of all classes and conditions, from babes in arms to the old men and women tottering with their load of years—all fondly, reverently and pathetically taking a sad and parting farewell, I thought "how vain are all things here below."

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The spirit of Will Carleton's familiar poem, "The Country Doctor," seemed to me to be perfectly idealized, and I have ventured to adapt a few lines which, with your permission, I will read:

There's a hush about the city which has never been outdone,
Since the soldiers took their muskets to the war of sixty-one,
And a crowd of people gathering at the church upon the hill,
A motley crowd of people, Sunday-dressed and very still.
Now all heads are bare in silence, eyes look downward, hearts are sore,
Now the spacious pews are crowded from the pulpit to the door.
Hidden here among the flowers which by loving hands were spread,
Lies the dear, beloved doctor in his final wooden bed.
Many of the congregation now of great or little worth
Found this watcher waiting for them when they came upon the earth,
This undecorated soldier of a hard, unequalled strife
Fought in many stubborn battles with the foes that sought their life.
In the night time or the day time he would rally brave and well,
Though the summer lark was fifing or the frozen lances fell;
Knowing if he won the battle they would praise their Maker's name,
Knowing if he lost the battle then the doctor was to blame.
'Twas the same courageous doctor,
'Twas the same kind-hearted doctor,
'Twas the faithful, tireless doctor fighting stoutly all the same.
When their loved ones pined in sickness he had stood so strongly by
Half the people felt the notion that the doctor could not die.
They must slowly learn their lesson how to live from day to day,
They have somehow lost their bearing now this landmark is away.

Still, perhaps it may be better that his busy life is done,
Tho' the sun had scarce reached noonday he had many victories won.
He has done his duty fairly, he has acted well his part
And has learned that Death is master both of science and of art.
And this young and wiry doctor,
And this strong but human doctor,
Is entitled to a furlough for his brain and for his heart.

St. Mary's Homeopathic Hospital, of Passaic, N. J.—The graduating exercises of St. Mary's Homeopathic Hospital Training-School for Nurses were held at the hospital on the evening of July 3. Although there was a heavy shower yet many friends of the nurses and institution came to witness this first annual commencement.

The exercises were conducted by Dr. Edwin De Baun, of Passaic. Dr. Theodore Y. Kinne, of Paterson, made the first address on "The Nurse's Responsibility to the Community." He spoke of the influence which they might exert, counselled them to give not simply their services, but themselves to their work, and urged the value of reticence as to all matters which came under their notice during their intimate relations with the patient and his family.

Dr. Charles A. Church, of Passaic, followed. He spoke of the "Duty of the People to the Nurse." He said that with the advance of medical knowledge the necessity of good nursing had been emphasized. But to get the best work from the nurse, her own health should be considered, and people should not demand too much from her. As she gives herself and indeed often risks her life from exposure to contagion, she is entitled to full reimbursement for her services.

Diplomas were given to the two graduates by the Rev. Father Kernan, and the class pins and other mementoes were presented by Dr. Frank D. Vreeland, of Paterson. A collation and dancing concluded the evening's enjoyment.

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Rochester Homeopathic Hospital.—The graduating exercises of the Rochester Homeopathic Hospital Training-School for Nurses were held on the evening of June 10 in the assembly hall of the new East High School. Besides the presentation of diplomas to the graduates, an interesting programme of addresses and music was given. There were seven graduates this year: Miss Katherine Anderson, Miss Estelle Meyer, Miss Helen Elizabeth Colegrove, Miss Selina Livingston Kinghorn, Miss Edith Landon, Miss Mary Elizabeth Shears, Miss Nellie Goff Manning.

Henry B. Hathaway presided. Prayer and the benedlction was pronounced by Rev. George D. Miller, of the first Presbyterian Church; Rev. Rush Rhees, D.D., LL.D., of the university, gave an address, and the presentation address was made by Dr. Edwin H. Wolcott. Among other things Dr. Wolcott said:

"The law of truth must illuminate the path of the faithful nurse. Not merely implicit obedience, but unfaltering loyalty is due from the nurse to the physician. It is not wise for her to foster the habit of criticising, even in thought, his opinions or his acts as a medical man.

"Self-sacrificing, unostentatious, obedient, quiet, cheerful, tactful, faithful, truthful, firm—these are some of the qualities with which, in her relation to her patient and her physician, the successful nurse must supplement the theoretical and practical knowledge of hygiene and therapeutics obtained in the training-school.

"An old proverb tells us that 'the frock does not make the monk, or the uniform the soldier.' Neither the fixed charge of $21 per week for the services of the graduate nurse, nor the recent legal recognition of your profession, will be sufficient to maintain and perpetuate the dignity of your calling, without an adequate and satisfactory return in services rendered, for the compensation given, and the recognition accorded you."

The diplomas were presented to the graduates by Mrs. Hiram W. Sibley, President of the Training-School Board. Charles Cameron Bell and Helen Beardsley Clark sang during the evening.

The Training-School Board is composed of Mrs. Hiram W. Sibley, President; Mrs. W. A. Montgomery, Miss Elizabeth A. Watson, Mrs. Martin W. Cooke, Mrs. William Eastwood, Mrs. James S. Watson, Miss Eva Allerton.

The names of those on the committee from the medical and surgical staff follow: E. H. Wolcott, M.D., N. M. Collins, M.D., C. R. Sumner, M.D., T. D. Spencer, M.D., J. W. Buell, M.D.

Dried Bullock's Blood.—A new preparation originated and introduced by Mr. J. F. Hayes, of the J. F. Hayes Pharmaceutical Co., Philadelphia, a well-known chemist. It is in the form of crystals, soluble without odor or taste and permanent non-hydroscopic. The value of blood in therapeutics is well known to all physicians. See advertisement.

Wisconsin State Society.—The thirty-ninth annual meeting of the Homeopathic Medical Society of the State of Wisconsin was held at Athearn Hotel, Oshkosh, May 27 and 28, 1903. The meeting was called to order at 10.30 A. M. by the President, Dr. E. Everett.

On the evening of the 27th an informal reception was held at the Hotel Athearn; preceded by an interesting programme consisting of good music, rendered by a male quartette and a soloist, a most

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courteous and pleasing address of welcome by Hon. John Mulva, Mayor of Oshkosh, to which Dr. F. P. Stiles, of Sparta, responded for the Society, and the Annual Address by the President, Dr. Edward Everett, of Madison.

On the afternon of the 28th there was a delightful excursion on the lake, tendered to the Society by The Central Wisconsin Medical Club, during which the last business meeting was held. The election of officers was held on board the boat during the excursion, and resulted as follows: President, A. P. Andrus, M.D., Ashland; Vice-President, F. E. Brown, M.D., Milwaukee; Secretary, M. A. Barndt, M.D., Milwaukee; Treasurer, H. E. Johnston, M.D., Oshkosh; Censor to 1906, Lewis Sherman, M.D., Milwaukee.

It was decided to hold a three days' session next year, and to add such bureaus as seem best to the President and Secretary.

The next meeting of the Society will be held in Milwaukee on May 24, 25, and 26, 1904.

Michigan University.—The Commencement of Michigan University occurred upon June 18. From a class of fifteen, in the Homeopathic Department, thirteen received their degrees. The class day exercises were held upon the sixteenth in the lower lecture room of the hospital. Mr. A. J. Reynolds, of Grand Haven, class president, gave the introductory address. The principal event of the day was an address by Dr. Harold Wilson, Detroit, class '86. Dr. Wilson discussed the worth of clinical evidences, instancing the thousands of reported cures made by all kinds of doctors, healers, scientists, etc. He analyzed the values and reliability of testimony as given by those who have recovered from real or imaginary diseases and in a philosophical manner indicated how to determine the probable effects of medicines and what to relegate to the realm of improbability and fiction. Dr. Wilson gave some practical points relative to the action of remedies and indicated how to determine when relief is to be ascribed to a prescription. Dr. Wilson was followed by Dean Hinsdale who made some suitable parting remarks to the graduates.

The speeches were followed by a pleasant reception at the Nurse's Home, given to their friends by the members of the class.

Of the graduates who received appointments in institutions and have accepted them, Dr. O. R. Austin goes to Hahnemann Hospital, Rochester; Dr. May H. Cravath to Women's Free Dispensary, Cleveland; Dr. Lucy H. Black to Women's Hospital, Philadelphia; Drs. Reynolds and Gustave Wilson remain in the University Hospital, Homeopathic, at Ann Arbor as internes; Dr. A. E. Ibershoff becomes assistant to Dr. Copeland of the College; Dr. Erastus R. Zimmerman also remains as assistant to Dr. Kinyon.

The College has had a very prosperous year with a large increase, while to Allopathic, the Dental and the Pharmaceutical Departments have collectively lost a considerably over a hundred in registration since last year. The outlook for next year is exceedingly good.

J. W. Fraser, M.D., of Vienna, says: "According to all these observations in my practice, which are completely confirmed by many favorable reports from other sources, I would regard Pepto-Mangan (Gude) as an excellent and effective remedy, which is entitled to a prominent place among the iron preparations at present at our disposal."

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Indiana Institute of Homeopathy.—About one hundred and fifty Homeopathic Physicians from all over the State declared the Thirty-Seventh Session of the Indiana Institute held at Indianapolis one of the most successful ever held. Twenty-five excellent papers were read and discussed. On the evening of June 9th, at the elegant Columbia Club, the members, their wives and visiting physicians sat down to a sumptuous banquet, enlivened by music by a harpist and a male quartet.

Dr. W. B. Stewart, of Indianapolis, officiated as toastmaster, and the following toasts were responded to:

"The Physician's Opportunity," Dr. H. H. Baker, Muncie.
"The Inspiration of the Moment," Dr. F. L. Davis, Evansville.
"Profit and Loss," Dr. O. S. Runnels, Indianapolis.
"The Physician's Influence," Dr. F. H. Huron, Danville.
"Gender in Medicine," Dr. Carrie B. Banning, Ft. Wayne.
"Consultations," Dr. Rebecca Rogers George, Indianapolis.
"Selfishness," Dr. A. W. Holcombe, Kokomo.
"Equitable Compensation," Dr. J. H. Baldwin, Jeffersonville.

The following officers were elected for 1904: President, Dr. H. H. Baker, Muncie; First Vice President, Dr. W. B. Huron, Tipton; Second Vice President, Dr. D. R. Saunders, North Vernon; Secretary, Dr. Samuel Harrell, Noblesville; Treasurer, Dr. Halden Adams, Indianapolis. Censors: Dr. Carrie B. Banning, Fort Wayne, Dr. D. W. Weaver, Greensburg, Dr. C. R. Armstrong, Thornton, Dr. E. D. Bergen, Frankfort and Dr. E. F. Larkin, Franklin.

The following was unanimously adopted:

RESOLVED, "That the Indiana Institute of Homeopathy hereby expresses its unqualified condemnation of the practice of any pharmacy preparing and putting on the market special home treatments or combination tablets." H. H. BAKER.

Hay Fever is Here.—Bioplasm (Adrena) is a combination of the supra-renal glands of sheep with bioplasm, making a specific remedy when properly used for hay fever, stomatitis, rhinitis, and all inflammations of the buccal and nasal membranes.

Homeopathic Medical Society of the County of New York.—The regular meeting was held on Thursday, June 11, 1903. Dr. Edward V. Brown, of North Tarrytown, was made corresponding member. Dr. Walter Sands Mills read a paper on "Kali Bichromicum." It was discussed by Drs. Hasbrouck, Van DenBurg, Tytler and Allen. Dr. Egbert Guernsey Rankin read a paper on "The Treatment on Pulmonary Tuberculosis." It was discussed by Drs. Mills, Simpson, Wilson, Rabe and Hasbrouck. Dr. Edwin D. Simpson read a paper on "Clinical Applications of Suggesto-Therapy." It was discussed by Drs. Bren, Paige, Tuttle, White and Allen. WALTER SANDS MILLS, Secretary.

The Pascal Institute of 576 Lexington Ave., New York, held its commencement exercises on June 17. Mrs. Russell Sage presented the certificates and awarded the graduates. Among the addresses made was one by Mrs. May Riley Smith.

The Chicago Eye, Ear, Nose and Throat College Hospital has instituted an interne ship with service of eighteen months. At a recent examination for same Dr. H. E. Goldberger, P. & S. 1903, was awarded the position.

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Societies and Current Events.

CONDUCTED BY - - - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the 10th of the preceding month.

Attention is called to the Directory of Homeopathic Societies upon the front pages of the NORTH AMERICAN. This is now as nearly correct and up-to-date as it is possible to make it, and is we believe a valuable feature of the JOURNAL.

This feature throws some interesting illuminations upon the duties and privileges of society secretaries, as considered by themselves. Some—and we wish the class were larger,—sent in a report of the society meeting immediately after its adjournment. Others we sent to and then received a more or less prompt reply. While in two cases even a paid return postal failed to elicit response. It would seem that if the physician holding the position of secretary of a state society, were as anxious for the good of the organization as he is for the notoriety which the office gives him, he would take pains to see that the transactions of the society receive some notice in the leading journals of the school.

Many times some very interesting policies are adopted at these meetings, and these might prove of much value to other societies who perhaps are struggling with the same or similar problems.

The NORTH AMERICAN, and this department of it especially, aims to help its readers by giving them the broadest information possible. It is not enough for the physician of the twentieth century to be chief in his own bailiwick. He should not be a hermit. To this end we aim to give a broad scope to our news items.

While it would seem the peculiar duty of the state secretaries to send in reports, not only of the action of their societies but of important events occurring in their state, yet the privilege is not a limited one, and all are invited to contribute. Reader, perhaps you have attended some homeopathic function. Tell us about it. And the space allotted to the department is limited. The world is wide. So as to give as many notices as possible, each one should be short. This does not mean that you should leave out anything of importance, but boil your matter down. If you do not do it, we have to, and it is much more satisfactory for the writer to do it. Then the "really interesting" portion is not cut out. To be published in the current issue all matter should reach the department editor before the fifteenth of the preceding month.

Personals.—DR. ROY UPHAM has located at 316 McDonough Street, Brooklyn.

DR. R. G. HIGGINS has moved from Princeton, Ind., to Bar Harbor, Me.

DR. LUCY D. APPLETON has moved from 160 W. Brookline Street to 711 Boylston Street, Boston, Mass.

DR. A. M. LONGSHORE-POTTS has moved from Berkeley, Cal., to 2322 Mission Street, San Francisco, Cal.

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DR. DAVID B. JEWETT has moved from Colorado Springs, Colo., to Homeopathic Hospital, Rochester, N. Y.

DR. WALTER E. NICHOLS, N. Y. H. M. C. & H., '03, was married to Miss Ettila Bethell at Henderson, Ky., on July 29.

DR. R. H. VON KUTCH, of 935 West 63rd Street, Chicago, is the surgeon in charge of Swift & Co., and Libby, McNeil & Libby at the Stock Yards.

DR. J. P. RAND, of Monson, Mass., has been appointed by the Governor as a member of the Board of Trustees of the State Sanitorium in Rutland in place of Frederic B. Percy, who has resigned.

DR. UPTON A. SHARETTS has located at 1225 North Tejon Street, Colorado Springs, Colo. Dr. Sharetts has made a special study of the methods of treatment of Tuberculosis in Germany, Switzerland, and the United States. He is a member of the American Institute of Homeopathy and gives as references some of the prominent physicians of the school.

DR. H. EVERETT RUSSELL, of 30 East 74th Street, desires to announce that his office will be closed until October 1, during which time patients are referred to Dr. J. Edgar Ambler, 134 East 19th Street. While out of town Dr. Russell will be at Woodland, Ulster Co., New York. Telegrams should be sent to this address, via Phœnicia.

$5,000 wanted for a Homeopathic and Eclectic practice of thirty years' standing among the best people of one of the largest and finest cities of Connecticut. Yearly receipts from $10,000 to $12,000. Address "Doctor," care of N. A. JOURNAL OF HOMEOPATHY.

Dr. David H. Bullard, the Nestor of practitioners at Glens Falls, N. Y., died on July 1, at the age of ninety-one. Even as a child his steadfastness of purpose asserted itself, and saved him a leg about to be amputated for disease. He began the study of medicine at West Troy, under his brother-in-law, Dr. Hammond, and took his course of lectures at the Albany Medial College. He practiced for a time at West Troy, Northville and Pattens Mills. It was at the latter place that he became convinced of the merits of homeopathy, and he adopted this as his method of practice when he moved to Glens Falls in 1860. He made a name for himself here in 1861, when he was the only physician who correctly diagnosed an epidemic of so-called chicken pox as small pox. This gave him popularity, and he had for a time the largest practice in the place. He fell upon an icy sidewalk in 1896, and broke his hip. This incapacitated him, and he never entirely recovered the use of his leg. Except for this he was in excellent health until very recently and his mind was clear to the end. Dr. and Mrs. Bullard celebrated their sixtieth wedding anniversary in 1898. Dr. C. A. Horton, of Glens Falls, says: "I learned to love Dr. Bullard in watching him during these last years and realizing the good prescriber and conscientious practitioner he had been. Due notice should be given to this grand old Homeopath."

The Chironian, the publication of the students of the New York Homeopathic Medical College and Hospital, announces some changes in its conduct. The Board of last year greatly improved the paper in form and contents. With the opening of its twentieth year, a

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permanent editorial and business management has been established. The student staff will continue as before and will have exclusive charge during the college months. Henceforth the journal will be published every month in the year, the alumni members of the staff taking charge during the summer, when the numbers were heretofore omitted. Every loyal son of the college will rejoice in such a worthy representative, and it is to be hoped will contribute both to its columns and to its support.

Value for Services Collected.—An interesting decision has been rendered by the Supreme Court of Detroit. Dr. Schneider of that city advised a patient to go to the hospital, telling him that the cost for room, board and medical attendance would be $15.00 a week. Later when an operation was found necessary, Dr. Schneider performed this and sent in a bill for the same. The patient claimed that this should come in under medical attendance and refused to pay it. He was upheld in this by the Circuit Court. The higher court has reversed this decision on the ground that the contract including the unpaid services of Dr. Schneider was not proved, and the patient must pay a reasonable fee for his services.

War against Substitution.—The Farbenfabriken of Elberfeld Company, of New York, the owner of the phenacetin patent, is waging a lively war on the traveling men and druggists throughout the United States who are engaged in selling phenacetin, obtained from unauthorized sources, as well as counterfeit imitations of this drug, in violation of the rights secured to the owners by their patent. If the efforts which the company are making to enforce their patent rights contributes to the placing of purer drugs on the shelves of the druggists, as seems bound to be the case, the company is entitled to the thanks of the public.—*Chattanooga Daily Times.*

Life Sustains Life.—Our present knowledge does not enable us to define this mysterious life, but we know how it is nourished. The animal transmutes plant, pulp and seed into assimilable nutriment, dissolves it in a saline fluid (serum) and sends it coursing through the distributing channels of the body.

In Bovinine the life-giving elements that go to sustain and build the body retain all their nutritive integrity, ready for immediate absorption into the circulating medium, that medium through which all degenerative processes are interrupted, all repairs accomplished, all growth induced.

Wool *vs.* Linen.—Apulies, an old Roman author, says: "Wool, the excretion of a sluggish body, taken from sheep, was deemed a profane attire even in the times of Orpheus or Pythagoras, but flax, that cleanest production of the field, is used for the inner clothing of man."

Medico-Chirurgical Society of Central New York.—Fifteenth regular meeting of the Medico-Chirurgical Society of Central New York, held at the Hotel Warner, Syracuse, N. Y., June 4, 1903. President J. T. Wallace in the chair.

Drs. Lukens and Keese were appointed a Committee on Registration and Drs. Williams and Gwynn a Committee on Membership.

The minutes of the last meeting were read and approved. The report of the Treasurer showed a balance on hand of $21.80. The report was accepted and approved by unanimous vote of the Society.

Dr. W. E. Deuel then read a carefully prepared paper entitled

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"Hygiene of the School Room." The discussion was opened by Dr. E. E. Keeler who said: "Ventilation is not now so much of evil in the larger cities as in the small town schools.

"The matter of defective sight and hearing is at last receiving the attention it deserves. If we develop the minds of our children at the expense of the health we make a great mistake. If every member of this body should write the Board of Regents protesting against the present system of examinations, it would be a move in the right direction."

Dr. Candee took exception to Dr. Keeler's laying all the fault at the Board of Regents, for they do not have jurisdiction until the child reaches the high school.

Dr. Young said that "our children are schooled to death; the examination papers are too hard; too much that is impracticable is taught in our schools." Dr. Young speaks from an experience of twenty years on a school board.

Dr. Nicholson said that "the Board of Regents pull one way and the Board of Education another; we must have unification. We are the laughing stock of all the other States. We are fostering a system that is ruining our children. Our system is all wrong and needs correcting."

And President Wallace said: "Do not forget the filthy old school books which are a fruitful source of contagion."

In the absence of Dr. Tuttle, Dr. Candee read a paper from her entitled "Puerperal Eclampsia," and opened the discussion by reading a short paper upon the points brought out in the paper.

Dr. Nicholson: "Are convulsions after delivery worse than those that come before delivery; and why do we not have them after. when we do not have them before?"

Dr. Ball called attention to the value of ars. of copper in these cases.

Dr. Nicholson: I have had four cases: one 22 hours after the beginning of convulsions; broke the bag of waters, gave caul. and in four hours had a living seven-months fœtus; another, a woman of over 200 pounds; much bloated, 7 months pregnant, scanty urination, sister died of consumption. Gave chloroform, dilated uterus, crushed head of the child and delivered. Convulsions continued, and she died in fourteen hours. I believe it is not so much the albumen as the uric acid that is the trouble.

Dr. Hartman: In those bad cases I believe that we will find a condition of chronic nephritis.

Dr. Gwynn: Forty years ago we had less of adjuvants and depended more upon our materia medica. I had a case that came on one-half hour after delivery. I gave her Cup. Ars. 2c and she recovered.

Dr. H. J. Ball, of Cortland, then read a paper entitled "Uterine Hemorrhage." in the absence of Dr. Sherwood Dr. Hartman opened the discussion. He said, "the hot water must be used very carefully, or you will burn your patient. The primary action is dilatation and the secondary action is contraction. Be sure to use enough of the water; I start at 105 degrees, using 4 gallons and increase the temperature of each gallon 5 degrees, so that the last is 120. We must also be careful what kind of a hemorrhage we use the hot water in; I had a case where the trouble was due to a malignant growth in the fundus. When there is hemorrhage there is always something that should be gotten away."

An adjournment was then taken to the dining-room of the Hotel Warner, where the members and visitors were guests of the Society.

Afternoon Session.

The annual election officers resulted as follows: President, Dr. E. E. Keeler; First Vice-President, Dr. F. H. Doud; Second Vice-President, Dr. A. R. Grant; and Secretary Treasurer, Dr. E. M. Santee. The President then gave his annual address, reviewing the work of the year and painting a hopeful outlook for the future.

Dr. G. W. Hoyt then read a paper on the Re-proving the Homeopathic Materia Medica. Discussion opened by Dr. Keese, who pointed out some of the methods and explained their necessity.

Dr. Hartman described the methods of the proving clubs of the A. I. of Homeopathy.

Dr. Candee: I do not think we want to reduce but to enlarge our materia medica.

Dr. Hoyt: We need provings of the potencies as well as of the crude drugs.

Dr. Hartman then read a paper, "The Importance of Correct Diagnosis in Injuries to the Head." In the absence of Dr. Lee, who was to have opened the discussion, Dr. Terry said: "I can not add anything to what Dr. Hartman has said and desire to compliment him upon his paper." Dr. Sheldon was present and read a very interesting paper upon Typhoid Epidemics, which, owing to the lateness of the hour, could not be discussed.

Upon motion the Secretary was instructed to prepare suitable resolutions upon the death of Dr. Karl Schumacher, late of Syracuse, and to forward copies to the family and to the daily press of Syracuse.

Adjourned. E. M. SANTEE, Secretary.

Daniel's Conc. Tr. Passiflora Incarnarta is an excellent hypnotic, giving valuable results in sleeplessness, eclampsia, and all neuralgias upon which other remedies exert no perceptible influence. The mind becomes clearer, and the whole nervous system undergoes a beneficial change, becoming more elastic and eliminating the waste material which tend to drain it of vitality.

American Mothers Birth Insurance Company.—This body, under the fostering care of the American Mothers Association of the United States, is incorporated, with provisions for the necessary reserve fund, under the Massachusetts insurance laws. It is on the mutual plan, and its members may, by the payment of a certain small sum monthly, receive on the birth of a living child a cash benefit of from $100 to $500, depending on the form of membership and the number of payments made before the time of birth.

This absolutely original plan of birth insurance should appeal to both parents and physicians. By its help the "race suicide" deplored by President Roosevelt may be discouraged, for with its aid young people may marry upon a smaller income than otherwise, because they may provide in advance for the expense of the coming family. It means freedom from anxiety for the prospective mother, and therefore happier pre-natal influences. It means comfort, care and good medical attendance and nursing for both mother and child, and prompt payment of a good-sized bill for the physician in attendance.

Feeding in Adult Cases.—"I prescribed Eskay's Food for a young lady who was suffering from a severe case of indigestion,

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and she took it in warm water and milk in the morning as she had not been able to eat any breakfast in several weeks. She tells me that she is still using the food and takes a cup at bed time. She has gained eleven pounds in six weeks, the time she has been using the food." Dr. ———, N. Y.

Are Standards Higher?—Or is medical education going backward. *The Medical Advance* says: "At a recent examination of applicants for license to practice medicine held at Nashville, Tenn., 31 out of 154 failed to pass, or one-fifth. At the examinations held at Helena, Mont., 7 out of 25 failed, or almost one-third."

Sanmetto for Enlarged Prostate in the Aged and Enuresis Nocturna in Children.—My experience with Sanmetto has been most gratifying. I consider it the greatest remedy I ever used in cases of aged men with enlarged prostate. I am now using it in two cases of nocturnal incontinence—both children are improving rapidly. W. H. Lyle, M.D., Olpe, Kans.

After sickness and during Spring house-cleaning Platt's Chlorides should be sprinkled freely over the floors and allowed to dry before carpets are relaid. As each board retains some Chlorides, a lasting purifying effect is obtained and the ravages of insects prevented. Disinfect the waste pipes, sinks, closets, storerooms and the cellar according to directions on the bottle.

The Four Track News is an instructive and entertaining magazine of travel and education, and numbers among its contributors many of the best known writers in America. The articles are short; they possess intrinsic value, are engaging and readable, and are always besutifully illustrated. It is sold on the trains and at the stations of the New York Central Lines, by the agents of the Union News Company.

The "Homeopathic Student," a paper published by the students of the Chicago Homeopathic College, concluded another successful year of its existence and next year will be considerably enlarged. The editor-in-chief last year was R. R. Haas, '03, who has contributed several papers of interest in addition to his editorial work. Next year the editor-in-chief will be C. A. Harkness, '04, to whose efforts as business manager this year the paper largely owes its present sound financial basis. L. B. Jolley, '05, will act as business manager next year.

Owing to the great increase in the substitution of inferior and harmful remedies for those of well-known and proven value, we advise purchasers, for their protection, to insist on having CELERINA, and not to accept anything that is offered as "just as good," or cheaper, which unscrupulous druggists continue to offer in order to make a few cents more. You know what you want, insist on having it; if he has not got it, go somewhere else, or get him to order it for you.

Rebman, Limited, medical book publishers of London, England, have opened a New York office at 10 West 23rd Street under the management of Mr. A. Weir. Rebman's books are in great demand in England, and the book-loving American doctor will extend their popularity. As publishers of the "Archives of the Rœntgen Ray" the NORTH AMERICAN welcomes the advent of Rebman into American medical circles.

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In these days of increased and increasing interest in medical electricity a lot of cheap and worthless apparatus is being foisted upon the doctor whose training has not led him to be an expert in the mechanics and physics of the subject. Seven years' almost daily use of a Shields' Volt-Graduator has taught us to rely upon it as a faithful friend.

Two Influential Journals Combine.—On June 20 *The New York Medical Journal* and *The Philadelphia Medical Journal* were amalgamated and will henceforth be issued as *The New York Medical Journal.* Each journal has had a wide circle of readers, and it is hoped that the union will not only give the advantages of centralized and economical management, but that an enlarged number of readers may be furnished with all the valuable features of both periodicals.

Come to Lake Placid.—The Homeopathic Medical Society of the State of New York will hold its semi-annual meeting in the "Heart of the Adirondacks" September 15 and 16. It is the aim to combine a profitable session and an enjoyable outing. Special rates at one and one-third the regular fare are offered by the New York Central and Delaware & Hudson railroads from September 11 to 21. The Society will have its headquarters at the Lake Placid Club, and all members and friends will be entertained at the two central club houses and thirty surrounding cottages, for one-half the usual rates. Thus members may obtain rooms at from 25 cents to $2.50 a day. Meals $2.00. While there will probably be accommodation for all, yet it would be well to write for rooms at once to the Lake Placid Club, Morningside, Essex Co., N. Y.

Treatment of Dysmenorrhea.—Antiphologistine strongly recommends itself in this affliction. During menstruation it should be applied over the abdomen warm and thick covered with cotton and a compress. In the interval, fill a small sack with Antiphlogistine, and mold this tampon around the cervix. This treatment has given marvelous results.

Country Surgery.—Dr. F. E. Burgevin, of Spiro, I. Ty., says that although they have not many facilities, yet he can show a clean record for surgical work. Two cases, one of abscess of the liver and one of injury from accident, were speedily benefited by the liberal use of Hydrozone, which he uses as a routine method.

Vaccination of the Police and Firemen of Indianapolis.—In accordance with an order from the Board of Public Safety, all the police and firemen were vaccinated about January 7. Out of 262 secondary successful vaccinations, 231 had pronounced takes (88 per cent.). Except for one neurotic case the total time the police lost off duty amounted to 46 days. There was not a single case of ulceration nor sloughing. Mulford's tube vaccine was used for all cases.

Many physicians are now returning from Europe, but as they do not travel steerage, they know little of the rigid examination that awaits the emigrants at the hands of the health officers before they are allowed to land. For the benefit of both the travelers and the stay-at-homes the Maltine Company has reproduced the scenes at Ellis Island in a booklet entitled "Quarantine Sketches."

The Reason.—"I've just been reading some statistics of births and deaths. Extraordinary thing! Every time I breathe a man dies!" "Great Scott! Why don't you chew cloves?"

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The New York Pharmacal Association's little brochure, "Clinical Examination of the Gastric Contents" is a post-graduate course of quite a high order. We are sure that this handy booklet will be as much appreciated as is Lactopeptine.

The New York Homeopathic Medical College and Hospital has increased its staff by the addition of the following lecturers: Dr. Frank C. Bunn, of Orange, upon Surgery and Orthopedics; Dr. Chas. Gennerich upon Minor Surgery; Drs. Walter Sands Mills, H. Worthington Paige and E. D. Rudderow upon Theory and Practice of Medicine; Dr. Samuel H. Vehslage upon Materia Medica, and Dr. John E. Wilson upon Nervous Diseases and Pathology. Dr. Wm. Morris Butler, of Brooklyn, has been appointed Professor of Mental Diseases. The following demonstrators have been appointed: Dr. Jos. H. Fobes of physiology, Dr. Caleb Barker of pathology, Dr. Roy Upham of histology, Dr. C. Fiske Wood of anatomy, and Dr. Wm. Van Zandt of otology.—*The Chironian.*

"The American Wine Press and Mineral Water News" is one of the most likely and entertaining papers in its line. It tells more in one issue about wines and mineral waters than the average man learns in a lifetime. It is well worth taking. Send in your name to L. J. Vance, No. 1 Beaver Street, New York City.

Homeopathic Medical Society of the County of Kings.—At the regular meeting on June 9th, the Bureau of Surgery reported. Dr. Orlando S. Ritch presented a paper on "Heteroplasty as an Auxiliary to Herniotomy" and Dr. George Stewart Ogden one on "Fracture of the Clavicle." Both papers aroused considerable discussion.

Severe Reflex Pain.—J. H. Tilden, M.D., of Denver, in an article advocating the use of tampons in gynecological practice, reports a case which was characterized by severe reflex symptoms. He introduced a glycerine tampon and administered antikamnia in ten grain doses (two five-grain tablets) to relieve the pain. The tampon was removed each night at bedtime and followed with hot water injections. The patient on being discharged remarked that since following this treatment she could run the sewing machine without the usual pain and tired feeling.

Consider the Poor Indian, who toils, amidst the greatest hardships, over the bleak and rugged Andes at an altitude where mere existence is a serious problem! He is supported through these struggles by Coca alone. Similar systemic results to those that beset him are met with in the midst of the most advanced civilization, and may be offset in a similar way. Vin Mariani presents all the efficacious possibilities of Coca in a form that is at once convenient, agreeable and positive.

THE DR. DEIMEL LINEN-MESH UNDERWEAR is a product of the field, not of the sheep.

WOODSIDE COTTAGES, FRAMINGHAM, MASS.

Designed for the care and treatment of a limited number of chronic cases under a strictly homeopathic reg. Especially adapted to neurasthenic conditions or others needing the peaceful atmosphere of a beautiful country place. No insane cases received.

FRANK W. PATCH, M.D.

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Societies and Current Events.

CONDUCTED BY - - - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the 10th of the preceding month.

Personals.—DR. J. H. MULLER announces his removal to 160 East 63rd St., New York.

DR. S. H. AURAND, of Chicago, has been elected vice-president of the Chicago Homeopathic Medical College to fill the vacancy caused by the death of Dr. A. W. Woodward.

DR. WALTER J. POST, of Bloomfield, N. J., has removed his office and residence to 35 Park Place. His hours are now from 8-9 A.M., 1.30 to 2.30 and 7-8 P.M. Sundays and holidays 12-1 P.M. only.

DR. E. C. WILLIAMS, a member of the American Institute of Homeopathy is in Room 4, The Virginia, Hot Springs, Va., is a member of the State Board of Medical Examiners of that state. It is well to know that any patients sent to this watering place may be placed in such good hands.

DR. J. HERBERT MOORE, of Brookline, Mass., has, at the request of Dr. Sutherland, President of the American Institute of Homepathy, been appointed by the retiring President, Chairman of the Bureau of Materia Medica and General Therapeutics in place of Dr. H. P. Bellows of Boston, resigned.

DR. PEMBERTON DUDLEY, of Philadelphia, has resigned the office of dean of the Hahnemann Medical College of that city, a position which he has for many years so capably filled. The reason given is lack of support in certain reforms that he attempted to institute. He will retain the professorship of hygiene and institutes of medicine. Dr. Charles Thomas has been elected dean to succeed Dr. Dudley.

Homeopathic Medical Society of the State of Pennsylvania.—The thirty-ninth session of this society met in Scranton on Sept. 22, 23 and 24. Sixty-nine members enrolled their names on the register, and the following visitors were also present: Dr. H. P. Cole, of Hartford, Ct., Geo. W. Roberts, M.D., of New York, Drs. J. F. Roe, D. P. Bailey, C. S. Winters, W. F. Wand and E. Corbin of Binghampton, N. Y., Drs. Fleming and Munson of Atlantic City, and Dr. Hills Cole, of New York, representing the NORTH AMERICAN JOURNAL OF HOMEOPATHY. A good program was prepared, but many whose names appeared thereon failed to attend the meeting. Three papers were read and discussed in the section of Obstetrics: "Pre-Natal Impressions," by D. C. Kline, M.D., of Reading; "The Management of Labor in Private Practice," by Edward H. VanDeusen, M.D., Philadelphia, and "A Report of a Case," by

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Mary Cook, M.D. In the section of Gynecology out of six papers announced on the program only two were read: "Pruritus Vulvæ," by Theodore J. Gramm, M.D., Philadelphia (to appear in the NORTH AMERICAN) and "Fibroid Tumors of the Uterus," by Theodore L. Chase, M.D., of Philadelphia.

In the section of Pathology and Pathological Anatomy the following were read and discussed: "The Present Status of Rœntgen Ray Therapy in the Treatment of Malignant Growths," by Bernard E. Bigler, M.D.; "Chronic Endometritis," by Theodore J. Gramm, M.D., illustrated by microphotographs; "Carcinoma Uteri," by D. B. James, M.D., Philadelphia, and "The Preservation of Pathological Specimens in Their Normal Colors," by S. W. Sappington, M.D., of Philadelphia. The last paper was illustrated by a number of beautiful pathological specimens from the museum of Hahnemann College, Philadelphia. Four papers were read in connection with the section of Pedology: "Preputial Adhesions in Little Girls and Boys," by Margaret H. Schantz, M.D., of Reading; "Some Considerations in the Diagnosis of Heart Disease in Infancy and Childhood," by E. R. Snader, M.D., of Philadelphia (to appear later in the NORTH AMERICAN); "Forty Cases of Capillary Bronchitis Treated with One Remedy," by J. L. Redman, M.D., of Philadelphia, read in abstract and discussed by F. W. Boyer, M.D. This paper was severely criticised by several members of the society as tending to present a false impression of homeopathy, and as being an injury to the cause. An excellent paper by C. S. Raue, M.D., of Philadelphia, on "The Clinical Examination of the Intestinal Contents of Children," closed the section and the first day's meeting.

The following morning was given up to the sections of Surgery and Sanitary Science. In connection with the former L. T. Ashcraft, M.D., of Philadelphia, read a paper on "The Benefit Derived from Perineal Drainage of Certain Genito-Urinary Diseases;" George B. Moreland dealt with "The Necessity of Making Rectal and Sigmoid Examinations More Frequently," and the chairman, E. R. Gregg, M. D., of Pittsburg, read a paper on "The American Surgeon—Should He Excel." Dr. Gregg is a surgeon who is a thorough believer in Homeopathy and thinks that the American Homeopathic Surgeon has the opportunity of being the world's highest type of surgeon. This paper will appear later in the NORTH AMERICAN.

By invitation, Dr. H. P. Cole, of Hartford, addressed the society on his new method of treating deformities of the feet by properly fitted shoes. Dr. Cole's novel views on the etiology, pathology and treatment of these cases aroused much interest among those present. In the section of Sanitary Science, Dr. I. B. Gilbert read a paper on "Typhoid Infection," and Edward M. Gramm, M. D., of Philadelphia, contributed an essay on "The Physician as a Sanitarian" (to be printed in the NORTH AMERICAN). The following papers were discussed in the section of Materia Medica: "Clinical Verifications," by J. W. Dehoff, M. D., of York; "Urtica Urens," by P. S. Duff, M. D., of Great Belt; "Kali Carbonicum," by Aug. Korndoefer, Sr. M. D., of Philadelphia; "Some Thoughts Concerning the Principles of Drug Medication," and "The Calcareas," by Chandler Weaver, M. D.

Wednesday evening was given up to the entertainment of the attending members and visitors by the Lackawanna Homeopathic

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Society. A smoker was provided for the men, and the ladies were entertained at dinner, followed by a concert. Thursday was given up to the sections of Clinical Medicine and Ophthalmology, Otology and Laryngology. The following papers were read: "Emergency Cases in General Practice and 'Similia' Therapeutics Applied," by F. W. Lange, M. D., of Scranton; "The Influence of Traumatism of the Chest Wall in the Development of Phthisis Pulmonalis," by W. F. Baker, M. D., of Philadelphia; "The Genesis of Professional Invalidism," by Weston D. Bayley, M. D., of Philadelphia; "Influenza and its Treatment," by M. J. Holben, M. D., of Slatington," and "Dieting in Chronic Nephritis and Diabetes Mellitus," by F. Mortimer Lawrence, M. D., of Philadelphia. The following new members were admitted: Malcolm D. Holben, Slatington; A. S. McDowell, Reading; W. A. Stewart, Pittsburgh; Francis A. Whiteman, Wilkesbarre; Harry E. Williams, Coatesville; Bernard E. Bigler, Philadelphia; Nathaniel F. Lane, Philadelphia; D. B. James, Philadelphia, and G. Morris Golden, Philadelphia.

New York State Society.—The Homeopathic Medical Society of the State of New York held its thirty-seventh semi-annual meeting at the Lake Placid Club on September 15. Those who were fortunate enough to be able to attend had not only a profitable but a most enjoyable time, at this beautiful spot in the heart of the Adirondacks. The meetings were held in the Lake House, adjoining the Club House and right on the shore of Mirror Lake. It was almost the same as being out-doors.

At ten o'clock, President John W. Le Seur, M. D., of Batavia, called the meeting to order and opened with prayer. The following were proposed as members of the Society and were elected later in the day: Drs. Joseph H. Muller, Edwin S. Munson, B. B. Sheldon, R. A. Stewart, Albert D. Young and Wm. M. Van Zandt of New York City; M. T. Hopper, of Brooklyn: E. Wilton Brown, of Mt. Kisco, and John Wage, of Buffalo. There being no further business, Dr. Newton M. Collins opened the scientific session with a paper entitled "Some Thoughts on the Causes of Failure Following Gynecological Operations."

The chief interest of the whole meeting centered around the Bureau of Materia Medica, F. Park Lewis, M. D., Chairman.

The opening paper by Alfred Wanstall, M. D., of Baltimore, Md., an invited guest of the Society, upon "An Examination into the Evidence upon which the Action of Similars was Predicted as a Law," made some broad assertions and provoked considerable discussion. Dr. Wanstall was nominated for Honorary Membership in the Society in addition to being thanked by vote of the members. Dr. A. Eugene Austin presented a paper upon "Why We Should Know our Remedies and How to Know Them." Dr. Geo. F. Laidlaw then spoke of the "Comparison of the Physiological and Semiological Methods of Studying Drug Action." This was discussed by Drs. Moffat, Brown, Alliaume, Gorham, Austin and Wanstall. Dr. Laidlaw's remarks and the discussion will be published later in the body of the NORTH AMERICAN.

Papers under the Bureau of Obstetrics were read by Dr. G. H. Jenkins on "Puerperal Sepsis" and by Dr. Emily F. Sweet on "Post-Partum and Puerperal Hemorrhages." Under the head of Otology, Dr. Geo. W. McDowell urged "The Importance of Otology in General Practice," which was discussed by F. Park Lewis, M.D.

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Dr. Marcena S. Ricker read a paper upon "Enteritis" under the Bureau of Pediatrics. Other papers of this Bureau were read by title.

Dr. John M. Lee, the Chairman of the Bureau of Surgery, had planned a series of papers upon the subject of Cholelithiasis. Dr. Geo. E. Gorham spoke of the "Symptomatology and Diagnosis," Dr. Terry of the "Etiology" and Dr. Geo. W. Roberts of the "Surgical Treatment." The papers were discussed by Drs. Honan, Laidlaw and DeWitt Wilcox. Dr. Lee concluded the Bureau with a short paper upon "Prostatectomy."

Under the Bureau of Public Health, two valuable papers upon "Quarantine" and "Superheating and Imperfect Ventilation in our Dwellings and Places of Business," were read by Drs. Joseph Rieger and E. Rodney Fiske.

Another Bureau which aroused interest was that of Clinical Medicine and Pathology, Dr. Geo. F. Laidlaw, Chairman. Dr. J. G. Chandler spoke of the Nature and Dr. E. Wilton Brown of the Treatment of Acute Articular Rheumatism. An exceedingly interesting paper was presented by F. M. Lawrence, M. D., of Philadelphia, upon the "Treatment of Diabetes." This will be published in another column of the NORTH AMERICAN.

Altogether, the session was a most interesting one, and all thoroughly enjoyed the two days outing.

The Pulte Medical College of Cincinnati, O., has received a bequest of $25.000 from the estate of Carolyn Hooper. The college has the option of accepting cash, bank stock or local securities.

A Valuable Chart.—Many physicians are too far from libraries and laboratories to be able to put into practice the training of their college days. This is especially true of microscopical work. To aid physicians in this important field, the M. J. Breitenbach Co., the importers of Gude's Pepto-Mangan, have prepared a chart containing sixty colored plates of pathogenic organisms. No expense has been spared in making the representations accurate, and months of labor with the combined application of many artists have given to the medical profession not only a digest replete with information and diagnostic illustrations, but a work of art as well. The original sketches were in water-colors drawn by one of the leading bacteriologists of the country. The full set of sixty cuts has been prepared to send to any physician who writes for them, from the firm of M. J. Breitenbach Co., New York.

Wanted—To sell office fixtures and practice in a growing town of 10,000 inhabitants in Colorado. Collections last year $3,500. Address, M., 181 W. 73rd St.

A 10-plate Van Houten & Ten Broeck static machine with motor, almost new, for sale to the highest bidder to close an estate. Address, Electricity, Care of NORTH AMERICAN JOURNAL, 181 W. 73rd St., New York.

The principle of buying from the maker is recognized as one to be followed when possible. When the article in question is a wine or whiskey the plan is the more commendable as giving a certain guaranty of quality. For this reason those in need of a good whiskey for family or medicinal purposes will make no mistake in sending for a case of Simon N. Jones's Old Tom Jones Bourbon.

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The Colorado Homeopathic Society held its eighteenth annual session in the Y. M. C. A. Auditorium at Denver, on September 15, 16 and 17. Dr. C. W. Judkins called the meeting to order at half-past one on Tuesday afternoon. The Bureaus of Surgery and Neurology held the attention of the members until four o'clock when a business session was held.

The evening session was a public one. The Hon. R. R. Wright, Jr., Mayor of Denver, gave an Address of Welcome, as did Dr. W. J. King, the President of the Denver Homeopathic Club. The response was made by the 2nd Vice-President, Dr. C. F. Stough. The necrologist, Dr. S. S. Smythe, gave his report. The Annual Address followed, given by C. W. Judkins, M.D.

The following two days were occupied by the reading and discussion of interesting papers presented under the Bureaus of Clinical Medicine, Eye and Ear, Obstetrics, Pediatrics, Materia Medica and Gynecology.

The evening session of the 16th witnessed the opening session of the Denver Homeopathic College. The opening address was made by Dr. J. B. Kinley, and others followed from representatives of the State Society and Denver Homeopathic Club.

The evening of the 17th was Alumni night. Reunions were held of the Denver Homeopathic College, Hahnemann of Chicago, Hering-Dunham, Missouri Homeopathic and Hahnemann of Philadelphia.

Puerperal Septicemia with Gonococcic Infection.—Dr. Matias Duque, Director of the San Antonio Hospital of Cuba, reports the treatment of a case which demonstrated two interesting points: that, although the intra-uterine injections of pure Hydrozone may be dangerous, it can be applied if care is taken to keep the neck dilated as much as possible; that the superiority of Hydrozone over the other treatments of puerperal septicemia in connection with gonococci is indisputable.

The Bioplasm Company have removed their New York offices from the St. James Building to 100 William Street. Bioplasm is said to be a more prompt and potent agent for the restoration of leucocytes and phagocytes in both number and vigor than any agent known. It is *positive in its action on metabolism*—quickly corrects disordered conditions in this basic function of life and thereby enables the starving nerve cell to receive normal nutrition.

The University of Michigan Homeopathic College and Hospital will begin its seventh practitioner's clinical course on November 2. Two of the demonstrators will be H. V. Halbert, M. D., senior professor of theory and practice at the Chicago Homeopathic Medical College, whose specialty will be internal medicine, and Dr. Rolin H. Stevens, of Detroit, who is widely known as a dermatologist. He will hold clinics and give lectures, illustrating them with special apparatus, and giving also a demonstration of the Finsen Actinic Ray light. Other clinics will be presided over by Dean Smith, M.D., and Drs. Kinyon and Copeland. The Board of Regents have made the following appointments: Gustave Wilson, M. D., and A. J. Wilson, M. D., internes at the homeopathic hospital; R. H. Stevens, M. D., Detroit, non-resident lecturer on dermatology; O. R. Long, M. D., Ionia, mental diseases; W. A. Polglass, M. D., Lapeer, nervous diseases.

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The Late Egbert Guernsey, M.D., LL.D.—Dr. Egbert Guernsey died at his summer home in Fishkill, N. Y., on September 19. He was one of the oldest and most widely known practitioners of Homeopathy. Dr. Guernsey was born in Connecticut in July, 1823, and was a graduate of Yale. In 1846 he took his degree of Doctor of Medicine from New York University. With the exception of a few years at the beginning of his medical career, he practised in New York City, and in 1896 he was tendered a dinner at the Union League Club to celebrate the completion of fifty years of practice. Hahnemann Hospital and the Metropolitan Hospital owe their foundation to Dr. Guernsey, the former growing out of the West Side Dispensary and the latter being the natural successor to the Wards Island Homeopathic Hospital. Dr. Guernsey was a man of marked literary tastes, and his writings covered a wide field. He was the author of a school history of the United States, and he founded and became the first editor-in-chief of the Brooklyn *Times*. In 1853 he issued his "Domestic Homeopathic Practice," which ran through many editions and was translated into four languages; and in the '70's he established the New York *Medical Times*, and remained one of its editors until his death. Until his health began to fail, Dr. Guernsey enjoyed one of the largest practices in New York City.

American Institute of Homeopathy.—The following committees and bureau chairmen were appointed by Dr. Jos. P. Cobb, the retiring President, to serve for the year:

Organization, Registration and Statistics:—T. Franklin Smith, chairman, New York; H. E. Spalding, Boston; H. R. Stout, Jacksonville, Fla.; D. A. Strickler, Denver, Colo.; Charles E. Kahlke, Chicago.

Committee on Transportation:—Wm. O. Forbes, chairman, Hot Springs, Ark.; J. B. Garrison, New York; Fred W. Wood, Chicago; J. Herbert Moore, Boston.

Committee on Publication:—George Royal, chairman, Des Moisnes, Ia.; O. S. Runnels, Indianapolis; Geo B. Rice, Boston.

Committee on Press:—DeWitt Wilcox, chairman, Buffalo, N.Y.; Frank C. Richardson, Boston; James W. Ward, San Francisco; John G. Aiken, New Orleans; Lucy Shepard Hanna, Savannah, Ga.

Committee on Resolutions and Business:—B. F. Bailey, chairman, Lincoln, Neb.; Edw. Beecher Hooker, Hartford, Conn.; T. Y. Kinne, Paterson, N. J.; Eugene H. Porter, N. Y.; C. Gurnee Fellows, Chicago.

Committee International Bureau of Homeopathy:—George B. Peck, chairman, Providence, R. I.; Walter Wesselhoeft, Cambridge, Mass.; T. L. Bradford, Philadelphia; D. C. Noble, Middlebury, Vt.; W. A. Humphrey, Toledo, O.

Committee Medical Examining Boards and Medical Legislation:—Augustus Korndoerfer, chairman, Philadelphia, Pa.; J. M. Lee, Rochester, N. Y.; W. E. Green, Little Rock, Ark.; W. E. Reily, Fulton, Mo.; S. H. Calderwood, Boston; W. S. Briggs, St. Paul, Minn.; J. H. Colwell, Saginaw, Mich.

Committee on Memorial Services:—W. B. Hinsdale, chairman, Ann Arbor, Mich.; J. B. Gregg Custis, Washington; Samuel H. Worcester, Portland, Me.

Committee on Drug Proving (one member): Eldridge C. Price, Baltimore, Md.

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Committee on Homeopathic Pharmacopeia :—Charles Mohr, chairman, Philadelphia, Pa.; J. W. Clapp, Boston; T. H. Carmichael, Philadelphia, Pa.; Lewis Sherman, Milwaukee, Wis.; Felix A. Boericke, Philadelphia, Pa.

Necrologist:—C. B. Gilbert, Washington, D. C.

Special Committee on Life Insurance Examination :—A. W. Bailey, chairman, Atlantic City, N. J.; J. H. Hall, Bay City, Mich.; C. F. Stough, Colorado Springs, Colo.; Frank E. Allard, Boston.

BUREAU CHAIRMEN :

Materia Medica and General Therapeutics :—H. P. Bellows, Boston, Mass., resigned. J. Herbert Moore, Brookline, Mass.

Clinical Medicine and Pathology :—H. V. Halbert, Chicago.

Homeopathy :—E. B. Nash, Cortlandt, N. Y.

Sanitary Science and Public Health :—R. Milton Richards, Detroit, Mich.

Pedology :—A. P. Hanchett, Council Bluffs, Iowa.

The London Homeopathic Hospital.—The Festival Dinner in aid of the funds of the hospital took place at the Hotel Cecil on the 25th of June, the Earl Cawdor being in the chair. The dinner was a great success in every way. The feeling of enthusiasm and determination to support the hospital by all means in the power of its subscribers and well-wishers, and to back the Board of Management in its efforts to keep up the utility of the institution, was very manifest in the various speeches, while the pecuniary result was most encouraging and satisfactory. It will be observed with much gratification by all interested in the hospital that His Serene Highness, the Duke of Teck, has consented to become a patron of the hospital, and that the list of vice-presidents has been strengthened by the addition of Lord Napier of Magdala, Lord Haliburton, the Hon. Warren Vernon, Sir Edward Thornton, K.C.B., the Earl of Morley, Chairman of Committees in the House of Lords, and Lord Windsor, the head of the Board of Works.

Non-Amalgamation Resolutions.—Whereas, an invitation has been extended by the so-called "Regular" School of Medicine to the Homeopathic School of Medicine, in which the latter is to drop all of its distinguishing features, such as its name, homeopathy, its method of practice, and above all its Materia Medica and *Similia Similibus Curentur*, Nature's unchanging law of cure, and be known only by the name Physician. And whereas, we being firmly convinced of the truth of the law of similars, it having been proven innumerable times during the last century, and knowing that the so-called "regular" school of medicine has been compelled by our success to decrease the number of ingredients in their prescriptions, and to use the minimum dose, many times actually prescribing the single and similar remedy, thus acknowledging the truth of two of our greatest principles.

Therefore, be it resolved, that we the class of 1903 of the College of Homeopathic Medicine of the State University of Iowa, since we have nothing to gain and everything to lose, do unanimously refuse to accept their invitation until such time as they shall acknowledge our therapeutic law as the law of cures.

Be it further resolved, that a copy of the above resolutions be sent to each of the homeopathic publications, and that they be read

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before the meeting of the Alumni Association to be held at Iowa City, Iowa, June 17, 1903. Committee:

E. A. HUFF, M.D.
J. B. KEASTER, M.D.
E. N. BYWATER, M.D.

The Alumni Association of the College of Homeopathic Medicine of the State University of Iowa, adopted these resolutions at the meeting held June 17.

CLARA M. HAZARD, M.D., Secretary.

Germ Destroying and Nerve Soothing.—Binz claims specific antiseptic powers for quinine. It is a germ destroyer of the bacilli of influenza (la grippe). Antikamnia and quinine tablets will promptly relieve in this disease. Quinine is a poison to the minute organism, sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose two five-grain tablets) of this remedy will often arrest a commencing pneumonia or pleuritis.
—*Virginia Medical Monthly.*

As a Remedy in Diseases of the mucous surfaces, S. H. Kennedy's Extract of Pinus Canadensis has successfully passed through the crucial test of practical experience. Recent observers have given it a place far in advance of that class of mineral astringents which have hitherto held a front rank in the treatment of mucous discharges "especially vaginal and urethral," sores, ulcers, piles, sore throat, nasal catarrh, dysentery, diarrhea, and hemorrhages. An intimate acquaintance with its virtues means an improved method of treatment of diseases heretofore particularly obstinate and intractable.

Sanmetto as a Genito-Urinary Tonic and Remedy.—I have prescribed Sanmetto in a number of cases of incontinence of urine, with gratifying results. I believe it to be a remedy *par excellence* in all cases of genito-urinary complaints. I have reason to believe that Sanmetto possesses aphrodisiac properties equalled by few remedies at our command. G. C. SNYDER, M. D.
Moxhalla, O.

As a non-conductor of heat Antiphlogistine maintains the degree of temperature at which it is applied, or nearly so, for 12 to 24 hours, requires no attention whatsoever and is in every way pleasant and agreeable.

A laxative that can be entrusted to the heads of households for family use is a desideratum. Syrup of Figs enjoys the reputation of being simple, safe and reliable.

The semi-annual meeting of the Connecticut Homeopathic Medical Society will be held at Meriden, on Tuesday, October 20th. The bureaux of Obstetrics, Materia Medica and Pediatrics will report.

A New Embalming Fluid.—A tramp was lately killed by a Harlem train and an undertaker at White Plains was ordered to take charge of the body. In order to preserve the body he tried a new embalming fluid called dioloroformaldehyde. It worked to perfection, perfectly preserving the body, and finally after several months, turned it into almost a petrified condition. This was lately reported in the New York *Sun*.

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Societies and Current Events.

CONDUCTED BY - - - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the 10th of the preceding month.

October is the month for society meetings, although these as as a rule are the semi-annual sessions. Annual meetings were held, however, by many of the Interstate and Sectional societies; but most of these occurred too late in the month to enable us to publish the reports in this issue.

Personals.—DR. ANNE LANGWORTHY WAITE has removed to 151 W. Broad Street, Westerly, R. I.

DR. JAMES TAYLOR GWATHMEY has removed his office and residence to 124 East 16th Street cor. Irving Place, New York.

DR. THOS. F. DAVIES has removed from New York to Worcester, Mass.

DR. WALTER POST, of Bloomfield, N. J., announces the removal of his office and residence to 35 Park Place.

DR. LEE MAIDMENT HURD was married to Miss Linda Violet Reed Kelly at Cedarhurst, L. I., on September 8.

DR. J. EMMONS BRIGGS, of Boston, Mass., announces his removal to 382 Commonwealth Avenue near Massachusetts Avenue.

DR. F. S. EVELETH has removed from Searsport, Me., to Amesbury, Mass.

DR. A. M. LINN, of 218 Sixth Ave., Des Moines, Ia., is President of the State Board of Health.

DR. F. E. DOUGHTY has returned to New York after his summer sojourn at New London, Conn.

DR. A. B. NORTON, of New York, desires to announce that he has returned and resumed work at his office 16 West 45th Street.

DR. GRACE E. CROSS, of Boston, has returned from her summer vacation.

DR. HORACE PACKARD, of Boston, is once again at his office after his summer sojourn in Europe.

DR. S. K. ROYLE, of 105 W. 76th Street, New York, announces that he is now prepared to do special work in Electro-Therapeutics.

DR. W. E. FOSTER, after spending two years as assistani surgeon at the N. Y. Ophthalmic Hospital, has located at 129 North Main Street, Gloversville, N. Y., where he will treat diseases of the eye.

DR. FRANCIS GRAY BLYNN has located at 165 West 47th Street, New York, where he will devote his attention to diseases of women exclusively. Hours 9-2.

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DR. JOHN B. GARRISON, of New York, has removed to 115 East Seventy-first Street. Dr. Garrison is receiving the sympathy of his many friends on account of the death of his father.

Dr. WM. MORRIS BUTLER, of Brooklyn, is once again at his office at 507 Clinton Avenue, and may be found between 9 and 12, and from 6 to 7.

Dr. IRVING TOWNSEND, of New York, announces that he will be in his office at 62 West 51st Street between 10 and 1 only, except by special appointment.

DR. A. WORRALL PALMER, of New York, is once again at his office at 210 West 57th Street, where he may be consulted from 9 to 12 and 5.30 to 6.30.

DR. N. H. HARRISON has resigned his position of Resident Surgeon of the N. Y. Ophthalmic Hospital and is at his home suffering with a mild attack of typhoid fever.

DR. GERTRUDE G. MACK, of New York, has removed to "The Irvington," 408 Central Park West, between 100th and 101st streets. Telephone, 3477 Riverside.

DR. ERWIN SCHENK, N. Y. H. M. C. & H., 1900, has returned from his sojourn in Germany and is now located in Des Moines, Ia. We publish an interesting letter from him in another column.

DR. P. C. MORIARTY and wife, of Omaha, Neb., have been spending several months in the East. Dr. Moriarty is one of the leaders of the profession in the West, and is widely known socially and politically. He returned to his home last month.

DR. C. F. BUCK, the efficient health officer of Lockport, N. Y., attended the recent conference of State health officers at Albany. Following the meeting he spent a few days in New York where he has many friends.

DR. JOHN E. WILSON, of 9 East 43rd Street, is the capable head of the Out-Patient Department of Nervous Diseases at the N. Y. Homeopathic Medical College and Hospital. Dr. Wallace B. House of 203 West 113th Street, is his associate.

DR. H. V. HALBERT, of Chicago, is Senior Professor of Clinical Medicine in the Hahnemann College and Hospital, not of Theory and Practice as we wrongly stated in the October issue. Dr. Halbert will be one of the demonstrators at the practitioner's course of the University of Michigan Homeopathic College and Hospital.

DR. J. C. ANDERSON, N. Y. H. M. C. & H., '99, of 405 West 4th Street, Plainfield, is working up an extensive practice in that city. He recently was honored by the proffer of a political office, but refused it that he might devote himself the more faithfully to his patients.

DR HENRY C. ALDRICH, the well-known and popular physician of Minneapolis, took unto himself a wife on September 5, the happy bride being Miss Grace M. Reade. The ceremony was solemnized at the home of the bride's sister, Mrs. E. L. Ogilvie, of St. Paul. The doctor and his wife are now at their home "The Sunnyside," 2431 Hennepin Ave., Minneapolis.

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Physician's gynecological chair for sale. Price $15.00. First-class condition. Write P. J., care of NORTH AMERICAN JOURNAL OF HOMEOPATHY.

The Cleveland Medical College held its opening exercises at the college building on Monday evening, September 21. Hon. Henry C. White, president of the Board of Trustees, presided, and the annual address was delivered by Prof. Pulaski B. Roper of the faculty. An unusually fine course of clinics will be held daily during the year.

The North American is most pleased to receive from Dr. G. Waldron Bartlett, N. Y. H. M. C. & H., '95, of Bensonhurst, N. Y., a photograph of his excellent painting, "Dr. Helmuth's Surgical Clinic at Flower Hospital." The late surgeon and poet is depicted in his characteristic position with scalpel in hand. The original painting is owned by Wm. Tod Helmuth of 26 E. 62nd Street, New York.

The Homeopathic Medical Society of the County of New York held its regular meeting on Thursday evening, October 8. On account of the terrific rain storm the attendance was small. The minutes were read and approved. Dr. S. K. Royle and Dr. J. E. Tytler were elected to active membership. The first paper of the evening, "Administration of the Anesthetic," was read by Dr. T. Drysdale Buchanan. He spoke of the need of care in the administration of the anesthetic. He also emphasized the need of specially trained anesthetists. The paper was discussed by Dr. Barker. Both the essayist and the discusser spoke of the use of plenty of water for the twelve hours preceding the anesthesia. Dr. Barker also spoke of what he called the sight reflex. He stated that the finger held close to the eye of an anesthetized patient would cause the eye to move if the patient was not deeply under. Dr. Hopke of Brooklyn showed an arrangement by which the anesthetist could keep in touch with the patient's heart. A stethoscope is made fast to the patient's chest, and by means of a long rubber tube the anesthetist can tell at any time how his patient's heart is acting. Dr. Bishop called attention to the need of specialists in anesthesia in all cases. He also said he felt the anesthetist's fee was not proportionately large enough.

Dr. King delivered a very interesting talk on Radium. He said it seemed to be similar in many respects to the X-Ray. It seems to act contrary to the law of conservation of energy. Its heat and light are given off without apparent loss of substance.

Dr. Hallock delivered a paper on "Comparison of Evidence." He said that statistics to be of value should be looked at from the same point of view. The paper was discussed by Dr. S. Carleton.

Nominations for membership: Drs. J. S. Tanner, Fiske Wood and Anna Novensky.

WALTER SANDS MILLS, *Secretary.*

The Homeopathic Medical Society of Chicago held its first regular meeting on Thursday evening, October 13, at 8.30 P.M. The opening address upon the subject of "Modern Medical Ethics" was delivered by E. Stillman Bailey, M.D., President. A Symposium on Typhoid Fever followed. First paper, "Summary of the Etiology, and the Value of Clinical Tests," E. G. Davis, M.D.; second paper, "Pathology," E. C. Streeter, M.D.; third paper, "A Few

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of the More Frequently Indicated Remedies with Key Notes," Frank Branen, M.D.; fourth paper, "New Measures in the Adjunct Treatment," G. T. Smith, M.D.; fifth, Discussion; sixth, Microscopical Demonstrations of the living and stained bacillus typhosus, Widal reaction, and the pathological changes occurring in the intestinal wall, etc., was given in the laboratory adjoining the lecture hall by E. G. Davis, M.D., E. C. Streeter, M.D., E. W. Grosser, M.D. Obstetrics will be the general topic considered at the November meeting, held on the 19th.

The New York Homeopathic Medical College and Hospital held its opening exercises in the Senior Amphitheatre on the evening of October 6. The address of the evening was delivered by the Rev. Daniel Russell of the Harlem Presbyterian Church. The dean, Wm. Harvey King, M.D., LL.D., welcomed the students and outlined the work of the year. There is a good Freshman class, while an unusually large number have entered the college on advanced standing.

BERLIN, Aug. 5, '03.

DEAR NORTH AMERICAN: Last evening it was my privilege to be present at a meeting of the delegates from the "Hahnemannia" Medical Society of South Germany with the members of the "Liga," a newly organized homeopathic society of Berlin. The object of the meeting was to effect some union between the two societies for the purpose of preventing dissolutions and overlapping of territory.

It may not be known to all the readers of the NORTH AMERICAN that these societies are organized among the laity who sympathize with our school. The "Hahnemannia" is an old organization of this kind and numbers many thousand homeopathic constituents among its members. The "Liga" of North Germany is showing good growth and the members expressed their desire to co-operate with their fellows of the south.

Dr. Richard Haehl, of Stuttgart, who represented the "Hahnemannia" is a graduate of Penn. He is now editor of the *Homeopathic Monatsblatter*. He is probably the most active worker for the school that Germany has at present, and I am proud to count him as a personal friend of mine. It will also be gratifying for our American readers to know that the Berlin homeopaths have within the last ten days begun the construction of a hospital of about fifty beds.

When we consider how the laws are thrown round about homeopathy here to hem its progress, these new movements give evidence of a remarkable degree of vitality. It is needless to say that we drank to the health of homeopathy in Germany.

ERWIN SCHENK.

Relief for Respiratory Affections.—John Moir, L.R.C.P. & L.R.C.S. Ed., in *The Therapist*, London, says: "Latterly I have been using heroin very extensively in tablet form in combination with antikamnia, and found the combination to act charmingly, both for relieving pain and in procuring comfortable, restful sleep. The tablets I use contain antikamnia 5 grs., heroin hydrochlor. 1-12 gr., and were given every two, three or four hours in cases of cough, bronchitis and respiratory affections generally, according to the severity of the symptoms, but usually one tablet every three hours.

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Within an hour from New York a fine opening for a young doctor. Address X, NORTH AMERICAN.

Atrophic nasal catarrh is a disorder which does not receive the attention it should, in view of its characteristic odor and the complications which follow it. The treatment consists in the removal of the secretion, the disinfection of the nasal passages together with the stimulation of the serous glands to normal action. In the writer's hands Glyco-Thymoline is used to irrigate the nasal passages, and the patient is given a supply of it and instructed to clear the nares with it twice daily. *L. P. McCready, M.D.*
Grand Rapids.

The Pennsylvania State Board of Health and "Vin Mariani."—On April 22d last the Governor of Pennsylvania approved an excellent law passed by the Legislature entitled "An Act regulating the sale or prescription of cocaine, or of any patent or proprietary remedy containing cocaine, and prescribing penalties for the violation thereof." A question arose as to whether the well-known "Vin Mariani," as a coca preparation, contained cocaine. The State Board of Health, on being appealed to, submitted the question to the analytical chemists, Prof. Sadtler and Dr. Genth, the samples examined being purchased by them in drug stores of their own selection. The analysis showed that "Vin Mariani" contained no cocaine.—*Monthly Cyclopedia of Practical Medicine.*

"**In the treatment of** these diseases by means of drugs, and I have given all of the accepted remedies a thorough trial and regret to say have been unsuccessful, except with thialion, and thialion I feel I cannot praise too highly, for in the way of medicine it has done more for my gouty patients, and when I say gout I mean all cases of uric acid poisoning, than everything else put together."
—HENRY S. POLE, M.D., Hot Springs, Va.

New Jersey State Homeopathic Medical Society.—A good attendance marked the meeting of this society at Atlantic City on October 7 and 8. The proximity of Philadelphia allowed the presence of a large number of visitors. The afternoon meeting of the first day was given up to addresses of welcome and a business session. In the evening the following papers were discussed: "Demonstrations on the Use of Sounds and Catheters," by Dr. L. T. Ashcraft, of Philadelphia: "Digitalis in Heart Failure," by Dr. E. R. Snader, of Philadelphia; "Babies—What Won't They Stand," by Dr Bernard Clausen, of Hoboken, and "The Early Diagnosis of Phthisis," by Dr. Geo. F. Laidlaw, of New York. At ten o'clock the scientific meeting gave way to a banquet tendered to the members and visitors by the Atlantic City Homeopathic Club, at which Dr. A. W. Baily acted as Toastmaster. The following toasts were responded to: Hahnemann, in silence; M.D.s *vs.* D.D.s, Rev. N.W. Cadwell, D.D.; N. J. State Society, J. R. Fleming, M.D.; Medical Law, Mr. C. L. Cole; Homeopathy in New Jersey, Dr. E. M. Howard; X-Ray Burns, Dr. E. M. Gramm; Our Sister Societies, Dr. G. W. Roberts; He, She, It, Rev. J. Morgan Read, D.D.; The Ladies, Dr. B. F. Betts; Our Medical Brothers, Dr. Ella Upham; Our Sister Cities, Dr. Geo. F. Laidlaw; The Atlantic City Club, Dr. J. W. Hughes. The next morning the following papers were read: "Aconite in Mental Affections," by Justis Cooley, M.D., of

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Plainfield; "Medicinal Treatment of Appendicitis," by Dr. W. McGeorge, of Camden, and "Observations on the Use of the High Frequency Current in Hay Fever," by A. W. Baily, M.D., of Atlantic City. The next meeting will be held in Hoboken.

Galen Hall.—A number of physicians attending the New Jersey state meeting took advantage of their presence in Atlantic City to pay a visit to Galen Hall, and none who visited it failed to be impressed with what the institution had to offer as aids in the restoration of health, or as a place where the healthy can maintain their health. For while there is no institution better equipped with baths of all kinds, and electrical and vibratory apparatns for those who need them, they are not obtrusively kept before the guests, and all the comforts of an hotel await those who desire to make Galen Hall their headquarters while on a purely recreative sojourn in Atlantic City.

Connecticut Homeopathic Medical Society.—In spite of the somewhat small attendance, the semi-annual meeting of this society held at Meriden on Oct. 20, was more than ordinarily interesting. Those who absented themselves missed a good thing. Two visitors from Massachusetts were present: Dr. John A. Donner, of Holyoke, and Dr. J. P. Rand, of Monson. The report of the Board of Examiners showed that all the candidates in the last examination had passed a satisfactory examination. As chairman of the Legislative Committee Dr. Hooker went fully into the final steps which eventuated in the establishment of an insane hospital at Norwich under homeopathic control. He explained why the word "homeopathic" had been eliminated from the act, and told of the favorable attitude of the Board of Trustees toward the homeopathic profession and the steps that were necessary in order to maintain this position. Dr. N. Emmons Paine had kindly acted in an advisory capacity, aud plans had been drawn for, and work was already commenced on, what would surely prove a model institution. In the way of papers the Bureau of Obstetrics presented "Eclampsia" by B. A. Sawtelle, M.D., of Southington, and "Post-partum Hemorrhage," by W. E. Thorpe, M.D. In the Bureau of Pediatrics Dr. J. P. Rand, of Monson, Mass., read a paper on "Hygienic Suggestions for Our Public Schools," which will appear later in the NORTH AMERICAN, and Dr. A. S. Cheney, of New Haven, read an article on "A Plea for the Relief of Mouth Breathers." The Bureau of Materia Medica presented the following papers: "Natrum Muriaticum," by Sophia Penfield, M.D., of Danbury; "Natrum Phosphoricum and Natrum Sulfuricum," by H. A. Cameron, M.D., of Waterbury, "Natrum Arsenicosum and Natrum Carbonicum," by Carroll Beach, M.D., of Hartford, and "Natrum Compounds Including Borax," by F. W. Peck, M.D., of Litchfield. The closing paper of the meeting proved to be exceedingly interesting as presenting the result of considerable original investigation on the part of its author. It was "Iridium and Its Use as a Medicinal Agent," by W. C. Christian, M.D., of Berlin. This paper will appear in next month's NORTH AMERICAN. The next meeting will be held in Hartford in May, 1904.

The treatment of inflammation through the medium of Antiphlogistine has the endorsement of every active practitioner as the most approved method of curative procedure.

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Gowanda State Homeopathic Hospital.—Daniel H. Arthur, M.D. Superintendent, writes: The census of the hospital is now about 730 with 100 more to come as soon as we can provide nurses to take care of them. This is such a prosperous country—and especially is this vicinity so prosperous—so much work and wages so high, that it has been hard for us to man the new hospital building with attendants. I have appointed Dr. Robert Schley, now serving at the Rochester Homeopathic Hospital, to the position of interne here. I have not been able to get the clinical assistance I desired and the Commission finally allowed me an interne with salary attached to it. If you at any time run against some good young fellow who would like to serve here for a year as clinical assistaat, send him out. There is no examination attached to it, you know, and the service is a good one.

The Governor and the Commission in Lunacy have approved plans and specifications for a superintendent's residence, a nurses' home for 100 nurses, a staff house where all members of the staff will reside and a combined chapel and amusement hall. The money for these has been appropriated and the buildings will be commenced as soon as the working specifications are out and the bids can be let. This will take the staff and the superintendent out of the second and third floors of the administration building, and with a little refitting provide for an increase of 100 patients. We expect to have these new buildings ready for occupancy within a year. I think also another year we will be allowed other buildings, namely, a psychopathic hospital for the reception and treatment wholly of the acute insane.

Western New York Homeopathic Medical Society.—In 1899 the fall meeting of the Western New York Homeopathic Medical Society was held at the Gowanda State Homeopathic Hospital, at which there were present about 50 members. It is very likely that there would have been many more present at the meeting on the 9th of October last if it had not been for the bad, threatening weather.

The meeting was called to order at 3.15 P.M. by the President, Dr. D. H. Arthur, Superintendent of the Gowanda State Homeopathic Hospital. After the preliminary business had been discussed and acted upon a paper was read by Dr. Harry Miller of Springfield, Ohio. The paper was discussed by Dr. DeWitt G. Wilcox of Buffalo and Dr. Newton M. Collins, of Rochester. This was followed by a clinic on mental diseases by Dr. G. Francis Adams and Dr. Clarence Potter of the medical staff. About fifty patients, representing different forms of mental disease were presented to the society and the diagnosis of each defined, also the differential diagnosis. After the meeting of the society, the members visited the different wards of the institution where again they were able to acquire clinical knowledge. Luncheon was served by the superintendent of the hospital, Dr. D. H. Arthur, at 5.30, in the beautifully decorated dining hall. This luncheon was elaborate and served in excellent style, and was one of the features of the meeting. Impromptu speeches followed from such gifted talkers as Drs. Walcott, DeWitt Wilcox, LeSeur, Seymour, Porter, Miller of Springfield, O., and Fred J. Blackmon, Esq.

Following the session of the society a special meeting of the Board of Visitors of the Gowanda State Homeopathic Hospital was held. Drs. F. D. Ormes, of Jamestown and G. W. Seymour, of

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Westfield were present as invited guests. An excellent photograph of the Society was taken in front of the hospital, after which a special train took the members and friends back to Buffalo.

Purity.—The doctor is frequently called upon to prescribe stimulants; but in these days of adulteration he is often at a loss when asked to mention a reliable brand. The Cushing Medical Supply Co., of 254 Sixth avenue, New York, prepare all their liquors, etc. by a special process that guarantees their purity. They will send a sample bottle to any physician.

The American Wine Press and Mineral Water News gives the following "pointer" in a recent issue: "It is interesting to note that the leading medical journals are paying more and more attention to the use and value of mineral spring waters. In this connection we may refer to the NORTH AMERICAN JOURNAL OF HOMEOPATHY, which is everywhere regarded as the authority of that school, and it is a good advertising medium. It is ably edited by Dr. Eugene H. Porter. The office of the Journal is 181 West 73d Street, New York."

Look out for the Swindler.—The following letter from the President of the N. Y. County Society explains itself:

DEAR NORTH AMERICAN:

For the benefit of your readers and the profession in general, I would suggest that you call attention to a petty swindler who is at the present time devoting his talents to a more or less extensive canvass of the medical field.

He is about forty, clean shaven, rather about medium height, and his appearance is that of a man who is making an earnest struggle for a living, with only partial success. His story is that the publisher of *Life* is offering a year's subscription for $3.00 to physicians, so that patients will find it in their reception rooms and so become subscribers. He exhibits blanks that are apparently official, and accepts checks payable to the Life Publishing Company in payment for a year's subscription.

I was not altogether satisfied with his story, and when I failed to receive the first copy on the date of publication I wrote to the office and asked if he was an authorized agent. The publisher telephoned me *at once* that he was a swindler and that no such offer had been made by his journal. By telephoning to my bank I found the check had not been presented and so was able to stop payment. Any physician who has been similarly taken in should communicate with his bank and with the Life Publishing Company so that this scoundrel may be quickly apprehended.

It does not seem credible that any one would incur the penalty of *forgery* by cashing a check for such a small amount; but it may be possible that he is depending on *cash payments only* and is not using the checks.

If he calls on any of your readers, they would be doing the profession a service by having him arrested and calling on the publishers of *Life* to prosecute him. If they decline to do so, I will be glad to testify to the foregoing facts and if necessary will sacrifice some of my time in order to see this fellow properly punished.

Yours truly,

IRVING TOWNSEND, M.D.

62 West 51st Street, N. Y.

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Societies and Current Events.

CONDUCTED BY - - - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths, and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

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Personals.—DR. F. GURNEY STUBBS was elected a Professor of Otolaryngology in the Chicago Eye, Ear, Nose and Throat College, Oct. 9, 1903.

DR. JOHN E. WILSON has removed his office to 9 East 43d Street. Consultation hours 10 to 1 except Sundays. Address in October Telephone Directory is incorrect.

DR. CARL HERMAN WINTSCH announces the removal of his office to 188 Fairmount Avenue, between South Orange and Thirteenth Avenues, Newark, N. J. Hours: 8-9 a.m., 1-3 and 6-8 p.m. Sundays until 10 a.m. only and by appointment.

DR. H. F. BISHOP, of Washington, D.C., formerly with Dr. F. A. Gardner, has located at The Vator's, 1330 Massachusetts Ave. Hours: 8.30-10 a.m., 3-5 p.m. Sundays 5-6 only. Telephone: Main 1813.

DR. R. W. HERBERT, of cor. of Madison Avenue and First Street, Manasquan, N. J., begs to announce that he has opened an office at Lakewood, N. J., where he can be consulted daily between the hours of 10.30 a.m. and 12.30 p.m., and from 6 p.m. to 7 p.m.

Essex County Hospital.—The Auxiliary Guild of the Homeopathic Hospital of Essex County, N. J., held a Fair at Berkeley Hall, East Orange, on the afternoons and evenings of November 9 and 10. The Guild is to be congratulated upon its success.

The Fourth State Conference of Charities and Correction was held at Buffalo, N. Y., from November 17 to 20. Many men and women who have been prominently associated with charitable and reformatory work in this part of the United States were present. The session opened on the evening of the 17th when addresses were made by President T. Mulry of New York City, Mayor Knight of Buffalo, Bishop Colton and John G. Milburn. Other addresses followed and on the closing day a report was made by Dr. Robert W. Hill, Inspector of the State Board of Charities at Albany, on "The Institutional Care of Destitute Adults," and a treatise on "Sanitation and Hygiene in Public Institutions" by F. Park Lewis, M.D., President of the Board of Managers of the State School for the Blind at Batavia.

World-Famous Operation at Passaic.—St. Mary's Homeopathic Hospital at Passaic, N. J., was the scene of the unique operation of removal of the stomach on October 25. Dr. Wm. Tod Helmuth of New York performed the excision, assisted by the surgical staff of the hospital. A number of young surgeons of New York were

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also present. Dr. Helmuth diagnosed cancer and one-half of the stomach at its pyloric end was removed. The patient is prominent in Passaic society. She underwent the operation well and was in splendid condition at last report on November 10. Dr. Helmuth is to be congratulated upon the successful performance of this delicate operation.

For Sale—A well-establlshed practice in a New York State village of 5000. No real estate. Equipment complete and up-to-date. Address A. B., care of NORTH AMERICAN JOURNAL OF HOMEOPATHY, 181 West 73rd Street, New York.

Hahnemann Hospital Nurses' Home.—The Christmas bazaar for the benefit of the Nurses's Home of the Hahnemann Hospital will be held in the Astor Gallery of the Waldorf-Astoria on the afternoon and evening of Thursday, Dec. 3. Mrs. Howard Carroll, the President of the Ladies' Association, is Chairman of the Fair Committee. The decorations for the bazaar will be in keeping with the holiday season, evergreen and holly being used over lattice-work. Mrs. John H. Flagler is Chairman of the Committee on Decorations, and will be assisted by Mrs. H. D. Cheever.

A Pure Kentucky Whiskey., distilled from selected grain and mellowed by years of storage is an article that the physician is interested in. Much of the whiskey sold at the present day is pretty poor stuff. That sold by Simon N. Jones Co., druggists, of Louisville, Ky., answers the physician's demand for a reliable article.

Among the generous contributors to the Fair of the Riverside Day Nursery at the Hotel Majestic was the Mellin's Food Co. of Boston, Mass., who sent a large supply of their famous food for infants and invalids.

To Write Hemoquinine.—Few advertising novelties will be more acceptably received by the doctor than the dainty pocket pencils recently distributed by the well-known firm of Schieffelin & Co., New York. If anything were needed to stimulate the writing of Hemoquinine as a prescription for malaria, these pencils certainly fill the bill.

The Miami Valley Homeopathic Medical Society.—The eighty-sixth semi-annual session of the Miami Valley Homeopathic Medical Society was called to order by the president, Dr. C. O. Munns, at the Phillips House, Dayton, Ohio, on October 29, 1903. After roll-call and reading of minutes, the reading and discussion of the following papers was begun: "Uterine Cancer," Chas. E. Walton, M.D., Cincinnati, O.; "Prostatic Abscess," J. M. Wine, M.D., Dayton, O.; "X-Ray Observations," H. H. Wiggers, M.D., Cincinnati, O.; "Addison's Disease," H. E. Beebe, M.D., Sidney, O.; "An Inquiry into the Dynamic Action of Drugs," Chas. Zurmuhlen, M.D., Dayton, O.; "Toxemia and Metabolism," J. E. Studebaker, M.D., Springfield, O.; "The Problem of Consciousness," J. D. Buck, M.D., Cincinnati, O.; "Puerperal Eclampsia and Treatment," J. I. Bashore, M.D., Dayton, O.; "Anesthetics," W. J. Blackburn, Dayton, O.

Dr. Walton's paper introduced the subject of euthanasia which was quite vigorously discussed by a number of the members. The program was one of the best ever enjoyed by the society. The treasurer, Dr. H. W. Dickinson, reported a balance in the treasury

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of $83.34. The chair appointed a nominating committee consisting of Drs. H. E. Beebe, C. E. Walton and Frank Webster. This committee reported the following slate of officers, and the secretary was ordered to cast the ballot of the society for the same:

President, Dr. R. B. House, Springfield, O.; Vice-president, Dr. J. T. Ellis, Waynesville, O.; Secretary, Dr. W. Webster Ensey, Dayton, O.; Treasurer, Dr. H. W. Dickinson, Dayton, O.

BOARD OF CENSORS.—Dr. H. H. Wiggers, Cincinnati, O.; H. T. Miller, Springfield, O.; J. E. Welliver, Dayton, O.

EXECUTIVE COMMITTEE.—Drs. Ira J. Herr, Dayton, O.; G. W. Miller, Dayton, O., and Frank Webster, Dayton, O.

LEGISLATIVE COMMITTEE—Drs. J. W. Means, Troy, O.; M. P. Hunt, Columbus, O., and H. E. Beebe, Sidney, O.

On recommendation of the Board of Censors the following were taken into membership; Drs. C. E. Hetherington, Piqua, O.; Wm. A. M. Hadley, Springfield, O.; C. R. Main, Carlisle, O., and Maud Frances Ruhl, Hartwell, O.

The society accepted the invitation of the Cincinnati Lyceum to meet in Cincinnati on the first Tuesday in May, 1904. The commencement exercises of Pulte Medical College will also be held on that date.

There were present Drs. H. E. Beebe, Sidney, O.; J. M. Bulla, Richmond, Ind.; W. J. Blackburn, Dayton, O.; J. I. Bashore, Dayton, O.; C. R. Coffeen, Piqua, O.; J. W. Clemmer, Columbus, O.; H. Wilgus Dickinson, Dayton, O.; J. T. Ellis, Waynesville, O.; W. Webster Ensey, Dayton, O.; J. A. Ferree, Piqua, O.; C. F. Ginn, Miamisburg, O.; E. B. Grosvenor, Richmond, Ind.; George D. Grant, Springfield, O.; H. J. Guy, Dayton, O.; C. M. Ginn, Dayton, O.; S. E. Georgi, Cincinnati, O.; R. B. House, Springfield, O.; C. E. Hanver, Greenville, O.; I. J. Herr, Dayton, O.; H. F. Littell, Dayton, O.; C. O. Munns, Oxford, O., T. A. McCann, Dayton, O.; Frank W. Murphy, Dayton, O.; H. T. Miller, Springfield, O.; Mary E. Miner, Cincinnati, O.; A. B. Nelles, Columbus, O.; E. N. Loy, Tippecanoe City, O.; L. L. Pryor, Eaton, O.; Mark Pardee, Franklin, O.; A. S. Rosenberger, Corrington, O.: A. W. Reddish, Sidney, O.; J. E. Studebaker, Springfield, O.; C. E. Walton, Cincinnati, O.; J. E. Welliver, Dayton, O.; J. M. Wine, Dayton, O.; Frank Webster, Dayton, O.; H. H. Wiggers, Cincinnati, O.; L. C. Walker, Jamestown, O.; Charles Zurmuhlen, Dyaton, O.; Maud Frances Ruhl, Hartwell, O.; Wm. A. M. Hadley, Springfield, O.; W. H. Hallady, West Elkton, O.; D. V. Ireland, Dayton, O.; Prof. Hinsdale, Ann Arbor, Mich.; C. R. Main, Carlisle, O.; C. E. Hetherington, Piqua, O.; Prudence Fenneman, Hamilton, O.; Dr. Walcott, Dayton, O.

W. WEBSTER ENSEY, *Sec.*

The Mississippi Valley Medical Association, at the 29th Annual Session held at Memphis, October 7-9, adopted the following resolutions:

In view of the fact that more than 400 deaths from Tetanus occurred following the 4th of July celebration of 1903, as shown by the statistical report elaborated by Dr. S. C. Stanton, of Chicago, and published in the Journal of the American Medical Association of August 29, 1903, the great majority of which might have been pervented had proper precautions been taken; therefore

Be it Resolved, That the conclusions which follow, as offered by

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Dr. Stanton in a paper presented before the Association, at the above meeting, be endorsed as the sense of the Association; and, further

Be it Resolved, That the Secretary be instructed to forward a copy of these resolutions and conclusions to the Medical Press, Associated Press, and the Secretaries of the several State Medical Societies, with the request that they publish same and take suitable action thereon.

1. Enforcement of existing laws regarding the sale of Toy Pistols and other dangerous toys.

2. Enactment of laws by the nation, states and municipalities prohibiting the manufacture and sale of Toy Pistols, Blank Cartridges, Dynamite Canes and Caps, Cannon Crackers, etc.

3. Open treatment of all wounds, however insignificant, in which from the nature or environment there is any risk of Tetanus.

4. Immediate use of Tetanus Antitoxin in all cases of 4th of July wounds, or wounds received in barn-yards, gardens, or other places where Tetanus infection is likely to occur.

5. As a forlorn hope, the injection of Tetanus Antitoxin after Tetanus symptoms have appeared.

Laura Franklin Hospital.—At the annual meeting of the Staff of the Laura Franklin Hospital for Children of New York, the following recommendations were adopted:

That Dr. J. W. Dowling be made a Consulting Physician. That Dr. H. Worthington Paige be made an Attending Physician. That Dr. J. T. O'Connor be made Consulting Specialist in Neurology and Electricity. That Dr. John E. Wilson be made Specialist in Diseases of the Nervous System and Electricity. That Dr. E. D. Simpson and Dr. Bert B. Clark be made Alternate Attending Physicians. That Dr. Anson H. Bingham and Dr. Walter G. Crump be made Alternate Attending Surgeons. That Dr. Frederick N. Whitehorne be made Assistant Attending Surgeon. That Dr. F. W. Cornwell be made Assistant Pathologist. That Dr. Frederick M. Dearborn be made Alternate Dermatologist. That Dr. Edwin S. Munson be made Alternate Ophthalmologist.

Colorado Physicians will not Amalgamate.—The efforts of the old school to amalgamate homeopathy into their societies resulted in the presentation of the following resolutions and their unanimous adoption by the Colorado Homeopathic Society in annual session assembled, on the 17th day of September, 1903.

Dr, Smythe introduced the following preamble and resolutions, which were amid great enthusiasm adopted:

"WHEREAS, the American Medical Association has recommended the admission of homeopathists to membership in all allopathic medical societies throughout the United States on condition that said homeopathists shall first agree to drop the name homeopathy from any public or private use in their business and professional capacities; and

"WHEREAS, we believe that our allopathic brethren are much more ignorant of homeopathy than we are of allopathy; and

"WHEREAS, we believe that a knowledge of the truths of homeopathy would be of the very greatest benefit to the allopathic school and the patrons thereof; and

"WHEREAS, we desire, in the spirit of true fraternity, to recip-

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rocate the courtesy which has been extended to us: Now, therefore, be it

"*Resolved*, that the Colorado Homeopathic Society, in convention assembled, on this, the 17th day of September, 1903, hereby extends a cordial invitation to all allopathic physicians in good standing to become members of this society, on condition that they shall agree to investigate the law of homeopathy, and to give it a fair and impartial test in practice.

"*Resolved*, that this society hereby recommends that all homeopathic societies throughout the state of Colorado and throughout the United States shall pursue a similar course and extend the privilege of membership to all who will accept it on the above condition,"

The Missouri Valley Homeopathic Medical Association met in annual session at Council Bluffs, Iowa, October 7th and 8th. The society was called to order by the President, Dr. Benj. F. Bailey of Lincoln, Nebraska. The usual reports, including that of the Secretary, Dr. Earle B. Woodward, of Lincoln, were read.

The society listened to an address of welcome by Dr. Phineas J. Montgomery of Des Moines, Iowa.

Among the more important and interesting papers which were read was one by Dr. Dellizon A. Foote, of Omaha, upon the subject of Surgery of the Appendix. The subject was especially well treated by Dr. Foote and was very thoroughly discussed by the society.

Under Materia Medica there was a paper upon "Our Materia Medica" by Dr. Phineas J. Montgomery of Council Bluffs, Ia., and one upon Natrum Muriaticum by Dr. Lewis P. Crutcher of Kansas City, Missouri. These papers are especially worthy of mention in the section of Materia Medica. There was also a paper upon Drugless Therapeutics by William E. Leonard of Minneapolis, which was read and thoroughly appreciated although the writer was absent.

Upon the section of Pædology was presented a paper upon Orificial Surgery in Children by Dr. Alfred S. Mattson of Omaha, and upon the Value of Homeopathy in Pediatrics by Dr. Abby Virginia Holmes of Omaha who was chairman of the section. Dr. John L. Hanchette of Sioux City acted as chairman of the section of Surgery, Dr. James F. Battin of Onawa, Ia., was his efficient secretary.

Dr. Phineas J. Montgomery of Council Bluffs, Ia., presented a paper in the section of Sanitary Science on "The Physician as Health Commissioner." The section of Obstetrics under Dr. Frederick F. Teal of Omaha, chairman, presented papers as follows: Dr. Martha E. Clark of Omaha on "The Artificial Feeding of Infants," Dr. Peter Benthack of Platte Center, "A Few Obstetrical Experiences," and Dr. Frederick F. Teal on Puerperal Eclampsia. These papers were thoroughly discussed and were especially praiseworthy.

In the section of Clinical Medicine, Dr. George Royal, Des Moines, Ia., chairman, presented a practical homeopathic paper upon Typhoid Fever. Dr. Alexander M. Linn, Des Moines, Ia., presented a paper upon "The Present Status of Vaccination," presenting clearly the struggle of the homeopathic members of the Iowa State Board of Health for the right to vaccinate by internal means, or at least the right to render immune by internal medication instead of local

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vaccination. This paper will undoubtedly be published, and will be of much interest to the profession and public at large.

The section of Mental and Nervous Diseases with Dr. George A. Young of the Lincoln Asylum, Nebraska, as chairman, presented two papers upon "The Relations of Medical Men to Insanity" and upon "Cerebral Contusions." In the section of Ophthalmology and Otology a paper was presented by Dr. Frank Duncan, Des Moines, Ia., chairman, and one upon Systematic Examination of Ears in School Children by Dr. Earle B. Woodward of Lincoln.

A banquet was tendered to the society at the Grand Hotel on Wednesday evening. It was followed by an address of welcome by Hon. Dell Morgan, Mayor of Council Bluffs, and a reply to the Mayor's address by Abby Virginia Holmes, Vice-President of the society, followed by toasts from a number of those present. Dr. M. B. Snyder, Council Bluffs, presided and made a most witty toastmaster.

The following resolutions were introduced by the President, Dr. Benj. F. Bailey, and were unanimously adopted by the society:

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 society, 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 most hearty invitation to become members of this society, without sacrificing affiliation with their own societies and with only the restrictions that they shall honestly give to the special law of similia a special 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 homeopathic societies extend to the general profession a similar invitation."

In offering the resolution 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 the hope that such action by the homeopathic 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 said further 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 homeopathic schools to join its rank.

Resolutions of regret at the death of Dr. F. A. Remington, of Sioux City, were adopted.

The officers for the ensuing year are: President, Dr. Alfred P. Hanchett, Council Bluffs, Ia.; First Vice-President, Dr. Lewis P. Crutcher, Kansas City, Mo.; Second Vice-President, Dr. Freda M.

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Lankton, Omaha, Neb.; Secretary, Dr. Earle B. Woodward, Lincoln, Neb.; Treasurer, Dr. Malancthon B. Snyder, Council Bluffs, Ia. EARLE B. WOODWARD, M.D., *Sec.*

Central Illinois Homeopathic Medical Association.—The twentieth session of the Central Illinois Homeopathic Medical Association was held on October 8 in the convention hall of the Hotel Illinois, Bloomington, Ill. The morning session commenced at 11 o'clock and consisted merely of routine work and the reading of the reports from the various committees. The scientific session was under charge of the Bureau of Medicine. Dr. A. T. Washburn, of Lexington, acted as chairman.

Five papers were read as follows: "Treatment of Asthma," Dr. T. H. Waters, of Atlanta; "Typho-Malarial Fever," Dr. J. H. Hallett of Bloomington; "Cephalgias," Dr. W. H. Shane, of Peoria; "Present Status of Electro and Light Therapeutics," Dr. L. T. Rhodes, of Lincoln; "Incompatibles as Related to Homeopathic Pharmacy," Mr. P. H. Mallen, the well-known Chicago pharmacist. All of these papers were carefully prepared and much interest was shown by the audience during the addresses.

A 6 o'clock dinner was served to the members of the association. In the evening Prof. E. P. Pratt, the eminent Chicago specialist, addressed the assemblage. He talked about the bony, lympheric, tubular, arterial and venous man and illustrated his remarks with a chart prepared for that purpose. It was decided to hold the next meeting at Bloomington in May, 1904.

All of the officers were in attendance, as were also a number of other physicians whose names are as follows: Dr. J. M. Culvert, Dwight, president; Dr. C. F. Hough, Champaign, vice-president; Dr. W. E. Neiberger, secretary; Dr. George R. Lockie, Pontiac, treasurer; Dr. A. T. Washburn, Atlanta, chairman of bureau; Drs. J. H. Alpers, Rantoul; Samuel Bishop, Joseph Hallett, W. M. Honn, Champaign; Hugh Hover, Stanford; G. B. Kelso, A. E. Kelso, C. H. Long and wife, Pontiac; George D. Lockie, Pontiac; M. C. McIntyre, Farmer City; B. P. Marsh, A. C. Miller, Mackinaw; A. J. Morris, W. E. Neiberger, L. T. Rhodes and wife, Lincoln; W. H. Shane, Peoria, and T. H. Waters, Atlanta.

The following were taken into membership: Drs. Andrew F. Hammer, Taylorville; F. A. Gustafson, Mason City; J. S. Adsit, Mason City, and A. E. Small, Leroy. The latter was accompanied by his wife, and Dr. Hammer by his daughter. Prof. Pratt was elected an honorary member of the society.

The Regular Meeting of the Homeopathic Medical Society of the County of New York was held on the evening of Thurseay, November 12, 1903. The meeting was called to order by the president, Dr. Irving Townsend. The minutes were read and approved.

Drs. Fiske Wood and Anna Novenski were elected to active membership. Drs. Roy Upham of Brooklyn, and Audley V. Quick of Yonkers were elected to corresponding membership.

Dr. Leonora White reported "A Case of Pregnancy Complicated by Pyo-salpinx." The patient had double pyo-salpinx, and yet went on to full term in pregnancy. In discussion Dr. Tuttle said the case might have been a pelvic abscess instead of pyo-salpinx on one side.

Dr. M. W. Van Denburg, of Mt. Vernon, read a paper on "Alternation." He quoted from the Organon for the single remedy,

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and from Hahnemann's Chronic Diseases in favor of alternation in certain conditions. Then Dr. Van Denburg related a certain few conditions where he had met with success in alternation—conditions which he had been unable to relieve with the single remedy so promptly. In discussion Dr. Howard stated his belief only in the single remedy. He thought Hahnemann meant sequence of remedies for change of symptoms, not alternation in the ordinary acceptation of the term. Dr. Simpson believed in the single remedy where possible, but thought alternation, like potency, a question of experience. Dr. White of Portchester believed absolutely in the single remedy; when young in medicine he sometimes alternated, of late years he had not found it necessary. Dr. Rushmore said he thought it hardly fair to pit Hahnemann against Hahnemann. His idea was that Hahnemann may have advocated alternation of remedies early in his career; but certainly, later on, his directions were explicit for the single remedy. Dr. Allen of Flushing advocated the single remedy. Dr. Hasbrouck of Dobbs Ferry believed in the single remedy. The man who alternated, he said, could not learn anything because one drug masked the other. Dr. White said he thought low potencies were safer to alternate because one antidoted the other. Dr. Allen said he had cured all his cases of intermittent fevers with two hundredth potencies. Drs. Simpson, White, Allen, and Hasbrouck all practised allopathy for a number of years and are converts to homeopathy. Dr. Austin said that Hahnemann might have been sorry late in life for some of the things he wrote earlier. Dr. St. Clair Smith asked Dr. Van Denburg to re-read the quotations from Hahnemann in regard to alternation. After the reading Dr. Smith said the essayist had misunderstood Hahnemann —that what was meant was that one remedy was good for a certain set of symptoms, and another remedy was recommended for another set of symptoms. Dr. Smith believed that nowhere was it possible to find in Hahnemann's writings a recommendation for alternation. In closing the discussion Dr. Van Denburg said he believed Hahnemann did recommend alternation in certain conditions. If he recommended alternation in some conditions, Dr. Van Denburg could conceive of other conditions where alternation might do good, and experience, the final arbiter, taught him that alternation was sometimes beneficial. He was not a frequent alternator, he nearly always used the single remedy. In conclusion he thanked the discussors who had differed with him.

Dr. A. W. Palmer read a paper on "Tobacco Deafness." He said the heat of smoking and the nicotine both caused trouble. He reported a case where the allowance of tobacco was cut down and strychnine given with complete cure. Dr. G. W. McDowell thought the cases very rare. Dr. Perry Dickie of Brooklyn sent in his discussion which was read by title.

Dr. Searson, of London, England, gave an account of homeopathy in England. He said there were about three hundred homeopathic physicians in England. We had one hundred homeopathic hospitals here, in England there were two. Here in the United States are eighteen medical colleges graduating seven hundred physicians each year; in England there are none. Dr. Searson believed the growth of homeopathy in the United States to be due to the youngness of the country—a new country giving a freer hearing to a new belief. Dr. Searson attributed the growth mainly

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