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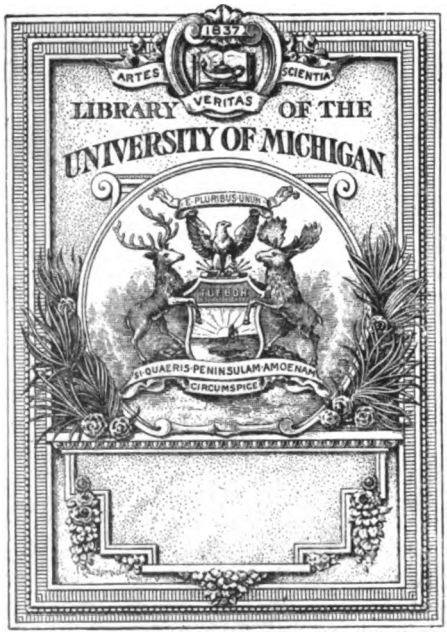

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

INSOMNIA. *

By M. DESCHERE, M.D.,

New York City.

THE constant increase of affections of the nervous system associated with insomnia, especially in large business centres like our metropolis, makes it our duty to seriously consider this question, from an ætiological as well as therapeutic standpoint.

Excluding various causes, as fevers, inflammatory diseases, local pains, etc., which are out of the question in this connection, I shall confine myself to that form of insomnia which occurs as a symptom of general nerve exhaustion sometimes connected with anæmia. All authors agree that continual mental strain, business worries, hurried occupations in men, the more and more complicated household duties combined with slavery to fashion and society in women, are the most frequent causes of exhaustion of the nervous system, having insomnia in its train.

It is a conspicuously sad fact that sudden deaths at a comparatively young age, most frequently attributed to heart failure, and to pneumonia, killing with abnormal rapidity, have occurred in alarming numbers of late, especially in our better-situated classes. If we look for a moment into the life of many of these victims, we find that most of them stand at the head of some large business concern, bearing the responsibilities of great enterprises.

* Read before the New York State Homœopathic Medical Society, October 1st, 1890.

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During the hurry and bustle of business hours, hundreds of letters and telegrams have to be answered; the telephone bell keeps on calling for immediate attention, crowds of callers rushing in and out must be seen and spoken to, orders given and received, accounts investigated, and what not. All these events, occurring day after day, are intermingled with the anxiety of the rise and fall of the market, the fluctuations of stock and produce exchanges. When the hour strikes for closing the office, the employees close their books, and with them their conscience, going home light hearted, with a view to the pleasures of the evening. Not so the head of the firm. His brain is burning. Possibly quotations went against him. A thousand schemes flash through his mind. He reaches home mechanically. Mechanically he greets his dear ones; mechanically he sits down to his meal, for his thoughts are away off amid responsibilities and duties. A meal taken in such a manner by no means comes up to physiological laws, or meets the demands for healthy digestion, for under those circumstances food is neither properly masticated nor insalivated. It is swallowed in a hurried manner and the stomach receives it unprepared to perform its functions upon it. No wonder that indigestion is soon added to an agitated nervous system already prevailing. You can easily convince yourself of this rushing manner of eating by visiting the many dining-rooms in the business quarters of New York, where the guests stand at the counter or sit on high stools, bolting a number of courses of sometimes badly prepared food, inside of ten to fifteen minutes. At the same time they will not omit gulping down a few glasses of iced milk, beer or water, and, thus loaded, continue their work at the desk.

But to return to our subject. We find a man laboring under the weight of great cares, never ceasing to brood and calculate, far beyond working hours. He takes, so to say, his business to bed with him. What wonder that sleep will not come to a brain wide awake and quivering with thousands of thoughts. Half the night is thus spent in restlessly tossing about; perhaps towards morning a few snatches of interrupted sleep follow, and by the time for arising we find him more exhausted than when he retired the previous night. Still a strong will and a sense of duty spur him on for renewed action, and thus one day of toil and rushing follows another. The bad nights are repeated, and what follows? A doctor is consulted, who prescribes one of the modern fruits of synthetic chemistry in the form of an hypnotic. The absolute rest from business which the physician perhaps prudently

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advised cannot be taken at all at the present time, for the business season demands the constant personal attention of the chief.

The soothing effects of chloral hydrate, or one of the bromides, of paraldehyde, sulfonal, urethan, or the latest, somnal, have been employed to produce more quiet sleep, or rather an excuse for sleep. A means having been found to at least render the patient unconscious for some hours, it is continued and repeated, often against the advice of the cautious physician, who knows full well the detrimental side effects which sooner or later follow in the form of reaction of the organism. The peculiarity of all hypnotics consists in a restricted action, lasting only during the time or a little beyond their administration. Consequently their use has to be kept up, and in increasing doses, so that we find many cases who have become habitual consumers of one or the other above-mentioned remedies, but who have at the same time never been cured of their insomnia, and are rather in a worse condition than before they commenced drugging.

The physiological theories regarding sleep are still nothing but theories, one of which, most generally accepted, culminates in the idea of natural sleep being produced by a local anæmia of the brain, especially of the cortex, although even this is doubted by recent observers, who conclude that sleep is the cause, rather than the consequence, of the so-called cerebral anæmia, this condition of anæmia being nothing more than the relatively lower state of circulation present in every organ of the body during periods of inactivity.

Be this as it may, the effort of "old-school" therapeutics always tends towards remedies producing local anæmia by either contraction of blood-vessels in the brain or by inducing a dilatation of the same in parts of the body distant from the brain, thus effecting a passive flow of blood from it.

In short, the quintessence of the treatment consists in the administration of agents acting powerfully upon the circulatory organs. The heart being the centre of circulation, it is not difficult to understand how, by frequently-repeated and long-continued contractions and dilatations of these organs, they must eventually give out and sudden death from heart failure result.

No matter how much the advocates of this treatment assure us of the harmlessness of certain hypnotic remedies, especially when introducing them, it is always soon after found by experimenters that evil effects are produced by these drugs, especially in sensitive subjects, and the characteristic abandonment of a formerly praised remedy as soon as a new one with heralded virtue is brought before the profes-

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sion, gives sufficient evidence of their shortcomings. In the face of this, I consider it a criminal neglect to-day to wilfully ignore a system of therapeutics which emphatically discards all such unsatisfactory treatment based upon vague physiological theories, tampering with the life and welfare of mankind.

By thousands of examples the homœopathic school has given evidence of the fact that insomnia, caused by whatsoever, can be positively cured in a simple and lasting manner by following a truly scientific principle in prescribing a remedy, not for the sleeplessness, not for the supposed anæmia of the brain, not for an artificial perversion of circulation, but for the removal of the entire state of ill-health of the individual from top to toe, including a strict supervision of diet and mode of living, even if he should be forced by circumstances to attend to his business.

I have had the fortune to treat quite a number of cases where insomnia was the most prominent symptom and had lasted for years. All of these patients belonged to the better classes, some to the wealthiest of the land. Nothing that money could procure within the reach of medical aid and advice had been spared. Travels by land and sea, consultations with European authorities, and the indulgence in electricity, hydropathy, diet treatment, massage, and all possible hypnotics, had only resulted in reducing the patients' health generally, making them if anything more excitable, more impressionable, and more sleepless. It was certainly not accidental that a short treatment with a carefully selected drug, suiting accurately the totality of the patient's symptoms, not only soon produced natural sleep, but also re-established the former health of the patient as far as this was possible after long suffering and constitutional depresssion resulting from over-dosing.

I do not consider it by any means difficult to treat these cases homœopathically. You have certainly observed in your practice that one of the most striking effects, under all circumstances, is a quiet sleep resulting after the administration of a correctly chosen drug. I have often been asked when, after great suffering, the patient quietly dropped asleep, frequently after the first, sometimes the second dose of the remedy prescribed, and this sleep lasting for hours, the patient awakening refreshed and much improved, whether I had administered an opiate. I think that if sleep soon follows the administered drug, this ought to be one of our best evidences of a correct choice. Now then, what else remains to be done than to go into the history of the

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case of insomnia, tracing it back for years, if necessary into its family history, just as we would in any chronic affection.

The insomnia being of great importance to the patient is of little significance to me for my prescription. I look for more significant symptoms characteristic to the patient, mentally or physically, for the insomnia as such gives very little indication except as to its time and manner of appearance. For instance, some patients will not be able to sleep until the small hours of the night, perhaps not until daylight. Others will drop asleep early, in fact they feel very drowsy, hardly able to undress soon after supper, but are wide awake maybe after an hour's dozing, and unable to sleep for the rest of the night. Some sleep in cat-naps, waking with a start every few minutes. Some lie perfectly still although fully awake, others toss about, jump out of bed, pace the floor, and even dress and walk the streets with uncontrollable restlessness. Such variations certainly must be taken into full consideration. But let me give you a few examples where symptoms in connection with insomnia, of which the old-school physician can make no use whatever, were to me the decisive ones :

A patient apparently in good health had to leave his bed, as he could find no sleep, and walk the floor until he had forced up a little wind, then he felt ravenously hungry and had to eat, after which he was able to sleep for about an hour, when the same restlessness, wind and hunger reappeared. Five allopathic authorities had exhausted their skill in vain for almost two years. *Iodine* 30th cured him in ten days. A repetition of the condition after several months promptly yielded to the same remedy.

An elderly lady had suffered. with persistent insomnia for several years; she had tried all possible kinds of treatment, and out of sheer despair, to leave nothing undone, consulted me with the intention of also giving homœopathy a chance. She was a living skeleton, in fact she was hardly able to walk or to stand; exhaustion and suffering had imprinted their marks deeply into her face, and when I first met her I felt rather doubtful whether I should risk the reputation of my beloved art in this case. However, her history was such a characteristic picture of *arsenic*, that I could not withstand the temptation of prescribing it. It would lead me too far to enter into the details of the case, which required quite a prolonged treatment and other remedies to answer various indications which sprang up from time to time, as for instance polyuria, which disappeared after *phosphoric acid*, nervous palpitations with oppression, which were promptly met by *cactus*, frequent attacks of flatulent indigestion conquered by *china*, some-

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times *lycopodium*. But the red tape running through the entire course of treatment was *arsenic*. In a year's time she had gained flesh, gayety of spirits, bodily strength. She had slept with only short interruptions from the second week after the prescription of this remedy.

A lady, about 42 years of age, fat and sluggish, was sleepless for eight years, without any characteristic indication whatever regarding her insomnia, as she was awake at different hours of the night, and under all possible circumstances. The only remedy that had been prescribed to some effect was *sulfonal*, without which she did not seem to care to live, for as soon as she ceased taking it she could not sleep. On close questioning I learned that she was suffering from hæmorrhoids, which were exceedingly tender to the slightest touch, and associated with lancinating pains during stool, as well as an occasional tension in the left knee while walking. That was all I could get for a prescription, but, considering her sluggishness, the symptoms of the piles and knee, it was enough to select *capsicum*, and after a little fighting regarding the *sulfonal*, she slept after the fourth night, gradually more and more, and lost the disagreeable sensations in the rectum and the knee at the same time.

I could give many more examples of this character, where symptoms, disconnected entirely with the sleeplessness troubling the patient, gave the indication for the remedy; but let this suffice. Remedies like *belladonna*, *coffea*, *gels.*, *hyos.*, *ignat.*, are frequently prescribed unnecessarily, and thus time is lost. They also should not be selected simply from the fact of being more frequently indicated in acute cases. The golden rule is always to study your patient thoroughly before you prescribe, and thus failures to cure will be avoided, and failure of the heart will grow scarce.

THE DANGER THIS CITY IS CONSTANTLY EXPOSED TO FROM UNRECOGNIZED CASES OF LEPROSY.— AN ILLUSTRATIVE CASE.*

By J. M. SCHLEY, M.D.,

New York City.

The rarity of this malady and the difficulty of its diagnosis in its incipiency (with those who have not seen such cases) is the excuse for my presenting this fragmentary report.

* Read before the New York State Homœopathic Medical Society, September 30th, 1890.

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The case which forms the basis of this report was well marked and had been in existence several years; still it had not been recognized as lepra. This young gentleman from Yucatan had been in a *pension* in New Jersey for the space of eleven months or more, and no precautions had been seized to isolate him or to render his garments, secretions, or bed-linen unproductive of harm. When his school closed he readily found a resting place in a large boarding-house on Lexington avenue. That lepra is contagious at some moment of its long and tedious course, there seems to be no doubt. Even Boeck, one of the recognized authorities on the subject, admits (though an anti-contagionist) having seen a case of the disease produced by contagion. How the bacilli lepræ are transmitted, in what stage or stages of the disease it is most liable to occur, what condition of the patient renders him a greater source of danger, what rôle atmospheric and diet variations have to play, whether continuous exposure for a varied length of time is needful, and its relation to or as a quartan form of syphilis, all seem points *sub judice*. The uncertainty of the degree of contagiousness which still exists throughout the civilized world may be done away with or put in its true light by the investigations which are now to be commenced by the aid of the National Leprosy Fund, inaugurated under royal auspices in England, and it is sincerely to be hoped that a solution of the difficulty and a right understanding of the natural history of this widely diffused, much-dreaded, and ever-extending disease, may finally be reached.

Dr. Hansen, the well-known expert in lepra, is fully convinced of the contagiousness of leprosy, and of the good results of hygiene and isolation for its suppression. He thinks the immunity of Norwegians, in this country especially, is due to improved hygienic surroundings.

A recent report submitted by the State Board of Health of Tennessee is of interest just here. It seems there was handed in a majority and a minority report, each bearing especially on the contagiousness of leprosy. The conclusions arrived at were those of a committee appointed to report on the general subject of leprosy, and on the prevention of its introduction into America.

The majority hold that leprosy is contagious, and in support of this they cite the increase in the disease which has taken place in countries where, following the dictum of the Royal College of Physicians in London, precautions in the way of segregation have been abandoned.

The condition of Cuba is especially threatening to America, since lepra is to be found everywhere on the island, and since many are doubtless occupied in such businesses as the rolling of cigars, etc.

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And as a matter of fact, our mercantile relations, the landing of Cubans in this country, and, as far as that goes, the landing of persons from all leprous infected countries, seems to be increasing yearly at this and at other ports. And again our danger is the greater because so few American physicians have had sufficient experience to enable them to diagnose the disease in its early stages. The majority report further insists upon a policy of absolute and implacable segregation as regards lepers already domiciled in this country, of the forbidding of all leper marriages, and the prohibition of all uninfected persons occupying infected houses.

It is claimed that in Wisconsin and Minnesota there are enough lepers to warrant the establishment of a lazaret hospital. A minority report was presented by Dr. Hoegh, a native of Sweden. He had seen something of the disease in his native land. He holds that the majority report exaggerates the danger of contagion, and that it is quite possible to exterminate the disease in the United States without resorting to measures of such unnecessary severity.

In Norway patients are allowed to live in their own houses when this was approved by the local officers who were satisfied that the sufferers were to have the use of separate rooms, clothing and utensils.

This practice has greatly diminished the number of lepers in that country, and this falling off is due, it is maintained, as much to improvement in the habits of life as to segregation. Such a law or regulation may work in Norway, but its utility here is very questionable. The report further goes on to state that, while it was felt that the present immigration, restrictions of the United States (if properly and thoroughly enforced at all times) sufficed, it is recommended that lepers already in America should not be allowed to go into public places, travel or share a room with others, and that their families should be inspected from time to time, to watch for any evidence of the disease spreading.

If the National Quarantine Act of 1878 could be efficiently carried out, we would be reasonably protected. It runs as follows:

"Act to prevent the introduction of contagious or infectious diseases into the United States.

"The attention of the medical officers of the Marine Hospital service, of the collectors of customs, and others, has been directed by the office of the supervising surgeon-general to the increase of leprosy in certain foreign countries, and to the immigration of leprous persons into the States, and that they are informed that, by the direction of

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the Secretary of the Treasury, a regulation has been framed to the effect that no vessel shall be admitted to entry until a certificate is produced from the health or quarantine-officer that no person affected with leprosy is on board, or, in case a leper has been on board, that he or she, with any baggage, has been removed and detained in the quarantine station. Medical officers in command of the United States quarantines are also instructed to detain all persons suffering from leprosy found on board any vessel, except in so far as they may permit the departure in any outgoing vessel of any person detained, provided such vessel shall be bound to the foreign country from which the leper shall have last sailed."

Those of us who may have had any personal experience with quarantine regulators, ability of medical examiners placed by political "pulls" on health boards, etc., etc., may reasonably imagine how these restrictions will be "worked" and carried out in this Republic.

From this it is quite evident that it has been deemed necessary to take action on the ground that a contagious element does, under certain circumstances, attach to the disease of leprosy.

It is true that on the other hand a large number of practitioners believe that the contagiousness is limited. But it must be remarked that among the latter are those who look at the malady from a long and safe distance, and who have never seen a genuine case.

The case (whose photograph I here present) was brought to my office on July 19th, 1890, for a diagnosis by my friend Dr. T. C. Wiggins. The patient was shortly after removed to one of the city hospitals.

The following notes are those of Dr. Wiggins: Emanuel Garuta, *ætat* 20, a native of Central America, where he has lived until a year ago when he came to New York via steamer to obtain treatment and to go to school. Skin of his face is coarse and has numerous pimples resembling acne. On the right side of his face, taking in part of the nose, the right eye-lid, and extending over forehead on that side nearly to the roots of the hair, is a reddish spot with clearly marked edge. (It looks something like a large elevated nodule as met with in erythema nodosum.) There are many large areas of discoloration on his body and extremities. He said they began as small red spots burning and itching intensely, giving no other discomfort, and would speedily spread to their present size. When taking up considerable space numbness (a lack of sensibility) would seem to occur, then also the itching would disappear along with the reddish hue, leaving a dark brown spot with clearly defined, elevated edges. A severe prick

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with a sharp instrument would not be felt anywhere on these spots, but, just beyond their edges, on the healthy skin (what there remained of it) there was no anæsthesia.

These macular points first formed on the legs about ten years ago, and have gradually extended over the body. The one on the face is the most recent and appeared about six (?) months ago. He does not recollect whether the spots appeared from below upward in any regular order or not. Those on the extremities have not such elevated edges as those on the body, are more nearly the color (ham-like) of the skin, and are somewhat scaly.

At the metatarso-phalangeal articulation of left great toe is a deep ulcer running a little under abrupt edges. It was covered with a tough whitish membrane, and there was a clear, watery discharge smelling like acetic acid. About two months before this time he had received a slight burn by touching his toe against a register. An ulcer soon formed and spread to its present dimensions. It had frequently been cauterized, which treatment made it worse. On anterior portion of left leg is a large white, scaly, cicatrix the result of an ulcer five years ago, caused by being pricked with a steel-pointed stick.

The fingers of both hands are flexed. About twelve months since the little and ring fingers of right hand were noticed gradually to remain flexed, the little one having begun to be flexed five years ago. It is not quite anchylosed. Neither can be forcibly straightened. The palms of hands are dry and cracked. Early in June of this year he received a slight bruise on inner side of end of left index finger from a baseball. The next day an abscess had formed at site of injury. This was poulticed. As a result the bone was soon laid bare, and three weeks later he pulled the bone off.

On the upper and under surface of the end of the prepuce were small ulcers having the same appearance as that one on the foot. They were in a measure due to lack of cleanliness. Touching them with a solid nitrate of silver stick gave no pain, and proved to be bad treatment, as they were both worse the next day.

Electro-contractility is lessened—especially on the macular spots. If each electrode is placed on different discolored regions on the legs, the muscles respond only to a strong faradic current. If one electrode, however, be placed on one spot and the other on the healthy skin, the response is more prompt, and if both be placed on healthy surface, there will be contraction and sensitiveness with a still weaker current.

He perspires profusely on moderately warm days or on slight exercise all over except the palm of his hands, the soles of his feet, and at the site of the cutaneous lesions.

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No relative or parent has ever had such a skin trouble that he knows (?) of. He is the oldest child and his brothers and sisters seem in perfect health. The mother is a robust woman, and the father though slight looks well. The father had an Hunterian chancre three months before marriage.

Patient has never felt well; always had an eruption on his face. Tonsils are enlarged, and has chronic pharyngitis, and is subject to attacks of quinsy. Digestive functions are generally good. Is easily out of breath, languid, despondent and brooding, wishes to die. Has pains in bones of hands and arms, feet and legs when bad weather comes on. Does not seem to know exactly how and when the trouble began.

When he was between six and eight years of age he went out of doors to urinate at night and seemed to have become chilled through, for by 12 o'clock the next day he was in great pain, passing bloody urine and observed a great swelling of scrotum and penis. Had great discomfort and pain on micturition, and the discharge (then) of a bloody, purulent character persisted for many months. Since then has had no local trouble.

This case evidently belongs more to the macular form going over into the tuberose.

The three forms as sufficiently designated are the macular, tuberose (tubercular) and anæsthetic.

The anæsthetic can hardly be termed a separate form, as anæsthesia is always (nearly always) present, localized or more general, in most authenticated cases. It (anæthesia) often precdees eruptions of any kind.

ARALIA RACEMOSA IN BRONCHITIC ASTHMA, WHOOPING-COUGH OF CHILDREN, LEUCORRHŒA, SUPPRESSION OF THE MENSES, AND IN BRONCHITIS, LARYNGITIS AND PNEUMONIA, ACCOMPANYING OR FOLLOWING INFLUENZA. —A CASE.

By R. K. GHOSH, M.D.,

Calcutta, India.

A YOUNG lady, aged about twenty-five. Her first menstruation commenced at the age of fifteen, that is, in October, 1879. She did not menstruate the next six months, during which she suffered a great deal from various complaints, especially diarrhœa and

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catarrhs. In April, 1880, she had an attack of common cold in the head. The family physician of her father stopped her usual diet and bath, and advised sago water for food. This advice was followed for a week, during which the patient felt so much out of sorts and her mother was so much alarmed, that she consulted me. When I saw the patient, I noticed that the bronchial tubes of both the lungs were affected and auscultation revealed distinct, dry sounds. I also noticed spasmodic, difficult breathing, constant spasmodic cough, ending with nausea or vomiting; stoppage of the nose, on account of which the patient could breathe only through the mouth, and which became so distressing that the patient often attempted to clear her nose by blowing it almost every ten or fifteen minutes, with a very unpleasant noise. The blowing of the nose again was almost invariably followed by bleeding at the nose of bright red blood. There was much fever, the temperature rising up to 103° F. in the afternoon and coming down to 100° F. in the morning, and the pulse was full and bounding. I prescribed *aconite rad.*, 3x, in one-drop doses, three such doses daily. This was on the 20th of April, 1880. The next morning I found the temperature normal, 98.8 F., and the pulse also almost normal. I continued *aconite rad.*, 3x, twice daily. The next day I saw her again, when mucous râles were heard on auscultation and she seemed to feel now much more easy and comfortable, but the difficulty of breathing remained the same as before. At 2 P.M. that day I was sent for; at 4 P.M. I saw the patient again and noticed much spasm in both the lungs. Inspiration was rather grateful to the patient, but expiration very painful and suffocating, and such expiration being followed by profuse bleeding of bright red blood from the nose, and cough followed by nausea or a tendency to vomit. I prescribed *ipecacuanha*, 12, a dose every half an hour, and waited by the bedside of the patient and watched her case. About twenty minutes after the first dose was given difficulty of breathing was much relieved. After the second dose the difficulty of breathing almost disappeared and the patient fell asleep and slept for nearly three hours without any disturbance. In August, 1881, she had another attack of suffocative catarrh with the same symptoms as before, minus bleeding at the nose. This time *ipecacuanha* was given as before, but without any effect whatever. On the contrary, such distressing symptoms as hoarse voice, great weakness and prostration, feeling of suffocation, the patient feeling as if the air-passages had been blocked up with smoke; very tiresome cough, each paroxysm of cough being followed by profuse discharge of thin, whitish mucus from the vagina, with burning and tensive

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pain in the ovaries; much burning in the urethra during micturition, with scanty urine; eyelids and the feet, especially the ankle, œdematous, made their appearance. Œdema led me to the suspicion of the presence of albumen in the urine. On examination, an appreciable quantity of albumen was detected in the urine. I prescribed *arsenicum alb.* 30., three doses daily. After the administration of the third dose, the cough and other distressing symptoms of the respiratory organs ceased, but the urinary difficulties and the pains in the ovaries remained the same as before, as also the leucorrhœa, which was thin and milky, and its discharge constant and profuse, like menstrual flow, to the great annoyance of the patient. *Arsenic* 30. was continued for a week, two doses being given daily, and all the troubles went off. The patient got well and remained so till February, 1883, when she had the third attack of the cough, with other symptoms which were noticed in the second attack. *Arsenic* 30. was prescribed on this occasion also, as before, and continued for a week or so, but with little or no benefit. As might naturally be expected, the parents of the patient were very anxious to change the treatment. Accordingly their family physician (an allopathic physician) was called in. A week's allopathic treatment did the patient no good, on the contrary, the case began to grow worse and worse, until on the eleventh day of allopathic treatment, the patient became so much prostrated that she seemed lying in her bed like a corpse. I was again called in. When I saw the patient, I noticed the following symptoms: stuffy and burning sensation in the nose, more especially at the root; respiration wheezing and eliciting a very dry sound, with a distressing sense of suffocation, not relieved until the patient was made to sit up, with occasional attack of spasmodic cough preventing sleep; burning sensation in both the lungs, with hawking up of very tenacious mucus; she had had no menses for the last thirteen months, during which time she had had profuse leucorrhœal discharges during the menstrual period. About a year before this, she had dysmenorrhœa which was followed by the suppression of the menses. On a reference to our materia medica I was really in difficulty in not being able to hit at any particular medicine; at the same time a medicine was immediately necessary for some relief at least of the patient's sufferings. I gave her a dose of *sulphur* 30., and came away, asking the father of the patient to see me after three hours or so. The gentleman saw me as requested, and informed me that his daughter was worse, and that *sulphur* 30. had done her no good. After a careful study of some medicines which were likely to be useful in the case, I prescribed *aralia racemosa*

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3x, a dose every hour. After the administration of the third dose difficulty of breathing and the feeling of suffocation much abated and the patient fell asleep and remained tolerably well till next morning, when the former distressing symptoms of the respiratory organs reappeared. I was sent for; I saw the patient at 9 A.M., and found her very restless and tossing about as if in extreme agony. The symptoms then present still indicated *aralia*. Such being the case, I thought that *aralia* was the right remedy, and that only its potency required a change. Accordingly I prescribed *aralia θ*, in water, in one-drop doses, a dose every hour, and came away. About half an hour after the administration of the first dose, the patient felt much relieved; the second dose was given as directed, and the patient felt easier still; the third dose was also given as directed. About three hours after the administration of the third dose, the patient fell asleep and slept well till 12 P.M., or midnight, when she felt quite refreshed. Since then she has had no relapse of her asthma, cough or any other complaints she complained of before. In December last I was called to see her newly-born child, who was ailing. On an inquiry from the patient, I learned that she had had no relapse of her complaints for which I treated her.

Seeing the very good results which I got from the use of *aralia* in this case, I tried it in many cases of nervous or spasmodic and bronchitic asthma, in one-drop doses of the mother tincture. It made little or no impression upon nervous or spasmodic asthma cases; but I got very brilliant results from its use in cases of bronchitic asthma. Since then, whenever I find bronchitic asthma, I always keep *aralia* in reserve, so that when other indicated medicines fail, I try this, and, I am glad to say, with much success. In this way I have prescribed, up to date, this medicine in twenty-eight cases of bronchitic asthma, I may say with decided success. I tried it in ten cases of whooping-cough also, of children in one-fourth drop doses of the mother tincture with good results, and in ten or eleven cases of obstinate leucorrhœa also with much success. I treated a case of suppression of menses of three years' standing with this remedy, and the case was cured in three months. The special indication which tempted me to use it in this case was profuse, watery, leucorrhœal discharges during the menstrual period instead of the menstrual discharge.

In the epidemic of influenza which almost revolutionized the health of Calcutta from November, 1889 to May, 1890, and which, in the latter part of the epidemic had generally bronchitis, laryngitis and pneumonia of a very severe type as its complications or sequelæ, I gave this agent rather a patient and careful trial, and I am glad to

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report that all the cases of bronchitis which I treated with it on that occasion were cured or more or less relieved by it alone. In laryngitis, also, I tried it with good results. I have had no occasion to test its merits in cases of pneumonia, accompanying or following influenza; but I have reasons to believe that it may prove beneficial in this complaint also, where tiresome and suffocating cough remain present. Suffocating and tiresome cough and dyspnœa were the principal indications which led me to its use, and wherever these symptoms were present *aralia* acted like a charm, two or three doses being quite sufficient *to ward off* the complaints. In these cases also I tried *aralia* in the mother tincture, with success. At first I tried from first to the twelfth potencies, but failing to derive any benefit from their use, I tried the mother tincture, and I may say, with decided success. I should recommend an extensive trial to be given to this medicine in the treatment of the complaints above alluded to when occasion offered.

From a careful study of the cases above referred to, I have naturally been driven to the following conclusions: (1) That *aràlia* is a very good medicine for bronchitic asthma, and that in purely nervous or spasmodic asthma it is of very little or no use to us; (2) that it is very useful in whooping-cough of children; (3)that it is very efficacious for leucorrhœa also where the discharges are profuse during the menses, and where leucorrhœa takes the place of the menses; (4) that it is likely to be very useful in cases of suppression of the menses where profuse leucorrhœa takes the place of the menses *regularly* every month during the period; (5) that for bronchitis and laryngitis accompanying or following influenza, it is a very useful medicine; (6) that in pneumonia accompanying or following influenza it is likely to be useful, especially when tiresome and suffocating cough remains present; (7) that *aralia* works better in material doses, that is, in the mother tincture, than in the potencies.

SOME RELATIONS OF THE PHYSICIAN TO PREVENTIVE MEDICINE.*

By MALCOLM LEAL, M.D.,

New York.

THE "Doctor of Medicine" of to-day is a resultant of the alchemist, priest, soothsayer, magician, physicist, barber and apothecary of former times, and his methods retain traces of his ancestry. He is recognized as a social entity because he can cure the

* Read before the N. Y. State Homœopathic Medical Society, Sept. 30, 1890.

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sick, and he exists because he can gain a livelihood by so doing. In order to successfully practice medicine he must acquire a knowledge of disease greater than that possessed by any other class of students. The possession of this knowledge provides him with a valuable profession, but at the same time its very possession creates an ethical obligation which, if faithfully fulfilled, detracts from the commercial value of that profession. For the student in learning how to treat disease acquires at the same time knowledge which, if applied, would enable him to prevent the occurrence of disease. Now the physician is not paid to prevent illness; he is paid only for services rendered after a disease begins; hence, if he anticipates it, he robs himself of his only source of income. His relations then to preventive medicine are most contradictory. Preventive medicine he first developed, and both moral and social laws decree that it shall be advanced by his contributions; yet, as its advancement is productive of financial misfortune to him, he is subjected to a constantly increasing temptation to encourage rather than to prevent the occurrence of disease.

As an elastic tension, persistent though slight, produces in time great results, so as long as this condition pertains, even the conscientious physician must become in time forgetful of the possibilities of preventive illness. His whole time being taken up with cure—his income being derived from cure—he studies only methods of cure, until too often he grows to ignore or consider fanciful the newer theories of the causation of disease; he thinks "all these germs" are nonsense, that the patient's tastes are the best guides to habit, and refrains on principle from washing his hands before examining a puerperal case.

How much of this does the layman appreciate? Unluckily, very little. The man who makes scant and grudging payment to the doctor who has carried one of his children successfully through scarlet fever, and by careful watching and wise guidance has probably kept the three or four other children from contracting the disease, too often only blames the doctor for making unnecessary visits in order to increase his bill, and never once thinks of that from which he has been saved. He does not realize that the physician had the power to allow one after another of those children to sicken with the disease, and that, had he been the manner of man he was virtually accused of being, the number of visits and consequent size of the bill would probably have been multiplied by the number of children. The honest physician constantly sacrifices his own pecuniary interests for the good of his patients, yet for this he gets no pay nor often credit.

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The layman *must* trust his physician, because his very ignorance of medical matters leaves him unable to judge of that physician's capability. He must therefore have a physician who can be trusted. Dishonesty and incompetency are, one or both, the characteristics of the physician the layman seeks to avoid; yet his own treatment of the physician makes dishonesty almost a necessity, and incompetence almost certainly follows in time.

It is a quasi recognition of this antagonism which leads the State to enact laws bearing on the relations of the physician and patient; to establish boards of health and medical examiners, and in compelling physicians to aid these boards; in fact, no better proof can be found that the physician's interest in the prevention of disease does not lie parallel to that of the community than that presented in the nature of medical legislation.

What is the remedy for this state of affairs? The physician might be paid by the State, but that would be inadvisable; the so-called "Chinese system," which provides for the payment of the physician only so long as the patient is well, is objectionable in many ways. The most practicable move seems to be in the direction of securing better training of the medical student, morally as well as intellectually, and this can only be done by bettering the condition of the medical college.

The medical college of the day is mainly supported by the fees of its students. The students pay for instruction in those things which enable them to make money by the practice of medicine. In any one college the shorter the course, the fewer the branches taught, and the lower the standard of attainment required, the larger will be the classes and consequent income of the college. If less time is spent on the foundation studies, and relatively more in the teaching of practice, the graduates will be well equipped with knowledge applicable to the cure of disease, while they remain directly ignorant of its cause and means of prevention. So the college, like the physician, is subjected to temptation to which it may yield in all degrees, even to the extent of becoming a mere diploma mill. In every college the proportion of the income which is derived from students' fees is a direct measure of the temptation to graduate incompetent men.

In the benefactions of the laity, medical colleges are usually ignored because they contribute to the professional advancement of the members of their faculties. The rich man gives to hospitals, asylums, and missions for the correction of evils already allowed to exist, and pays no attention to those institutions which are attempting to so train men and women that they may be able and willing to prevent the oc-

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currence of these very evils. How often is the picture presented of a child of wealth, morally, physically and mentally educated in the best known ways and to the fullest attainable perfection, who reaches an age when he or she is about to enter upon a life of assured usefulness just as that life is cut off by a preventable disease. The family physician is a man of intelligence, and when in college was thoroughly drilled in the practice of medicine, surgery and midwifery; but his teaching was deficient in those branches which are fundamental, and he learned but little of the means of prevention, and nothing of his obligation to apply them. After graduation he was successful in restoring his patients to health, and his practice soon became so large that he had no time by study to restore the balance which had been destroyed by his college course.

The bereaved father establishes *in memoriam* a hospital, or endows a bed in an existing institution. It never occurs to him that the same amount of money given to a medical college would enable that college to give instruction in those branches which would inculcate in physicians higher aims, and train them to prevent disease, thus making the hospital proportionally less necessary.

In the mean time the medical college, hampered by lack of means, struggles along, profiting only by the energy of those teachers who hope to gain by the attainment of reputation, and are therefore often compelled to do mediocre work because they must take time to make their living by those very means, the need for which they deplore.

The first remedial step for the layman to take is to secure the endowment of medical colleges, that they may be enabled to graduate men and women of broad and honest ability, who will practice their profession with love for the good they may do, and who will look upon the pecuniary recompense as an incidental necessity rather than the sole object of their work. In order to do this the college must be able to weed out incompetent and dishonest students and teachers without fear of becoming thereby financially embarrassed.

For once let the physician preach and the missionary practice.

DOSES IN RELATION TO ORGANIC LESIONS.*

By H. M. DEARBORN, M.D.,

New York City.

FOR the purpose of this paper I assume that the homœopathic dose of a drug may be a high attenuation or a material quantity of the crude substance, qualified by the rule to administer in the low attenuations or crude preparation such quantity only as will ef-

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fect the results sought for with but slight or no aggravation of the existing morbid state. It is, of course, essential that casual conditions have been corrected and that the homœopathic picture be as complete as possible to insure the best or satisfactory results.

While I have no desire or intention of entering on a discussion of the dose as an abstract question, it seems to me that there never has been any argument advanced, worthy of much consideration, which tried to show or prove that high attenuations of drugs were less effective in suitable cases than the crude or nearly crude substance, when it is remembered that true homœopathy and dynamics are inseparable. On the other hand, neither are there good grounds for argument to show that the crude dose is less dynamic in its mode of action in appropriate cases than the attenuated one, in view of the fact that physiological processes are continually dealing dynamically with crude matter.

What need is there now (if there ever was any) of contemplating homœopathy only on the lower level of science, when science is constantly approaching the proper level of homœopathy? We have increasing reason to hold that homœopathy is based on a law so nearly universal that the beneficial effects of nearly all single drugs, in all doses, falls within its boundaries either in relation to their primary or secondary action. Even our opponents (if they can longer be so designated) in increasing number admit this interpretation practically if not theoretically.

Those ailments depending on imperfect protoplasmic or nuclei changes with subsequent slight or well-marked functional inactivity or disturbance, are usually corrected by the administration (so far as drugs are concerned) of attenuated doses of the indicated medicine. In the cases further advanced, where tissue change can be demonstrated, attenuated remedies still probably continue to be the most serviceable, but in some cases where the lesions have become pronounced attenuated drugs fail to give good results because, in my opinion, they cease to be relatively homœopathic to the pathological change presenting; they do not invite sufficient vital reaction to make any lasting impression on lesions of a pronounced type. In this class of cases one seldom witnesses any aggravation from quite large doses of the indicated drug, showing in a conclusive way that in proportion to the advanced condition or duration of the lesions the dose was appropriately homœopathic. In a small per cent. of cases aggravations are noticed necessitating a change to a low, or rarely to a high, attenuation of the same drug. Another result sometimes experienced after

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the beneficial effects from large doses of an indicated drug it is to find that a different drug previously indicated but given without any satisfactory effect, becomes subsequently active and beneficial. More often, however, it is found primarily advisable to increase the quantitative dose of the selected remedy in a crude form until improvement sets in, then to gradually reduce the dose in the same order, sometimes repeating the scale of increase and decrease several times as improvement is maintained or recedes.

I have observed results so many times in the treatment of skin disease accompanied with unmistakable lesions, where attenuations of the indicated drug have failed utterly to benefit and very low or crude preparations of the same remedy have been substituted with ultimate satisfaction, that I have been forced to the conclusion that there is a relation between the quantity of the dose and the degree, extent or duration of lesions of the dermal tissues. If this be true in regard to affections of the skin, why not also true in respect to lesions of a similar degree involving other tissues or organs, though we cannot demonstrate with the same certainty their presence or see as clearly their disappearance under treatment?

I do not wish to be considered an advocate of crude dosing. I believe in the efficacy of highly attenuated medicines, in suitable cases, as a matter of experience. But I believe still more firmly in the general applicability of the principles of homœopathy to the treatment of disease without strict limitation of the dose. The least possible dose required to attain desirable results should be the rule.

The class of cases to which I have referred are exceptional rather than usual. They include many which have been thought incurable; a class which frequently go from one practitioner to another or from one institution to another and try all modes of treatment. The resources of our art are equal to the cure of most of these diseases, but we must find the proper quantitative dose. Such doses, when reached, should not give more than a temporary aggravation or otherwise they are too large for repeated administration. One or two cases will serve to illustrate the points to which I desire to call attention. In order to be brief only one disease and one drug will be referred to.

Case I. Female, age 65. Seen in consultation with Dr. A. R. McMichael in the winter of 1889. Chronic eczema of twenty years' standing. The lesions were situated on nearly every portion of the skin, including the scalp; parts of the skin were greatly infiltrated and covered with thick scales or scabs; she was made miserable day

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and night by the constant itching. This woman had received all sorts of treatment and had been steadily under old-school management at one time for two years without relief. She had also been under painstaking homœopathic treatment for some time with only slight amendment in her condition.

Her history, prominent symptoms and the type of new lesions as they apeared from time to time, pointed to the pathogenesis of *rhus tox.* This remedy had, however, been given in attenuation with considerable persistence but without effect. It was determined, therefore, to give material doses of this potent drug in increasing quantity until aggravation or improvement was observed. The initial dose was a drop of the fluid extract in water every two hours during the day. No satisfactory effect was noted until 15 drops were given at a dose; then improvement began and continued under this dose to a seemingly perfect cure, every lesion and symptom disappearing entirely in a few weeks.

The exceptional toleration exhibited by this woman to large doses (about 100 drops of the fluid extract daily) for weeks is certainly remarkable in view of the marked aggravations frequently observed from the 1st and 2nd decimal attenuations of *rhus.* In this instance the degree and duration of the catarrhal or eczematous diathesis and consequent lesions begat a toleration which made the curative dose a very large one. This patient remained in perfect health without treatment for about five months, and then had a partial relapse and is now under treatment. While the outcome of the case is not conclusively determined, the fact remains that the only comfortable health for years followed for some months after the administration of the remedy in large doses.

Case II. Samuel S., age 7, admitted to the Laura Franklin Hospital for Children, April 5th, 1890. Parents living and in good health. No hereditary family tendency to disease could be learned from the limited history obtainable.

This boy had had an itching erruption of the skin since he was six months old. He had been under prolonged and heroic treatment at times but with no marked relief at any time; but rather year by year the disease had become more active and extensive.

For nearly two months after admission to the hospital he received carefully selected drug treatment, together with a generous diet and attention to his hygienic needs. At the end of this period his condition was worse than on the day of admission.

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On entering my service in June, he was a pitiable object. Vesicles, papules, scabs, fissures or patches of inflamed skin (either moist or dry) occupied nearly every square inch of his face, head, trunk and extremities. The scabbing surface about his eyes by contracting had everted the lower eyelid sufficiently to expose the conjunctiva, and the whole eye had the appearance of being held in a watery mass of mucus. The same drawn condition of the skin existed about the mouth and nose, presenting an appearance strikingly like that of scleroderma. The limited motion of his head owing to the stiffened state of the skin of the neck also reminded one of the latter disease. Everywhere else, however, the lesions were those incident to eczematous inflammation. The entire scalp was involved and over the larger portion of its surface were piled up exudations from one-fourth to two inches in size and one-eighth to one-half inch thick. His hands, arms, legs and trunk everywhere showed lesions of the disease in a dry or moist form ; each night his clothes had to be peeled from some portions of his skin. One knee was flexed and he walked upon the ball of the foot of that extremity with a distinct limp, due entirely to the infiltrated and stiffened skin on the posterior aspect of that leg. Every new lesion was of the moist variety, either a red weeping surface or papules ending in vesicles, and accompanied with the most tormenting itching, which became so unbearable at night that the boy's hands had to be tied up in bags to prevent his tearing the skin off with his nails.

The indication here, as in the previous case, pointed unmistakably to *rhus*. No benefit had been obtained from the low attenuations, and, of equal importance, no aggravations had been observed traceable to the remedy. *Rhus tox*, tincture, three drops in six teaspoonfuls of water, was ordered, a teaspoonful to be taken every two hours. This dose was increased by adding two drops every two days until he was taking sixteen drops daily. Then new lesions ceased to appear and the diseased skin began to clear. Under daily dose of 16 drops the improvement was rapid and continuous until I left town in July. About the middle of July he was attacked with whooping-cough and the administration of *rhus* was suspended and it has not been given since. The great improvement obtained from this remedy has never been lost, however, and quite as worthy of note is the fact that remedies previously without effect have since the course with *rhus* become effective. *Calc. carb.* and subsequently *psorinum*, both in high attenuation, were prescribed by Dr. B. G. Clark with marked benefit.

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At the present time (Sept. 24) this boy is comparatively free from the disease. Nearly the whole surface of the face has become clear, smooth and soft and has lost entirely its stretched or drawn look. He walks without the slightest limp. His recovery will, I believe, be perfect.

Other cases of chronic diseases of the skin treated with other remedies might be cited from hospital and private practice did time permit, but the very common disease eczema and the familiar drug *rhus* illustrate as well the subject of this paper.

Regarding the homœopathicity of the large doses to the lesions in question I have, personally, no doubt.

CAN ORGANIC DISEASE OF THE SPINAL CORD BE PRODUCED BY OVERDOSING WITH QUININE? *

By W. M. BUTLER, M.D.,

Brooklyn.

THE *Journal of Nervous and Mental Disease* for October, 1889, published a most interesting article by Morton Prince, M.D., upon "The Somewhat Frequent Occurrence of Degenerative Diseases of the Nervous System (Tabes Dorsalis and Disseminated Sclerosis) in Persons Suffering from Malaria."

In this article Dr. Prince presents the history of six well-marked cases of tabes, and the same number of cases of disseminated sclerosis, in persons who had been suffering for many years with malaria before the symptoms of these diseases appeared, and argues that the malaria had been the cause of these diseases.

In substantiation of his own opinion he cites from the works of Erb, E. Schulze, Hertz, Eichhorst and Hesche.

This paper, which previously had been read before the American Neurological Association, at that time was discussed by Drs. L. C. Gray, E. C. Spitzka and H. M. Lyman, all of whom practically agreed with Dr. Prince in his conclusions.

This question, suggested by Dr. Prince, is certainly most interesting and important, if there is really any marked relationship between long-existing cases of malaria and organic spinal lesions. This is not,

* Read before the Homœopathic Medical Society of the County of Kings, Dec. 9, 1890.

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however, the point to which we desire this evening to direct your attention.

The question most forcibly presented to our minds is, were the diseases existing in Dr. Prince's patients produced by malaria or the enormous doses of *quinine* which they had taken for its removal? That they had been given large quantities of this drug is self-evident, as they had all been under allopathic treatment, and six of them were in the army when the symptoms first appeared.

That *quinine* has a tendency to produce symptoms similar to those found in tabes and disseminated sclerosis is admitted by many of the most reliable allopathic authorities.

In Noack's provings, among the effects of *quinine* is recorded the following: "One of these was tenderness and pain in the vertebræ, especially in the dorsal region." After doses of from seven to fourteen decigrammes, among other symptoms of the cerebro-spinal system, he says "the affection of the spinal marrow manifests itself, especially in muscular trembling and in the inability to execute voluntary motions. These disappear after a few hours." H. C. Wood says: "When administered to dogs in sufficient quantity, it produces restlessness, followed by muscular tremblings, which have been compared to those of paralysis agitans, loss of power, deepening into more or less complete paralysis." In Stillé we read: "If as many as thirty grains are given daily, in divided doses, for several successive days, there may be observed . . . a very unsteady gait, . . . the general sensibility is very obtuse, the muscular movements are feeble, and the limbs are tremulous. If, finally, the doses have been excessive, complete loss of consciousness may occur, sight and hearing may entirely fail, the skin may lose its sensibility and the limbs their power of motion." T. Lauder Brunton in Quain's Dic. of Medicine, says that where animals have been killed by excessive doses of *quinine*, the post-mortem examinations have revealed congestion of the spinal cord, kidneys, stomach and intestines. The same author also affirms that "experiments on animals have shown that *quinine* diminishes greatly the reflex functions of the spinal cord, diminishes also sensibility, and, finally, paralyzes the extremities."

The high standing of the allopathic authors cited certainly justifies us in giving credence to their assertions. Jahr's description of the anatomical effects of *quinine* is simply corroborative of those we have already cited. In his Symptomen Codex, we read as follows: "From Maillot's reports of obduction cases, we take the following post-mor-

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tem appearances of a female who had been treated with enormous doses of *quinine* for fever and ague, and which seemed to have been occasioned by the medicine, congestion of blood in the brain and spinal marrow, red and white softening of the medullary substance, serous effusion."

At the meeting of the American Neurological Association in June, 1884, Dr. G. M. Hammond presented a paper entitled "Can Locomotor Ataxia be Cured?" In this he cited a number of cases which had presented all the symptoms of tabes, but had recovered. From this fact, he argued that there never had existed any actual sclerosis of the spinal cord, but "that congestion of the posterior half of the spinal cord may give rise to most, if not all, of the symptoms of locomotor ataxia." This paper was then discussed by Drs. W. A. Hammond, J. L. Corning, Webber, A. D. Rockwell, Mills and Birdsall, all of whom practically agreed with Dr. Hammond's conclusions. Upon the ultimate effects of congestion of the spinal cord, Dr. Webber, of Boston, stated: "I should be rather disinclined to accept the view of the possibility of congestion of the spinal cord lasting for weeks and months without producing any organic change." Dr. W. R. Birdsall also affirmed: "With regard to the theory of congestion, I will not attempt to pronounce any opinion except that, as has been mentioned, it seems to me that long-continued congestion can not exist without further changes than those which are merely vascular."

Dr. J. L. Corning also advanced the opinion that hyperæmia was the starting point of the disease in these cases, and that it must be arrested to prevent deposit of inflammatory tissue and ultimate organic changes.

We have here presented to us the indubitable evidence of some of the best allopathic authorities upon the subject, that *quinine* can produce congestion of the spinal cord. We have also the statements of several other authorities of the same school, whose opinions are equally reliable, in regard to diseases of the cord, that conditions said to be produced by *quinine* could not long exist without producing pronounced organic changes. In view of these opinions, which we are unable to refute, we can arrive at but one conclusion in regard to Dr. Prince's cases, viz., that their diseases were not produced by malaria, but by the enormous doses of *quinine* which they had taken for its removal.

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MEDICAL GYMNASTICS. *

By HENRY G. HANCHETT, M.D.,

New York.

THERE can be little doubt that bodybuilding by gymnastic exercises has been studied in a more scientific spirit in Sweden within the last century than in any other country at any time. Ling's work was so thorough that it left little for his successors to add to his system of "Educational Gymnastics," and some of his pupils and followers have developed the departments of "Æsthetical Gymnastics" and especially "Medical Gymnastics" to a very high degree. Hartelius in particular has succeeded in bringing about a vast number of brilliant cures in a great variety of diseased conditions by the exclusive use of what are often spoken of in this part of the world as "Swedish movements," and those really skilled in this method of treatment are extending its range of application to new maladies as their experience and confidence in the value of the practice grows. As it almost inevitably happens when a new system of medical practice is proven to contain something of value, that unscrupulous, half-informed or wholly ignorant quacks and pretenders announce themselves as proficients, and lay claim to all the collateral education required for the practice of any branch of medicine, so it has befallen the Swedish system of medical gymnastics. Masseurs and manipulators knowing nothing of anatomy or pathology, and who have gained their ideas of technique from the instructions given them when entering upon their earlier occupation of Turkish bath attendants, have practiced their poundings, pinchings and strokings to the detriment of many innocent sufferers, and the disrepute of a really valuable aid in the cure of certain troublesome chronic diseases.

The two fundamental aims of the Swedish system of educational gymnastics, which are never lost to sight no matter what special development may be the specific object of a given movement, are, first, the strengthening and sustaining of the vital organs (by which are meant specifically the heart and lungs), and, second, the reflex development of nervous and will power by means of the uninterrupted, conscious control of every stage of every motion required. The application of the ordinary exercises of the educational gymnastics, where these aims are given their proper prominence, will alone do much in

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the prophylaxis if not in the cure of weak lungs and such disorders of the nervous system as express themselves in motor incoördination, if they are anticipated or recognized at a sufficiently early stage by the aid of hints derived from a study of the family history of the patient. Locomotor ataxia, for example, while not in any sense cured, has been offset in some of its annoying symptoms and hindered in development by the careful training of the muscles and nerve centres employed in walking, such as is given to all the voluntary muscles in the various evolutions laid down in Ling's "Day's-orders." Systematic work aimed at the increase of nerve and muscle control will without doubt act in opposition to the pathological processes which in locomotor ataxia tend to incapacitate the patient for walking.

Medical gymnastics were originally designed to give to those who were too weak to go through the day's orders of the educational gymnastics, a preliminary training along the same general lines of muscular development. The progressive day's orders of the educational gymnastics, starting from the fundamental standing position, direct certain exercises which are afterwards repeated in more difficult positions, as one method of building up the physical powers. For the puny and weak a sitting, half-lying or lying position was prescribed, and from those positions exercises were directed which were passive, semi-active (assisted), or active according to the abilities of the pupil. These exercises were graded from one class to the others and otherwise increased in difficulty, till the pupil was built up to such a degree as enabled him to go on with the regular exercises of the educational day's orders.

It was early seen that passive exercise of voluntary muscles, however much it might accomplish in the development and nourishment of the particular muscle under treatment, could have but moderate and unsatisfactory effects upon the vital organs which, as I have already explained, were exactly the one about which the founder of the Swedish system of gymnastics was most concerned. Ling was not satisfied to wait till he could build up the motor apparatus of the body to such a degree as would make voluntary exercise possible along the lines of his educational day's orders, even assuming that he ever entertained the idea that in that way alone could the vital organs be reached and benefited by gymnastics. He early added to the exercises for the muscles others that were aimed directly at the vital organs, and consisted of liftings, strokings, shakings, pressings and similar manipulations calculated to increase the nourishment and functional activity of each individual organ. The heart alone, protected as it is

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within its bony cage, seems to have escaped direct handling; but of all the organs this is the easiest to reach by indirect means through the circulation. For the lungs there are liftings of the chest in what the expressive terminology of the system calls the "strain-standing" position, and movements very similar to those adopted in producing artificial respiration. For the liver and spleen there are the vibratory manipulations applied directly to these organs through the chest walls. For the intestines there are kneadings, strokings and pressings which are among the easiest and at the same time most valuable movements of the system. For the uterus also there are liftings and pullings that have accomplished things almost if not quite as wonderful as any that have been done through the opened abdominal walls.

It has been said that even the heart could be reached and both its nourishment and work affected indirectly by movements. This is accomplished, of course, by forcing blood towards the heart by centripetal efflorage applied along the courses of the great veins; and by bringing into action the pumping force or suction action of artificial respiration, and in a lesser degree by petrissage applied to individual muscles—a manipulation that very greatly increases the quantity of blood distributed in and retained by the muscle so treated. This last-named manipulation is one of frequent application both for its derivative effect upon the circulation, which makes it of great value in the treatment of acute local inflammations, and for its influence upon the nourishment of the muscle itself, which responds to petrissage almost exactly as to faradization. The manipulation is performed by grasping the muscle to be treated and isolating it as far as possible from all others. It is then gently but rapidly twisted back and forth between the two hands, while at the same time fingers and thumbs play upon it one after the other and without losing the grasp, in a way that stimulates every fibre and vessel that enters into the structure of the muscle. Properly administered, the effect of petrissage is pleasant and soothing to a remarkable degree.

Derivative and stimulating effects are produced in a whole limb by vibratory shaking manipulations which are most effectively administered through the agency of machines. While these machines have, perhaps, attracted more attention than any other feature of the whole system, they are probably the item to which the least value is to be assigned. They serve as labor-saving devices which, while they relieve the operator of much hard work, also rob him of the information as to the patient's condition which is best acquired through the cultivated sense of touch. A complete assortment of the various styles of machines

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that have been invented for service in medical gymnastics constitutes a far from inexpensive armamentarium. It is said that one New York physician has invested $20,000 in an equipment.

The value of the Swedish movements in the treatment of certain forms of disease, especially spinal curvatures, deformities, chronic synovitis, and some nervous disorders, is established. That it is of use in a larger range of diseases, and will help to satisfy some patients in connection with other treatment, may well be conceded, but will hardy warrant the practice of relegating the administration of the movements to the unprofessional, undirected masseur. In Sweden the practitioner of medical gymnastics must get his license from the same source as the practitioner of medicine, and he is not allowed to strain, hack and pinch invalids until his capability and responsibility are settled. One can do a vast amount of harm to a delicate invalid whose vitality and nerve force are now already at a low ebb by even the best designed and most gently applied gymnastic work. The Delsart system itself has not escaped the charge of doing injury where only good was intended; and if Swedish movements are to do what they can do for invalids, and are to be saved from undeserved disrepute, they must be intelligently administered to selected cases, by men with full medical education and as ready to recognize injuries as beneficial effects following the prescription. Such men must be sought in the ranks of physicians; not among nurses, bath attendants, or the ignorant of any class.

AN UNPROMISING CASE OF DYSTOCIA.*

By F. C. BUNN, M.D.,

Brooklyn.

ON June 25th, 1890, Mrs. Pauline R. (colored) was admitted to the Lying-in Ward of the Brooklyn Homœopathic Hospital, being then between seven and eight months advanced in pregnancy. She was a multipara, aged forty-two years, and her last confinement was about fifteen years ago. She was suffering from advanced phthisis, there being a cavity in one lung. During the first two weeks of her stay in the hospital she had profuse night sweats, soaking her clothing and being especially profuse about the head.

* Read before the Homœopathic Medical Society of the State of New York, Oct. 1st, 1890.

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A powder of *calcaria carb.* 3. was given once daily, and after a short time the night sweats ceased almost entirely. The patient was given a full, nourishing diet, but continued very weak and extremely emaciated. Occasionally she would have false pains, sometimes continuing through a whole day. On August 15th she began to have pains, though they were not very strong. The pains continued off and on till, at 9.30 P.M. on August 17th, the membranes ruptured, the os being dilated only so as to admit one finger. Examination revealed a vertex presentation, and also that the pelvis was considerably contracted in the antero-posterior diameter, the promontory of the sacrum being easily within reach of the index finger, with the thumb hooked over the pubes. I proceeded to dilate the os with my fingers, and in a short time succeeded in enlarging it so as to admit all four fingers. This dilation was accomplished without the use of an anæsthetic and caused very little pain. Contractions continued, but were rather weak and merely pushed the head against the rim of the pelvis, which it was too large to enter, so that the dilation did not increase nor did the head engage in the superior strait. About 2 A.M. I found the os dilated to about 2½ inches in diameter, the head very high and not engaged, the woman growing quite weak, and what little pains there were before entirely given out. The fœtal heart-sound could easily be heard. The presentation was left occipito-anterior. The patient had a rather small vagina and a perfect perineal body. The condition now looked very serious—the patient, already weakened by phthisis, was completely worn out by the long-continued and ineffectual pains, the os only partly dilated, and the pelvis contracted fully an inch antero-posteriorly.

I decided to apply the forceps, Dr. Mills coming in to give the chloroform. As soon as the patient got the first whiffs of the anæsthetic the breathing became gasping and then stopped, the pulse also becoming very weak and irregular, and thus still another complication was introduced. However, it was absolutely necessary to deliver at once, so I proceeded to adjust the forceps, which was done without any trouble except a slight difficulty in introducing the second blade, due to the os not being fully dilated.

Traction was made as nearly as possible in line with the axis of the inlet, and of necessity, great force was used. After half an hour of alternate traction and rest, the head reached the vulva and was delivered without any laceration of the perineum. Considerable difficulty was experienced in extricating the shoulders, but finally their

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delivery was accomplished by hooking a finger in each axilla and making traction.

The child weighed ten pounds, and was apparently lifeless when born, but was soon resuscitated and has done very well, the forceps leaving only slight indentations, which disappeared entirely in a few days. After the delivery of the placenta the uterus did not contract, and a very profuse hæmorrhage ensued, which was finally controlled by clearing the uterus of clots and giving an intra-uterine douche at 112° F., at the same time pouring cold water on the abdomen. Considerable oozing remained, so *fl. ext. ergot* ʒ j was given and the fundus held firmly grasped in the hand. After waiting twenty minutes for the ergot to act, I found the uterus still relaxed, so *cinnamon* θ ʒ j. in one-half glass water, two teaspoonfuls every ten minutes, was given and soon the uterus contracted, whether from the action of the *cinnamon* or the *ergot* I cannot say. The patient was, of course, extremely weak and almost pulseless. She soon rallied, however, and went into a sound sleep.

For two days she had quite severe after-pains. Her temperature never rose above 99° F. She was not allowed to nurse the baby, and the milk was dried up without any difficulty. She was given *arnica* θ in water every two hours, for two or three days after confinement, and afterwards *calcaria carb.* 3. three times a day. Both mother and baby got along nicely, and left the hospital on September 10th, 1890.

MODERN ALLOPATHY AND MODERN HOMŒOPATHY, A RETROSPECT.

By S. LILIENTHAL, M.D.,

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THE A. H. Z., No. 18, copies the following case from the *Wiener Med. Presse :*

A young, healthy married woman, normally menstruating, suffered from a subchronic rheumatism, never manifesting high-graded or dangerous manifestations, but of great obstinacy, on account of the frequent relapses with pains, especially on motion, and swelling, etc., and for two years she was an invalid, till some mineral spring afforded her more decided relief. Her physicians always relied on *salicylate of soda,* though the patient opposed it, as it always caused dyspeptic symptoms, constricting pains in the sacral region, when

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sitting, lying, or standing, and stooping was impossible. She also found that her menstruation, which so far was normal, moderate, lasting four or five days, now appeared before its time, lasted twice as long, was very copious and accompanied by great pains in the sacral region, over the symphysis, with bearing-down pain, all of which became more unbearable the more *salicylate* she was forced to take. During one month her laborious menses had just stopped, but after taking a single dose of the *salicylate* they returned copiously with the old pains, and lasted for several days. When the *salicylate* was prescribed in combination with the fluid extract of *secale* her menses were normal and painless. It shows that the *salicylate of soda* acts paralyzingly on the blood-vessels of the uterus, but this can be prevented by suitable doses of *secale.*

Modern and ancient allopathy! No individualization! Rheumatism and experientia docet: some cases of rheumatism were cured by salicylate of soda, no why and wherefore, when even their own authorities teach that it is only a specificum (?) for acute articular rheumatism, and less effectual in acute muscular rheumatism. Chemistry teaches that when one finds a patient with a peculiar sour odor, and the urine is highly colored and of a rank smell, besides his rheumatic pains, *alkalies* must antidote this acid diathèsis; but when the red, gouty tongue manifests a deficiency of acid, *colchicum* is the drug; still in both cases it is always well to keep in mind the ancient rule, "qui bene purgat bene curat," and begin the treatment with a good mercurial purgative. What a nice treatment in a nutshell and it is much easier to generalize than to individualize. Still these very indications are unconsciously based on the homœopathic principle. The *alkalies* are thus used with benefit by both schools, and it is a study how the adjectivum changes the symptoms of the case. Thus we find that highly-praised *hypophosphite of soda* given by the old school for the sour rheumatism, while with us it is more often used in rheumarthritis, acute or chronic, combined with gastricismus, dyspepsia and great irritability. *Natrum phos.* comes nearer to *salicylic acid*, for both are indicated in acute articular rheumatism; but in the former we meet the same acid gouty diathesis as in *naturum sulph.*, and the same peculiar gouty dyspepsia, while *salicylic acid* and *salicylate of soda* suit best adolescence, strong, robust persons of sanguineous temperament, with high fever and over sensitiveness to the least jar or motion. The uterine symptoms observed in the above cases deserve our notice, for nothing like it is mentioned in the provings of H. C. Allen (I. H. A., 1887, p. 95) nor in T. F. Allen's Encyclopædia, but in the Cyclopædia

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of Drug Pathogeny article *salicylica* we find mention of hæmorrhages produced by *salicylic acid*, as epistaxis, hæmaturia, and we may infer therefrom that it may also produce hæmorrhage from the uterus. In the case recorded in the A. H. Z. we also find dysmenorrhœa with copious menstruation, and though the hæmorrhage may have been caused by the *sodium*, the pains were more probably the effect of the *salicylic acid*. We all know that living on salted food produces scorbut and scorbutic hæmorrhages, and hæmorrhages from the gums are especially noticed in the cases treated by *salicylic acid*. We meet dysmenorrhœa in mentioned again *natrum muriaticum*, which gives us again a hint to study closely the adjectivum, for there are vast differences between *muriatic acid* and *salicylic acid*, the former suitable to ataxic conditions, low fevers, emaciation, etc., while the latter suits better young, vigorous constitutions, whose vital energy is able to battle with the morbific germs. In all the *sodium* salts we meet passive hæmorrhages, in all anxiousness and apprehensiveness, and still the anxious inquirer finds guiding symptoms enough to differentiate one from another, as the dark and steady flow of the *muriate*, the prevailing acidity of the *phosphate*, the acridity and corrosiveness of the *sulphate*. When the clinic of the old school neglects this strict individualization, they can be forgiven, for they know no better, but we certainly have a right to find fault with the modern homœopathist who often fails to find the similimum, because he neglects to look out for the peculiar symptoms of the case and relies on palliative treatment for the present hour, and consoles himself with the thought that he does not stand alone on the platform of progressive homœopathy. "I would rather be right than be President," said Henry Clay; let us apply it to ourselves.

If modern homœopathy, as Prof. Potter demonstrated this tendency in the *Pacific Medical Journal*, errs too much in leaning towards the flesh pots of Egypt, and adapting itself to the teachings and practice of the old school, there is another branch of modern homœopathy, of which Hahnemann knew nothing, and which prides itself on its exclusiveness. To its adherents there is only *one* law of therapeutics, and this might be acceptable with the addendum, "as far as drug action is concerned," if we only understood the different actions of each and all drugs in relation to healthy and sick individuals; if we only knew something about life's energy, in fact, what cures. In the old school, this question leads to nihilismus, that outgrowth so much dreaded in theological and political circles; in our ranks the expla-

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nation of *similia similibus curantur* is still a pious desideratum, though physiology daily teaches that that minute individual, the living cell, appropriates only quantitatively and qualitatively so much of similar food to its use as it can appropriate for its functional labor; when this function becomes disordered, something akin to this cell or to these cells will be more apt to rectify the ailment than harsh treatment with foreign substances. This even old school authorities acknowledge, as we can learn from the writings of Harnack and Schulz. The very instability of the action of drugs led the old school to think of other methods to reach the same goal, restoration of health, and though I may be wrong, it always appeared to be too exclusive to consider drug treatment the Alpha and Omega of all therapeusis. Homœopathic involuntaria will not explain every mode of salutary treatment, and as a slight hint in that direction, let me quote an article from Nos. 76 and 77 of the *Allgemeine Med. Central Zeitung*, on the therapeutics of chronic heart diseases.

Dr. Camarar says: "Most chronic heart diseases do very little harm as long as they are compensated by hypertrophy of the cardiac muscle, and they become only dangerous when the energy of the heart begins to fail. This weakness of the myocardium must be the only object of our treatment. Where a valvular defect follows endo- or myocarditis, when pericardial adhesions or callosities are present, when atheroma, emphysema or a cirrhotic kidney prevents a free circulation, which often complicates old age, we may have at first a compensating hypertrophy, leading sooner or later to degeneration of the cardiac muscle and to manifestations of stasis. An accident which would amount to nothing in a healthy person may, in such patients, produce symptoms of cardiac insufficiency, and the use of modern heroic treatment could only be injurious to them. *Strict diet and rest*, especially during digestion, are of paramount importance. Alcoholics ought to be only sparingly admitted, and whenever the patient has the means and patience to submit to such regulations, great improvement can be expected even in dangerous heart troubles of old people. A weak heart may also be caused by constitutional anomalies in connection with the disturbances in other organs, and its cause may in some cases be insufficient nutrition of the heart, even in persons who look apparently as if they enjoyed good health. Mental and physical overexertion weakens the energy of the heart, and failure will happen when one expects a cure from drugs without attending to the necessary abstention from work and to

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a suitable nourishing diet. Neurasthenia, this waste-basket for diagnostic troubles, gives us another hint in that direction, and whether it arises from hereditary failure of development in the nervous system, or from mental overwork and exhaustion, leaving no time for recreation, for in our fashionable society the duties are laborious and exacting, Weir Mitchell has shown us the reflex influence of such overstimulation on different organs of the body, and gave us the remedy in enforced rest and good feeding. How often do we find fasting a day or two the best treatment for those who live to eat, and where their overworked intestinal tract only needs rest for recuperation. For centuries people have been taught to rely on drug treatment for their sins of omission and commission; physicians and apothecaries pandered to this vile abuse, and at Hahnemann's time sanitation and hygiene were nearly unknown factors, and still one meets in the Organon, Chronic Diseases and Lesser Writings many valuable hints in that direction. Modern homœopathists are too apt to laugh at the strict homœopathic diet recommended by the old man, but, like Moses of the Bible, he knew that a mere advice leads to transgressions, and it must be made a law in order to be strictly obeyed. I have not yet touched massage, electrotherapia, hydrotherapia, climatology, suggestion and hypnotism, every one a law in itself, every one in its particular sphere useful, if applied under strict individualization, and the conclusion necessarily follows that there are several laws of healing the afflicted, and the good physician ought to be well acquainted with all of them. Many of us are specialists in relying on drug treatment and thus neglecting other aids, and thus modern homœopathy, in its sins of omission and commission, is a step backward, instead of forward progress, and the laxity of one branch, as well as the exclusiveness of the other, are blamable for the stand which homœopathy to-day occupies before the medical world, and a homœopathic millennium is still a thing to be prayed for.

How does it stand with modern allopathy? Fast progress in all branches of medical art and science, except in therapeusis, was shown at the late Berlin Congress, and because this domineering majority of the medical world hunts vainly for an axiom which would guide them in relation to drug treatment, their drug-therapia will always lack a foundation. Why this prejudice to the law of similarity, which is found true everywhere in nature? Why this prejudice to the name of Hahnemann and homœopathy, when they know full well that the entire medical art and science has totally changed during the present

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century? Everything had to be remodelled, and many new branches arose to light from the darkness which formerly enveloped them. Old doctrines are abolished, why do they cling obstinately to Galen's errors? Look at the writings of Prof. Aulde, of Philadelphia; at the works of Bartholow, Ringer, Brunton, and others. Everywhere our usual indications are cropping out, but the origin of the indications is concealed. Let modern allopathy rouse itself from this mental stupor and obstinacy, have in each medical college a chair of comparative Materia Medica, where, among others also, the indications for each drug according to the principle of similarity are taught, and give part of each hospital to its clinical demonstration, and every law of cure will find its proper place. Let bygones be bygones; bury deep the hatchet of animosity and vituperation; let modern allopathy join hands with old homœopathy, for it is the only mode of drug treatment which stood the test of a whole century, and the approach of the millennium may be foreshadowed. When every branch will acknowledge its errors, truth will finally prevail. May we in humility pray for such consummation, and humanity will bless our work.

INDICATIONS FOR TREPHINING THE SKULL.—Albert Albu, in an inaugural dissertation, gives the modern indications for this operation: 1. Subcutaneous injuries to the skull; (*a*) when after a fracture or contusion of the cranium undoubted symptoms of brain pressure appear, thus evincing in all probability a supra-dural hæmorrhage from the middle meningeal artery; (*b*) when, after such injuries, disturbances of distinct functions of the brain appear, due to irritation of the cortex from depression or splinters of the internal table, and that continue for eight or ten days. Bony depression *per se* is not an indication for trephining. 2. In complicated fractures of the skull, especially comminuted ones. Here trephining has a prophylactic value by preventing diffuse purulent meningitis and encephalitis. In extensive fracture trephining is useless, our interference being limited to removal of the chief fragments (splinters) and by strict antiseptic bandages, etc., to prevent infection. 3. Presence of foreign bodies. Here trephining should be done only when the foreign body can be removed without having to search for it in the brain. 4. In diseases of the cranial bones (including tuberculous and syphilitic), when the process is limited to a small part of the cranium. 5. In tumors of cranial bones. 6. In accumulations of pus between cranium and dura. 7. In traumatic meningitis when the process is still limited to the primary site of lesion. 8. In chronic deep abscess of the brain. 9. In tumors of the brain, limited in outline (not diffuse) and not too large. 10. In reflex epilepsy when residua of a previous injury to the skull are evident, and in Jacksonian epilepsy when the attacks follow the typical course.—*Therap. Monatsh.*, Nov., 1890. O'C.

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ORIGINAL ARTICLES IN SURGERY.

TWENTY CONSECUTIVE ABDOMINAL SECTIONS.

By DEWITT G. WILCOX, M.D.,

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IT is always with pleasure and profit that I read the report of other operators' experience with abdominal sections, particularly when such reports are taken from a consecutive number of cases including the good and bad results. In this report I have endeavored to give a concise history of twenty consecutive cases of abdominal section. Some of these are of little interest, but the majority, as will be seen, are rather out of the usual line in their peculiarities. My object in reporting them is to call attention more particularly to the hysterectomies and myomotomies; nearly all of these were very critical, almost desperate cases. Although the removal of fibroid tumors of the uterus has now been done for the last ten years, yet we must consider it to be an operation of great magnitude, and attended with a large mortality. But what shall be done in these cases where the growth has gone beyond palliative treatment, where continued suffering and excessive hæmorrhages make life a long torture? Shall the surgeon sit by with folded hands because he is afraid of scoring a high mortality record? When a jealous regard for a good record of recoveries exceeds the regard for the patient's welfare, then the scalpel should be laid aside, and recourse should be had to Christian science or other forms of incantation. When all hope for relief by palliative measures apparently has fled, when the fibroid is increasing steadily in size, when indications of degenerative changes begin to be manifest, and the constant hæmorrhages makes death inevitable, is it not quite as humane to tell the patient frankly of her condition, tell her of the grave character of the operation, yet with the possible hope of recovery, and allow her to choose, as she always will, her only chance, as to decline to operate because you may increase your percentage of mortality? Allow me to present first the myomotomies and hysterectomies:

CASE I.—Mrs. W., æt. fifty, all joints of her body more or less enlarged from rheumatoid arthritis; general health had been very poor for some years previous; suddenly she began to have intense pain and tenderness immediately over the bladder; this was followed by fever and chills, of a pyæmic character, which continued for three

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days before I saw her. There was a decided "pointing" over the tender spot in the abdomen, and next day fluctuation was detected; upon aspirating over this point about four ounces of serum and pus was withdrawn; this gave only temporary relief and she was removed to the hospital. Her condition was now very critical, the fever had increased and septicæmia was more manifest. As it seemed to be a suppurating fibro-cyst it was evident that the patient must soon die unless this growth could be removed and thereby stop the source of infection. With the full consent of herself and the family, and at the urgent request of the attending physician, the operation was undertaken. Entrance into the abdominal cavity showed the growth to be of the uterus, and greatly degenerated. Its walls were so thin that in detaching the adhesion they ruptured and great quantities of pus escaped into the peritoneal cavity. The bladder was not alone attached, but really incorporated in the growth; a loop of intestine was bound to it by strong bands of adhesions. The heart began to weaken before the operation was half completed, and it was with the greatest exertion that she could be kept alive until the work was finished. Having begun and encountered so much suppuration it was almost impossible to desist until all was removed. The patient died a short time after the completion of the operation. The tumor was of a fibroid character, with cysts scattered through the walls, about one-half of the anterior portion had suppurated, and it was here the pus was seeking its way to the surface of the abdomen. The uterus and appendages were removed with the growth, making it a complete hysterectomy.

Case II.—This is a report of uterine myoma, dating back as near as could be ascertained, about six years. It had been slow but constant in its growth till she was brought to me by her physician, Dr. Truman, of Allegany County. The symptoms were pressure in the back and rectum, great difficulty of obtaining evacuation of the bowels, even when the stool was liquid; impossibility of being upon her feet but a few hours consecutively, frequent attacks of dysentery, loss of appetite, and a despondency akin to melancholia. Consultation with other surgeons had induced her to believe her case was hopeless. An examination per vaginam disclosed a hard resisting body in the posterior cul-de-sac filling up the hollow of the sacrum and firmly adherent to the surrounding organs. The rectum was almost occluded; it was diagnosed as a sub-peritoneal uterine myoma. When the abdominal cavity was opened I found the fundus retroflexed, the broad ligaments contracted, and the entire posterior space filled up with the growth; it was as we had anticipated beneath the pelvic peritoneum without a pedicle but attached to the posterior surface of the uterus. The contracted condition of the broad ligaments, and the firm attachments to the rectum, made an hysterectomy impossible. I therefore decided to enucleate it; this was accomplished by cutting through the peritoneum, separating the attachments to the growth, and ligating all bleeding points where it became necessary. Only those who have been through this work know of the difficulty of separating a growth

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from the rectum in the posterior cul-de-sac. However, it was accomplished without much bleeding; a general oozing from the walls of the uterus gave some trouble but the Paquelin cautery controlled it. A glass drainage tube was introduced into the lower angle of the wound and allowed to remain three days. The patient made an uninterrupted recovery. It is now eighteen months since the operation and she reports that her general health is exceedingly good; bowels move regularly and no abdominal pain.

CASE III.—Supra-vaginal hysterectomy. Miss K., a patient of Dr. S. H. Morris, aged forty-five years, had a fibro-myoma of five years' standing, which had increased rapidly in size during the previous six months. Pain in the pelvis, irregular menstruation, rapid emaciation, and sleeplessness were the prominent symptoms. As removal of the uterus seemed to be the only manner of relief, the patient was told fully of the seriousness of the operation, and the possibility of recovery; she greatly desired the operation be undertaken. Accordingly it was performed at the hygienic institution of Dr. Morris with the assistance of herself and Dr. Moseley. The usual incision exposed the growth, which was found comparatively free from adhesions. Being perfectly solid, we were obliged to extend the incision two inches above the umbilicus; the tumor was then lifted out; the pedicle, which was the cervix uteri, secured with a Tait's clamp and elastic ligature, and the tumor cut away. The stump was dressed extra-peritoneal, its surface being stitched to the edge of the parietal-peritoneum, and a dressing of tannic and salicylic acid applied to secure its rapid hardening. It only required dressing three times during the seventeen days prior to its removal. Not a particle of odor or discharge came from the stump at any time. She made a good recovery, and now, after one year, says she is able to walk many miles each day.

CASE IV.—A similar hysterectomy; it differed from the foregoing in that there was excessive hemorrhage, which indeed, was the prime reason for undertaking its removal. There were more adhesions than in the above case, especially to the bladder. The tumor, uterus, and appendages were all removed. The stump was dressed in the same manner as Case III., it did equally as well, and was entirely removed at the end of fifteen days. The wound healed nicely and she was able to sit up at the close of the second week. Her subsequent history cannot be given, as it came to a close, owing to organic heart lesion of the mitral valve, from which she had suffered prior to the operation.

The next case presented more complication and was a far more unfavorable subject than either of the others for operating upon.

CASE V.—Miss C., æt. forty, had always been in delicate health. She was, to use a broad term, strumous; had "running ears," enlarged joints, and had always been irregular in her monthly periods. She could not state how long it had been since she first noticed the

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tumor, but for a year previous it had been enlarging perceptibly. When she presented herself to me her appearance was very unsightly. The enlargement of the abdomen was beyond that of full-term pregnancy. She was having constant uterine hemorrhages, was very anæmic, indeed, the winter previous she was confined to her bed for six months with anæmia. Her family physician had given her the benefit of electrolysis in a scientific manner, as well as the hypodermic injection of ergotine, neither of which had been of any avail. Her plea for an operation was based on the argument that she was in constant misery, that there was no one depending upon her, she was a burden to her friends, and unsightly to all. The operation was undertaken. As soon as the tumor was exposed it was seen to be an œdematous myoma, with very extensive adhesions. The bladder was carefully separated from the growth by employing the sound as a guide. As any diminution in the size of the growth was impossible, the incision had to be extended nearly to the ensiform cartilage. It was now raised from its bed, the pedicle ligated, and the tumor removed. The stump was treated in the manner just described, except that the Wilcox pins were used to aid in securing it in position. But a very small quantity of blood was lost, and the operation was not unduly protracted. She withstood it exceedingly well, rallied nicely, and was in good spirits in a few hours. At 3 A.M. of the following day she was suddenly taken with a chill and died in a few moments. As there was no hemorrhage, the only explanation seems to be, the great shock consequent upon the removal of such large growths from the abdomen.

CASE VI.—Pedunculated uterine fibroid. Patient aged sixty years. The tumor was easily outlined by bi-manual examination. It was removed through an abdominal incision, the stump being ligated with braided silk and dropped back into the pelvic cavity. The patient was able to return to her home in the country in four weeks from the day of the operation, having made an excellent recovery.

CASE VII.—Suppurating fibroid, and one of the most difficult to remove that I have ever encountered. As the patient had been confined to her bed for three weeks previous, I was obliged to go to her home in Cattaraugus County, where I met her family physician, Dr. Ashley, and her counseling physician, Dr. Morris, of Buffalo. I was asked to come prepared to operate, as in all probability it would be required. The patient, Mrs. C., was forty years old. There was exquisite tenderness over the entire abdomen, so much so she was not able to bear the weight of my hand. She had been having chills and fever, with a maximum temperature of $103^{1}/_{5}$. The pain had been excruciating. She had been in poor health for a year past, and was regarded as having a cancer, the sensitiveness being so great I could not make an examination until after the anæsthetic had been given. I then found a hard, resisting body beneath the anterior walls, and a slight fluctuation in the posterior cul-de-sac. Neither her appearance

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nor the character of the pain seemed to be indicative of cancer. Regarding it as a suppurating uterine fibroid, I advised its removal. This was undertaken immediately, while yet the patient was under the chloroform. When the abdomen was opened I saw at once it was one of those peculiar growths that so distort and displace the pelvic organs that it is with the greatest difficulty one can keep their anatomical landmarks. It laid at the right side, nearly covered with a fold of the broad ligament, over this extended diagonally the elongated fallopian tube. The fundus uteri was high up towards the umbilicus, and quite free from the tumor. An atrophied left ovary was just distinguishable. The tumor was about the size of an adult's head, and extended deep into the pelvis. It was only after careful search that I discovered it to be intra-ligamentary in its nature. It required but a few moments to separate its adhesions from the broad ligament, and secure and cut its uterine pedicle. But it was a more difficult task when we reached the cul-de-sac, as it was here that the tumor had suppurated; in spite of all care the walls, were ruptured, and we had at least a quart of foul pus to remove from the pelvic cavity. Every vestige of the growth was removed. The abdominal cavity was thoroughly flushed, the walls stitched, the dressings applied, and the patient put to bed. She became very weak a number of times during the operation, but rallied nicely soon after. The tumor was examined and one-half was found to be fibroid in character and the other half was a cavity which contained pus and a number of perfectly loose clumps of fibrine, varying in size from a pea to a walnut. There were no indications or its being malignant. During her convalescence the bowels discharged great quantities of hard, fæcal matter that had undoubtedly been retained for some time previous, owing to pressure of the tumor on the rectum. Dr. Morris devoted herself day and night to the patient for two weeks after the operation, and was rewarded by seeing her make a "beautiful" recovery.

Case VIII is rather interesting. A young unmarried girl, who had a sub-mucous uterine myoma. That case was reported at the Western New York Society. The growth was first detached through the cervix, then by dilating the same it was removed by the aid of expulsive pains. Her recovery was satisfactory in every way.

Case IX was brought to me from Corfu, N. Y., by Dr. Hutchins. It was a pedunculated uterine fibroid, presenting at the external os uteri and attached just within the cervix. The pedicle was transfixed with a ligature of braided silk high up at its base and the tumor severed with a knife. Recovery.

Case X.—An enormous fibro-cyst of the left ovary. The solid part of the tumor weighed fourteen pounds, and the fluid, both in the cyst and in the abdominal cavity, together weighed forty pounds, making a total of fifty-four pounds. This was also removed at Dr. Morris' Hygienic Institute, with the assistance of Drs. Stumph, Bodenbender,

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Walker and Morris. The operation was similar to an ovariotomy, save that the fluid from the cyst could not all be evacuated before the removal of the sac, owing to the small size and multiplicity of the cells and its partially solid composition, hence the incision was much longer. It had a broad surface of adhesion on the anterior side which required much ligating to detach. The patient returned to her home at the end of four weeks. It is now six months since her recovery, and she is in excellent health.

This completes the number of operations for fibroids. As we have seen, there are ten in all—four hysterectomies, three pedunculated myomata, two enucleations by abdominal section, and one extraction through the cervix. Of this number two were fatal, both being hysterectomies, one patient partially moribund when operated upon, the other depleted by hemorrhages. It therefore makes a mortality of twenty per cent. Just what this means can be better understood by comparisons:

Cases.		Recoveries.	Deaths.	Mortality. Per cent.
Bantock	22	20	2	9.09
Tait	30	20	10	33.3
Wells	40	19	29	52.5
Thornton	25	16	9	36.0
Koeberlé	19	9	10	52.0
Bilroth	25	10	15	60.0
Schroder	100	68	32	32.0
Hegar & Kaltenback	12	11	1	8.3
Savage	9	6	3	33.3
Thomas	13	7	6	46.1
Kimball	11	6	5	45.4
Pané	51	33	18	35.2
Keith	25	23	22	3.0
Kaltenbach	10	9	1	10.0
Olshausen	29	20	9	31.03
A. Martin	60	27	23	38.3
K. Braun	16	10	6	37.5
Tauffer	16	12	4	25.0
Gusserow	20	12	8	40.0
Total	533	338	185	

Average mortality, 34.8 per cent.

This list is not confined to hysterectomies alone, but is about equally divided between those and myomotomies.

This table has been taken from Gusserow's excellent treatise on the subject of uterine fibroids in the ninth volume of the "Encyclopædia of Obstetrics and Gynæcology." One strong argument in favor of these operations is that there has been a steady decrease of mortal-

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ity in the last ten years. On this point Gusserow says in speaking of the palliative methods of dealing with these growths: "It must nevertheless be conceded that total extirpation of these fibroids is the ideal method of dealing with them." In reporting some successful operations of this character to the London Obstetrical Society, in 1880, Knowsley Thornton says: "I believe that the removal of uterine fibroids by laparotomies is not only justifiable, but is an operation with the position in the immediate future in no way second to that now held by ovariotomy." The remaining report consists of a number of ordinary cases of laparotomies.

Case XI.—Tait's operation for epilepsy. A young girl aged twenty-four years, had been an epileptic since puberty. At first the attacks were only at the time of her menstrual periods; later on they came every few weeks, or days. The uterine appendages were removed. She recovered rapidly from the operation, but in six months she began having signs of the epilepsy. The case has passed out of my knowledge, and I am not able to give a further report.

Case XII.—Is a similar one. Hystero-epilepsy. A lady aged thirty-three years had been troubled with the attacks for six years. The uterine appendages were removed, and as a result the character of the attacks was changed and less frequent.

Case XIII.—Exploratory incision. A cancer of the fundus of the uterus was discovered, and as the growth had extended to the surrounding tissues, no attempt was made to remove it.

Case XIV.—Abdominal dropsy and parovarian cyst. A young girl, unmarried, æt. twenty-three. The abdomen was greatly distended with fluid. In this connection I quote the words of Professor B. F. Betts, of Philadelphia, who says: "When it becomes necessary to evacuate fluids from the peritoneal cavity, I can see no reason why an exploratory incision made with proper antiseptic precautions should not supersede the blind introduction of a trocar, which reveals nothing in doubtful cases and never acts curatively." In this case she was not only cured of her dropsy, but the cyst was discovered and removed. It is a year and half now since the operation and no dropsical effusion has shown itself in the abdomen.

Case XV.—Mrs. P., of Ontario, had an unusually large ovarian cyst, weighing thirty-six pounds, which was removed by usual method. There were no adhesions of any consequence, but she had a persistent vomiting from the moment she recovered from the anæsthesia. She could retain no nourishment whatsoever. Rectal enemata were relied upon for sustaining the strength, but were only partially successful. In her last confinement she said, she had the

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same trouble with her stomach, vomiting for five weeks continuously following her delivery. Nothing seemed to have any control whatsoever over the vomiting; there was no tenderness and no signs of peritonitis. The wound healed by the first intention, nevertheless she gradually failed in strength and died on the seventh day after the operation.

CASE XVI.—This was an incision for the fixation of a floating kidney. It was the usual method adopted in these operations. The opening was made in the lumbar region, parallel to the quadratus lumborum muscle. The hand was then inserted into the cavity, the kidney seized and brought to its proper position where it was stitched to the edges of the wound. The patient recovered nicely, and now, after a period of two years has had no indication of the kidney being out of its proper place.

CASE XVII was the opening of the peritoneal cavity for the radical cure of femoral hernia. The method adopted was that of cutting off the sack and stitching it to the edges of the ring; it healed nicely, and Dr. Albertson, her physician, reports her as being entirely free from all annoyance.

CASE XVIII.—Was a colloid cancer of the small intestines. These were so bunched together that a section eighteen inches long had to be removed to eradicate all the diseased tissue. The growth had attached itself to the under surface of the liver and the abdominal walls. The sound ends of the bowels were brought together and stitched with the Lembert suture. The patient died eighteen hours after the operation.

CASE XIX.—Miss R., from East Randolph, was operated upon at Dr. Morris' Hospital for diseased and adherent ovaries. The patient had become a bed-ridden invalid from the constant pain and the nervous influence upon her system. The ovaries were found, upon opening the abdomen, to be closely bound down in the pelvis, the right one seemed to be even more than attached, for the pelvic tissue had grown around it, undoubtedly the results of pelvic inflammation. One hour of steady work was consumed in liberating them both, the stumps were then transfixed with braided silk, severed and dropped back into the cavity. The patient made a very excellent recovery. The results have been unusually gratifying from an invalid unable to be upon her feet but a very few hours; she is now able to take long walks each day.

In this connection I want to speak of the efficacy of olive oil in relieving nausea, and that accumulation of gas in the bowels which so frequently follows an abdominal section. My attention was first

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called to it by Dr. Morris, in whose hands it gave most excellent results in the case just cited. Large doses of from one to three ounces were administered frequently during the day, and caused entire disappearance of the gaseous distention.

CASE XX. was another interstitial myoma, causing frequent and profuse hemorrhages. She was a young married woman, and had, as has been my observation in so many of these cases, a rheumatic diathesis. Indeed, I think we shall soon be able to trace a connection and possibly a cause of uterine myoma with rheumatism. In this case the tumor was not of sufficient size to make its removal necessary provided the hemorrhage could be controlled. Consequently, I removed the appendages only. She had quite a severe flow for six days following the operation, but otherwise made a good recovery, and has had no flow at all since; has gained in flesh and strength. If the removal of the appendages does nothing more than arrest the hemorrhage, she will be a well woman so far as the tumor is concerned.

In this last series of ten cases, there are also two deaths, one an ovariotomy and one an enterectomy for colloid cancer.

METASTATIC CARCINOMA OF THE SPINAL CORD—A CASE.

By H. F. STEVENS, M.D.,

Portland, Ore.

MRS. B., æt. sixty-eight; scirrhus of left breast of about two years' growth.

The tumor in the lower portion of the gland was ulcerated and discharging thin, offensive pus. It was adherent to the subglandular tissues, and very painful. The glands of the corresponding axilla were much enlarged and indurated.

The old lady, naturally very strong and vigorous, was rapidly losing flesh and strength. Dull, heavy pain, more or less constant, in the left loin and side was complained of.

Because of the severe pain and exhausting discharge, removal of the breast and glands were advised, the constitution and general health of the patient warranting it, in my opinion. Consent was given to the operation, it being understood that it was, in all probability,

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simply palliative. No unusual difficulty was experienced except in removing several metastatic foci which were adherent to the axillary vein. These were separated with the finger-nail.

The axillary fat was also all removed. There was very little hæmorrhage. The tumor in the breast was adherent to the underlying tissues to such an extent that removal of a small section of one of the ribs was necessitated.

The breast wound was left to granulate under iodoform dressings, and the axilla closed and sutured as far as was possible. A rubber tube was inserted through the skin of the back for drainage.

Recovery from the effects of the operation was satisfactory, the old lady going out to church and to drive three weeks after it.

Some weeks later the pain in the lower part of the back which has been referred to above, returned and increased in severity. Shortly, slight symptoms of paralysis of the bladder and rectum supervened; the lower limbs also partially lost sensation and power of motion. This trouble increased until the paralysis was complete.

The urine, at first almost suppressed, slowly increased in quantity but its retention demanded constant catheterization. The patient was now bedridden, and the pain called for the constant use of opiates. The paralysis was entirely confined to the lower limbs and the lower part of the body. This condition lasted until death from exhaustion ended the scene about four months after the operation. At no time was an abdominal or any tumor discovered in this locality. No post-mortem was made.

Was there metastasis of the carcinomatous disease to the lumbar and sacral portion of the cord? If not, what is the explanation of the condition and symptoms detailed?

[From the description given above, it seems probable that the diagnosis of metastasis to the spinal cord is correct. Such a metastasis is very rare, for out of the records of 423 post-mortem inspections of patients dying from cancer of the breast, compiled by Gross, only one was found where the secondary deposits occupied the spinal cord, making only 0.2 of one per cent. of all the cases. See Mann's American System of Gynæcology, vol. ii., p. 297.—EDITOR.]

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"THE RENAISSANCE IN THERAPEUTICS."

THE *New York Medical Journal*, issued November 29, 1890, contained a leading editorial, graced with the title quoted above. If our allopathic friends have been blessed with a revival of therapeutics they have reason to fervently rejoice, for the pool of Siloam has not been stirred for them in a long time. But a cautious reading of the article in question leaves the reader in great doubt as to the value of this alleged change. Why there should be any alteration in their system of therapeutics, and upon what principles these changes are based, and indeed as to what, specifically, these changes may be, the editor is kindly but firmly silent. After aiming at the concluding sentence of this remarkably foggy essay, a glance at the title is involuntarily taken to make sure as to what the subject matter is about. The educated physician, conversant with the literature of both great medical schools, might suspect that this jubilation was due to the certain, continued, surreptitious introduction of homœopathic medicines and

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methods into old-school therapeutics. And there would be some reason for this inference. When the editor says,—"The art of prescribing is supposed to come by nature. In reality, ignorance of its rules and methods is keenly felt by many. A work of art should have consistency and integrity. And these are the special qualifications of a prescription which ought to be a finished product of skill and experience,"—He undoubtedly refers, although in a discreetly guarded manner, to homœopathic science and art. For the homœopathic prescription is eminently a "finished product of skill and experience," it has "consistency and integrity," and many feel keenly their inability to make one, especially many "regular" brethren. More decidedly, perhaps, is the influence of homœopathy shown in the small doses of medicine advised to be given in certain diseases, and in the administration of which "the renaissance of therapeutics exhibits special skill." One sixteenth of a grain of antimony is advised in inflammation of the breast; one twenty-fourth of a grain of morphine and three drops of castor-oil for choleraic diarrhœas. Yet it is evident that the optimistic and joyous spirit of the editorial does not depend upon any glimmering consciousness of the truth of homœopathic principles. The great renaissance is based upon the "new pharmacology." Says the cheerful writer: "Sir Thomas Watson chided the profession for vagueness and want of earnestness in the use of drugs. Nowadays we employ our therapeutic possessions as if we trusted them, and lean upon the rock of physiological experiment and observation." This ebullition of confidence ought to have a strong tonic effect upon those who are wanting in earnestness in the use of drugs. Leaning upon the "rock," they can now with calmness give such doses of gamboge, jalap and calomel as will surely search out the hitherto concealed recesses of human anatomy. Just where the editor obtained his information that physiological experiment is a rock upon which to base therapeutics is unknown. He certainly did not obtain it from his own journal. For only two pages removed from this running editorial is an article by Dr. Stowell which conclusively shows that the physiological method is uncertain and extremely limited. While one rejoices and leans on the "rock," the other mourns and disappears in a quicksand. Dr.

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Stowell begins an article by asking some very pertinent questions which we would earnestly commend to the most profound consideration of the editor when he writes again upon the renaissance. Dr. Stowell inquires: "Can we accept as a safe guide the therapeutical conclusions based upon observations made upon the lower animals? If the action of a drug is one thing on the lower animals and a vastly different thing in man, of what value are the extensive experiments detailed to us in our current literature, and in our works of reference? And in the case of new drugs, of what value are the conclusions derived from a study of their action on the pig, the dog, or the rabbit? Again, if drugs affect some of the lower animals differently from others, who is to decide which animal is the proper one to give us the true (?) physiological action?" He then shows by testimony from standard writers that drugs, like arsenic, nux vomica, conium, opium, and others, have not only a very different effect upon animals from that which they produce upon man, but that the drugs affect some animals very differently from others. He demonstrates clearly that experimentation with these drugs upon animals furnishes a very flimsy and uncertain basis for the science of therapeutics. In conclusion, he says: "Now, if what has been said be accepted, two things must logically follow: First, the physiological action of any drug on the lower animals must not be accepted as its physiological action on man, until fully corroborated by direct experiment on him. * * * Deductions emanating from experimental laboratories should not be accepted until repeated observations on the human body in health and disease have fully corroborated the same. The physiological method is certainly vastly superior to the empirical, but it will ultimately lead us into confusion and chaos unless it goes hand in hand with every-day experience and observation." Where now is the boasted rock upon which to trustfully lean? It has turned into a broken reed. Of what earthly use to an allopathic physician is such a work as Lauder Brunton's "New Pharmacology," crammed full of accounts of numerous experiments upon animals? He dare not rely upon the drug effects so produced, and is quite as helpless as before. Even when the effect of any drug upon a human being is known, of

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what service is the symptomatology to an allopath except as to dosage. The renaissance in therapeutics occurred about one hundred years ago, when homœopathy was born. The allopathic revival will not take place until it openly adopts and admits the homœopathic principle.

ADVANCE IN MEDICAL TEACHING.

IT has already been noted in this journal that at the last meeting of the American Institute of Homœopathy, the Intercollegiate Committee, acting for all the homœopathic medical colleges, proposed that four years be made the required term of medical study, and that the studies of the first year be definitely arranged so as to lead easily to more advanced medical instruction. This action of the colleges, cordially endorsed by the Institute, places the homœopathic schools still further in the van. At the close of the first or preparatory year, which may be passed at a medical school, the student after passing an examination in the ordinary English branches is also examined upon these special subjects, viz.: Latin, physics, biology, physiology, chemistry and botany. There is no question but that the plan proposed is an admirable one. But it is one thing to plan and another thing to execute. If these requirements are honestly carried out; if the examinations are sufficiently severe to determine the candidate's fitness for entrance, and all those unprepared are rigidly rejected, then both the colleges and the profession will be great gainers. But if their entrance examinations are farcical as they have often been in more than one homœopathic college in the past; if the evident intention is to get as many students as possible, regardless of their fitness; if the spirit of their requirements is evaded, then homœopathic medical schools will become the laughing stock of the medical world. Nor can this plan be successfully executed without the co-operation of homœopathic physicians. They must not only encourage bright and capable young men to study medicine, but they must discourage the ignorant and unfit, and most important of all, they must send their candidates to homœopathic colleges, and to the best of these. The fatuity of some homœopathic doctors regarding allopathic colleges is

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simply amazing. They constantly send students to old-school colleges under presumably the mistaken notion that better training is to be obtained there. There never was a greater error. Our colleges are now capable of giving as thorough instruction in medicine as may be obtained in the United States. Under this new plan, if they are sustained, they will do still better. It will then be impossible for the Freshmen class to be composed in part of men who are innocent of even rudimentary knowledge of the foundation sciences, and in part of men who have enjoyed the advantages of a full collegiate course. In chemistry there would be a vast gain. The present unsatisfactory course of one year would be graded and extended over two. The second year's work would be devoted to the practical applications of chemistry to medicine, and the laboratory courses could be much enlarged and extended. But whether this scheme succeeds or fails depends almost entirely upon the good faith of the colleges. It cannot survive without that.

COMMENTS.

On Book Reviews.—The absolute value of an opinion of a book varies directly as the ability and honesty of the reviewer; but the relative worth of such judgment depends very much upon the point of view of the judge. W. D. Howells, the great apostle of realism in fiction, may, in the Editor's Study, speak *ex cathedra* of books and their authors: his opinions are honest and able, based, as he thinks, upon foundation principles of truth; but his conceptions are not those of all literateurs, and Scott and Dickens are still warmly cherished. Yet no one questions his honesty, and the sense of value of his opinions rests upon the conviction of his fearless integrity. But the day of the exhaustive and keenly critical book review has nearly passed. It is only now and then that one is reminded, as he reads, of the old English Reviews and the famous and brilliant critics that contributed to their columns. Limitations of time and space have caused the old-fashioned and dignified book review to dwindle away into a mere book notice. And this is especially true of the medical journals. So many books are published and forwarded to the editorial sanctum for criticism that it becomes an impossibility to review each work thoroughly; the amount of space required to do so would forbid it. And it is true also that readers of medical periodicals do not care, except in rare instances, to give time to a laboriously profound review. So it has come about that under the heading "New Books," we find

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in medical journals only book notices. But the responsibility that rests upon the writer of book notices is precisely that which burdens the reviewer. He is responsible to his readers for an honest, unbiased notice. The subscribers need this information concerning new books, expect to find it reliable, and they have a perfect right to obtain it as they expect. There are few things smaller or meaner than the deliberate concoction of a misleading book notice. The journal that publishes such notices, using them as bait wherewith to angle for more books from the publisher, betrays its readers and becomes contemptible. It may be said reluctantly, but truthfully, that some journals need a very violent reform in this matter. It is permissible to please the publsher, but not at the expense of the reader. If a book is worthless, it should be so stated; there should be no glaring nor grave defects, nor on the other is it intended to convey the idea that there should be savage and merciless criticism. But the truth should be told, and told every time, so that books of worth are definitely distinguished from books of no value.

A MIND READER EXPOSED.—Prof. Charles Gatchel of the Homœopathic Department of Michigan University, has been pursuing and exposing "mind readers" with great vigor, during the past few months. He has performed and explained most of their tricks, and last of all performed the feat of driving, while blindfolded, a team over a route selected by a committee, and, arriving at the destination, in writing a word also selected by the committee. This was Washington Irving Bishop's great trick also. The report of Dr. Gatchel's success reads in part: "A team was driven over a route thirteen blocks long. The committee then blindfolded Prof. Gatchel, drawing a thick towel over his head and tying it close around the neck. Everything being ready, the Professor and the committee jumped into the carriage. Gatchel took the lines and drove the horses on a run, first turning one way and then another, following the route taken by the committee. One of the committee asked if he could not drive a little slower, but he said: 'We mind readers all drive this way,' and lashed the horses into a faster run. On reaching the office selected, he went to the dictionary, turned, after a little hesitation, to the right place, and, calling for pencil and paper, wrote the word 'mucilage.' This was the word selected by the committee."

THE LYMPH AS AN ADVERTISER.—The Scotchman who used to pray daily, that he might have a better opinion of his own merits, evidently has descendants of this day and generation, who have profited mightily by the petitions of their hard-headed ancestor. Their appreciation of their own virtues is sufficiently large to iterate the necessity of praying for aid to strengthen their judgment of home values; but they are earnestly and even solicitously desirous that their peculiar wisdom and skill shall be shown before all men. In emulous imitation of the devout Scot, they strictly and tumultuously follow the scriptural injunction, "Blow ye the trumpet, blow." This instrument is generally

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conceded to be best when made of brass, and each man blows his own trumpet. The medical profession is not without those possessed of brazen horns. In fact, as has been said by an experienced observer, it would seem that there is no trade or profession without a tinge of charlatanism. The gentle reader of the daily papers for the past two months must have been thrilled at first by the intense interest shown by the medical profession in the now famous lymph of Prof. Koch. But as time passed and the columns devoted to the subject grew in length, when interviews with extremely modest and reluctant doctors multiplied, and experiment after experiment was recorded, together with the story of the scientific devotion of the experimenting physician, the gentle reader must have observed the suspicious tinge. He could hear the sounding brass. Among those who sought knowledge for knowledge's sake, there was distinctly discernible an element that sought for notoriety and self-advancement, and spared no effort to attain its aim. It is not creditable to the profession that there was and is so much of this self-advertising spirit displayed. Every man should possess the dignity that springs from self-respect. He should have a reasonable confidence in his own ability, and use reasonable and proper methods of making his merits known. But when Milton said that "The pious and just honoring of ourselves may be thought the radical moisture and fountain head from whence every laudable and worthy enterprise issues forth," he had in mind that decent pride that spurs to honorable emulation. He could not have imagined that members of a learned profession would so far lose sight of a "just honoring of themselves" as to employ the methods of the showman, in their frantic race for fame and fortune.

THE DOCTORS' PROTEST.—The notion of the Columbia County Board of Supervisors', that doctors ought to do the county medical work for little or no remuneration, is not original with the Solons that compose that venerable legislative body. The profession itself is directly responsible for it. For now these many years doctors have served in all capacities, in all sorts of public institutions, without pay, have treated great numbers of people who are well to do, without pay, have fairly tumbled over each other in a crazy anxiety to secure appointments to positions without pay, until the general public, with some degree of justice, concludes that the doctor's work is not of much value, and ought to come cheap. The stand the Hudson doctors have taken is a timely one, and it is to be hoped that they will hold their ground. The fees they demand are reasonable and ought to be granted. There is nothing in the action taken that resembles a "strike," as a New York daily paper seems to imagine. There is no reason why these doctors should perform their duties for insufficient pay, if they decide not to do so. The sentiment of the profession and of the public is on their side, and they have only to hold the position they have taken. There is, and always will be, enough charitable work to do without performing public services for nothing.

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BOOK REVIEWS.

THE ESSENTIALS OF MEDICAL CHEMISTRY AND ANALYSIS, by Sam. E. Woody, A.M., M.D. Philadelphia: P. Blakiston, Son & Co., 1890.

This is one of the seemingly endless series of compends or "cram" books for students. It has no points that merit especial notice. P.

ELECTRICITY IN THE DISEASES OF WOMEN, by G. Belton Massey, M.D. Second edition, revised and enlarged. F. A. Davis, 1890.

This little work of 230 pages will be of value to those physicians who desire to add to their practical knowledge of electricity. In this edition the text has been thoroughly revised, and some chapters have been entirely rewritten. It is No. 5 in the "Physicians' and Students' Ready Reference Series." P.

SPECIFIC DIAGNOSIS: A Study of Disease, with Special Reference to the Administration of Remedies, by John M. Scudder, M.D. Eighth edition. John M. Scudder, 1888.

The number of editions this work has run through gives evidence of a demand for it. It may, and probably does, prove useful to many, but it is not a work that the active and professional physician would be apt to derive any benefit from. Its arrangement is bad, and it sadly needs a thorough revision to bring it up to date. P.

LECTURES ON MASSAGE AND ELECTRICITY IN THE TREATMENT OF DISEASE, by Thomas Stretch Dowse, M.D., Fellow of the College of Physicians, of Edinburgh, etc. New York: E. B. Treat and Company. Pp. 363.

Dr. Dowse has written an excellent treatise, and it is probable that his book is the best one extant for those who desire to gain for themselves a more familiar acquaintance with this method of treatment. The author claims to have to set forth the results of his experience and labors in a plain, simple and ungarnished statement of facts, and he seems in great measure to have succeeded in doing so. He combines electricity with massage in his treatment very largely, and claims better results. The subject is handled in a scientific manner, and the text is readily understood. The lectures up to the fourteenth deal with massage; the two concluding chapters treat of electricity. P.

THE ECLECTIC PRACTICE OF MEDICINE, by John M. Scudder, M.D. Twelfth edition, second revision. Cincinnati: John M. Scudder, 1888.

The eclectic method of practicing medicine as illustrated by this work of Dr. Scudder will prove more of a curiosity than a benefit to those homœopathic physicians who may purchase it. One looks in vain for an intelligent guiding principle in the selection of remedies.

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Indications for remedies are glibly talked about, but are few, frail and vague when hunted up. In a very few instances some definite idea is given why a drug is prescribed, but in general the treatment is empiricism pure and simple. In bronchitis, for example, one may employ the Co. Tr. of Serpentaria, or use infusion of Asclep., Eup., Polygenum or other effectual diaphoretic, followed by a nauseant expectorant." The book may be excellent from an eclectic standpoint, and that there are many good things in it is not disputed. But the physician who bases his practice upon the principle of *similia* will not discover as much that is helpful in the work as he might at first imagine. The book is well bound and well printed. P.

A MANUAL OF MODERN SURGERY: An Exposition of the Accepted Doctrines and Approved Operative Procedures of the Present Time. For the use of students and practitioners. By John B. Roberts, A.M., M.D, Professor of Surgery in the Woman's Medical College of Penn., etc., etc. 501 illustrations, pp. 800. Phila.: Lea Brothers & Co., 1890.

This handsome volume will commend itself to any who examine it. It does not deal with theories, historical questions, or operations of as yet doubtful value. The author has endeavored to present to the profession a compact treatise, giving the best surgical methods and the most approved surgical principles of the present time. Therefore the work is eminently a practical one. It gets at the marrow of the matter at once and saves time and trouble for the searcher for information. The book is not a mere compilation from surgical works; journals, current literature, and monographs have been freely and extensively criticised. The range of subjects treated of is very great, and sometimes a little more fulness seems desirable, but a little must be sacrificed to obtain the necessary condensation. The typographical work is excellent, and the book will adorn any physician's library.

P.

A TEXT-BOOK OF OBSTETRICS, including the Pathology and Therapeutics of the Puerperal State, designed for practitioners and students of medicine. By Dr. F. Winckel, Professor of Gynæcology and Director of the Royal Hospital for Women, etc., Munich. Translated from the first German edition by J. Clifton Edgar, A.M., M.D. 190 illustrations; pp. 927. Phila.: P. Blakiston, Son & Co., 1890.

A personal experience in more than twenty thousand obstetrical cases gives the author of this work such a sense of secured position as regards positive knowledge that he asserts his right to speak *ex cathedra*, and it must be confessed he is in great measure justified in doing so. The painstaking, long-continued labor given to the production of the work is supplemented by the vast experience. Ripeness of opinion and decisiveness of statement may be justly expected. The fact that the work is illustrated entirely by original drawings shows not only Winckel's great range of experience, but his power

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of studying, arranging and recording facts. When the subjects of abortion and extra-uterine pregnancy are reached, the teaching of the author as to the treatment materially differs from that generally found in obstetrical works. But every chapter in the book is valuable: especially so are the discourses treating of puerperal infection, and in the care and management of the pregnant and parturient woman. It is a practical work, while at the same time it is concise. While there are other excellent works on obstetrics, this should be on the shelves of every practitioner who desires to keep up with the times. P.

THE PHARMACOLOGY OF THE NEWER MATERIA MEDICA. Issued in monthly parts. GEORGE S. DAVIS, Detroit, 1889. Parts I.–V.

The great mass of information that has accumulated concerning the newer remedies in the last ten years is now, according to the plan of this writer, to be arranged and classified. Nearly one hundred and fifty drugs are enumerated as those to be included in the work. Many of them have long been familiar to the homœopathic school. The plan of the work includes, (*a*) the botany, (*b*) the chemistry, (*c*) the pharmacy, (*d*) the therapeutics of the drug under consideration. The plan is a good one, and so far as may be determined by the parts so far received, is ably and faithfully carried out. The book will contain much information that is at present inaccessible to the ordinary practitioner. It is a work worth having. P.

CORRESPONDENCE.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.

LABORATORY OF EXPERIMENTAL PHARMACOLOGY.—PRELIMINARY ANNOUNCEMENT.

The Director of the Laboratory having secured funds sufficient to enable him to begin work in the department of experimental pharmacodynamics, calls for volunteers to undertake the proving of drugs. Violent effects will not be produced, nor will it be necessary to develop serious changes of tissue in any organ of the body. It has been the experience of life-long provers (Hahnemann, Hering and others) that the general health is improved rather than impaired by these experiments. Other departments of this Laboratory will (in the near future, we hope) investigate the changes in functions and tissue which should not be sought for in human beings; the chemical constitution of new drugs and their proper pharmaceutical preparations will also be investigated. At present we can only make a beginning of long-delayed and much-needed inquiries into the power of old and new drugs, to affect the bodily health and cure disease.

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In order to secure systematic reports, to be presented by the prover, personally, for criticism, a pecuniary reward is offered, which will amount to about five dollars a week for each prover. Both men and women are needed; young physicians will be preferred. Specialists of both sexes have signified their willingness to examine and report upon the condition of the provers both before beginning work and from time to time during its progress. The provers may adopt pseudonyms; they must live regularly and simply. The habitual use of alcoholic stimulants, tobacco, tea or coffee incapacitates one from undertaking this most important work. It is confidently believed that the work now inaugurated will be continued without interruption for many years, supported by the Elizabeth Fogg Memorial Fund and the generosity of friends of Homœopathy.

TIMOTHY FIELD ALLEN, *Director.*

No. 10 East 36th St., N. Y. City.
January, 1891.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

Arsenicum Album. in African Fever.—From Dr. A. P. Holly, Port au Prince, Hayti, W. I. During my middle year, 1886, at the N. Y. Homœopathic Medical College, the wife of the Postmaster-General of Liberia happened to be an inmate of the same boarding house with me, in Brooklyn. One evening she was taken with a high fever, the prettiest picture I had yet seen of the symptoms of *Acon. nap.*

She feared death while so far from home. A few doses immediately controlled the arterial excitement. She was so pleased with this her first experience of homœopathy, that she asked me if I could not give her something for the "African fever." By careful questioning I elicited the symptoms of *Ars. Alb.*, symptoms which she said obtained most frequently. I had just obtained a set of 30th potencies and saturated several vials filled of No. 30 pellets with *Arsenicum Album.*, 30.

I saw her again, in company with her husband, *two* years after, in Brooklyn. I had forgotten everything of my prescription, and she was

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the first to tell me how rapidly it cured her of an ttack she had on returning to Liberia. She had also used it in *several other cases* with uniform success. She went away with a second supply. Her husband corroborated her statements.

I presume that the quantity of quinine shipped to Africa might be reckoned by ship-loads, and still the fever reaps its harvest of victims or enervates those whose constitutions have withstood the siege of "malarial fever" reinforced by "quinine fever."

I hope this may fall under the notice of exsanguinated missionaries, fellow laborers of mine, and lead them to try Homœopathy and its carefully selected remedies.

Opium in Alcoholic Intoxication.—From Dr. A. P. Holly. Our cook became addicted to liquor and was found one morning in the following condition: Eyes staring vacantly at the ceiling; teeth clenched and tongue forced out where teeth were deficient; insensibility to external impressions; breathing stertorous; jerkings of upper and lower limbs, causing her to roll off the mattress that was placed on the ground; abdomen unusually distended and tympanitic; inability to swallow when jaws were forced open; voluntary micturition.

An enema of hot water was administered to empty rectum, half pint of warm milk containing one drop opium, was administered three times a day. She began improving after the first dose and was up by the seventh. The curious part was that she seemed to have forgotten how to speak, when she got up. She could only say, "papa," "mamma," and "pain" (French for bread). Her memory for persons also failed her.

She was entirely restored at the end of a week.

Homœopathy in "La Grippe."—From Dr. A. P. Holly.—"La grippe put in its appearance here as one born out of due time," last October. It swept over the whole island. The mortality at the Capital was great, averaging ten deaths per diem in a population of 4,500 souls. This mortality was due to the very dirty condition of the harbor and streets, for here in St. Marc, where the reverse obtains, we had not a single fatal case in a population of 5,000. Cases treated homœopathically (I am the only homœopath in the Island) invariably got better in three or four days. Besides the severe catarrhal symptoms so well known it was attended with severe lumbar pains, almost reminding one of the initial fever of smallpox.

As for remedies, *Rhus. tox.* stood foremost; then came *Merc. Sol.*, *Bell.*, *Ipec.*, etc.

My experience of the climatic influences on some medicines coincides with that of Dr. Bushrod W. James of Phila., (*Vide* Nov. NORTH AMERICAN JOURNAL OF HOMŒOPATHY). Aconite does not relieve with the wonted celerity obtained while practising in Brooklyn. *Rhus. tox.* takes its place. So far, I have not gone beyond the 6x in all of my

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medicines. Sometimes I use the tincture form. Whether the causes of their slower action are due to racial or climatic influences; or again to the enervating climate or still more enervating and drastic physics of Old School empiricism, I know not; or whether again to the universal usage of strong black coffee. I always cure my patients *sooner* than my *confreres* of the Old School cure theirs.

The 30th potencies used to act wonderfully quick among the colored people in Brooklyn. I would like to be informed through your pages what potencies have acted best in the experience of my fellow-homœopaths here in the West Indies.

Trillium Pendulum in Hæmorrhage.—From Dr. W. W. Heberton, Dayton, O. Mrs. S. Abortion at third month. Ergot and the various local means had been employed by her physician without result. *Trillium* checked within three hours. In six hours resumed her duties as housewife with no return of hæmorrhage.

Frank H. Stab wound penetrating forearm, venous lacerations, history of slight wounds bleeding profusely. *Trillium* with almost instantaneous results.

Rumex in Cough.—From Dr. W. W. Heberton. Aggravating cough with rattling of mucous in larynx, raw feeling back of sternum, sticking pains in larynx, aggravated by lying down; expectoration very slight, yellowish and frothy. *Rumex* ʒ relieved in a short time.

Chilidonium in Pneumonia.—From Dr. C. H. Thomas, Cambridge, Mass. Lady, aged 60, pneumonia, right side, sequel of *La grippe.* Symptoms—intense pain under and over right scapula, extending through to nipple; tenderness over the liver, constipation; urine very high colored and loaded with urates; temperature 103° F., cough, with expectoration of tenacious mucus. *Chilidonium* 3x, gtt x in half-glass of water, a teaspoonful every hour, relieved after the second administration. Later *Phosphorus* was exhibited and good recovery followed.

Anacardium Orient, in Acute Dyspepsia.—From Dr. Persifor F. Cooke, Denver, Col. John R. subject to attacks of stomach trouble, came complaining of pain in his stomach as of a heavy weight, with a weak, faint feeling, bad taste in mouth, dull headache, sleeps poorly, constipated. Ordered small quantities of peptonized milk and *Nux. V.*, two hours. Second day he sent for me. Was in bed and worse. Wife said there was no living with him *he was so cross.* He declared the only *relief* he had of a constant pain, as of a *heavy weight pressing in at one spot* over stomach was for a *half hour after drinking* the milk. *Anacardium,* θ5 gtt in half-glass water, teaspoonful every two hours. In two days about well, on third, intense itching of body generally, burning after scratching, followed by swelling and redness of hands, face, and to some extent of skin all over, scanty urine, the only relief was from

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warm baths, though *Rhus.* 7. seemed to hasten matters. In ten days skin symptoms had nearly disappeared.

Ipec. in Hæmoptysis.—From Clarence R. Vogel, Pulte Medical College,Cincinnati,Ohio. Chas. S., printer, æt. 33; was called in haste, as he "was bleeding to death." On inquiry found that he had had six or seven slight hæmorrhages, the last one being the most severe, having then vomited nearly a quart of blood and mucus. Sometimes the blood was bright red in color, at others, darker; was vomiting voluntarily, and without the least effort; dry, tickling cough; flashes of heat before the hæmorrhage; respiration labored on lying down, and must sit up to get his breath; pulse rapid but very weak; was very anxious about his condition, and complained that his lungs felt sore and bruised. *Hamamelis* occurred to me, and would have given it had not a chance remark by his wife led to a different prescription. *Ipecac* 3x was prescribed every fifteen minutes for one hour. Then *Placebo.* Improvement almost immediately, except the sore, bruised feeling of the lungs, which *Hamamelis* relieved. After five months there has been no recurrence.

REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting was held in the usual place, December 11, 1890, and after the election of the following officers, was devoted to memorial services in honor of the late Dr. Geo. E. Belcher.

President, J. T. O'Connor; Vice-President, A. B. Norton; Secretary, Charles Deady; Treasurer, C. S. Macy; Librarian, C. H. Helfrich; Censors, H. M. Dearborn, S. H. Vehslage, S. F. Wilcox, O. G. Hunt, Alex. Berghaus.

Dr. J. McE. Wetmore.—Dr. Geo. E. Belcher was born at Horseneck, now Portchester, in the year 1818. He was the third son of his father, who was himself a physician of acknowledged skill and reputation. His grandfather, great-grandfather, and great-great-grandfather were also physicians, Dr. George making the fifth in the long line.

Intended by his father to receive a liberal education, he entered the University of the City of New York in 1834, but was compelled to leave in 1836 and enter immediately upon the study of medicine, in consequence of the continued and threatening illness of his father. Forced by circumstances to assist his father, he really entered upon the practice of his profession at the early age of eighteen, his professional life extending over about fifty-four years.

He graduated at the College of Physicians and Surgeons in New York, in 1839. From this time his course was steady and rapid. At first known as "Dr. George" and the "young doctor," in the course of twelve or fifteen years he became *the* Dr. Belcher; and his father, who was a man of large practice, and himself widely respected, became "old" Dr. Belcher. For the next twenty years he labored unremittingly, his practice being one of the largest in the city. Besides his acknowledged skill as a physician, he was widely known as an expert obstet-

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rician, in which he succeeded his father, whose own practice was largely obstetrical. During the next decade Dr. Belcher's practice, still very large, but more select and less exacting, kept him busily at work until his health began to fail, in 1883 or 1884. Even then he worked as enthusiastically as ever, when his attacks of asthma allowed him to do so, even to the afternoon when his fatal illness began, Friday, October 24th. He died about 10 o'clock P.M., rather suddenly, on the Saturday of the following week, November 1st.

Always independent, honest and fearless in thought and action, Dr. Belcher sympathized thoroughly with the discontent then growing with the increasing influence of the physiological school, at the manifest absurdities and cruelties of the then ordinary practice of what was called medicine, and was in consequence, early in his professional life attracted to the claims of homœopathy, which had acquired enough importance to excite attention and violent opposition. Convinced of its truth, he did not hesitate, a few years after his beginning practice to declare himself openly as a believer in Hahnemann's doctrine. To do this at that time, when homœopathy was despised and persecuted, when all his professional friends and associates were of the old school—the despisers and persecutors—when he was most anxious for professional standing and honors, required an amount of decision of character and devotion to truth that few of the present generation can fully appreciate. It is needless to say that Dr. Belcher never regretted the step he then took at so great a sacrifice, and that he remained a homœopathist to the end of his life.

Dr. Belcher, while not one of the "pioneers" in homœopathy, being preceded by Drs. Gray, Wilson and Freeman, Drs. Kirby, Hull and others, was yet, in a sense, a pioneer, in that for some time he stood alone investigating and testing the system for himself, and coming to his own unaided conclusions. He could get very little, if any, aid from the homœopathists already in the city, who were entirely ununited, each working for himself. This led him as soon as possible to exert himself in favor of any attempt to get the practitioners of this school together for mutual protection and discussion. He joined the first society, called the "Homœopathic Practitioners' Society," was one of the founders of the Hahnemann Academy of Medicine, into which the former society was merged, and was its president in 1857, delivering an inaugural address January 7th of that year. He was one of the founders of this society, "The Homœopathic Medical Society of the County of New York," on August 13, 1857, and its president in 1867. He was also one of the founders and president of the Medico-Chirurgical Society. Interested deeply in giving the advantages of thorough instruction and training to the young men of the homœopathic school, he gave all the time to that object that he could spare from his large and exacting private practice. He served many years as censor to the college, and was never absent from his post. He was one of the original staff of the W. I. Hom. Hospital, and did his duty as attending physician for some years. He was also attending physician at the Hahnemann Hospital. He was consulting physician of both of these institutions and of the Ophthalmic Hospital.

Although too busy a practitioner to allow him to be a very voluminous writer, yet, besides his inaugural addresses as president of the various societies, he found time to contribute quite a number of articles to the journals and the societies, chiefly during the period from 1850–1860, showing much original thought and valuable experience.

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We who knew Dr. Belcher well will always remember him as the genial companion, whose hospitality was never exhausted, as the kind-hearted man whose hand was ever open to any that were in distress, as the faithful friend that never changed or faltered in his friendship. Upright, honorable, too magnanimous to love to speak evil even of his enemies, he was always respected, even by his professional opponents. No one, so far as I know, ever seriously attacked his personal character or attributed to him unworthy motives.

As a physician, Dr. Belcher was far above the mass of his contemporaries in originality of thought and boldness of action. Out of the sick-room, rather diffident of opinion and hesitant of speech, by the bedside of his patients, he was a man of keen observation, of remarkably quick apprehension of the condition of the patient, and the essential characteristics of his case, with a wonderful power of rapid decision in regard to prognosis and treatment. Casting aside the superstitions of medicine, he never hesitated to follow the dictates of his own common sense. Always carefully kind and considerate of the sick, he never neglected a patient because he was poor, never considered his own comfort or any sacrifice of himself, if he could thereby be of use to those who called on him for help. To his professional brethren he was always courteous. In consultation with him one always felt that he came with the desire to help as far as he could the attending physician and the patient, with no purpose of aggrandizing himself at the expense of either. In the societies and elsewhere, he was always ready to impart all his knowledge without reserve. He could never be accused of injuring in any way the reputation of a fellow practitioner, or of taking an unfair advantage of any. In honor of this man your committee offer for your acceptance the following memorial :

The Homœopathic Medical Society of the County of New York records the sense of the great loss it sustains in the death of George Elisha Belcher, M.D.

Dr. Belcher was one of the founders of this society. In the early days of homœopathy he espoused its cause deliberately, frankly and ardently. Embarrassed by the enforced isolation of his position, and realizing the need of medical companionship, he labored zealously and successfully to promote the formation of this association. Ten years after its organization, in 1857, he was elected to its presidency. In that capacity he helped to strengthen and develop its interests, and afterward, as an active member, he ever served the society with that intelligent, conscientious devotion to high principle which was characteristic of him. Endowed with great mental strength and strong moral courage, capable of independent observation, he apprehended knowledge, loved truth, and defended the right. He boldly professed liberty of opinion, and maintained the cause of freedom of conscience and truth in medicine. With charity for others, he was steadfast to his own convictions; affectionate by nature, he did not hesitate to sacrifice friendship in order to preserve principle.

Dr. Belcher loved the medical art. During the fifty-two years of his professional life he became distinguished for skill, tact and success in practice, for unblemished honor and for courtesy and integrity in all his dealings with his patients and fellow practitioners. Being sympathetic, considerate and generous, a man of sagacity, humanity, and probity, Dr. Belcher was to this community the good man and upright citizen, to his associates the helpful companion and faithful friend, to his patients, the ideal physician.

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Appreciating the value of his character to the public and to the medical profession, this Society refers with pride to his record, and deeply laments in his death the loss of one of its oldest, most highly honored members, and one of the most devoted friends of the cause for which this Society is maintained.

The Society desires to express its sympathy to his relatives, and directs that this simple tribute to his memory be entered upon its minutes, and that a copy of it be engrossed and sent to his family.

Dr. F. J. Nott.—In rising to second the resolutions just offered, I do so with sadness, pleasure and hesitancy—sadness that needs no explanation; pleasure, because the remembrance of Dr. Belcher is a very living pleasure; and hesitancy, because I realize how much I ought to offer of loving, appreciative tribute to his memory, and because I feel my entire incapacity to do justice to our departed friend.

My meeting with him was when as a censor of the college he examined me for my degree; my parting with him was on the evening of November 1st, when he died. For nearly eleven years of that time I enjoyed the great privilege of his intimate acquaintance. And so I think I knew him well. I wish it were possible to portray to you in accurate lines the man, the nature, the self. This I cannot do. I can simply give a rough sketch. Those small details that go to make up the personality—the light of the eye, the tone of the voice, the expression of the face, the grip of the hand, the personal sense, the various lights and shades of his being—those cannot be told. We have seen, felt, and known him. We remember and cherish them; but they are intangible and cannot be delineated. I and you all who knew him, know the effect these features produced upon those who came in contact with him. They made him a lovable man, so that his acquaintances were his friends and attached themselves to him by the invisible chords of affection.

His has been a familiar figure for so many years, that in speaking of him I will do what I have often seen him do when taking up a favorite book—begin at the end. Dr. Belcher had for the past eleven years suffered repeatedly and severely from spasmodic and bronchial asthma, associated with slight emphysema. These attacks were sometimes complicated, on two occasions with catarrhal pneumonia, once with pleurisy, and generally with cardiac depression and irritability indicative of muscular degeneration. They lasted from a few days to several weeks, but for years he was never entirely free from more or less pulmonary oppression. I have known him to sit up every night for seven weeks—and he died in his chair. He was a man naturally of unusual strength, and his power of physical endurance and reaction was remarkable. Soon after his severest illness he was able to travel, and his convalescence was rapid. Dampness and moisture agreed well with him, and he was enthusiastically fond of the sea. As soon as he found that he must give up to his illness, he began to plan an ocean trip—the air soothed him and the life aboard ship fascinated him. For many years these trips revived, strengthened and restored him to fair health.

But this remedy eventually lost its efficacy. His last two journeys abroad, one to England and one to Germany, were sadly disappointing. He suffered no injury, but derived no benefit. The melancholy conclusion was forced upon him that he must seek relief elsewhere. He was greatly disheartened but never hopeless. And for months before his death he talked of the ocean, of the "men who go down to the sea in ships," and of foreign countries, planning in an indefinite way to

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make at least one more voyage. That voyage proved to be one for all eternity.

During the past autumn his health was surprisingly good, but now and again he complained to others of certain sharp, strange, painful sensations over the heart that temporarily quite unnerved him, but left no appreciable effect. He scarcely referred to them, but continued his usual work systematically and successfully. But these symptoms undoubtedly made him apprehensive. He frequently said that he felt too well—exhilarated. He hesitated to boast of his health because he said "pride goeth before a fall." On the 22d of October he developed a coryza such as frequently preceded his bronchial asthma. He paid but slight attention to it—went about as usual. On the 24th, a very stormy, cold, wretched day, he said in the morning that he felt rather unwell, but insisted upon going out for a little while, promising to spend the rest of the day at home. He was detained with his patients longer than he expected, and when he came home was chilled and exhausted. He shut himself up in his library, did a little writing, and slept part of the afternoon. Being kept out late I did not, contrary to my constant habit, go up to his room before dinner. His family assembled at their dinner, waited for him. He did not come. His daughter went to seek him and found him sitting at his table unconscious, and breathing with great effort. I saw him in a few moments. He was in high fever, the right lung greatly congested and the heart beating unnaturally. He was utterly unable to tell what had happened. We suppose that he waked up from his nap in a violent chill. The shock to his nervous system overwhelmed him. The reactionary fever accompanied the development of pleuro-pneumonia. When the reaction was fully established the dyspnœa and pain were somewhat relieved, and he was able to lie down. Dr. Wetmore was at once called and remained in constant attendance during the entire illness. The disease pursued its usual course for five days and then, with the crisis, the heart's action indicated approaching paralysis. However, after thirty-six hours, during which he was in an almost collapsed state, he rallied a little and the symptoms gave hopes of a natural resolution. But as the pneumonia subsided his old enemy, asthma, reappeared and he was forced to sit up continuously. Still as the dyspnœa was not violent, except for periods of an hour or two at long intervals, and as he took his food willingly and well, as his functions were all well performed, and as he appeared mentally more natural, we continued to hope for his life up to his very last hour. This was Saturday evening, November 1st. I left him at nine o'clock and went down stairs. He was fairly quiet, breathing better than at any time, the pulse soft but fairly regular. He had recognized and spoken to me and complained of nothing but a feeling of tire. The nurse alone sat by him. A half hour afterward the nurse noticed that the doctor's head was drooping far over to the left side, that his hand had fallen from the arm of his chair, and, raising the light, saw that he was dying. On the alarm we hurried to his side only to see him stop breathing—quietly, without a moan or the slightest effort. The silver cord was loosed forever. And so he died.

I have already spoken of Dr. Belcher's great physical strength. He was a large man in every respect; his was a large brain, and his was a large heart. He was a symmetrical man—a noble man. He was endowed with fine mental capacity, high-toned, honorable, modest, a man of faith and charity, hopeful, bright and cheery. "To thine own self be true" was instinctive with him. He thought, spoke, and acted

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the truth. A man of strong good sense and a just man. He looked at all objects with both eyes, was fond of meditation and capable of independent observation. A sympathetic man, full of consideration for others. Never an old man. His interest in everything new—new ideas, new men, kept him always young. He was a wise man and like a cyclopædia, a great book of reference full of useful information.

It has been said that the prime qualifications of the physician are *capax*, *perspicax*, *sagax* and *efficax*. Dr. Belcher's noble manhood made him an ideal physician. With rare intelligence he combined the power of careful, continuous observation and exact discrimination. He understood and appreciated truth, and possessed unusual tact in the application of knowledge.

Dr. Belcher practiced the art of medicine. He valued abstract truth chiefly when he could see his way clear to apply it to the necessities of the sick. And his diligence was as serious as though with Gœthe he had thought that an ideal life is death anticipated.

Depreciating his own abilities, he never sought public preferment; modest to a fault, he disappointed his friends by failing to do justice to his own importance. Not one line of personal memoranda relating to his great, most interesting and important experiences could he be induced to write. His public was his large professional following where he needs no monument to be long remembered as the kind, courteous man, the sagacious, humane and upright physician.

His life was eminently useful and successful. His death leaves a great vacancy. It well becomes us to do honor to his memory, for he was good and great among our best and chiefest.

Dr. Lewis Hallock.—About fifty years ago, probably before Dr. Belcher had commenced the study of medicine, I first saw him at the house of his father, upon whom I had called in reference to a patient we were jointly attending, being then both physicians of the regular allopathic school. The slight acquaintance then begun was scarcely repeated till years after, when his father had deceased, and the son, like myself, had become a convert to homœopathy. Since that time, our meetings, though not frequent, have always been a mutual pleasure and with marked cordiality and esteem. I have always regarded Dr. Belcher as a faithful, conscientious and painstaking physician, and his success in retaining so large a professional patronage for many years testifies that my opinion corresponded with that of his numerous and intelligent patrons. His usual sedate and quiet demeanor impressed me as one averse to show or boasting but consciously self-possessed and ready for any proper demands upon his integrity or professional ability. As an evidence of his painstaking fidelity to duty, I will mention that at an interview three years ago when we met as fellow censors of the Homœopathic College of this city, and talked of the examination of the class of students then about to graduate, we agreed that our duty required such questions as would satisfy us not only of the literary attainments of each candidate, but that he possessed especially such practical knowledge of the profession as would make him a safe and useful physician.

Dr. Wm. Tod Helmuth.—A memorial service to a departed friend is always one of peculiar interest. It arouses the best feelings of man's nature and stirs, at least for a time, the memories that cluster around the one who has passed to the other side.

In these days when the whirl of life is so rapid, when to keep abreast of the times all the active qualities of man's nature are required; when professional discoveries advance upon us with overwhelming rapidity;

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when the anxious responsibilities that surround the busy physician call forth all the energies of body and mind; when, I say, in the midst of all this turmoil of life, a friend is suddenly missed from his appointed place, so rapid is the succession of labor that another steps into the gap and the wheels of social and professional intercourse rush onward as before, the new giving strength to the old, the old imparting grace and dignity to the new—and so the necessary and universal equilibrium of social and professional environment is maintained.

But when a memorial service like the present calls a halt in this universal routine, and bids us stop and consider the character and position of one who has assisted to create whatever goodness and greatness there exists in the circle wherein we move, and forces us to remember that the inexorable hand that has taken away our friend will soon sweep us also to the inevitable beyond; then it is that we must bow before the Supreme Power which rules the universe, and with minds stilled by the contemplation of the mysteries of life and death, look backward to those times when our brother, in the fulness of his health, walked with us through the daily paths of life—his duty his monitor, and his conscience his guide.

We are assembled here to do honor to the dead, to consider the character of a man—a noble one; not a perfect one, for no such exists. Fulsome eulogy on the absolute perfection of any human being grows to be both unseemly and untrue, as expressed in many memorials. But as gentle memory rises from the mists of the past and points to the man we loved as he lived and moved among us, we see the merits of his character, the beauty of his Christianity, his entire devotion to the sick, and his tender affection to his family, and we say as these sad reflections force themselves upon us, "we shall see his face no more. He was an honorable man, a true friend, and we shall miss him from our midst," and doubtless, my friends, often when in our quieter hours we reflect over the acts, over our lives, and recollection will people our imagination with the associates of days gone by, then will Dr. Belcher's peculiar personality mingle with our musings and we will recall those characteristics of his nature, a few of which, though feebly, I will endeavor to portray.

When I look back over my intercourse with Dr. Belcher, which lasted for over twenty years (not nearly so long a period as that enjoyed by many of the friends who surround me), I recognize him as a peculiar man; peculiar and prominent in those characteristics which render a physician successful and beloved, not only by his patients, but by the profession at large, and this is saying much, for it often happens that the so-called successful physician is not regarded with pleasant feelings by his brothers. Sometimes there is a good cause for such a condition of mind, and sometimes there is not; but if Dr. Belcher had an enemy in the profession, nay more, if he had an unfriendly friend—if I may so speak—I have not heard of it, and I do not believe such existed.

The first point in his character which attracted me toward him upon my arrival in New York, in the early part of 1871, was his modesty—modesty regarding himself, his family, his position, his acquirements and his reputation. Although no man in the profession had effected more cures in this city, although his skill as an obstetrician was remarkable, his powers of diagnosis sometimes intuitive, his discernment acute and his judgment impartial, I never heard him, in public or in private, recapitulate or allude to any of these, to the physician, inestimable virtues, and know how he detested any allusion being made to them by his friends.

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The conversation of Dr. Belcher was a marked trait in his character. He had practiced medicine in this great city for nearly fifty years; he had worked through most of the last half of a century, which for advancements in every department of medical science has never been equaled; an estimate of averages will give to it in this particular an immense preponderance over any others of the past. He had witnessed those periods of epidemic enthusiasm which every new discovery in therapeutics or novel methods in surgical art created in the medical world, and which at almost stated intervals pass over the land. He knew and appreciated the uncertainty of our knowledge and the imperfections of our therapeutics, and when the new remedies appeared with their virtues vaunted and their wonderful powers announced on every other page of the medical periodicals, he pursued the even tenor of his practice, using those therapeutic agents on which his experience had taught him to rely, and cautiously exhibiting the newer ones according as his judgment dictated.

When the gynæcologists were making bi-lateral incisions into uterine cervices he stood by and waited; when the reaction came and every other maternal cervix was to be stitched, he still stood by and smiled at the revolution of opinion. When the adnexa were removed for every variety of ovarian disease, even for pain, and castrated women were sent out in droves from the public and private hospitals in the city, as he told me, he waited for results, and while thus waiting he protected his patients from the mutilation of their bodies and the desecration of the highest attribute of womanhood.

Surgical interference he considered necessary—sometimes; but I think he abhorred all surgical operations. Often has he in my presence deprecated the too ready recourse to the knife before a thorough trial of therapeutic agents had been given. He felt the medical pulse of the times in which he lived, and though saying little generally, arrived at a correct diagnosis.

Dr. Belcher, with all this conservatism, was possessed of certain and rather humorous shrewdness. He was always eager for the acquirement of real knowledge and anxious to discover the experiences of his brothers. I have seen him sit silently and listen to conversations and arguments on medical subjects, prolonged perhaps into the small hours of the night, and when the voluble ones had all delivered their opinions and expressed their personal proclivities, he would say a few pertinent words of criticism, experience, or advice, which from their tenor and applicability were evidence sufficient of the thought and the reading he had expended upon the subject.

Dr. Belcher was careful of his reputation and was more considerate than any one I ever knew in regard to the reputation of his friends. Called as he was frequently in consultation by younger men, he had many an opportunity of taking advantage of his youthful associates in points of diagnosis and treatment; but I know even when important errors had been made by the attending physician—errors which would, if known, be excessively damaging to those who committed them—that Dr. Belcher, by his carefulness, his temperate advice and his judicious management has tided over in a most skillful manner what might have been a calamity to both the physician and the patient.

The chiefest characteristic of our friend, and the most beautiful, was his charity; he had this to a degree which if there be truth in the inspired Word, places him to-day on high in the paradise of God. The large humanity that existed in Dr. Belcher's soul, his experience with the world, the knowledge of the weakness and frailties of man and woman, as often revealed to the physician in times of sickness, sorrow and bereavement, led this naturally sensitive mind to the consideration

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of how essentially human we all are and how frail. I have at times talked with him regarding such and such a social scandal, perhaps the smirching of some hitherto stainless name; the blackening of a previously unimpeached honor; the fall of some man or woman standing in a high place in the social, political or religious world, and he has often expressed to me the sentiments, that as we never can know all the circumstances and conditions surrounding the individuals, or appreciate the temperament, constitution, the heredity or the education of the accused, we should not condemn them, because we are not competent judges. "Judge not and ye shall not be judged," was his motto.

To the poor, broken-down and unfortunate his charity was greater than the world will ever know, but it is written above in letters of light in the great book, and we in time, my friends, shall see the page and shall read and understand. It was the charity that pervaded the whole being of the man, that made him so much trusted by the young and relied upon by the old. It was his charity (not alms giving, for that in itself is often an hypocrisy) in thought, in word and in deed, that rendered him so beloved by the profession. We felt we could trust him, we knew we were safe in his hands, we knew that his counsel would be honest, and we gave him our confidences without stint—and now he has gone from our midst.

In this life it often requires an event, and sometimes an unlooked for one, to make us clearly aware of the feelings which have long in an unacknowledged manner taken possession of our minds, and as death severed the silver cord and broke the golden bowl, the sympathy of sorrow that welled from our hearts washed from our minds the busy veneer of the outside world with its selfishness, its struggling, its envying, and jealousness, its ambitions and its toils, and as we turned our eyes within, we understood and acknowledged the goodness, the greatness, the kindness, the modesty and the unfailing charity of Dr. Belcher.

It does me good to call his name in this assemblage of his friends, and if the released spirit of the dead can so far forget his immortality as to lend a listening ear to those he loved on earth, then will he know that here to-night we come to do him honor, and to recall his merits as we record his death.

Dr. R. R. McMurray.—I have not prepared an address, but what has been said meets with my hearty approval. The praise and estimate of his character is not one whit too strong. I have known him all my professional life. When I first came to the city we met, and I have always enjoyed his personal friendship. This was a privilage and an advantage that cannot be appreciated by those who never enjoyed such a relation. No matter what the trouble was, the case was safe with him. What ought to have been done would be done. His honesty and friendship could be depended upon. It is difficult to select suitable words to express our feelings. The remark of a mutual friend is worth mentioning: "Well, Dr. Belcher was a man whose life needed no apology." A short formula to go by, but on studying it over we find it comprehends a great deal. I never yet heard a man, old-school or otherwise, make a depreciative remark. Every one regarded him as a man of the purest character, honesty and ability. He needed no apology and had no glaring defects that one ought to excuse.

As a citizen he was public spirited and generous; as a friend, true and thoroughly to be depended upon; as a counsellor, ever judicious, and an unblemished consistent Christian gentlemen.

The loss of such a man is a public calamity, because we have so few of such men to lose.

Short testimonials to his life and character were made by Drs. Ball, Palmer, West, Wilder, Mossman and Houghton.

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RECORD OF MEDICAL PROGRESS.

CREOLIN IN ANGINA LACUNARIS.—Dr. S. Itzig, incited by the reports from Leyden's clinic concerning the value of creolin water as a disinfectant in throat affections, has used the remedy in some cases of amygdalitis lacunaris with such brilliant results that he believes it a specific in this disease. The purulent plugs, as well as the swelling, pain and, fever disappeared within twenty-four hours, and the patient was already in rapid convalescence. He prescribes a one per cent. creolin solution, and dilutes this with its own bulk of water or even more, the resulting mixture being used frequently during the day as a gargle. The disagreeable burning experienced in the throat after using the creolin disappears by subsequent gargling with warm water.—*Therap. Monatshefte*, Sept., 1890. O'C.

MÖLLER'S GLOSSITIS SUPERFICIALIS.—Some forty years ago the late Prof. Möller, of Königsberg, described a peculiar affection of the lingual mucous membrane observed by him. "Chronic excoriations appear upon the tongue in the form of irregular, for the most part circumscribed, bright red spots, from which the epithelium has been shed or is at least thinned, with hyperæmic and swollen papillæ; the spots are therefore somewhat above the level of the surrounding healthy parts. Morbid secretion or deep ulceration have not been observed, while there is no tendency to spreading of the spots; in fact they retain obstinately the form once attained. They appear preferably on the edges and tip of the tongue, but often similar spots are found on the under surface as well as on the inside of the lips. They were never seen in the posterior parts of the buccal cavity. The excoriations cause a very tormenting burning, which completely deadens the sense of taste, and causes the patient to avoid all food except the mildest. Even the articulatory motions of the tongue are at times somewhat painful." The six patients of Möller were all women in middle life, and in all the condition had existed for months. Dr. P. Michelson considers that this affection has not received the attention that it deserves, and reports three cases with a diagnostic *critique*. The only condition having a similarity to this affection is the so-called lingua geographica (map-tongue), which appears in spots of redness with swollen papillæ. But here the epithelium is thickened with mottling of white or clay color, in complicated serpentine windings or in concentrically arranged circular periphery. In the latter, also, the spots change their form within a few days, and this ready changeableness of outline is by some authors considered of especial diagnostic value. Lingua geographica appears especially in children, and often without any symptoms, so that it is discovered only by accident, while Möller's glossitis has been seen only in adults, and, without exception, is accompanied by severe pain when eating and by impairment of taste-sensation.

Confounding Möller's glossitis with leukoplakia (psoriasis linguæ) will hardly happen if we remember that although in the early stage of the former there are circumscribed hyperæmic spots, it is found almost without exception in men, while the glossitis has been observed chiefly in women, and that with the red spots of leukoplakia the regular white ones are also to be found, while not only the tongue but also the inner surface of the cheeks and lips may be affected, the under surface of the tongue being as a rule intact. Further, the spots of the latter are as a rule painless, and in course of time show considerable and characteristic changes. Michelson adds to Möller's description the appearance among the red spots, at times, of discrete white opaque dots that soon

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disappear, and that the red spots may also occur in the posterior part of the mouth.—*Berlin. klin. Wochensch.*, No. 46, 1890. O'C.

LOCAL TREATMENT OF EPITHELIOMA OF THE FACE BY ACETIC ACID.—Arnozan has employed acetic acid locally in eight cases of epithelioma of the face, originating in the sebaceous glands. The acid is applied directly by means of a glass or wooden rod, or else is distributed by a hair pencil, the applications being made every other day, or daily, or even several times a day. In the first few applications crystallized acetic acid is used diluted to one-half or one-third strength, but later in full strength. The application causes a sharp burning, that soon disappears. The crust that results is closely adherent, and loosens at the edges, and until it has separated the applications are to be suspended. The ulcerating surface becomes smaller after every period of application until finally a smooth white cicatrix appears. The treatment can be carried out by the patient, and no special bandage is needed.—*Therap. Monatsh.*, Sept., 1890. O'C.

PHARMACOLOGY OF OIL OF PENNYROYAL.—Dr. Edmund Falk, of Berlin, has experimented with Oleum Pulegii, an ethereal oil, containing the active substance of Mentha pulegium (pennyroyal). It is similar in action to phosphorus, as it causes marked fatty degeneration, not only in large but even in small repeated doses, of the parenchymatous abdominal organs. The fatty degeneration is very pronounced in the liver and heart, less so in the kidneys.—*Therap. Monatshefte*, Sept., 1890. O'C.

DOUBLE OÖPHORECTOMY PRECEDED BY AMENORRHŒA AND FOLLOWED BY NORMAL MENSTRUATION AND PREGNANCY.—J. Anderson Robertson, Glasgow, has lately reported an interesting case where menstruation ceased Sept., 1887, from which time to January, 1889, the patient suffered with severe pain, extending from the ovarian regions around to the top of the sacrum. For some time had daily hæmoptysis (vicarious), constant leucorrhœa and diarrhœa. Patient is pale and anæmic. Both ovaries enlarged and tender. Prolonged medical treatment afforded no relief, so on January 26, 1889, the abdomen was opened under chloroform and both ovaries removed (entire as was supposed). Left ovary much enlarged and cystic. Right ovary enlarged, with capsule much thickened. The patient's recovery was uninterrupted. Hæmoptysis and pain disappeared immediately; she soon became plump and well-looking. On April 25th, menstruation came on and continued four days without pain.

In June she married, and from that time to Oct. 25th menstruation continued regular. It then ceased, and on Aug. 13, 1890, she gave birth to a ten-pound still-born boy.

Dr. Robertson calls attention to what he regards the four points of interest in this case. First, proof of Mr. Lawson Tait's theory that the ovaries are not causative of menstruation. In this case the presence of diseased ovaries prevented it, and when they were removed, normal menstruation followed. Second, possibility of vicarious menstruation. The woman having brought up blood daily for months, this ceased when normal menstruation returned. Third, proof that removal of both ovaries does not necessarily render a woman sterile. While intending to have removed all the ovarian tissue, he conjectures that a small portion must have remained. Fourth, that in performing double oöphorectomy, excepting in cases of uterine fibroid, any apparently healthy portion of ovary may perhaps be left. G. W. R.

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NEWS.

All news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

DIABETES IN CHILDREN.—Stern has collected 117 cases and believes the disease is not rare in early life.

CHRONIC CONSTIPATION.—A new method of treating chronic cases of constipation due to torpor of the colon, has been introduced. It consists in applying about three grammes of boric acid. When the rectum protrudes the powder is either to be dusted or rubbed on the mucous membrane in sight. In other cases it must be insufflated. In from an hour to three hours, the patient keeping quiet, peristaltic action will be observed in the colon. It is reported to be certain and not to lose its effectiveness. It will cause permanent improvement after a time.

SURGEON PARKE ON VACCINATION.—Stanley's surgeon has something to report regarding the value of vaccination. He stated that before the expedition started most of the men were vaccinated. While in the wilderness an epidemic of small-pox occurred. Only four of the vaccinated men were attacked by the disease, none dying; while those who had not been vaccinated took the disease in its most violent form and died in great numbers.

DUTY ON DRUGS.—An exchange says that according to the *Drug, Oil and Paint Reporter*, the general tendency of the McKinley tariff bill, while purporting "an act to reduce the revenue and equalize duties on imports," has raised the duty on drugs ten to twenty per cent.

THE CHOLERA.—Health authorities abroad seem inclined to the opinion that there is great danger of the spread of the cholera next summer in Europe. Should that be so, it is very probable that we could not escape.

HUDSON DOCTORS ON THE WAR PATH.—The Board of Supervisors of Columbia County has been seized with a spasm of reform. In one of its economical moods a few days ago, it cut down the bills for county services, presented by the Hudson physicians. The aggrieved doctors obtained a hearing and presented their case, but nothing was done. They then presented a communication stating that they believe $10 to be a fair and just charge for examination of a dead body before a coroner, $25 for an autopsy, and $10 for an examination in lunacy. They ask that these rates be fixed as legal rates for such services. The report concludes in the following definite and forcible manner: "We are forced to this action by the knowledge and belief that our services are misunderstood and our labors underrated, that our professional qualifications are gauged by the standard of the day laborer, and that often in the past no account has been taken of our skill and ability, nor of the dangers we are obliged to encounter. And we further agree that unless some definite action is taken by your honorable body whereby we may be assured of the full payment of our bills at the rates above stated, that we decline in the future to act in a professional capacity as coroner's physicians and examiners in lunacy for the county of Columbia." Among the homœopathists who signed this report were Drs. A. M. Macy and C. P. Cook.

THE BILL NOT EXORBITANT.—A St. Louis doctor recently presented a bill against the estate of a patient aggregating $4,995. In this bill he charged $100 a day for a trip he made with the patient, and $10 a visit for going to patient's residence in the suburbs. The bill was rejected

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by the public administrator as exorbitant, and the doctor went to the probate court. Nearly every prominent doctor in the city was called to give expert testimony. All said the bill was reasonable. The jury declared the bill reasonable and it will be paid.

MEDICAL LEGISLATION IN CONNECTICUT.—It is likely that the homœopathic, eclectic and allopathic schools will unite in an effort to secure the passage of a Medical Practice Act by the Legislature at its coming session. The allopaths, recognizing the impossibility of procuring legislation without the support of the other schools of medicine, invited the homœopathic and eclectic schools to send representatives to a conference concerning the proposed measures. This conference has been held, but the exact results are not known. It is said that State examinations will be insisted upon. In that case it is to be hoped that equal privileges and rights upon the Board of Examiners were secured by every school. Minority representation should not be considered for a moment.

BAY CITY DISPENSARY—This free dispensary, opened November 27, 1890, has met with good favor and is doing much good. Dr. Copeland of the staff writes that the clinics are well filled.

THE MEDICAL STUDENT.—Every year the *Medical Student* appears it is a little better than the year before. The students of the Boston University School of Medicine ought to give the editors a creditable support.

LONDON HOMŒOPATHIC HOSPITAL.—The Fortieth Annual Report of this well-known institution for the year ending March 31, 1890, is full of interesting facts regarding the purposes of the hospital. Founded in 1849 by the British Homœopathic Association, there have been treated since that date 245,831 patients. During the past year 830 in-patients and 10,363 out-patients have been cared for.

A COMPETITIVE EXAMINATION for Resident, Junior Resident and Externe for the Children's Homœopathic Hospital will be held at the hospital, early part of April, date to be announced. Those desiring to attend the examination will please send in their application as early as convenient to Dr. Bushrod W. James, President of Medical Board or to Dr. Landreth W. Thompson, Secretary.

THE MATTISON PRIZE.—With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of $400 for the best paper on "Opium Addiction as Related to Renal Disease" based upon these queries: Will the habitual use of opium, in any form, produce organic renal disease? If so, what lesion is most likely? What is the rationale? The contest is to be open for two years from December 1, 1890, to either sex and any school or language. The prize paper is to belong to the American Association for the Cure of Inebriety and be published in a New York medical journal, *Brooklyn Medical Journal* and *Journal of Inebriety*. All papers are to be in possession of the chairman of Award Committee, Dr. Alfred L. Loomis, on or before January 1, 1893.

THE NEW METHOD.—Dr. W. E. Forest writes, and M. L. Holbrook & Co. publish, a little work under the above title. The new method consists simply in washing out the stomach and colon. Dr. Forest, although astride a hobby, makes some good points between times. There is something to learn in this book; but the title is misleading. There is nothing new in the method.

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ORIGINAL ARTICLES IN MEDICINE.

THE RELATIONS OF THE GENERAL PRACTITIONER AND THE SPECIALIST TO EACH OTHER.*

By GEO. S. NORTON, M.D.,

New York City.

In accordance with the by-laws of this Society it is my duty, in resigning the presidential chair, to deliver at this meeting an annual address. I have, therefore, selected as my topic "The Relations of the General Practitioner and the Specialist to Each Other." This subject, it seems to me, is one well worthy of our consideration, for there does not exist that unity of action and fraternal feeling, of mutual aid, which should be present between the two. The man in general practice often scorns the aid of the specialist, either blinded by his own egotism or suspicious of the latter's honesty. While the specialist as frequently grumbles at the want of support of his medical brother, it may be he laughs at his mistakes, and perhaps, if opportunity offers, steals his patient. All this is radically wrong, and not as it should be. Therefore, I repeat, this subject is one that should merit our most earnest attention.

The groundwork upon which all our arguments must be based naturally depends upon the answer to the question, Is specialism in medicine a necessity, or would it be more advatageous for the science were there

* Presidential Address before the Homœopathic Medical Society of the County of New York, January 8th, 1891.

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no division into special sections? We claim that, at the present day, it is a necessity in medicine, as well as in all other departments of knowledge. For the tree of learning in its upward growth is ever spreading, throwing out its branches in all directions, and life is too short for each investigator to trace out its every twig. The truth of this assertion becomes more and more evident when we reflect upon the wonderful progress which has been made in the past. In the earlier periods of history, knowledge in the various arts and sciences was so limited that one mind could easily comprehend all that was known in any one division. But the time has long passed when one man could become proficient in all departments of learning. Yes, in this nineteenth century, it is impossible for one mind to grasp and hold all knowledge in any one general department of science, to say nothing of making advances along the many lines which lead from the central fact. Therefore we find all general divisions tending to subdivide into special fields for work and investigation.

When Raphael placed upon the canvas his "Madonna di San Sisto," or Leonardo da Vinci portrayed the scene of "The Last Supper" on the wall of that old monastery in Milan, the chief themes from which art could draw were those pertaining to the church. But now observe the almost unlimited range presented to the student. Every animate and inanimate object on land or sea or in the blue vault of heaven, or any scene that the vivid loom of fancy can weave, furnishes a subject for the pencil of the artist. But, still the man or woman has not yet been born who can excel in all these myriad topics. We, therefore, see the necessary division into specialties. One paints the landscape with its valleys and forest-crowned mountains; another the ocean with its restless waves. One becomes renowned for his dumb animals, while another considers man in all his varied moods. And so almost endless variety of specialties in painting could be enumerated. The gain is, however, great, for by this concentration of talent and labor the artist perfects himself in one particular phase of his work and so aids in advancing most rapidly his chosen art.

In the latter part of the sixteenth century, science was so young in her existence that a mind like that of Galileo could comprehend all that was then known of mathematics, mechanics, astronomy and the kindred sciences, and still be able to make most valuable discoveries in all, from "the laws of motion" to the invention of the telescope, by which he demonstrated the countless stars which gem the Milky Way, the revolving satellites of Jupiter, the phases of Venus and the movable spots upon the disc of the sun. But at the present day how

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great the change. No one man can master all the sciences or even one in all its details. Tyndall spent years of his life, either in his little villa up the side of the great Aletsch glacier, or on that magnificent sea of ice, the Mende glacier, in the study of glaciers and glacier motion, before giving the valuable results of his investigation. Proctor devoted years of his life in viewing the heavens before he announced the discovery of many facts relative to the movement, the formation of the surface and the possible inhabitation of those other worlds which circle through space. So we might mention a host of other names, brilliant in the history of the nineteenth century, that have advanced and widened the field of science by their diligent investigations in some one special direction.

In literature, the same division into special fields of labor, is apparent Dickens, as a novelist, arouses our sympathy for the poor and crime-educated children of a great city. Prescott holds our close attention as he eloquently pictures the rise and fall of nations. The Bard of Avon places before us in most vivid language the deepest passons of the human heart, while our own Quaker poet, Whittier, charms us with his faithful portrayal of pure, home life in New England. So each writer who achieves success does so in some one special branch of literature. It is almost impossible for one to excel in more than one section.

This division into specialties is observed more and more, as the years pass by, in all departments of knowledge and in all varieties of work. In law we find those who devote their time and thought to the study and practice of patent law, others to admiralty law, others to commercial law, and so through other special divisions. In mercantile life we see the same tendency to the direction of all one's energy to one line of business. Aye, even among the working class of the day, the trades are divided and subdivided, that each one may follow his own line of work as inclination or necessity may dictate.

It must, therefore, be accepted as a fact, that, in all departments of learning, in all the vocations of life, there exists a steadily increasing tendency to the division into specialties, and so an acknowledgment of the truth of those lines of Pope that,

> "One science only will our genius fit,
> So vast is art, so narrow human wit."

Why then should we not expect to find the same conditions present in medicine, the same spirit of investigation into special subjects,

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and the division of thought and labor, by which the science of medicine may be most rapidly advanced.

That the division of the practice of medicine into specialties has been most pronounced in the past twenty-five years, must be apparent to every observant mind, and that these specialties will be increased in number and be more clearly defined as the years come and go, must be evident to every thoughtful person who considers the vastness of medical literature in any one department. When Hippocrates stood beneath the shadow of that famous temple of Æsculapius, upon the island of Cos teaching the Greek youth the science of medicine, it is said that he held in his hands a little papyrus roll which contained all that was then known in medicine. Now our literature fills thousands upon thousands of volumes in every language. Then, one man could easily become familiar with all that was known in medicine, and so become master of the science. But now, how impossible it is for one mind, during man's limited span, to grasp all the advances throughout the whole realm. It, therefore, becomes absolutely necessary for the advancement of the science of medicine that men and women should devote their lives to one special section. No important research, no valuable addition to medical knowledge has ever been made by a man who devoted his time to the whole general domain of medicine. Although he may not have been a specialist in the strictest acceptation of the term, he must have spent much time and thought in one special sphere, to have made any brilliant discovery, and, therefore, must have been in truth a specialist. Can a physician in general practice find time to investigate and demonstrate the various functions of the brain and nervous system, and become so familiar with the minute pathological changes in these organs that he can recognize the incipient symptoms of the many obscure diseases? Can he be expected to diagnosticate and properly treat the manifold disorders of the special senses, which necessarily require years of diligent study to even imperfectly understand? No, one cannot fail to realize the impossibility of attaining the highest proficiency in all branches of medicine. If disease were always the same, and not changed by environment, temperament and individual peculiarities, this might, to a limited extent, be done. But disease rarely presents the same picture in two persons, thus requiring the physician to not only examine into the objective and subjective symptoms of which the patient complains, but also take into consideration all the surroundings of the case and bring to bear all the weight of his own experience as well as that of others, with which he must be familiar.

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It must, however, be conceded that earnest, unremitting devotion to a specialty tends to narrow the mind and warp the judgment of the individual ; it tends to the production of enthusiasts and hobby riders, whose statements must even be received with allowance. Yet it is to this class that the most valuable discoveries are often due. For those who follow after, unprejudiced by the theories of the originator, weigh his statements, consider carefully the arguments *pro* and *con.* and so bring out all the truth contained in his conclusions, whether they relate to neurology, ophthalmology, bacteriology, or any other section.

It is, therefore, I say, necessary to the advancement of medicine in general that there should be specialists, and that they should be encouraged to devote their whole thought to the one field of labor selected. By so doing, and thereby increasing their experience, their opinion becomes more valuable and their advice more helpful to those who seek its aid. But specialists should also be encouraged by the general practitioner, not only for the gain to science in general, but for the benefit which will be derived by the physician himself and by his patient, from the advice of an experienced mind.

The question now arises, why does not the general practitioner more commonly support the specialist? Various answers might be given to this query. Sometimes the reason must be sought for in the inability of the physician to recognize the seriousness of the disease which he is called upon to combat, and the consequent belief that he is capable of treating the case as well as one more thoroughly versed in the subject, especially if the law of similars is followed. The misunderstanding of the scope of our law of cure, held by some, unfortunately leads at times to most egregious mistakes in diagnosis, and therefore in treatment. Again, the physician often mistrusts the specialist, fearing the loss of the patient or of the family, or that he may not obtain the credit of a possible cure, thereby losing, as he imagines, prestige in the family. Occasionally it may depend upon the dollars and cents immediately involved, but we trust not frequently. The case is therefore sometimes retained for these reasons until it is beyond cure, and is then only sent to the specialist at the earnest request of the patient, or in order that the methods of treatment which have been employed may be endorsed, and so the physician saved, if possible, from merited censure. It must be acknowledged that even as there are black sheep in every fold, so these fears regarding the honesty of man are not always groundless. An unjust reflection is, therefore, often cast upon those who are earnestly and conscientiously

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endeavoring to practice a specialty. The reason for this state of affairs may be found partly in specialists not confining themselves exclusively to their particular departments, and partly to the dishonesty of human nature. Even if they do not strive to obtain the family, or treat the patient for other troubles than the one for which he was sent, yet they, too commonly, in their endeavor to obtain credit for themselves, damn the ability of the medical attendant, by innuendo or half-hearted praise, more than could be done by open warfare.

Specialists are also inclined to demand too much of the physician. They often think that all cases, whether mild or severe occurring in their departments should at once be transferred to their immediate and exclusive control. They do not stop to consider that by so doing the physician might just as well give up the practice of medicine and be simply a distributing agent. It must be remembered that the general practitioner of the present day is a well-educated man; he must possess more or less knowledge of all departments in medicine, to be a physician, and he is expected by his families to be competent to take care of all ordinary cases which may arise. And he should attend to all those clear, uncomplicated forms of disease with which he is familiar, which he thoroughly understands and which he is able to treat as well as the specialist. It is in those variations in well-marked types of disease, in those complicated forms in which a wide experience in diagnosis and therapeutics is required—in fact, in all cases in which diagnosis and treatment are not perfectly clear—that he should call in the aid of the specialist. Furthermore, it is not necessary that the entire charge of the patient should be transferred to the latter. After a consultation, the family physician can quickly determine whether the treatment of the case should be conducted by himself alone or in connection with the specialist, or whether the patient should be placed under the exclusive control of the latter. Some physicians prefer to have the specialist assume complete charge of the cases sent to him, while others desire to retain the control themselves under the guidance of the consultant. If, therefore, physicians would be more careful to state in their letters of introduction, or have some definite arrangement with the specialist, of what they desire to have done, it would prevent many misunderstandings and often serve to prevent unmerited blame being laid upon the special practitioner.

The discussion now takes us to the more definite relations of the specialist to the general practitioner—a factor of great importance in the establishment of fraternal relations between the two. In the first place, the specialist should never endeavor to surround his subject

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with mystery. He should write and converse freely, and be ever ready to explain in as plain language as possible the various phases of disease and the correct methods of treatment, giving in these ways all the information he can, and so assist in increasing the knowledge of the physician that he may be better able to differentiate between those diseases which he can treat and those which he cannot. The hesitation sometimes displayed in giving information to the inquiring physician regarding a case, accompanied by the insinuation that the patient ought to be sent for consultation, is always injurious to the specialist. It is far better for him occasionally to be imposed upon than to lay himself open to this criticism.

Again, when called into a case, the specialist should always support the general practitioner, never attempt to undermine his influence in the family, but, upon the other hand, strive to strengthen that influence. This may sometimes be a very difficult matter to do, especially when the case has been held too long and incorrectly diagnosticated and treated. But he must do all that conscientiously can be done in this direction, for it will not improve the chances of cure in the patient to tell him that he has been maltreated, even though it be true. It is much better for the patient and all others interested for the consulting physician to direct the treatment to the best advantage of the patient from the time when first seen, than to indulge in useless depreciation of the services already rendered. Of course, if the physician will not follow the recommendations made by the specialist, the latter should then state his position and at once withdraw from all responsibility. In all consultations, however, the physician should be frankly told the full condition of the patient, and to him should be explained how he has erred in the treatment, if such has been the case. But this should be done in a friendly, inoffensive way, not as if the physician were an ignoramus and the specialist an infallible authority. The same respect and consideration should also be shown to the young and perhaps more sensitive physician as to the older and more experienced. In consultation the specialist should inspire confidence in the patient, but never at the expense of the attending physician.

In cases that only require internal medication, and in which the treatment can be conducted as well by the family physician as by the specialist, I believe it is better for the two to work hand in hand, the former seeking the aid of the latter as often as necessary, and then carrying out the line of treatment which, upon consultation, they decide to be best, and so sharing the credit of the case between each

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other. When, however, special treatment is required—mechanical, surgical or other—the facts should be plainly stated to the physician, and it be left to him to decide whether he will undertake the care of the patient himself or leave it to the consultant. But whenever special measures are necessary, the specialist cannot be expected to assume responsibility if not allowed to conduct the treatment himself.

The confidence of the general practitioner in his own ability is oftentimes only equaled by his lack of confidence in the honesty of the specialist. He fears the loss of a patient or of a family. It is true that those who confine themselves exclusively to their particular line of work are not under the same temptation as those who also practise medicine in general. But under no circumstances should either ever treat a patient for any other trouble than the one for which he was sent. Yet how often is this done! But he should go still further, and never treat any other member of the family, even if not a patient of the doctor, for any disease not included in his special department, unless at the request of the physician. To that family he should only be a specialist, and not a general practitioner.

Furthermore, whenever a patient is placed under the exclusive control of the specialist, he should remember that the patient is only under his care temporarily, and that the one who recommended the patient to him is his family physician. He must, therefore, always be on the guard in speaking of the physician, and avoid casting the shade of a reflection upon his character or professional ability, but upon the contrary endeavor, by well-timed words, to increase the confidence of the patient in his regular medical attendant. A man who is dishonest, and only works for self, will surely be found out in time, when he will not receive, even as he does not merit, the encouragement of the profession.

To the consummation of the highest fraternal relations between those in general practice and those in special practice, I would, at this time, most earnestly urge upon the general practitioner the importance of aiding those who confine their study to special departments of medicine. He should select for special work those physicians in whom he can have perfect confidence. Then, having imparted this confidence to his patient—for it is of inestimable advantage to have the patient working with us, rather than against us—he should send to the specialist, either for advice or treatment, all those cases which are not perfectly clear in their development and course, or in which there may be doubt as to the most appropriate treatment. The specialist, upon his side, should always aim to assist the regular

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physician, should ever respect his wishes, should weigh carefully his advice, and should invariably strive to increase the confidence of the patient in his medical attendant, avoiding every look, word or deed which tends to self-glorification at the expense of the physician. Then, with the combined experience of the two, the patient will obtain the greatest benefit, the physician will acquire the most knowledge, and the specialist will receive the best encouragement to continue his investigations, and so perfect himself in the morbid conditions of those organs in which he is particularly interested.

The span of human life is too short, and health too essential to happiness, for man to neglect to employ the best measures to preserve health. People at the present day are more generally realizing this fact, are recognizing the value and employing the services of specialists more and more widely, and this they will continue to do as the years pass by. Specialism will be the practice of the future, and competent men and women will surely succeed if they devote their lives and efforts to the acquirement of the highest attainable knowledge in any one department of medicine.

Let, therefore, the general practitioner and the specialist work earnestly and fraternally together in the great field of medical learning, with no strife, no faultfinding, no envy to disturb the most perfect harmony, each helping the other to secure the best results. Let the golden rule of the Master be the one guide for all: "Whatsoever ye would that men should do to you, do ye even so to them." Then will come that golden age of which men have dreamed and poets sung. Then will intolerance and bigotry be no more. Then will medical jealousy be a thing of the past. Then will suffering man receive the most effectual aid, and then will the science of medicine be most rapidly and most positively advanced.

SUGGESTIONS FOR IMPROVEMENTS OF THE DAIRY.*

By E. F. BRUSH, M.D.,

Mt. Vernon N. Y.

WITHOUT any definite knowledge on the subject, the almost universal belief to-day is, that the milk supplied to cities is not right; and without a unanimous agreement as to what diseases or other disturbing element is caused by the milk supply,

* Read before the Homœopathic Medical Society of the County of New York.

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there is an unsettled, perturbed feeling about the dairy products supplied to large communities. The medical men are convinced that something is radically wrong, as evidenced by their fruitless efforts to improve the supply as they get it from the dealer, and now the doctors are becoming hopeless from the failure of sterilization, peptonizing, modifying with cream, milk-sugar, and the addition of the variously constituted patent foods. The health authorities, with a grim determination to keep at work, right or wrong, have satisfied themselves with total solids and fat percentages, and would have us believe that any milk containing 13 per cent. solids, of which 2.5 are fats, is absolutely normal and healthy. With all these men the great trouble is that they have been working at the wrong end of the subject. If all the honest, scientific, painstaking work done by the sanitarian and medical man had been directed to the dairy and the dairy cow, we should be far nearer to the solution of the difficulty than we are to-day.

To begin with generation, the dairy cow is bred wrong. The scrofulous and tuberculous form has been the ideal in the mind of the dairy-cow breeder for generations, not because they recognized scrofula and tuberculosis as abnormal conditions, but because in this pathological condition the mammiferous animal becomes a larger milk producer, for the reason that scrofula and tuberculosis are eminently glandular diseases, and the mammary gland being the highest type of glandular structure, takes on an excessive activity under these conditions. During a number of years of close observation of dairy cows, I have found a sudden increase in the secretion of milk a pathognomonic sign of an active tubercular invasion, and I am always afraid of a cow that gives an abnormal quantity of milk. I do not intend in this paper to discuss tuberculosis as a disease conveyed to the human from the bovine race, but I mean to affirm that an excessive quantity of milk from a tuberculous cow is exceedingly deficient in all the nutritive elements except fat. Hence the first reform in the dairy is to breed our dairy cattle for health and not as large, phenomenal milkers, for I can say without the fear of dispute, that the healthy, robust and vigorous animal is never a large yielder of milk. The breeds of animals that enjoy a reputation for immunity from tuberculosis in this day of phenomenal milkers, are not classed at all as dairy cattle. The Aberdeenshire, a large and robust native of the Highlands of Scotland, generally supply only a quantity of milk sufficient for the nourishment of their offspring ; these animals enjoy a reputation for immunity from tuberculosis. There are, of course,

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tuberculous cattle that are not bred for the dairy, but the same methods are followed in breeding them as with the tuberculous dairy animal, namely, in-and-in breeding of the closest consanguinity. The consanguineously bred animals fecundate too early and thus add to their inherent delicacy. I make the rule in my breeding herd that animals shall not have their first calf till after they are three years old, instead of seventeen and twenty months, as is the rule.

Hence the first recommendation is to avoid consanguinity and keep the heifer sterile for the first twenty-seven months. This method of breeding I would advocate as the rule for cattle breeders, because I deem it absolutely essential that cattle-breeding and dairying should be distinct occupations. Years ago the English breeders found that they could not profitably breed an animal that would be fit for the butcher and the dairy; hence there arose the dairy-breeder and the beef-breeder. Now, after many years devoted to the subject of dairy cattle, I am convinced that a man cannot keep his cows breeding and milking at the same time, and supply a healthy food to the community.

In my opinion, then, the separation of the functions of breeder and dairyman is the first reform to be recommended. All the cows used to supply milk for food, especially for infant food, should have their ovaries removed. The first suggestion of this proposition seems, to the ordinary mind, preposterous, unnatural and cruel. It is no more unnatural than the castration of the male animal for the improvement of its meat for human food, and as to its cruelty, having performed the operation several times myself, I can conscientiously affirm that the pain of one parturition outweighs the suffering of the operation of spaying, if the latter is properly performed. The operation of spaying is by no means new or novel; it is probably as old a procedure as any surgical practice associated with the domestication of animals. In some regions the spaying of the female pig, for the improvement of her meat, is as common a procedure as the castration of the male pig, and spaying is very often practiced in the females of the bovine tribes among the beef herds, for the same reason of improving the meat. Now, in spaying a beef animal only one result is obtained, while in spaying a dairy animal two very desirable improvements are the result. In the first case, improvement of the meat in the beef animal is the only result; in the other case, that of the dairy cow, the quality of the milk is improved and many of the diseases and disturbing affections resulting from œstrum, pregnancy, and parturition are totally eliminated from the dairy. These latter disturbances have as much,

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if not more, to do with the production of positively bad milk as any single group of disturbing conditions in the dairy.

No one disputes the deleterious effects of colostrum from the cow when used as infant food. On dairy farms, as ordinarily conducted, abortions are very common, and often epidemic, and when these abortions occur the entire product of the dairy becomes colostrum. Cases of pelvic cellulitis occur, septic absorption is common from placental retentions, and an amount of unhealthfulness prevails, while the quantity of milk produced is not very materially lessened. No one can dispute that under these circumstances the quality of the milk is very much lowered. This occurrence is not a very rare one, but comparatively common according to my experience and the reports of the dairy journals. The elimination of this trouble alone would quite if not more than compensate for the trouble of spaying every dairy animal.

Milk fever is a common affection of the dairy, and the phenomenal milkers are more prone to it than the less abundant milkers. This febrile condition must necessarily affect the milk perniciously, and as it only follows parturition, of course would be eliminated when parturition ceased to be one of the phenomena of the dairy. The occurrence of ovulation in the dairy has a decidedly deteriorating effect on the milk supply. I have myself, from numerous experiments, ascertained that in this condition a cow secretes milk that is intensely acid and emits a very disagreeable odor if heated in a test tube. The high-bred dairycow is an excessively nervous animal, and during heat becomes frantic, and in the field with a herd, one bulling cow will often produce a condition of excitement among her companions which distinctly and palpably affects the whole milk product of the entire dairy. If there were no ovaries in the herd, this disturbing condition would never occur.

Mammary abscess and mammitis, when not due to traumatism, are, in the great majority of cases, a complication of the parturient state. It often occurs in these conditions that the milk is mixed with blood and pus. Of course, neither of the materials would have much of a deleterious effect on a healthy stomach, but when we take into consideration the febrile state of the animal thus affected, and the excessive nervous disturbance resulting from the pain caused by the milker, this variety of milk is absolutely poisonous. A case of acute diarrhœa caused by this variety of milk, I reported some years ago in *The Medical Record*, under the title of "Acute Milk Poisoning."

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Sore tits in various forms are common in the ordinary dairy, and occur only in the first five or six weeks following parturition; these cracks and fissures, that become ulcers from the constant irritation of the milker, frequently contaminate the milk with a virus that must necessarily be productive of disturbances injurious to the infant that gets milk from cows thus affected.

Cow-pox, a disease which has attracted the attention of the entire civilized world, almost invariably commences in the cow soon after parturition, when it breaks out in a dairy due to the fact that there are cracks and fissures resulting from the excessive activity and consequent engorgement that takes place in the first few weeks after calving. Cow-pox is an acquired disease from the horse; it is pretty conclusively settled that horse-pox, a mild disease in the equines, is conveyed to the cow by the milker who had handled the horse, and thus inoculated the cow's dugs if these latter are excoriated, by the virus adhering to his hands. Cow-pox in the cow becomes an exceedingly loathsome disease, and is characterized very often by phagedenic ulcers, which are constantly irritated and excoriated by the milker, whose hands also become the seat of vesico-pustules. The following passage I quote from Crookshanks' book on "Vaccination," in his chapter devoted to cow-pox: "I hope it [vaccination] will be turned by enlightened men towards another perhaps of as nearly as great consequence [prevention of small-pox], namely, the prevention of the original malady in the animals themselves. Those who had witnessed it and only reflected upon the excessive filth and nastiness which must accordingly mix with the milk in an infected dairy of cows, and the corrupt and unsalubrious state of their produce in consequence, will surely join me in the sentiment." Of course, other conditions besides mere spaying, which only incidentally makes the cow less susceptible, because the tits are less likely to be cracked and excoriated—which is necessary to receive the inoculation—are necessary to avoid this disease entirely in the dairy. It should be an inexorable rule that no one who is employed in attending on horses, should be allowed among dairy cattle. I am thoroughly convinced in my own mind that many of the simple throat affections are complicated and rendered grave by milk from cows with cow-pox, or other sore or aggravated conditions of the dugs that pollute the milk. Any one familiar with the dairy must have noticed a common and filthy habit prevailing among dairymen, namely, of keeping the tit wet with milk from the pail, in consequence of which these sores are constantly washed with milk and the washings drop back into the pail through

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the dirty fingers of the milker. We must all remember the interesting discussion in England on the so-called Hendon cow disease, which was alleged by good authorities to have been the cause of an outbreak of scarlet fever. After reading all the literature available on the subject, and from my own practical experience, I conclude that the milk in question was contaminated either by cow-pox or ulcerated tits, because it is a well-settled fact that other sores besides those of cow-pox will cause sores to arise on the hands of the milkers, and it requires no stretch of imagination to see that a virus like this, if conveyed to an irritated or morbid throat, would increase the existing disturbance. This of course seems plausible, but it is only a surmise.

Thus it can be seen, that by separating from the dairy entirely the breeding, very many of the common and constantly occurring disturbing conditions that perniciously affect the milk may be entirely eliminated, and the milk otherwise vastly improved. This is not surmise, but is in fact a demonstrated truth. I have in my own dairy several spayed cows, whose milk is used for infant food, and I have been obliged during the past summer to send milk directly into dairy communities so far from me that the milk cost the receiver seventy-five cents a quart. Communications from these people express surprise at the beneficial results of the milk I send them, being themselves right in the midst of dairy cattle and everything, to their observation, betokening health. Many of them imagine that I prepare the milk in some way. I only introduce this bit of personal experience, in order to reiterate that the milk is only pure normal secretion from animals that do not ovulate or become pregnant, and are removed from the danger accompanying these conditions.

The operation of spaying is a very simple one. I cast the cow on her right side, administer chloroform, produce complete anæsthesia; observing all the recent antiseptic precautions, I make an opening on the left flank, sufficiently large to admit my arm, which I introduce, reaching up into the pelvis till I find one of the ovaries. This I grasp with the hand and having previously serrated my thumb-nail with a file, I saw and scratch the attached end of the ovary till I separate it thus from its attachments. I drop this out of the abdominal cavity without entirely removing my arm and search for the other one, with which I proceed in the same manner. I withdraw my arm, and with a very fine catgut ligature I bring together the peritoneum ; with a coarser catgut I unite the muscular structure; with a still coarser ligature I unite the hide, leaving between the hide and the muscular substance in the lower part of the wound a pledget of oakum for drain-

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age; then I cover the entire wound with a large quantity of oakum, which is kept in position by means of adhesive plaster passed several times round the abdomen, and all left in position for ten days, when the plaster, oakum and drain are all removed and a little iodoform sprinkled on the drainage outlet. There is usually a rise of temperature of one or two degrees, that subsides after the first twenty-four hours. The secretion of milk is noticeably decreased for the first two or three days, when it gradually increases, and at the end of ten days has reached its normal flow. We make no use whatever of the milk for two weeks following the operation, and not then if the site of the drainage is still discharging. I have in my herd one cow spayed four years ago, the first one on which I operated; she is giving as much milk to-day, if not a little more (about ten quarts) than she was before the operation. She never has been sick a day and is very quiet, never excited from any cause, in good condition of nourishment and promises to remain a useful animal for years to come. This same description applies to all my spayed animals. There is hardly a cow in my herd among the animals not yet spayed that I have not been obliged to throw away the milk of for days at a time, owing to injuries, indisposition, or like causes; but among the spayed animals, I have not known of one being injured by the horns of their fellows, the most common source of injury among dairy cattle, because they are so quiet and keep by themselves that they are not subjected to the ferocity of their companions; they are never excited during the heat of other members of the herd. I am thoroughly convinced that the coming dairy cow will be a spayed animal, and when she gains popular favor, then undoubtedly one of the most common and constant sources of disturbance in the milk supply will be removed.

Thus, then, it can be seen that by a careful and judicious system of breeding outside the dairy, and by surgical interference within, the proper type of dairy animal can be established. But unless this animal receive proper food and rational care, the improvements in her breeding and other conditions will count for less than they otherwise would. It is apparently one of the strange phases of human perversity that the animal that supplies the human race with the highest type of food—milk—should receive the least care and attention in regard to her food. Visit any dairy farm and you will find the horse stable clean, the animals well and dryly bedded, curried daily, and fed with the best hay and oats. No refuse for these animals. But the cow you will usually find in a dirty stable, scant bedding, receiving no attention by the way of currying, and if there is any kind of

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refuse to be bought in the neighborhood, this is deemed good cow feed, whether it comes from the breweries, distillery, glucose or starch factory; and in fact, all the refuse from the preparations of grain is classed as good cow food. She is pastured usually on land that cannot be tilled, and the exception is when the cow receives any sort of rational care. The cow is entitled to the best food that is procurable, and unless she gets it we have no right to expect good milk from her, no matter what her other conditions may be. She deserves the whole grain; in corn she should not receive only the refuse that is left in starch and meal mills, but the entire result of the grist; and the same with oats, hulls and screenings are not good enough to produce good milk. About the common sorts of refuse used I will say nothing, because we all know that they are improper. For the life of me I cannot understand why some judicial legislative action is not directed against their use. I have in my possession a series of remonstrances stringing along for forty years, urging the necessity of stopping the use of brewery grains and distillery slops, but all in vain. I can understand of course, why a good deal of this system prevails; the dairyman has been ground down too low in the price he receives for his product. He cannot possibly buy prime food for his cows, and he is compelled to pasture them and bestow as little attention as possible to their care. It would require more than double the price he gets now to feed his cows in the stable always, when they are milking, summer and winter; it is only by this method that a cow can have her food judiciously selected. The cow is a strange animal; I do not know whether it is natural or comes from her breeding, but she will always drink the dirtiest water she can find; if there happens to be a putrefying carcass or dirty bones about the pasture she will sniff about them and chew the bones, and when the pastures are dry there is no poisonous or noxious weed that she will not eat. I repeat that I hold it as one of the prime requisites for good milk that the cow should always be fed in the stable with proper food. Of course this does not necessitate the cow being locked up all the time; she can be turned out the greater part of the day, and, in the hot weather, at night if necessary, but not where she can get dirty water or be in the presence of filth of any kind, or browse on noxious weeds.

Thus, avoiding the oft-repeated tales of the calamitous diseases that are communicated or supposed to be communicated from the cow to the human race, I have confined my argument to the simple elementary necessities for a better dairy. But I am pretty well con-

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vinced from my experience that there is little to be hoped for from legislative action or public opinion, because it seems to be regarded as a dangerous thing for legislative bodies to interfere with established commercial institutions, and the public trust in their lawmakers and sanitary authorities. If New York, with her wealthy, liberal, and intelligent population, would organize a dairy scheme establishing the reforms I have indicated, the problem would soon settle itself, because it makes little difference what the price of good milk is if anywhere within reason. A supply of good healthy milk will surely crowd out the floods of bad milk that are now being poured into the city for the nourishment alike of infant and adult.

HOW GALVANISM BENEFITS IN THE TREATMENT OF FIBROIDS.

By JENNIE W. NEWELL, M.D.,

Jersey City, N. J.

LIKE all new methods of treating disease, electricity had the floor for a while as a "cure-all," especially in the treatment of fibroids of the uterus. After a great deal of harm has been done, even in the hands of experienced electro-therapeutists, electricity has in these cases settled down to a common-sense basis, and we find that though it will not entirely disperse or destroy these tumors, as first claimed, it certainly does a great deal to relieve the symptoms, and if persevered in, will in some cases somewhat reduce their size, thereby relieving the pressure. It will undoubtedly arrest their growth, and any agent that will do as much as that is worthy of trial, as the per cent. of deaths under operation is so large, and this is the only other means at our disposal for relieving these growths. In cases where there is much hemorrhage, we have in the positive pole of the *galvanic* battery a perfect hæmostatic, and after all the only real danger in fibroids is from hemorrhage or pressure of the mass on some vital organ; if, therefore, we can tide over the menopause, at which time they give the most trouble, many of them will then atrophy with the uterus and its appendages.

I have noticed, however, in women who have never borne children that there is generally amenorrhœa with fibroids, and these are the cases where the tumors grow very rapidly, due no doubt to the fact that the retained menstrual blood assists in nourishing them.

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Fibroids are much more common than the general practitioner is willing to admit, as it requires a practiced hand to discover them, especially in fleshy women, or when the tumors are of small size, and unfortunately many in our profession have neither the time nor the opportunity to cultivate the "seeing finger."

Of the many cases I have examined in dispensary and private practice I have only been able to treat five with electricity sufficiently long to arrive at any conclusions worthy of interest. Several discontinued for want of means, or because some one told them of one of the "sure tumor cures" "guaranteed to give satisfaction or money refunded," and quite an interesting case stopped treatment because her friends, who were women, by the way, told her the only kind of a tumor case a woman doctor understood was a baby case. I certainly think it has been "*Woman's* inhumanity to *woman* all these past ages that has made countless thousands mourn" instead of man's.

Case I.—Unmarried girl, æt. twenty-four; dressmaker. Had hip disease when a child. The right leg was much shorter than left and, as usual in these cases, it was impossible to bend the knee.

The tumor was as large as a child's head and lay toward the lame side. Menses scanty and irregular, constant aching pain in pelvis, with violent headaches; the latter I entirely relieved with drop doses of extract of *ergot.*

This being my first experience, I bought a 32-cell portable battery of Wait & Bartlett for her especial benefit. This battery has, however, been since replaced by a cabinet of LeClanché cells, as all acid batteries I consider too uneven in action for using powerful currents safely, and I have yet to see a rheostat that will regulate the current better than the ordinary switch board.

I started in this case with 30 milliampères, negative on abdomen, attached to Apostoli's clay electrode and small vaginal electrode covered with absorbent cotton attached to positive pole in vagina, it being impossible to introduce the smallest probe into the uterus, which was flattened out against the immense fibroid mass.

I used electricity this way twice a week, fifteen minutes at a time, until all pain was relieved. I then reversed the currents, gradually increasing strength to 100 milliampères, the strongest she could bear without severe after pains.

In two months she menstruated profusely, regularly and painlessly. I treated her for over six months, and in that time her general health was much improved, but the tumor did not decrease in size though its growth was arrested, as previous to consulting me it had grown so rapidly that in three months' time her friends all noticed it and thought she must be pregnant, and she insists that six months before her abdomen was perfectly flat. I, however, doubt if that was absolutely true.

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It is two years since I used *galvanism* in this case, and I have seen her several times since and the tumor remains the same and has not increased an inch, as she measures it regularly. She has, moreover, no more pain or headache and menstruates regularly. So the treatment can hardly be said to be a failure.

CASE II.—Married woman, æt. thirty-eight; mother of five children, consulted me for a continual flow of four months' duration. Examined and found uterus hard and enlarged, sound passed five inches, diagnosed sub-mucous fibroid, menses had been previous to this regular, but profuse, lasting eight to ten days.

I used galvanism the same as in the first case, only introducing a Goelet's prepared steel sound into uterus attached to positive pole, until hemorrhage was checked, then used negative intra-uterine. After three months of this treatment uterus measured only three inches and she, feeling perfectly well, discontinued her visits. I did not see her for a year, when she returned looking wretchedly, and said "she could feel a lump hanging from her womb." On examining I found a bluish mass the size of a walnut hanging from the os. I caught it with a pair of forceps and twisted it off, with but slight hemorrhage. On cutting it open I found a hard substance that resembled tough, dried-up meat; it was undoubtedly the remains of the tumor which was too hard to become absorbed.

I thoroughly curetted the uterus and applied pure *carbolic acid*, and to-day she is better than she has been for years.

In this case there is no doubt but that the electricity destroyed the growth.

CASE III.—Married lady, forty-four; one daughter seventeen years old. Had profuse hemorrhages every two weeks, was very weak, with great dyspnœa, but no pain except around the heart. I found a large fibroid mass reaching to the umbilicus.

I used as high as 150 milliampères on this case. As she lived some distance she only came once a week for treatment. Electricity caused the tumor to sink lower in the pelvis, the pain around the heart became much better, and she had no more trouble with breathing. She could also wear dresses comfortably that before would not button. She was under treatment four months and was convinced the tumor had greatly decreased in size, in which idea I did not undeceive her. I am positive, however, I only succeeded in reducing the bloated condition generally found in these cases and caused the tumor to settle down in the pelvis. My opinion is that this is the secret of many other reductions in fibroids.

CASE IV.—Irish woman, married, æt. thirty-three, no children, menses irregular and scant. Large fibroid mass back of uterus which it pushed to within ½ inch of vulva. She complained of constant backache and bearing down pains, and had an irritating purulent discharge, the latter the cause of her consulting me. Six months' treatment restored the uterus to its normal condition, relieved both

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pain and discharge. I then introduced an Albert Smith pessary and discharged her symptomatically cured, as there could still be felt a small mass back of the fundus.

Case V.—Married woman, æt. thirty, two children and eight miscarriages; badly lacerated cervix and purulent discharge; uterus enlarged and retroflexed; a history of two attacks of peritonitis. Mass size of orange felt on the left side, hard and immovable and *very* painful. I never used more than 12 milliampères in this case, but gave ½ hour each time. In four months mass could not be felt; restored uterus with a cradle pessary, and she is apparently well to-day.

I, however, have always had my doubts as to whether that mass was really a fibroid, or merely the hardened deposits from peritonitis, and my reason for the latter hypothesis is the fact that never more than 12 milliampères could be used without intense pain, from the general sensitive condition of the mass which probably involved the ovary; in a genuine fibroid you rarely find a sensitive condition of the mass itself, though sometimes the surrounding tissues are so, due undoubtedly to pressure.

Since writing the above I have heard of the death of my first case, in August, from hip-disease.

An autopsy was held and the tumor removed, which weighed nearly fifteen pounds. Inside was a cavity filled with a brown fluid, showing that the mass had begun to break down, due no doubt to electricity; but the point I wish to raise is the fact that not only the head of the femur was destroyed by necrosis, but also the bones of the pelvis; and the idea will enter my mind that having once had this disease when a child and been cured, may not the strong currents have had something to do with the bone becoming diseased again? as certainly an agent powerful enough to soften a fibroid could also affect bone.

If such is true, how careful should we be in the use of so potent an agent, whose power is as great for evil as for good!

In summing up I would say, electricity is beneficial as a hæmostatic, it relieves pain, reduces the bloated condition surrounding the tumor, whether due to œdema or merely a retention of gases, thereby causing the patient to think (and sometimes the physicians also) that the tumor itself is reduced.

In submucous fibroids it will absorb them, but dilatation and removal by torsion would be quicker, the only advantage in electricity being, that any one can apply it, while to remove one requires some skill in surgery and the use of an anæsthetic. It also assumes the

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proportions of an "operation," the very name of which often frightens timid patients from us, to seek relief from one who never mentions it.

The moral effect of electricity is also good. It reinforces the suggestion to a patient to think she is going to be benefited and she certainly will be mentally better, if not physically. Who yet can teach us where the purely mental ends and the physical begins? With a record of fifty per cent. of deaths from operation, electricity is certainly to be preferred.

PATHOLOGIGAL PRESCRIBING: "RELATIVE VALUE OF SYMPTOMS."

By CHAS. B. GILBERT, M. D.,

Washington, D. C.

THE paper by Dr. Freer in the October (1890) number of the JOURNAL, p. 647, was read in answer to one of mine with the first part of the above title, the condensation of which is below; but I first wish to criticise the last paragraph on p. 649 in the doctor's paper, where, after stating that the enlarged prostate was accidentally discovered, he bewails the neglect of pathology; if the doctor had properly *diagnosed* his patient's condition, the "relative value of symptoms" would have been apparent and he would have known the "fundamental cause and other circumstances" (Organon, p. 5) as well as the "totality of the symptoms." My paper is as follows:

A pathological condition, as such, is unvarying in quality; for instance, croupous pneumonia; an expert diagnostician can, by the symptoms that are the necessary accompaniments of the changes in the pathological process, indicate what is going on in the lung; the accompanying symptoms are as unvarying as the lung changes themselves, for instance, the sounds and the sputa; but while the croupous process is always alike, it varies in degree; for instance, the composition of the infiltrate in the second stage—red hepatization; to quote from Rindfleisch—"It is true that the red blood corpuscles are never wanting, yet in the one case they constitute but a small fragment of the cells present, while in another they amount to more than double the colorless; in individual and more rare cases, however, they are so massively accumulated, that we with reason ask, whether this

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must not be termed rather an extravasation than an exudation?" So that we, see even in as exact a process as croupous pneumonia, the individual qualifies the process.

But it is evident that neither the pathological state, the pulse, nor the fever will be sufficient to indicate the curative remedy; for in examining records of poisoning it will be found that the appearances of the lungs are simply recorded as congested, hepatized, or purulently infiltrated, nothing to distinguish the effects of one poison from those of another. Of what use then are they unless we can base our prescriptions on them? First, in diagnosis, that we may be able properly to care for the patient, for with improper nursing he might be lost; second, as a correcting guide in the administration of our remedies, for if, under the action of an ill-chosen remedy, the patient's pulse and fever are diminished, but the pathological process still advance, we shall know that the remedy is not helping, but is rather harming the patient; third, in the matter of prognosis, which is often of great importance.

The cause of the variation of symptoms accompanying a definite pathological process is called the idiosyncrasy of the patient; let us suppose a patient to be afflicted with a pathological condition, capable of definite diagnosis, and with symptoms not commonly pertaining to that condition; for instance, the following case, reported by Dr. A. R. Wright, in Trans. of N. Y. State Soc., 1872, p. 123, and quoted in Raue's Record, 1874, p. 147:

"Mrs. B., æt. sixty-one years, of nervous temperament and full habit, by exposure soon after chills and general congestion, had a relapse with symptoms of pleuro-pneumonia in the extreme lower anterior portion of the right lung; respiration labored and about 60 per minute; breath a little fetid; pulse 115; dry, hacking cough; great nervous excitement. The administration of ordinary remedies indicated, relieved for three or four days some of the symptoms and modified others; then came a nervous, spasmodic, very explosive cough, at intervals of one or two hours, convulsing the whole body; At each cough and at no other time, there issued from the lungs a volume of air, of a most pungent, fetid odor, with an offensive taste in the mouth; the room would become so tainted as to drive the nurse out; catching pain with each cough in the region of the liver and lower part of lung; sputa, dirty brown." Only under *capsicum* could the doctor find these symptoms; he gave one dose at his evening visit and there were no paroxysms of the cough during the night, but it returned at intervals during two weeks; several times remedies were

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given because other symptoms seemed to demand them, but each time the fetor returned; each dose of *capsicum* acted from twelve to fifteen hours.

Capsicum has never produced pneumonia as far as I can learn, but has produced the symptoms peculiar to the case, and proved to be the curative remedy for it.

If we must base our prescriptions on the pathology of disease, what shall we do in cases where no diagnosis can be made; or what shall we do in cases where skillful physicians disagree as to the diagnosis? Shall we do nothing and wait for nature—the expectant plan? The answer is that of Hahnemann in pp. 17 and 18 of the Organon with the foot note, which in substance is, that if the symptoms are removed homœopathically, the pathological process which caused them will be removed also; and that as the all-wise Creator has developed the symptoms as a guide to the pathological process, it is evident that the removal of the totality of the symptoms is all that is required to remove the disease.

The pathology of a case is often obscure and in many cases so indistinct as not to be understood, while the language of the symptoms is always to be heard and the understanding of them is only limited by human power; they not only express the internal suffering, but also the individual character of that suffering. When Dr. Pope, of London, whom you know as one of the ablest of the English physicians, asked Dr. Hering what was the cause of the decline of homœopathy in Germany, he replied, "Because they do not any more prescribe according to the symptoms." Germany has indeed run mad after germs and germicides, and as a result the homœopathists have become medical suicides.

As the concomitant symptoms are as much the language of the cause of disease as the resulting pathological process, and as it has been demonstrated that a remedy which will produce certain symptoms on the well will cure similar ones on the sick, we may safely reason that if the concomitant symptoms have been produced by a remedy, that the pathological process may also be imitated under favorable circumstances; we need not hesitate, therefore, to give any remedy that covers the concomitant symptoms; we *must* give it, if we wish to cure in the best way.

"Diagnosis, pathology and prognosis constitute one trio; the law of similars, the totality of the symptoms and the minimum dose an other, each valuable, but each supplying different uses."

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The foregoing partly applies to the subject of "relative value of symptoms," but there are a few points in Prof. Allen's paper (p. 708, Nov., 1890,) that I would like to speak of. Shall the acute or chronic symptoms guide? Let us take pneumonia: in the case cited by Prof. Allen, he does not say whether the symptoms other than those immediately due to the condition of the lungs, were chronic, or had been awakened by the cause that produced pneumonia; gastric and hepatic complications are not rare; in this case it was evident that the *peculiar* symptoms dwelt upon by Hahnemann were, as usual, the guiding symptoms; but suppose that there exists a chronic state upon which acute symptoms, like those of pneumonia, of an alarming character are precipitated, it is true that if the patient was not suffering from chronic disease that he would probably recover in the course of nature, and probable, also, that he would not have had pneumonia at all in the absence of any preexisting departure from health. But what would be the result of prescribing for chronic symptoms which are in *abeyance* to the acute malady which has complete possession of the field? To make them worse invites death, and Hahnemann says that the power of a remedy to cure lies in the ability to produce, at first, an aggravation of the malady; by prescribing for the chronic malady, therefore, you lower the tone of your patient at the critical time and the acute malady runs riot; new symptoms show advancing disease, and it seems to me that the duty of the physician is to prevent the patient, as far as possible, from growing worse, because every day of sickness robs him of so much vitality; the curative action of remedies is in this wise, is it not? The last symptoms to appear must be the *first* to disappear, else it will be merely a recovery; now if we prescribe for a chronic condition which is in abeyance to the acute disease, we shall allow the acute malady to run its course and shall not be treating the patient at all for the acute disease; to be sure we may prevent the chronic condition from becoming worse as the result of the patient's weakened vitality, but is that *all* of our duty? Will not the patient get well quicker if treated for his acute malady first? The writer's experience so teaches.

But suppose that the latest acute disease has been subdued beyond the danger point and the patient still does not get well; inquiry will then bring out old symptoms which have preceded the final breakdown perhaps for months or years; *then* the remedy covering them will come in and will have a preserved vitality on which to work. Let a case illustrate: A man said that he had *la grippe* last winter and had not been well since; he was confined to his bed, much emaciated,

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sallow, and *very* weak, but the latest and most acute symptoms were those of muscular rheumatism, which yielded well to treatment; then came severe cough and bronchial catarrh, like that in the *grippe*, which also yielded, but there his improvement ceased; after watching some days, following back his condition prior to the grippe, the fact was disclosed that although he had said he was well before that time, he yet had a *podophyllum* diarrhœa which came at first weekly only, then after growing more frequent, finally ceased when he had *la grippe;* now *podoph.*, cc., one dose a day was given for two days, when the bowels discharged a large stool, very green and *very* offensive; the deed was done and he improved from that hour.

Suppose that the chronic symptoms have been aroused to such increased activity by pneumonia, shall we do else than remove the cause? No. Suppose that the old symptoms become so acute as to overshadow in importance those of the new malady, then the increased danger becomes the newest danger, and still there will be no exception.

Dr. Wm. E. Payne advocated many years ago the concurrent use of the anti-psoric remedy, and the remedy for the acute symptoms; this is often called intercurrent prescribing, and had the quasi approval of the late Carroll Dunham, who nevertheless said that he had no doubt that the malady would run a benign course under the anti-psoric alone, just as Prof. Allen says.

"These acute diseases, as a rule, will have their run;" this statement the writer is sorry to see, because his belief is in his own cases that "have their run" that he has made a complete failure in his prescriptions.

In the matter, however, of diagnosis, I am glad of the support of such good authority, because I have been sneered at for saying "happy is the doctor who, having made his diagnosis, can forget it in prescribing."

REPORT OF A CASE OF PUERPERAL CONVULSIONS.*

By GEO. E. TYTLER, M.D.,

New York City.

BETWEEN 8 and 9 o'clock upon the evening of November 19th, 1888, the writer received a note from a neighboring physician with a request to meet him in consultation at 9.15 P.M., but the messenger did not know the nature of the sickness. Upon arriv-

* Read before the New York County Homœopathic Medical Society, Nov. 1890.

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ing at the patient's house at the appointed time, I found that the case was one of puerperal eclampsia. The patient had expected to be confined within the next few days following that date, but had had no pains nor threatening signs of labor. At 4.30 P.M. she had been taken with a convulsion, and between that hour and 9.15 there had been four convulsions. She was scarcely conscious when we saw her together. We used a catheter and obtained a small quantity of urine, which, upon being boiled, thickened so completely that there was not sufficient fluidity to flow.

The patient was sinking rapidly into deeper stupor, and convulsions were frequent. We decided that it was most urgently indicated to deliver as soon as possible. Examination showed the os to be open only sufficiently to admit the index finger, the head presenting. Not having known that it was even a confinement case, the writer had not an obstetric satchel at hand, but the family physician offered to go for his instruments, his office being nearer. In the mean time the writer practiced digital dilation of the os, and by the time of the doctor's return had succeeded in dilating sufficiently to admit of the use of the forceps, which were decided upon rather than turning. I will remark that dilatation had been easy, the muscles not appearing to resist very greatly. During the manipulation the membranes had broken and the water had freely escaped. The head had not engaged, it was movable above the brim, but there was no difficulty in applying the forceps, and with slow, steady traction, resting occasionally, the infant was delivered at 10.15 P.M. There was not much difficulty at resuscitation. The uterus contracted firmly, there was no hæmorrhage whatever, no difficulty with the placenta and no laceration. Though the delivery was so purely artificial from beginning to end, still there was not the first unfavorable complication. During the dilatation and delivery she had had five (5) more convulsions (nine in all so far), and was totally unconscious between them, so that there was no necessity for *chloroform* as far as concerned the use of forceps, but we gave it because of the convulsions.

Until we saw the patient together, she had been taking *atropine* 3d trit., but at that time we prescribed *veratrum virid.*, ten drops of fluid extract in scant half glass of water, tablespoonful doses frequently.

The patient scarcely swallowed, but we managed by allowing it to trickle slowly in the mouth. From 10.30 P.M., November 19, to 1 A.M., November 20, there were six (6) more convulsions, or fifteen in all. At this time, November 20, 1 A.M., the temperature was 102½,

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pulse 128. The elevation of temperature and frequency of the pulse had come on within a couple of hours just previously. During the hour gave a few doses of *aconite* as an extra remedy, not caring to give up the *veratrum* yet.

At 1.18 A.M. occurred, the sixteenth convulsion. Interval 18 minutes. Gave hypodermic injection of fl. ext. *jaborandi* gtt. xv. with same amount of water, which dose was repeated (by letting it trickle in the mouth) three times during the next seven hours, with the result of causing profuse perspiration; still continued the *veratruem virid.*

1.33 A.M.	17th convulsion.		Interval,	15	minutes.
1.40 "	18th "		"	7	"
2.18 "	19th "		"	38	"
2.44 "	20th "		"	26	"
	Pulse 140.				
3.20 "	21st convulsion.		"	36	"
	Temperature 103½.	Pulse 140.			
3.45 "	22d convulsion.		Interval,	25	"
4.15 "	23d "	Mild.	"	30	"
4.45 "	24th "	"	"	30	"
4.50 "	25th "	Severe.	"	5	"
5.25 "	26th "	"	"	35	"
6.10 "	27th "	Mild.	"	45	"
6.30 "	28th "	"	"	20	"
7.35 "	29th "	Severe.	"	5	"
7.00 "	30th "	"	"	25	"

The treatment during the night had been to give *chloroform* at time of each convulsion, except that for a while we tried *amyl nitrite*, but thought that results were not as good as with *chloroform*, and hence resumed the use of the latter. We continued the *veratrum virid.*, except that during an hour and a half we substituted *belladonna*, but thought that the patient was not apparently doing as well, and we gave *veratrum virid.* again.

At 7 A.M. we left the patient for a while in charge of the nurse with directions to continue the *veratrum* and give *chloroform* at each convulsion.

7.55 A.M.	31st convulsion.	Interval	55	minutes.
8.15 "	32d "	"	20	"
8.30 "	33d "	"	15	"
8.45 "	34th "	"	15	"
9.00 "	35th "	"	25	"
10.05 "	36th "	"	55	"

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At 10.25 A.M. temperature 102½, pulse 114, or temperature 1° better and pulse 36 better than in the night. At this hour the doctor and writer met, when the former said that the husband had called soon after we left in the morning, and said that he wanted nothing left undone, and although he felt no lack of confidence in what had been and was being done, still he wanted the best advice obtainable, and had therefore suggested the name of an eminent member of this society. He had been summoned, and while we were there arrived.

Result of consultation was decision to continue *veratrum virid.*, and also give *mercurius dulcis* 1 x trit. gr. v. hourly for five hours.

11.55 A.M., 37th convulsion. Interval 1 hour 50 minutes.

1.54 P.M., 38th " " 1 " 59 "

Temperature 101⁴/₅. Pulse 106.

At this hour the doctor saw the patient and thought better to try *bell.* and *apocynum.*

2.55 P.M., 39th convulsion. Severe. Interval 1 hour.

4.00 P.M., temperature 103³/₄. Pulse 132.

4.35 P.M., 40th convulsion. Severe. Interval 1 hour 40 minutes.

We now met, and in view of increase of the temperature, greater frequency of pulse and the severity of the last two convulsions, went back to *verat. virid.* This was at 4.45 P.M., when pulse was 140 and temperature, ¾ hour earlier, 103³/₄.

6.00 P.M. (1¼ hours later), temperature 102⁴/₅. Pulse 140.

12 P.M., temperature 101½. Pulse 128.

Nov. 21, 2 A.M., temperature 102³/₅. Pulse 130.

3 A.M., same.

8.45 A.M., temperature 101⅕. Pulse 120.

12.00 M., temperature 100½. Pulse 116.

4 P.M., same.

12 P.M., temperature 101³/₅. Pulse 124.

At this time the patient showed dullness and extensive œdema of two-thirds of right lung.

Tartar emetic, 2 x trit., hourly except every 3d hour, gr. ii. of *iodide of potash.*

Nov. 22,	8.00 A.M.,	temperature	101⅕.	Pulse	118.	Respiration	42.
	11.00 "	"	100	"	120	"	42.
	4.00 P.M.,	"	100²/₅	"	110	"	43.
	7.30 "	"	99²/₅	"	110	"	40.
	10.00 "	the same.					
Nov. 23,	10.00 P.M.,	temperature	98²/₅	"	118	"	40.
" 24,	noon,	"	100	"	112	"	36.

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It was at this time, five days since delivery, that consciousness was only beginning to return. The breasts began now to fill and we then let the baby nurse. The patient had slight ptosis for some time, but no other paralytic sequelæ. While we did not carry the case through with one single remedy, still I think that we could most clearly and decidedly observe that while under *veratrum viride* the patient did better than with any other remedy.

When it was left off for a while during the second day, convulsions were again much more frequent and temperature and pulse both rose. and again subsided fairly upon resuming it. Of course *chloroform* was a necessary adjunct. The number of convulsions was forty during 24 hours and 20 minutes from the first to the last one, but stupor lasted five days. *Morphine* was refrained from purposely, we considering that the chances were better without it, as we regarded the case as decidedly of the *uræmic* form.

It is considered that eclampsia does not occur when the position of the fœtus is transverse, as then pressure does not take place to same extent on the vessels, and it is a curious fact that in a subsequent pregnancy of same patient, something over a year later, the family and the doctor again sent for the writer, as the position was transverse and we resorted to podalic version, when delivery was speedily effected without unusual disturbance.

CONSUMPTION AND LIQUIDS.

By S. LILIENTHAL, M.D.,

San Francisco, Cal.

THERE is nothing new under the sun, and if Volapük became really the language of the world, every one would know and appreciate what is going on in other countries. In a former number of one of our journals I gave a description how consumptives are treated at Falkenstein by Dr. Detweiler, and his sanitarium is constantly so crowded that patients have to wait months before they can be admitted; isolation from the family and strict adherence to the rules of the sanitarium are the conditions under which patients can be admitted. Let us consider Falkenstein in comparison with Gœbersdorf and the Brehmer Sanitarium with the one proposed by our friend Dr. Burt, in Chicago.

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In *Le Progrès médical* of November 1, 1890, Dr. Paul Pouget gives a description of his visit to Gœrbersdorf, a village in Siberia, nearly six hundred metres above the sea, with plenty of fresh air in forests, and where everything was created for the benefit of the patients. The general treatment totally differs from that of Falkenstein, for while in the latter *rest* is made a chief point for the cure, in Gœrbersdorf *exercise* is recommended for the cure of consumption. Any one who is able to walk, must walk in the parks according to individual directions as methodical, slow ascensions, with shoulders bent backward. At night the windows are closed, but free ventilation is well taken care of from the top of the room by an opening communicating with the chimney. At half past six in the morning a fanfare awakens the sleepers, and half an hour later another fanfare invites them to breakfast, coffee with milk or chocolate and bread and butter, followed by a big glass of milk, and then everybody has to walk. Some even take a bottle of milk with them into the park, of which they take a swallow once in a while during their walk. 10 A.M. they are recalled by the sound of the trumpet and regale themselves with bread and butter and another glass of milk. At half past twelve the gong announces dinner: soup, two different kinds of meats, vegetables, compote. Fat plays an important part in their preparation. Two to four glasses of Hungarian Bordeaux, any alcoholic, according to the order of the physician. Some prefer coffee. Cognac is dear, and mostly only prescribed when there are nightsweats. After dinner the patients entertain themselves in the parks till 4 P.M., when they must take their glass of milk and bread and butter. After that they ramble in the Corso till 7.30, when they have for supper a plate of meat, hot or cold, some vegetables accompanied by more milk. As each patient consumes about two quarts daily, it is worth while to visit the dairies, which are kept in the most perfect state, and the milk is therefore of the very best. About thirty quarts of Kephir are daily consumed. A little walk after supper and everybody retires to his room and sleeps. All hazard games are strictly forbidden, but flirting is allowed, and many a marriage took its start from Gœrbersdorf. Some go surreptitiously after supper in one of the beer-houses, but after 10 o'clock they are also closed, and side doors are unknown. There are patients who return every season to rest from their labors and strengthen their constitutions; others remained for months and even years in order to regain their health. Of the two hundred patients then at the sanitarium, about one-fourth had to stay in their rooms, suffering from hæmoptoe or from fever, and whether it is an initial fever or one from absorp-

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tion, the ice-treatment is the same. Axillary temperature is taken every two hours during the day, none at night. An hour before the fever sets in the patient takes a large tumbler of Bordeaux and applies to the præcordial region a large bladder filled with ice; and should the next attack be still severe, the patient takes two doses of his wine at an interval of half an hour. At Gœrbersdorf they consider the ice-application of great importance, as it strengthens the heart and prevents the final collapse of this organ; it rather slows the circulation, gives it more tone, and it would be wrong to consider it antithermic. It gives the patient such a relief that he never objects to it. With sensitive patients of a fine skin and without much fatty tissue, it may be advisable to intersperse a few layers of flannel, while, exceptionally, some patients cannot bear it.

Fresh air, ascending hills and mountains in a methodical manner, exercise and suralimentation are not the only means to strengthen and harden consumptives. The skin must also be taken care of. Nearly all are rubbed down in the morning, either dry, or with alcohol, and then washed with water which is gradnaliy reduced in temperature till they can bear a douche. Medicaments are hardly ever prescribed. In relation to cleanliness in regard to sputa Falkenstein is far ahead of Gœrbersdorf, where the bacillary theory does not seem to prevail, and where they lean far more to hereditary and acquired influences in producing tuberculosis. Will Koch's Parataloid share the fate of Brown-Séquard's Rejuvenator? A meteor to shine and disappear? Let us patiently wait and see. We see that Burt, and Wolff, the successor of Brehmer at Gœrbersdorf, agree on suralimentation of their patients, that a suitable diet is the first requisite, and to get a fair digestive power, fresh air, exercise and ascensions, in order to strengthen the weak heart, are of the utmost importance. Water in every shape and plenty of it, says Burt; water, milk in abundance and Hungarian Bordeaux, says Brehmer, but drink all the time even during your walks. Both try their level best to keep hectic and night-sweats at bay; both try by their hygienic treatment to keep the inner and outer surface of the body in the best condition to assimilate food and drink and to sustain life's ebbing strength. If Dr. Burt is too sanguine, we meet the same hopefulness at Falkenstein and Gœrbersdorf, and the same hopefulness is participated in by patient and physician. So far remedial treatment of any or all schools has failed to be of much benefit, and palliation at most is all that can be claimed for it; and if I am not mistaken, even Dr. Burt shares in the doubt of beneficial action from remedial treatment, though a good part of his book is filled

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with indications for drugs. It is most astonishing that both sanitaries claim so much benefit for their patients, though in the one the rest-cure, in the other the movement-cure, preponderates; in the one the diet is more restricted, in Gœrbersdorf a scant anmial diet, but butter and bread rather than bread and butter, milk in abundance, coffee, chocolate, wine and, exceptionally, brandy, or beer allow a chance to the patient so that he may enjoy his meals and gain in weight. I acknowledge that I have more confidence in the open air, walking and ascending suralimentation of Brehmer and Burt than in the sanitary-rest treatment of Detweiler.

Burt dedicated his treatise to the celebrated French clinician, Dr. P. Jousset of Paris, who in his Leçons médicales, 1st tome, p. 174, recommends a scanty diet for his phthisical patients, consisting of farinaceous food and milk, soup in all its forms, vegetables, even salad, any kind of fruit, eggs, fish and shell-fish, but the more they abstain from meat and wine the better they will feel. Tea and coffee, or a light Bavarian (lager) beer at night, ought to take the place of alcoholic stimulants, but such meagre diet suits only the first stages of the disease, and may be contraindicated when the cachexia with its hectic and nightsweats is fully developed. When the patient during the first stages has will power enough to keep to such meagre regimen, he will soon show again in weight and this is the best sign of improvement. By-and-by he may take once in a while and exceptionally a plate of meat. Jousset is thus also for suralimentation, as thus alone inanition and emaciation can be kept at bay and some sort of wellbeing re-established. The working class in cities who eat meat twice a day, and who abuse the use of alcoholic drinks, furnish a large proportion of the deaths from pulmonary phthisis (see Ludlam's translation of Jousset's clinical lectures). If such is the case in France, how much more ought we to raise a warning voice in our own country where the workman wants his animal food three times daily, and where the ginshop allows them to take the deadly poison. Nor is club life a step in the right direction, for good living and social manners are its essence. Even in our wealthiest families meat thrice a day is the rate, and the children, even before they can masticate fully, must partake of this animal diet to become strong and thus in many cases the seeds of acquired tuberculosis are planted, and where there is a heritage we may be sure that such a diet will bear its fruit in due time.

One often hears students complain that in their courses of lectures they hear so little about dietetics; now if such grumblers would pro-

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cure, for a trifling outlay, the manuals of dietetics of Fothergill or Pavy, they could instruct themselves in that necessary branch of medical art and science. In fact, it is a good sign that didactic lectures are put in the background and clinical stories are now considered of prime importance. But let us return to Fothergill; who teaches, page 171, that fat is requisite for the building of healthy tissue-elements. Milk (it is given unskimmed at Gœrbersdorf) gives that form of fat which is most desirable; the emulsion and the dietary should be so arranged as to include a quantity of fat-bearing milk. A supply of good vegetables gives phosphate of soda and other useful salts. Milk should be the staple of the dietary, butter should be freely allowed, fat-eating must be encouraged and milk-puddings or suet-puddings are good. The baked beans and pork of New England form a capital food, rich in fat. In encountering phthisis his greatest dread is a distaste for fat, for its absence leads to a dyscrasia which favors the production of tubercular growths. It is this pretubercular stage of phthisis where we can do the most good. Fat for prevention; fat for cure, and our reliance must be on liquid food, which is better than all the nastiness ever offered to a consumptive.

Pavy (page 347, food and dietetics) says: fatty matter is of great importance as an alimentary agent, being essential to tissue formation, hence so many cling to cod liver oil, inferring that a measure which proves efficacious in removing an unhealthy condition would also tend to prevent its development. Starch and saccharine matters prove advantageous constituents of food and serve to take the place that would otherwise require to be filled by any extra amount of fat.

Parkes in his Manual of Practical Hygiene, II., 149, considers arrangement of food, exercise and pure air the three guiding principles in the treatment of phthisis; that food should contain a good deal of nitrogenous and fatty principles if phthisis is apprehended. Milk has been long celebrated and the koumiss is now a good deal used. Exercise is of the greatest importance, and this must be in the open air. The best climate is that which permits the greatest number of hours to be passed out of the house. In the house itself attention to thorough ventilation, *i. e.*, to constant, though imperceptible movement of the air, is the point to be attended to.

Diabetes and strictly animal diet, and the consequence too often is death by phthisis pulmonalis. The Gœrbersdorf diet, suralimentation by fluids and the minimum allowance of nitrogenous material may after all become the basis of our treatment, and consumption can be prevented and cured when from infancy up we learn to follow na-

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ture's mode of treatment. Much could be accomplished if the physician was more the family counsellor than its medical attendant; if he could teach them how not to get sick and how to preserve health; but doctors must live and fools deserve no better fate. Alas! how disagreeable truth is and people are rather afraid of it. Will it ever be otherwise?

PREVENTION AND CURE.*

By J. W. DOWLING, Jr., M.D.,

New York City.

As there have been no recent discoveries in pathological science that have not been most thoroughly discussed and theorized upon in the pages of the medical journals, with which, no doubt, you are all familiar, and as any similar discussion here could but be a *resumé* of such articles, it seems to me that I may better succeed in presenting a few thoughts that may meet with your approval if I confine myself to stating some of the facts that have come to my knowledge in the line of preventive medicine. In this connection, by "preventive medicine" I mean that investigation of the causes of disease which must occupy part of the time and attention of every physician in active practice. How often are cases of illness brought to our notice, the result of some violation of the laws of health! It may be an outbreak of typhoid fever. Of course our first duty is to combat the disease and to endeavor to save the life of the patient. But back of this there was the cause for the outbreak, and here the physician should have played his part at an earlier stage. Who can so well instruct a community in the ways of guarding against such plagues as the man who has spent his life in fighting their consequences and in studying their causes? To be sure, in our large cities the Boards of Health take up this part of the work of guarding the safety of the community, but in the smaller towns and villages the physician is the only one who can point out sources of danger that would otherwise be allowed to remain and eventually accomplish their work of destruction. All of this applies in a general way to the work of the medical man in battling with disease in its more serious and dangerous forms. Extending it still further into the regions of private practice, the same high standard should be maintained

* Read at the monthly meeting of the Homœopathic Medical Society, County of New York, September, 1890.

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by him who would truly benefit his fellow man. Simple attendance upon the wants of the sick does not constitute our whole duty. A constant watchfulness is necessary; and, especially in family practice, where hereditary tendencies and peculiarities of constitution are thoroughly understood, is this essential. Even the new-born babe may be guarded and saved from future destruction by the wise forethought of the only one competent to judge of the physical ills and tendencies to disease which may be its inheritance from the follies or misfortunes of its parents. Who now believes that consumption, for instance, is inherited as such. We all know that children of phthisical parents are apt to be delicate, are subject to certain forms of disease, which, without proper attention, may develop into that fatal malady. But it is equally well known that by proper hygienic measures, begun in infancy, this disease may be warded off, and that by proper care a weak constitution may be so strengthened and repaired that a life of health, strength and well-being may be reasonably assured. What can be more noble work than this preservation of life, this prevention of disease? One such result is worth more than rendering comfortable the last hours of many whose lives might have been greatly prolonged had they been properly guarded and instructed by those whose duty it was to know and put in practice the knowledge that has been acquired in this domain of medical science. Another great field lies open to the painstaking physician. The inherited desire for strong drink and the almost uncontrollable indulgence of it, afford room for much work of a preventive nature. Constant dwelling upon the consequences of indulgence in this habit is bound to have more or less effect, even though so many are never benefited. When one considers that over 500,000 arrests were made in this country in the past year for "drunkenness and disorderly conduct," an idea of the magnitude of the evil can be faintly realized. But here again prevention is better than cure, and much more can be accomplished by proper instruction beforehand than by all the reforming agencies it is possible to use. This does not refer to the moral side of the question at all. That should be left to those more competent to impress right views of this matter. But it does apply to the duty of the physician towards his patients. Who can so well urge upon patients, who think it no harm to indulge moderately in the use of *alcoholic* beverages, the dangers which they are possibly and even probably laying up for their offspring? Who else so well can tell that children begotten by parents accustomed to indulge even temperately, are liable to inherit in much stronger degree the desire for strong drink, and as a conse-

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quence to fall victims to one of the many forms of disease caused by this indulgence, to say nothing of the effect on their moral natures? Who can so well point out to the young men and women of the community the dangers to health arising from this violation of nature's laws? What rational being could fail to comprehend, if the matter were put in the proper light, that certain physical ills are almost sure to follow such habits, and that avoidance of these will do much to insure a life of health and physical prosperity. It may be said that all this preaching, no matter how earnestly carried out, will be of no avail, and that men and women will continue to do things which they know to be harmful. True, many will do so, but if the conscientious physician, after a life of earnest effort, can point to one or two or a dozen lives that have been rendered healthier and happier as a result of his teachings, he may well say that his labor has not been in vain; and if the thousands of physicians would all take such grounds, it can be readily seen that the good influence would spread in a widely increasing circle and the benefit to the race be great. And right here do we see results that appeal to every right-minded man—results that follow the failure to remember that prevention is better than cure. How often do physicians recommend, even to people not accustomed to it, and possibly oftener to such, the necessity of a stimulant, a tonic, and advise the regular daily use of alcoholic liquors of some kind. The folly of it is evident. What good results can be accomplished by the use of wine or liquor that cannot be equally well obtained by proper drugs, properly selected and patiently given. Even in my experience the wrecked constitutions and unhappy lives that have come to my notice from this foolish and careless advice of easy-going physicians have amazed me, and have firmly convinced me, and should so impress others, for all have seen these results, that this practice should be abandoned by all self-respecting men who follow the profession of medicine and who have at heart the permanent welfare of those under their care. This is not a temperance lecture, but I know these facts are true, and all who will investigate may also be convinced, and once aware of the danger that is possibly incurred. I leave it to every right-minded man to settle with his own conscience whether he will be the one to light the match that may start a conflagration which will cripple, possibly destroy, the life of a fellow creature. All know of instances where lives of total abstinence have been followed by the formation of uncontrollable desire for liquor, consequent upon a single violation of the habit adhered to for years. Often in these instances it can be

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learned that some ancestor has been a confirmed user of strong drink, possibly a drunkard, and with this evident inheritance of this tendency, who will calmly prescribe for his next patient a daily tonic of *port wine* or a glass of *whiskey?* Who is not familiar with the often useless efforts to induce inebriates to give up their habits? Why are the advertising pages of medical journals filled with notices of "retreats" and "homes" for such unfortunates? In the face of all this often unavailing effort at cure, who will say that a little prevention is not much more to the purpose and more in the line of the true duty of the physician? "Line upon line, precept upon precept," will accomplish much, even though the results are not apparent to the worker in this field. Another point that is often coming up in our experiences: I mean that dreadful scourge the *opium* habit. *Opium* and its preparations are of benefit in many cases where speedy effect is absolutely necessary, but its indiscriminate use I firmly believe to be a curse; and, except in rare cases, I believe it to be running the greatest possible risk to inform a patient as to what drug he has been taking, when this agent has been used. It is the rarest thing for the *opium* habit to be formed unless preceded by the prescription of the easy-going doctor, who, possibly to save himself trouble, has given it with the foolish direction, "Repeat this when you feel you need it." No surer way can be found to start a habit that may destroy a human being, body and soul, and render miserable the lives of those to whom this unfortunate one is dear. It may seem that this evil is exaggerated, but a little investigation will convince any rational man that it is not. Here a little common sense properly applied in the domain of prevention will be of more service than years of effort to reclaim one who has once yielded to this insidious habit. Leaving such grave consequences of failure to look ahead and foresee possible events, we find the same general rules holding good even in the minor ills and disorders common in our every-day practice. In infancy and childhood foolish errors in diet, in dress, in hygiene, bring trouble to helpless little ones and sorrow to erring parents. Who but the physician, with his constant preaching and practice, can be of service in this field? In adult life, how many weak lives, disordered stomachs, ruined kidneys, failing minds and bodies generally wrecked do we encounter? Where is there a better field for honest work than this? Tell your people what is good for them. Tell them again if they do not believe you. When they come to you with unimportant ailments, or at least what seems so to them, point out the road they are traveling and show them the destruction they will reach unless a change is made. Instead of

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going at things in an easy, indolent way, and prescribing for their symptoms so that they are temporarily relieved only to be again attacked, go into the matter thoroughly. Find out what errors in their habits of life have led to their condition. Show how these may be avoided; point out better ways that may be followed; urge and warn without ceasing, and incalculable good will be accomplished. No matter if some patients leave you for a more easygoing physician. In the long run they will acknowledge the correctness of your teaching, and, though they may die from neglect of your advice, their children and relatives will realize your earnestness and good sense, and it will redound to your credit and reputation.

This subject may be a wornout one, but things that come under the eye of every physician make it plain that too many men fail to comprehend its meaning.

In closing, it should be again impressed upon all the importance of correct views on this question. Study to remedy evil before it has had time to do its work; to do away as much as possible with the causes of disease, and to carry in your minds as a good rule to apply to all details of your professional work that old adage, homely but full of good solid common sense, "An ounce of prevention is worth a pound of cure."

POISONING BY MEDICINAL DOSES OF PILOCARPINE.—Dr. Fuhrmann reports in *Wiener medizinische Wochenschrift*, No. 34, 1890, the case of a man æt. thirty-one, having papillo-retinitis and who had gone through a successful inunction "cure." On account of some visual obscuration yet remaining, 0.15 grain of pilocarpine was injected subcutaneously. Only a slight salivation followed and on the next day double the amount was injected. Soon after there appeared redness of face, neck and whole body, and next sweating. Two or three minutes after the injection salivation occurred, and somewhat later constriction of the heart and still later pressure in the cardiac region with great dyspnœa. He had a sensation as if the thorax were filled with a fluid. At the same time profuse expectoration occurred. The constriction of the heart lasted about ten minutes and then gave place to the pressure in the cardiac region which lasted two hours. Meanwhile there were profuse lachrymation, cramp in the stomach, vomiturition and three actual vomitings with, at the same time, spontaneous evacuation of the bladder, active peristaltic noisy movements of the bowels and urging to stool. Pupils contracted, eyes staring and a sparkling before them to such an extent that he could not recognize an acquaintance entering the room. Pain or drawing in the eyes was not experienced. There were some symptoms of collapse; pulse frequent and small. Under stimulants and cold compresses to the head and cardiac region, he recovered in a few hours. O'C.

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ORIGINAL ARTICLES IN SURGERY.

SUBCORACOID DISLOCATION OF THE HUMERUS—TWO CASES REDUCED BY KOCHER'S METHOD—EXPERIMENTS ON THE CADAVER.

By W. F. HONAN, M.D.,

Brooklyn Homœopathic Hospital.

IN the *Berliner klinische Wochenschrift*, February, 1870, Prof. Kocher, of Berne, advocated a method for the reduction of subcoracoid dislocations of the humerus, based upon the use of certain movements which utilized the component structures of the joint itself, instead of employing considerable tractile force as in the ordinary extension methods. About one month ago the writer's attention was directed to this simple, though effective manœuvre, and with the single exception of Stimson (*Fractures and Dislocations*), subsequent search revealed a dearth of information concerning its application in any of our leading American or English authorities. Since that time my experience has been limited to two cases treated according to Kocher—surely a small number upon which to base an article; but so easily were the results obtained in both instances and so evident became the claims made by the author, a desire to call attention to this apparently neglected procedure invites this meagre testimony.

The reduction of dislocations of the shoulder by manipulation, the word used in its technical sense, is not a popular method. The busy practitioner is quite unwilling to burden his mind with a series of complicated manœuvres which may be of questionable utility, so that when a patient presents himself with such an injury, the physician simply satisfying himself that he has a luxation to deal with, without perhaps the formality of making a diagnosis as to its exact variety, places his heel in the axilla of the affected side, makes traction on the corresponding arm, and in the majority of instances reduction is easily accomplished. The subcoracoid is the most frequent form of luxation met with, and, according to Hamilton, forms the greatest percentage of ancient dislocations; consequently unsuccessful attempts at reduction do frequently occur.

Some experiments on the cadaver were recently made by the writer relative to the pathology of this accident and the mechanism

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of its reduction by the method under discussion. The first experiment consisted in carrying the arm outwards and elevating it slightly above the height of the shoulder, until the outer side of the shaft of the humerus came against the acromion, then forcing it strongly inwards and slightly forwards, simulating the direction of indirect violence. In the other experiment the capsule was subcutaneously divided at its inner side for a short distance, and the arm being in the same position as in the former case, just sufficient force was applied to cause the head of the humerus to gently enlarge the opening and pass through the rent. The desired luxation with its characteristic deformity was produced in both cases. The superficial tissues were now dissected away, and the joint and surrounding structures exposed. The humerus made an angle of about 45° with the lateral thoracic plane, the head being held against the anterior edge of the glenoid fossa by the untorn portions of the capsule, while the shaft was maintained in its oblique position by the tension of the pectoralis major and deltoid muscles. The subscapularis in the first case, where considerable force was used, was ruptured at the junction of the muscle with its tendon; in the second the tendon was slightly torn from its insertion into the lesser tuberosity, the head of the bone passing beneath it in such a manner as to be capped by the proximal expansion of the tendon. The posterior scapular muscles and the long head of the biceps were on the stretch. The capsule was extensively torn at its inner and lower parts in both cases, and the untorn portions, especially the upper, were in a state of tension.

Kocher's manipulation was now employed, which consists in first producing complete external rotation of the humerus, using the forearm flexed at a right angle to the arm as a lever. Maintaining external rotation, the elbow is carried forwards and inwards across the chest; then allowing the hand of the affected side to rest on the opposite shoulder completes the manipulation. The movement of external rotation opens the rent in the capsule, relaxes its upper portion, but renders the lower part tense, and it is upon the tension of this lower part that reduction depends; for, when the arm is carried across the chest, the humeral head revolves about this lower untorn portion of the capsular ligament as a fixed point, and when opposite the glenoid fossa, slips into it not unlike the head of the femur in dorsal dislocations of the hip. The slight movement of internal rotation, made when the hand is placed on the opposite shoulder, restores the capsule to a somewhat normal position. In the second experiment, where the

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subscapularis capped the head of the humerus, this muscle was rendered tense when the arm was carried across the chest and appeared to offer some resistance to reduction; but probably on account of the instability of its attachment, the movable scapula, it will never be an important element against the success of this manipulation. Subclavicular dislocations could not be reduced by this method alone, as some manœuvres must be performed to get the head of the humerus below or external to the coracoid process. Kocher advises to carry the arm directly backwards behind the posterior fold of the axilla during external rotation, before carrying it across the chest. It was also accomplished on the cadaver by making traction on the arm in an oblique direction during its passage across the chest. This method seems particularly applicable to those cases of anterior luxation of the shoulder in which the head of the humerus occupies one of the various positions between displacement into the axilla and dislocation upwards and internal to the coracoid process. They are usually called subcoracoid and differ only in degree of internal displacement. The practical application of this manipulation is shown by the citation of a case.

John P., æt. forty, of muscular build, was thrown from a moving truck, striking on the point of his left shoulder. When seen, the head of the humerus could be easily felt beneath, and about one-half of its diameter internal to the coracoid process. The usual prominence of the acromion, with the hollow beneath, abduction and fixation of the limb, were present, as well as turgescence of the upper arm from impeded circulation. Reduction had been attempted by the ordinary methods without success. The patient was placed upon a table squarely on his back, the arm grasped just above the elbow, the forearm flexed at a right angle. External rotation of the humerus was now performed by turning the forearm outwards until firm resistance was felt, which was when the radical side nearly touched the table. Maintaining external rotation of the arm—this is very important—and flexion of forearm, the elbow was carried upwards and across the chest until the arm approached the horizontal, then allowing the hand to overlap the opposite shoulder, a slight degree of internal rotation was made and the reduction was accomplished. At the end of the second movement, carrying the arm across the chest, deformity and turgescence disappeared and the patient expressed great relief. The usual "cluck" heard during the reduction of a dislocation was absent, the head of the humerus seeming to glide easily into the glenoid cavity.

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Another case of subcoracoid luxation which had also resisted reduction by the extension methods was treated just as easily and successfully as the one just cited.

At the Chambers Street Hospital they report (*Medical Record*, Mar. 30, 1889) that out of 126 cases of subcoracoid dislocation, 98 were reduced by Kocher's method at the first attempt and without an anæsthetic. Even allowing for errors, this report is certainly a favorable showing for the excellence of this manipulation. Reduction by the ordinary methods is almost always a painful procedure, and even with the aid of an anæsthetic often the result is only accomplished after an amount of traction has been made that is certainly detrimental to the integrity of the joint and menacing to the axillary vessels and nerves. Kocher's manipulation is easy to perform, and as it is based upon sound mechanical principles, will rarely disappoint the operator, though it is inapplicable to those cases where there is extensive laceration of the capsule, especially at its posterior portion; these cases are extremely infrequent. Kocher advises that the manipulation be performed while the patient sits upright in a chair, but the experience of persons who have had considerable experience in its application recommend that the patient be placed in the *dorsal decubitus*. By that means the patient is less able to offer resistance and the scapula is less movable, and the position is decidedly more convenient for the operator.

AFTER-HISTORY OF A CASE OF CÆSAREAN SECTION.—In *The Lancet* of October 11th, Mr. Lawson Tait gives an instructive account of a woman who became four times pregnant, after having had the operation of Cæsarean section performed. The operation was performed on May 16, 1886, after a prolonged and ineffectual attempt at labor. Her recovery, although rapid, was exceedingly hazardous. In three of her subsequent pregnancies, premature labor was induced at the fifth month. She recognized the fact of a fifth pregnancy in March, 1890, and as she was anxious to bear a living child, she was referred to Mr. Tait for the purpose of having the operation of amputation of the pregnant uterus at full term. She was admitted to the hospital August 22d; labor began August 27th, and the operation was performed the morning of the 28th, resulting in the delivery of a living male child. Her recovery was uninterrupted. The clamp came off on the fifteenth day, the patient was out of bed the nineteenth, and went home the twenty-fifth day after operation. The obstacle to delivery per-vaginum was extreme pelvic contraction. G. W. R.

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LIFE INSURANCE.

TO the homœopathic physician the question of life insurance possesses a double interest, for it concerns him not only as an individual, but also as a member of one of the learned professions. The opportunities afforded by entirely reliable life insurance companies to secure a comfortable maintenance for his family in case of death, and at the same time make a profitable investment should he survive a determined period of time, are matters that peculiarly pertain to his private interests. The attitude of the assurance companies in persistently refusing to employ as medical examiners any others than those who are graduates of so-called "regular" medical colleges, is a question that concerns the homœopathic profession, and can only be dealt with by the profession at large through its regularly organized societies. To these matters, though so important, but little attention has been paid. The ordinary doctor, engrossed by professional duties, gives the subject but slight consideration. And yet from a busines

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point of view it is of the greatest importance. It is a somewhat melancholy fact that few physicians succeed in accumulating fortunes. The great majority that die leave their families scantily and even insufficiently provided for. Moreover, as age increases and work becomes more and more of a burden, there has been made no provision for those days of infirmity that surely come. Then, too, if debts have been contracted and death suddenly smites the doctor down, his family suffer more severely and a hitherto good name may be tarnished if the obligations cannot be met. No man knows better than the doctor the uncertainty of life and the certainty of death. No one could appreciate better than he the wisdom of making suitable provisions for the future while time and opportunity remain. Yet it is reasonably certain that physicians are extremely careless and imprudent, so far at least as the matter in question is concerned. The doctor's capital and stock in trade is himself. When he dies all is swept away. Business ceases and income stops. The business man hastens to insure his capital—houses, goods or whatnot—so that, should they be destroyed, he may receive at least a part of his investment and go on somewhat as before. He sees clearly the advantages of such a procedure and does not procrastinate. Why, then, should not the physician insure his capital—his knowledge, his skill, his experience—so that if he be lost his family may receive enough to enable them to live as before? There need be no hesitancy on the ground that the investment is uncertain. There are companies that are at least as certain to meet their obligations as is the government of the United States. Besides, in these days life insurance is regarded as an investment and a good one. You are not obliged "to die to win." You not only provide for your family in case of death, but at the same time a fund is accumulating for use in future years when such a recourse will be especially desirable. It is the duty of every physician, unless he is the fortunate possessor of an independent future, to insure his life for such an amount as he may be able to afford. This sum if small at first could be increased from year to year, as income increased, until the desired amount was reached. Most doctors have no chance to increase their incomes by engaging in outside enterprises, and if they do so their prac-

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tice suffers. So the only way in which the most may make satisfactory provision against contingencies is by investing in a life insurance policy. And in this business, as in most others, it pays to get the best. But life insurance, as has been said, touches the doctor—that is the homœopathic doctor—on the professional side. While the companies are perfectly willing to insure him as an individual, they are obstinately unwilling to employ him as a medical examiner. When homœopathy was first introduced, while the system was unknown and its value yet to be demonstrated, and charlatans and quacks traded on the name to increase their income, it is not strange that the insurance companies preferred to employ, as they had done before, physicians of the allopathic persuasion. To have done otherwise at that period would, from a business point of view, have been extremely ill advised. But now, when the truth of the homœopathic principle is known; when the school has grown to be a great and powerful body; when its physicians are fully the equals in every respect to those of any sect in medicine, the continued discrimination by the companies becomes unreasonable and offensive. There is no good reason that can be advanced why life insurance companies should decline to employ homœopathic physicians as medical examiners. Nor probably would the companies attempt to give any except that it was not customary to do so. The truth of the matter is that the insurance companies themselves have no objection to having homœopaths act as examiners; but the medical chief of each company being an allopath, he naturally selects men of his own school. To change this might at first cause the companies some trouble, but the change ought to be made. The chief interest that the new school has in the matter centres in the fact that this discrimination inferentially throws discredit upon the learning and ability of homœopathic physicians. How this wrong is to be righted is a question that may not be hastily answered. Certainly the end sought to be accomplished will not be brought about by violent means. This subject needs the attention of the homœopathic profession, and that it can and will eventually be satisfactorily settled, there is little doubt.

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THE HOMŒOPATHIC CONGRESS.

THE American Institute of Homœopathy will hold its forty-fourth annual session in conjunction with the fourth quinquennial International Homœopathic Congress, at Atlantic City, N. J., beginning on Tuesday morning, June 16, 1891. The importance of this meeting can hardly be overestimated, and the committee in charge of the arrangements have much responsibility on their shoulders. From the General Secretary's notice it is learned that the first day will be given up to the Institute, in order that it may transact necessary and routine business. On the following morning the Congress will assemble and continue in session the morning and afternoon of each day until Tuesday, June 23d. All scientific reports of committees and bureaux appointed last year will be deferred until the session of 1892. The place of meeting is well known as a summer resort. It has many attractions, is easily accessible by rail, and offers every accommodation required for the meeting of a large body. It is stated that within a radius of four hundred miles from Atlantic City there are over four thousand homœopathic physicians. The attendance, therefore, ought to be satisfactory, and it is thought with some reason that this will be the largest gathering of homœopathic physicians this continent has ever seen. But the size of the body is of comparatively little moment. What subjects it selects for deliberation and discussion, and what the practical outcome of the session may be, is of the greatest importance. And in the selection and arrangement of topics to be considered, the committee in charge has an opportunity to display the highest quality of wisdom. The portion of the notice bearing upon these points will be of special interest. It is as follows: "While General Medicine, Surgery, Obstetrics and the Specialties will have their place in the discussions, the interests of homœopathy will furnish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the subject of the homœopathic materia medica, and the consideration of the questions pertaining to its present status and its further improvement. Homœopathic Therapeutics will also claim a large share of attention, while some of the

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subjects upon which the homœopathic school is known to hold a distinctive position will be presented and considered. The essays and addresses on all these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of condition and advancement of homœopathy in all the countries of the civilized world." It is to be hoped that the arrangements as outlined above may be fully carried out and all anticipations realized. The prime business of a homœopathic congress should be to consider those matters peculiar to homœopathy. The homœopathic materia medica and its revision, homœopathic therapeutics and how to improve them, homœopathic colleges, asylums, hospitals and other institutions, and how to strengthen and better them, medical legislation as it affects homœopathy, the relation of the homœopathic profession to certain questions of public interest —all these are subjects that may well demand consideration at the hands of the congress, for the questions that relate directly to the power and advancement of the homœopathic profession were never so numerous nor so important as now. Therefore we are glad to see in the secretary's notice evidence that these matters are to be carefully considered. Topics belonging to general medicine must wait for once until the way is clear for them. It seems hardly necessary to urge every homœopathic physician who can do so to attend this meeting. Its sessions will be of great interest, and the place of meeting is well worth a visit itself. Everything bids fair to make this congress a marked success.

THE LATE DR. GEO. S. NORTON.

IT is with sincere sorrow that we announce that the leading article in this number is the last from Dr. Geo. S. Norton, who died of pneumonia, on the morning of January 30th, at the early age of thirty-nine. Although so young, his name has extended wherever homœopathic literature is read. Thoughtful as a scholar and clinician,

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always working steadily for greater knowledge, and generous in giving the results of study to the profession, to no one is homœopathy more indebted for information upon the treatment of diseases of the eye in accordance with the principle of similars. His death cuts short a career in which he had already achieved phenomenal success as an ophthalmic surgeon and practitioner, as a teacher and contributor to his special department in medicine, and which held in it still greater promise of increasing usefulness with ripening maturity. In another number we hope to publish a record of his services, and appropriate appreciation of his earnest spirit, which, though united with a frail body, strove untiringly for high purposes and with genuine good-will for all. Our readers will surely join with us in the feeling that in him the homœopathic school, and so through it, all medicine has sustained an uncommon loss.

COMMENTS.

MEDICAL LEGISLATION.—It is not the purpose of our allopathic friends to abandon their attempts to secure legislation in the different States that shall be inimical to the interests of homœopathy; and so the struggle for justice and fairness on one side and the effort to obtain an undeserved power on the other will continue. So this topic, although even now worn nearly threadbare, must be treated with the prominence it deserves in homœopathic journals. Already the old school has begun its winter legislative campaign. In New York an attempt will be made to secure the repeal of the three board bill that became a law last year. In Michigan, in New Hampshire and in the South, bills are either already introduced or are ready for introduction providing for a single board of examiners. In some instances a sop is thrown to the homœopaths in the shape of minority representation. But such a concession no longer deceives any one. The homœopathic school has as much right to have its own board of medical examiners as the allopaths have to possess theirs, and every legislature that is convinced that the homœopaths are united and earnest in their demand for justice, will not fail to give it. The recent meeting of the Southern Homœopathic Association, held at Birmingham, Ala., was devoted in great part to the consideration of legislative questions, which were of the greatest importance to the homœopathic physicians South. An admirable address protesting against sectarian medical legislation was adopted, ordered printed and distributed to the legislators of the Southern States. A conference was held with representatives of the Eclectic Medical Society of Alabama, and a bill was drawn up and prepared for presentation to the Alabama Legislature which will, if it becomes a law, secure equal rights to all schools, which is something

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no allopathic bill ever would do. In New Hampshire the allopaths have a bill before the legislature which gives the homœopaths a minority representation. An united effort will be made to defeat it and substitute for it a three board bill. In Michigan the old school is playing the same game. The homœopaths are obliged to fight this proposed legislation of the allopaths, because it means extinction. But they have no objection to a medical law which grants equal rights to each school. The homœopathic profession must move itself this winter and allow no bill to become a law that does not give to each school equal powers and privileges.

THE CLEVELAND COLLEGE.—The recent trouble in the old Cleveland Homœopathic College, culminating in the secession of part of the faculty and the establishment of a new rival institution, has been unpleasant reading to the homœopathic profession at large. The jealousies, prejudices and animosities that contributed to this unfortunate action it is not the purpose of this comment to consider; but the results that will eventually ensue are legitimately subjects of criticism. It needs no argument to show that a second homœopathic college was not needed in Cleveland, and that the establishment of the institution which omits the homœopathic name can only serve to demoralize and divide the profession, and so materially hinder homœopathic progress. In the face of these facts there can be no justification for the founding of a new college, nor are the men who can blindly ignore such serious consequences the men to found a college. A college that casts off the name homœopathic; that seeks support from the homœopathic profession, while it caters to old prejudices, cannot expect to receive the serious endorsement of the body of the homœopathic school. Organizations of this hybrid variety are hostile to the interests of homœopathy. They must be shown that the homœopathic profession does not desire the company of those who would pull down the flag and betray the cause. The American Institute has a duty to perform in this direction. In any case, the establishment of this college at Cleveland is unwarrantable. We do not want more colleges; but we do need to strengthen those that we have. The profession will not sustain a college that not only violates all the professional traditions, but that is evidently ashamed of the name of homœopathy. It ought not to be recognizad by any homœopathic body.

THE WESTBORO ASYLUM.—The superiority of the homœopathic treatment of the insane is now well established. The evidence already offered to the profession and to the public is convincing to those who are willing and able to lay aside prejudice and decide fairly. The excellent results attained in homœopathic asylums for the insane are at once a marked triumph for the new school and a source of vexation for the "regulars." Nor are these gratifying results obtained in isolated instances. In nearly all the asylums where homœopathy controls, the allopathic institutions are left in the rear. A few years ago the State of Massachusetts decided to establish a homœopathic

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insane asylum. It was done in the face of much opposition and hostility. The results of the last year at the Westboro Homœopathic Insane Asylum as compared with the results in the allopathic asylums are shown in the following extracts from a letter in the *Westboro Tribune.* The writer says: "This year's hospital report shows that 310 patients were admitted during the year and 305 discharged. Of these last, 104, including 13 inebriates, were recovered, 76 very much improved, 47 improved, 25 unimproved, and 27 men and 26 women died. There are four ways which are largely used to show the results of hospital work. These are given below. . . . The first list shows the per cent. of patients recovered to the total number discharged as follows: Westboro Hospital, 29.80; Northamptom, 26.42; New Worcester, 20.35; Danvers, 14.76. The second table shows the per cent. of recoveries to the whole number treated: Westboro, 11.19; New Worcester, 7.69; Taunton, 5.50; Northampton, 5.19; Danvers, 4.36. The next list shows the per cent. of recoveries to admissions. Westboro, 32.58; New Worcester, 22.81; Northhampton, 18.82; Taunton, 15.70; Danvers, 12.60. The last table shows the per cent. of deaths to the whole number treated. It will be seen that the Northampton showing is remarkably good. Northampton, 3.40; Westboro, 6.50; New Worcester, 6.54; Taunton, 7.38; Danvers (not known)." The hospitals in the lists given include all the State hospitals that receive acute cases. The recoveries at Westboro have been large from the first and would be still larger if the State would extend as much aid as has been given to other institutions. It has been said that the statistics of the success of homœopathy are old. These and similar records are new enough to satisfy any one but the "regulars." Other homœopathic asylums have done as well as Westboro and the results are steadily better each year.

BOOK REVIEWS.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. Lewis Smith, M.D., Clinical Professor of Diseases of Children, Bellevue Hospital Medical College, etc. Seventh Edition, thoroughly revised. Philadelphia: Lea Brothers & Co., 1890. 8vo. Pp. 900.

This work has so long been a standard and the author has so wide a reputation as a wise, progressive and devoted student and clinician, that more than notice of a new edition of his classical work is unnecessary. In the amount of information presented, this present edition is nearly double the size of the last (1886). As the title states, the work has been thoroughly revised; there has been added diseases not formerly treated of, among them, Conjunctivitis, Sepsis, Icterus, Hæmatomesis, Melæna, Sclerema, Œdema, and Pemphigus of the newborn, Epilepsy, Tetany, Appendicitis, Typhlitis, and Peri-Typhlitis. There is also a paper on Intubation, by Dr. Joseph O'Dwyer. No work upon the same subject better deserves the confidence of the profession.

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THE PHYSICIAN'S ALL-REQUISITE TIME- AND LABOR-SAVING ACCOUNT BOOK. Designed by W. A. SEIBERT, M.D. F. A. Davis, Publisher, Philadelphia and London.

This is a very ingenious and simply arranged book for physician's accounts, serving in one the purposes of both journal and ledger. It is all-requisite and time- and labor-saving beyond other books, and will no doubt meet with wide satisfaction.

A CLINICAL STUDY OF DISEASES OF THE KIDNEYS, including Systematic Chemical Examination of Urine for Clinical Purposes, Systematic Microscopical Examination of Urinary Sediments, Systematic Application of Urinary Analysis to Diagnosis and Prognosis. Treatment. By CLIFFORD MITCHELL, A.M., M.D. Chicago: W. T. Keener, 1890.

The aim of this work is to present an epitomized manual, intermediate between the ordinary works on urinary analysis and the more extended treatises on diseases associated with morbid urine, especially with a view to diagnosis, prognosis and treatment. Pathological and clinical descriptions are, therefore, subordinated to the general purpose of putting within easy grasp a gist of the more salient points of immediate utility to the practitioner. The work abounds with tables for differential diagnosis, and summarizes the indications for treatment. We think that the author has attained his object, expressed in the preface, of showing the practical bearing of thorough examination of the urine on the diagnosis, prognosis and treatment not only of diseases of the kidneys themselves, but of many other disorders. Yet we must also express the conviction that the work is of a too fragmentary order to be used alone without the supplement of other standard works upon the subject. The book, however, as a whole, is uncommonly suggestive, and will prove of service to any practitioner who may own it, for it is full of practical hints, and has the merit of pithiness.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DACOSTA, M.D., LL.D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, etc. Seventh Edition, revised. Philadelphia: J. B. Lippincott Co., 1890. 8vo. Pp. 995.

For twenty-six years this work has been gaining a world-wide reputation, so that now it stands among the text-books of nearly all colleges in America, and has attained the high honor of translation into German and Russian. The seventh edition, now before us, shows much new matter, and proves that there is no decline in the great powers of the author in guiding others to discrimination in the diagnosis of disease. The phenomenal popularity of the work, which shows no sign of waning, is the best evidence of its usefulness to the student and practitioner.

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A MANUAL OF AUSCULTATION AND PERCUSSION EMBRACING THE PHYSICAL DIAGNOSIS OF DISEASES OF THE LUNGS AND HEART, AND OF THORACIC ANEURISM. By Austin Flint, M.D., LL.D. Fifth Edition, thoroughly revised by J. C. Wilson, M.D. Philadelphia: Lea Brothers & Co., 1890.

The late Austin Flint's manual of auscultation and percussion, the last edition of which was published in 1885, still maintains its position among other works of its kind as superior "in the clearness and appropriateness of its style, the accuracy of its statements, its scientific method, and the practical treatment of subjects at once difficult and essential to the student of medicine." The revision of the editor seems to have been judicious, and the work will no doubt continue on its course of popularity.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

From F. W. Best, M.D., Port Jervis, N. Y.

Apis Mellifica in Malaria.—Miss C., æt. fifteen, gave a history of malarial attacks lasting two or three weeks at a time and occurring at intervals during the warm season. Quinine and arsenic had been used freely by an allopath with temporary benefit, but the paroxysms continued to recur with greater frequency and patient was losing weight. She complained of general debility, great drowsiness, loss of appetite and inability to think. The chill began usually in the afternoon. I prescribed *apis mel.* 30. She did not report again until six months later, when she stated that after taking the medicine, improvement began at once and there had been no return of the trouble. She increased in weight and considered herself well.

From Dr. Nathan Nutting, Mount Vernon, N. Y.

Efficacy of 200th Potency.—Wishing to test for myself the efficacy of the 200th potency, I found a very favorable opportunity to do so in a case of fetid perspiration of the feet. I was called to see a young girl who was suffering from some slight ailment, which soon yielded to treatment. It was necessary to make a physical examination, and in

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doing so I detected an exceedingly unpleasant odor. I must have betrayed myself, as the mother quickly assured me that the odor came from the *feet* of her daughter. I assured them that the condition could certainly be very much relieved, if not *cured*, asking only time and faithfulness on her part in taking the remedy. When she called at the office I put on her tongue one powder of *silicia*, 200, at the same time giving her twenty blanks, with directions to take one each day. She returned in three weeks reporting that improvement was noticed on the eighth day, and at that time it was necessary to wash the feet but *twice* each day. I then put on her tongue another powder of *silicia*, 200, and put up twenty blanks as before. At the expiration of another three weeks she reported that the trouble was entirely obviated. At this time I gave her one powder of sulphur, 30, and the usual blanks and sent her on her way rejoicing. This is not the only case in which I have used silicia, 200, in this condition. I recall an instance in which the perspiration ruined the shoes of the child every few days.

From Dr. George Royal, Des Moines, Iowa.

Argentum Nit. in Marasmus.—Case I.—A babe nine months old was brought to me during the summer of 1887. The mother was of a scrofulous diathesis; father healthy. An older sister who was imperfectly developed at birth died when three months old of inanition. The child had had diarrhœa for two months, stools of greenish mucus and always accompanied by flatus; abdomen distended; ravenous hunger. A look at the child would make one think he was ninety years old instead of nine months. The above were all the symptoms I could obtain. He had received sulp., also ars. *Arg. Nit.* 3x was given, a powder every four hours. At the end of three days not much change, except that he had not grown worse. After about nine days improvement began and went on to recovery. No change had been made in diet or otherwise.

Case II.—A child six months old. Had been weak and sick from birth. For two months had been growing worse, although everything had been done by way of diet and change that could be done. Bowels at this time constipated and distended by flatus; stomach seemed sore to touch. Had been given nux v., high and low, also sulph. high. Gave *Arg. Nit.*, 30, five pellets three times daily. Was better in five days and became plump and healthy in six weeks.

Case III.—A babe eleven months old came to me this last summer (1890) in the same condition as Case I. There was this difference, viz.: That Case III. nursed the mother. The baby was ordered to be weaned and cow's milk was substituted. *Arg. Nit.* 3x was given. Improvement began in less than a week and recovery was complete.

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From Dr. G. Wigg, East Portland, Ore.

Nux Vomica in Singultus.—A lady, soon after drinking a glass of beer at her supper, began to hiccough. The spasms would come on every second or two, till finally they became so distressing as to cause alarm. I gave her five pellets of *Nux Vomica*, 200, dry, on her tongue. In less than five minutes she was completely relieved. She asked me, "What did you put on those pills that they cured me so quickly?" In a jocular way, I answered her: "Some of Samuel Hahnemann's soul." I have used *Nux Vomica* many a time in cases of singultus, but never with so quick a response. The lady is a brunette, æt. fifty-nine years.

From foreign exchanges.

Allgemeine Hom. Zeitung, No. 26, 1890.

Antimonium Crudum in Acne Disseminata.—Of all the remedies recommended in this disease, Dr. Sauer has seen the most success from *Tartarus stibiatus* and *Antimonium crudum*, but especially from the latter in the thirtieth potency, even better than from the lower which he had formerly employed.

Galium Aperine in Psoriasis.—He has several times seen very satisfactory results in psoriasis from the long continued use of *Galium aperine.*

Remedies in Eczema Rubrum.—Schweikert, after having used for a long time unsuccessfully thuja and arsenicum jodatum in this disease has done best with *Arsenicum*, 2x trit., continued for four weeks. He at the same time applies simple starch powder externally. Dr. Grossmann has had good results several times in eczema rubrum with *Arsenicum*, 30. Sauer recommends *Arctium lappa*, *Alnus rubra*, *Rhus venenata*, 1, in strong persons, but in those who are weak and debilitated *Hydrocotyle Asiatica* and *Anacardium orientale.* For moist eczema accompanying ulcers of the lower limbs, Sauer recommends *Clematis*, not only for the tormenting itching but also for the radical cure.

Croton tiglium in Acute Eczema.—Grossmann has had repeated successes in this trouble with *Croton tig.*, 30. In eczema behind the ears and on the hairy scalp, Sauer prefers *Graphites* in the higher and lower potencies, and Schweikert besides uses externally an ointment containing 1-20 of Graphites.

Remedies in Syphilitic Manifestations.—Sauer reports several cases of corona veneris with violent nocturnal headache, in which *Kali bich.*, 3x trit., taken four times a day for a long time, achieved the best results. The same remedy was of equal value in obstinate syphilitic *plaques* upon the mucous membrane of mouth and tongue; in these cases tobacco smoking was absolutely interdicted until the cure was complete.

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Kali Bichromicum in Chronic Pharyngeal Catarrh.—In this trouble, whether granular or follicular, Sauer uses *Kali bich.* with the best results.

Remedies in Lupus Exedens.—Schweikert reports a case of a lady, æt. fifty, having this trouble and who had been operated on several years previously. Cicatrization followed, but in the course of a year the trouble was renewed. For this she received *Arsen. jodat.* with good result. In such cases Sauer recommends *Thuja* internally and externally, and also *Aurum muriat. natronat.*

Remedies in Epilepsy.—Grossman has had a permanent success in a case of epilepsy in a fifteen-year-old girl, who had already had the trouble for five years. He used *Stramonium*, 30. Sauer recommends here, when *Stram.* and *Cuprum* are without effect, *Oenanthe crocata*, *Zizzia aurea* and *Bufo*, the latter especially, in cases having a history of sexual excesses. Schweikert reports an interesting case of an imbecile boy, æt. eight, in whom latterly there had been repeated violent epileptic attacks. These were temporarily lessened by *Stramonium*, *Daturin* and *Tarantula*, but most efficaciously by *Cuprum arsenicosum*, 3x trit., taken three times a day.

Zincum in Post-Diphtheritic Amblyopia.—In a case of this trouble, Grossman, after having used unsuccessfully Kali jodat. 3, cured completely by *Zincum oxydat.*, 30.

REPORTS OF SOCIETIES AND INSTITUTIONS.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF KINGS.

THE 258th regular meeting was held September 9, 1890, with President Chapin in the chair.

R. C. Moffat.—Three days since a primipara of twenty-nine years, strong and healthy, was delivered with forceps, after a tedious labor, of a deeply cyanosed female child, which was resuscitated with great difficulty. The mother is doing well, but the child has as yet passed no urine. The vulva is well formed, but two examinations have failed to discover the urethral orifice. Canth., stram. and terebinth have been given without avail. The child appears well and percussion reveals but little urine in the bladder. No urethra could be found with a probe.

Geo. Nichols.—In two or three cases where there has been a delay of two or three days in passing urine, Acon. 1x or 2x has proved sufficient.

H. Willis.—It may be a malformation. The urethra may open into the vagina, although I never saw such a case. If a child is apparently well, I disregard the nurses report of anuria of the first two or three days.

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R. C. Moffat.—I had a similar case years ago, and then the consulting surgeon discovered (with a probe) impacted mucus in the urethra.

W. S. Searle.—I believe there are twenty-one parasites found in the human intestines. I have recently found one not on record so far as I know. A man of middle age presented this parasite (specimen shown) and said he had recently passed it from the bowels. It was a mystery until, three or four days later, he brought me some smaller ones found in English walnuts. He probably swallowed the ova and the worm must have developed in the intestine.

Discussing a case of Intestinal Obstruction, reported by Dr. Willis, Dr. Searle continued:

In malignant obstruction of the rectum, the late Dr. John F. Gray utilized the physiological action of mercury. In a case of cancer of the rectum some years since, an entire obstruction was relieved by mercury, so that the patient lived in comfort for six weeks. I suppose it acts by taking away the sources of growth in the blood corpuscles and fibrin. The after effects of the mercury were bad, in case the patient should survive long. In some cases it is well nigh impossible to get the effects of mercury, even when given by os, inunction, or bath. As soon as salivation occurs the obstruction gives way.

Dr. Willis.—Mercury was given in my case without any effect. It certainly has no curative effect. In my case the small intestines were ulcerated and the peritoneum was drawn into the mass.

Dr. Searle.—It was only advocated for its palliative effect in removing the obstruction.

DISCUSSING THE USES AND EFFECTS OF COCAINE.

Cocaine fails to produce anæsthesia except upon the superficial nerves. It is inadequate for circumcision. There is no doubt of its effect as an anæsthetic upon the cornea and conjunctiva, and even in the urethra it obviates pain; but fails in deep-seated tissues, and cutting the iris in eye operations is painful in spite of it.

W. B. Winchell.—Dr. Weir has opened the scrotum and removed all the parts after injecting cocaine. He considers it necessary to retard the venous circulation in order to produce deep anæsthesia. Recently I had a rectal fistula to examine in a nervous subject. A four per cent. solution of cocaine was used; after a few moments the probe could be passed repeatedly without pain, and finally a rubber ligature was put in and tightly tied, painlessly. Dr. Doughty, of New York, says he has used it for the last time in operations upon the urethra, on account of the resulting hemorrhage.

H. D. Schenck.—In circumcision its effect will be ensured by using a ligature at the base of the penis sufficient to cut off the circulation. If this is not done it is soon carried into the blood, and the prepuce is not anæsthetized. Dr. Leal, of New York, says he will not use it any more in operations upon the nose or throat. In a recent case where he removed some superfluous tissue from the posterior nares of a confrère, dangerous hemorrhage occurred after the first effect of the cocaine was gone. He thinks many of the recent cases of dangerous hemorrhage after tonsilotomy may be due to this cause.

J. L. Moffat.—I have never observed hemorrhage attributable to cocaine; such a reaction will be less likely if one is careful not to use a strong solution, or to make more applications than absolutely necessary. When possible, it would be well to give crotalus or phosphorus for two or three days before operating under large doses of cocaine.

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Dr. Willis reported an instrumental delivery at 8 1-2 months for convulsions in an epileptic. The urine was of normal specific gravity and contained no albumin. Two or three days later the parotid gland of one side became inflamed and enlarged, followed, as it grew smaller, by enlargement of the other. In a week this disappeared, and the convulsions, which had occurred with violence every half hour at the time of delivery, gradually subsided to their former frequency.

The 259th meeting was held Oct. 14, 1890, President Chapin in the chair.

The Bureau of Diseases of the Heart and Respiratory Tract presented three papers, and Dr. Cowl, of New York, lectured on the Sphygmograph, demonstrating Dr. Dudgeon's instrument.

W. Y. Cowl.—Dr. Avery, in his paper, referred to one very valuable sign of heart failure viz.: the similarity of the first heart sound to the second. The first sound is considered to be due principally to muscular contraction. When the heart is weak the only sound produced is by the closing of the valves, which causes the similarity to the second heart sound.

In the case of aortic insufficiency, I was struck by the reported marked diminution of the heart beat, as shown externally, after giving Acon. radix, 6. An insufficient filling of the heart is the cause of the increased external beat. A diminution of the strength of the beat is a good sign that the heart is working strongly.

I recently saw a case of (probably) organic heart disease, which was in syncope for seven minutes. The immediate cause was probably the extremely thick clothing he wore. This is often a cause of syncope in cardiac disease, and in emphysema.

J. L. Moffat.—I have on several occasions found in weak patients—especially after diphtheria—a peculiar double (almost dicrotic) heart sound, which I have not seen described. It seems to me to be due to the fact that the two sides of the heart do not contract together. It disappears with returning strength, usually to recur if the patient becomes much fatigued.

R. R. Martino.—A small pulse does not always mean a weak heart. Some time since a patient enjoying ordinary health told me no one could ever find her pulse. In a hysterical attack I found it, after previously failing, but after recovery the pulse was again undiscoverable.

DISCUSSION UPON THE SPHYGMOGRAPH.

J. L. Moffat.—Dr. Cowl says that the sphygmograph is inaccurate. Are not these sources of inaccuracy always present, and—like a factor occurring on both sides of an algebraic equation—therefore, to a certain extent, to be disregarded? Why cannot we compare the office or bedside tracing with photographs or lithographs of tracings taken in typical diseases and under the influence of various drugs in order to find a similarity for the purpose of diagnosis, or as an aid in selecting the remedy?

Dr. Cowl.—The manometer proves the sphygmographic tracing to be wrong by showing no such marked dicrotism. Both are subject to the interposition of vibrations; the curve is not as deep with the former.

Probably the nearest approach to the true curve yet obtained is found by attaching an extremely light mirror to the skin, over the radial artery

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of a healthy young man at rest and thereby reflecting a ray of light upon sensitive paper on a revolving drum. But even this is tinctured with friction, which with the mechanical factors (inertia, friction, rebound, exaggeration of the impulse, etc.), have been the main source of trouble.

NARRATION OF CASES.

Dr. Willis.—An English woman of about thirty years, with a deformed pelvis, called me some time ago to deliver her. She had been delivered in England by craniotomy, once at full term and again at the seventh month. At the promontory of the sacrum was found a growth, feeling like the head of a child, coming within two inches of the symphysis pubis. She was at full term and the os fully dilated. By version the child was brought down, and finally delivered by craniotomy. I advised an abortion rather than any further attempt to have a child. In spite of my warning she became pregnant and greatly desired to have a living child. Everything went along nicely until the seventh month, when I advised a consultation. An operation was decided upon and made a few days ago. I first tried to dilate the os rapidly and then deliver. After dilatation, until four fingers could be inserted, the head could not be brought down. The membranes were ruptured and a delay of twenty-four hours made. The severe pains and a rise in temperature to 101° made immediate delivery advisable. The child was turned, and with difficulty delivered living. It only lived fifteen minutes, however.

In these case there are three things to do:

First, To produce abortion, which is always advisable if you see the case in its early stages.

Secondly, At the latter stages to try to deliver by forceps or version, with craniotomy if necessary.

Third, When these fail, to perform Cæsarian section.

In answer to the question of the increased danger of Cæsarian section over Porro's operation, Dr. Willis said the former was much the more dangerous. In Cæsarian section we are only able to save two out of three mothers. By Porro's operation you can save a very large proportion.

The 260th regular meeting was held Nov. 13, 1890, President Chapin presiding.

The Bureau of Materia Medica reported through its chairman, W. S. Rink, the following papers: "Clinical Confirmations of Some of the Clinical Eye Symptoms of Hamamelis," by H. D. Schenck; "Sulphur, and a Clinical Confirmation of Some of its Symptoms," by R. R. Martino.

NARRATION OF CASES.

W. S. Searle.—I prepared a paper some time ago upon striking coincidences in professional life. Recently the following striking examples have appeared. A young married woman, who had suffered much from nephritis, but was now very much better, began a few days ago to have sharp pains in the ovarian region, extending down the thighs. These appeared just before the menses, which were profuse. She is very restless, must be constantly in motion. Lilium Tig. failed, as did Secale, Cimicif. and Verat. vir. Arg. nit., given on account of the condition of the tongue, had a good effect. The pains, however, continued

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after the menstruation ceased; they were worse in the morning. After a week the menses returned and were aggravated by hot water. The second time the flow was profuse and bright red.

While treating the above case I was called to another, with identically the same pains, but with this difference, that she could not lie down. The bed felt hard to her, and during the pains she stretched and yawned constantly. A chronic cough has disappeared since the pain came. When the pains stopped, the head became muddled and she thinks she lost consciousness.

Dr. Martino.—A lady patient, about a month ago, complained of sharp cutting pains extending from the back along the right side and down the anterior and inner side of right thigh, relieved by rest, but pains would sometimes become so intense that it was impossible to keep quiet; no thirst. Bry. 30 gave relief at once, the soreness leaving in a few days.

Lach. and Pulsat. have shifting pains, but the former has aggravation from sleep or during sleep.

Nat. carb. has pain in the back, extending down the limbs; aggravation also from heat.

N. Robinson.—Would none of the symptoms be found under Strychnia or Nux vom.

J. L. Moffat.—Puls. 30, because of the aggravation from heat, might relieve the first patient, and Plat. the other.

J. L. Cardozo.—Cimicif. having been unavailingly tried, I should think of Silicia, which is for chronic cases what Puls. is for acute. In these cases we do not always have a clear cut case, and must ignore some of the symptoms that are against an otherwise indicated remedy.

The 261st regular meeting was held Dec. 9, 1890, President Chapin in the chair.

The Bureau of General Medicine, W. M. Butler, Chairman, reported two papers: "A Case of Sarcoma of the Choroid," by Dr. Searle, and "Can Organic Disease of the Spinal Cord be Produced by Over-dosing with Sulphate of Quinine?" by Dr. Butler.

J. L. Moffat.—It seems worthy of note that the sarcoma reported by Dr. Searle grew less rapidly when the deficiency of fibrin in the blood had been corrected.

Dr. Martino.—I believe that to Tarantula cubens. must be given the credit of the results in Dr. Searle's cases. It looks as if in it we might find a remedy for cancer. In a case of cancer of the tongue, so diagnosed by several well-known surgeons and specialists, it proved seemingly curative. The case came to me Aug. 6, 1886, and was taken to Dr. Jno. H. Thompson, of New York, who said that amputation was out of the question. Phytolacca was given internally and locally, which improved the condition so much that the tongue was nearly of normal size in a month. The growth returned in the following November and steadily increased until March, 1887, when the tongue so filled the cavity of the mouth that swallowing of liquids was extremely difficult. The pains were sharp, sticking, extending into the ears, especially the left, (the affected side); intolerable at night, compelling the use of opiates; relieved by warmth. Cachexia well marked. Obtaining one day a slough from the opening at the side of the tongue reminding me of a carbuncle, I gave him Tarant. cubens. 6. The pain soon ceased, swell-

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ing subsided, finally disappearing, and the tongue healed. (Arsenic and Arsenic jodat. in varying potencies had had no effect.) The patient died two years afterwards of pericarditis. His mother had, so he told me, a cancer of the breast which had been removed by some kind of application which was extremely painful. Arsenic, I believe, is said to be the only antidote to the bite of the tarantula, and Dr. Jonathan Hutchins, of England, says that arsenic will produce cancer.

J. L. Watson.—I have been informed that Cedron will antidote Tarantula cubensis, as it will that of the coral and other snakes.

NARRATION OF CASES.

Dr. Searle.—A gentleman of sixty-eight years, a merchant in New York, of fine physique and most exemplary habits, left home one morning, after a light breakfast, feeling very well. He smokes very moderately, and has never been sick. He had hæmorrhoids, which he cured by injecting hot water after a similar injection of carbolic acid had failed. From the time he left home he remembers nothing until his return, except that he stepped into a saloon and restaurant. He looked perfectly natural and acted so. The only peculiarity was that he repeated his questions several times. When he went away he had $50 in his pockets, and was astonished to find none of it on his return. He failed to remember giving it to a relative during the day in his office. His only bad feeling was a numbness or "wooden" feeling in the right side of the head. He had had one attack before. Carb. veg. 3 was prescribed. I believe there was a local congestion of the right side of the brain. He has no gout or rheumatism. He has what is found in many cases, an anomalous nervous condition that locates itself here and there.

W. M. Butler.—It could not be more than a congestion, I think. It looks like an aphasial attack from congestion or the plugging of an artery, but it occurs upon the wrong side. If it had been more severe it would have produced aphasia.

I saw a case recently in consultation, where the gentleman came back from the country apparently in good health. He soon began to mumble his words. There was congestion at first, which resulted in effusion at the base and death.

For marked aphasia I have seen Arnica do most good. Bell., Verat. viride, or Gels. may be useful. In a recent case with paralysis on one side and loss of speech, Arnica alone cured the case.

J. L. Moffat.—I have known an acid stomach to cause white scotomata and even hemianopsia often succeeded by numbness of the lips, sometimes with aphasia and once with sluggish comprehension as well as articulation.

Dr. Avery.—A business man of Poughkeepsie, forty years old, a man of most regular habits, neither using alcohol nor tobacco, and enjoying good health, left his store for his noonday meal. Instead of going home he walked to a station two miles below the city, where he boarded a New York train. From New York he went to Port Jervis, where he recovered his consciousness. He was gone for two or three days and was supposed to have committed suicide. When found he was hysterical. He remembered crossing the North River and that he then had an idea of committing suicide. He has had no attack since. There was no epilepsy in this case, nor in his family.

Dr. Butler.—I was called not long since to see a very beautiful young woman, suffering apparently from all the symptoms of locomotor ataxia. She had had a loathsome eczema of the face and scalp, which had been

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treated by oil of cade. It was after this that all the symptoms of advanced locomotor ataxia appeared. I remembered a recent striking paper upon this disease in *The Nervous and Mental Disease Journal*, by G. M. Hammond. Under vigorous treatment with ergot and galvanism the case was well in three months. While I do not believe any true case of sclerosis is ever cured, this one had all the symptoms of pronounced locomotor ataxia.

The 34th annual meeting was held in the rooms of the Franklin Literary Society, 44 Court Street, Jan. 13, 1891, President Chapin in the chair.

After the election of the following officers, and propositions to amend the constitution, Tarantula cubensis was discussed.

Pres., H. D. Schenck; Vice-Pres., W. B. Winchell; Sec., W. S. Rink; Treas., A. G. Warner; Necrologist, W. S. Searle; Censors, E. Hasbrouck, H. Willis, J. L. Moffat, W. W. Blackman, W. M. Butler.

Dr. Watson.—My experience with Tarantula cubensis in relieving a certain train of symptoms in quinsy and diphtheritic sore throat has led me to ask if others have used it in similar conditions, or have observed its action upon these symptoms: a general aching in the bones throughout the body, with general malaise, and aching in the throat. Without any topical applications the remedy has relieved these symptoms very speedily several times, after other remedies had failed. Other remedies, however, were usually necessary to complete the cure, being given as soon as the distress and aching were removed.

In answer to questions, Dr. Watson said he meant by diphtheritic sore throat, a light attack of diphtheria, a relation similar to that of the so-called scarlatina to scarlet fever. "It is a difference only in degree."

Dr. Hasbrouck.—Sixteen cases of diphtheria were reported as cured by a physician from central Pennsylvania some years ago. This man considered Tarantula almost a specific for diphtheria. I do not know whether the cases occurred in an epidemic.

Dr. Navarro first distributed the remedy here, and suggested its use in carbuncles (and similar conditions) to relieve the burning. It is possible there is a somewhat analogous condition of the blood in diphtheria to that found in carbuncle, hence the (reported) efficacy of this remedy in both diseases.

R. C. Moffat.—I have used it successfully to abort suppuration in boils and abscesses.

Dr. Watson.—I have found Tarant. very useful in felons.

B. L. B. Baylies.—It has also been used to induce euthanasia.

RECORD OF MEDICAL PROGRESS.

POISONING BY BROMOFORM.—Dr. Eugen Sachs reports in *Therapeutische Monatshefte*, Dec., 1890, the case of a four-year-old boy suffering from whooping-cough, on account of which he had been ordered bromoform in dose of three drops three times a day. In the absence of the mother the boy got possession of the bottle of medicine and drank 1 grams of it. Shortly afterward he desired food and seemed quite well, but suddenly the mother observed that his face was quite pale and that he staggered. Dr. S., when called, found the boy apparently lifeless, the face of corpse-like paleness, pupils dilated *ad maximum* and reactionless, lips cyanotic, pulse not to be felt, and the extremities cool.

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Subcutaneous injection of sulphuric ether (Pravaz syringe full) with cold douches upon chest and back, the child being in a lukewarm bath, brought him out and in a few hours he was able to answer questions and on the next day was well. O'C.

RESORCIN AN ANTIDOTE TO CADAVERIC POISON.—Andeer has repeatedly shown the great value of resorcin as remedy for the poisoning from dissecting wounds. It has never failed yet and a recent case exhibited its remarkable power. There were already superficial and deep lymphangitis, high degree of swelling, pain, discoloration of the arm, swelling of the axillary glands, and the previously strong patient had become, through pain, sleeplessness, thirst and anxious feeling, very much reduced. The whole series of remedies, from gray ointment to the latest antiseptics had been employed to no purpose. A last trial was made with resorcin, and on the following night the patient slept quietly and on the next morning the pain had gone, while the swelling had considerably lessened. In a week the patient was well and at work.—*Archiv. f. path. Anat. u. Phys., Bd.* 122, *H.* 2, 1890. O'C.

CHLOROFORM AS AN INTERNAL REMEDY.—More than a year ago Stepp had reported concerning the therapeutic success following the internal administration of chloroform in acute diseases of the digestive organs, chronic gastric ulcer, croupous pneumonia and typhoid fever. At that time his cases numbered only six; they now reach eighteen. In all he gave almost exclusively (once or twice, 15 grains of quinine) chloroform 1 gram, diluted to 150, in three doses during the twenty-four hours. No injurious incidental result appeared in any case, although in some the whole amount of chloroform taken during the course of the disease was from 10 to 20 grams. On the contrary the drug acted most favorably as a stimulant; in a few days the somnolence, delirium and dry tongue had disappeared, and in a week or so the temperature had materially lowered, the stages of remitting fever became shortened and gave place to rapid convalescence.—*Munchen med. Wochensch.*, No. 45, 1890. O'C.

KOCH'S REMEDY IN LARYNGEAL TUBERCULOSIS.—Mr. Lennox Browne gives in the *Brit. Med. Jour.* of Dec. 27th some notes on the treatment of laryngeal tuberculosis by the method of Prof. Koch. He concludes: 1st. "That laryngeal tuberculosis is a far more frequent association of pulmonary disease than is generally admitted. This, it may be stated, has been the experience of Prof. Gerhardt, for a number of years. That *vice versa*, the throat is but rarely affected without associated pulmonary disease. 2. That this association does not take place as an accidental sequel, such as from the infection of the larynx or pharynx from pulmonary sputa, but that it may exist, and lie dormant, long before it is always actively evinced. . . . 3. That the laryngeal complications of pulmonary tuberculosis are rarely, if ever, of the simple catarrhal nature so strongly urged by Beverley Robinson, of New York, and a few others, but they are essentially of the same specific character as the disease on the lungs. . . . 4. That the frequent association of lupus of the nose with similar involvement of the pharynx and larynx—a point on which I have insisted in my writings, is strengthened by the development of the disease in these latter situations in patients under treatment for its manifestation in the former situation. 5. That the most usual laryngeal evidences previously noted as early characteristics of tuberculous laryngitis, namely, bilateral swelling of the mucous folds

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and coverings of the arytenoid and of the epiglottis are just those which are observed to be developed under the Koch treatment. . . . 6. That in like manner, past experience is confirmed that unilateral swellings and unilateral ulcerations are less common than the bilateral, and that the lesions are more or less symmetrical. . . . 7. That under this treatment, ulcers representing necrotic changes may develop and heal with a rapidity unexampled . . . and that infiltration and quasi new growths may become absorbed. Such a circumstance warrants us in supposing that similar changes take place in the lungs. In fact, some of the cases noted in the wards of Prof. Gerhardt, but not here detailed, are quite convincing on this point. 8. That in a few cases only did I observe no improvement. . . . In two cases there was general retrogression, due, I presume, to insufficient vital energy to throw off the necrotic material. . . . 9. As to treatment, all will do well to commence with the minimum dose of a milligramme, or even less, as recently advised by von Ziemssen, *in all laryngeal cases*, and not only in those in which there is already infiltration, for in this treatment it is the unexpected which often happens, and no one can foretell the case in which there will be undue reactionary œdema, with stenosis in addition to the always-to-be-observed hyperæmia. . . . Wherever stenosis of high grade occurs, intubation is, *cæteris paribus*, preferable to tracheotomy. . . . Finally it should be remarked that, though there does not appear to be any marked difference in the reactionary fever that takes place as a result of this treatment when employed for laryngeal disease, from what is observed in the course of the maladies under a like procedure, these are often to be observed, as exceptions to the rule that change and fever go *pari passu*, actual physical alterations of the greatest importance taking place in the diseased structures when the reactionary fever is almost *nil*, and *vice versa*. The former exception of these two has so far happened to be the most frequent. Twenty-one cases are presented, and illustrations of the laryngeal conditions are profuse.

A NEW TREATMENT OF ANEURISM.—In the inaugural address delivered before the Midland Medical Society by Dr. William Macewen, and reported in *The Lancet* of November 22d, a treatment for aneurism is advocated which, from its simplicity, success and authority, commends itself to our notice. In the introduction the common methods of treatments are informally discussed, and attention is called to the fact that advanced arterial degeneration and unfavorable location frequently render operation by ligature impossible. Other methods, by the administration of internal remedies, starvation, flexion of limbs, digital compression, etc., all have for their object retardation of the blood current, and the formation of a "red thrombus."

The author calls attention to the characteristics of thrombi and their methods of formation. A red thrombus consists of masses of fibrin entangling red and white corpuscles and saturated with serum, and its main characteristic is gradual contraction, which may render the aneurismal cavity patent days or even weeks after a supposed cure. As the red thrombus is practically a foreign body, it may undergo one of several changes. It may become absorbed, and replaced by connective tissue, but, unfortunately, this change is rare. Much more frequently does it undergo red or yellow softening, the former resulting sometimes in embolism, while the latter is prone to suppuration and septic infection. The *white* thrombus is not liable to either of these forms of softening. Taking now into consideration the method of formation of the white

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thrombus, and its general characteristics, the author expresses the opinion that while it may sometimes result from the organization of the red thrombus, it more frequently forms primarily and is "caused, not intentionally by the operation, nor from any effect upon the blood stream, but by accidental circumstances quite apart." Thus, for instance, in aneurisms, treated by galvano-puncture, white thrombi have been noticed to delelop *at the points of puncture.*

"These were attributed to the galvanism, whereas they were due to the damaged wall setting up a reparative inflammatory process." Where the blood current is unobstructed, any wound or irritation of the interior of the vessel or aneurism, is followed by a reparative inflammation, resulting in the formation of a white thrombus about the seat of injury. This thrombus is composed of leucocytes, which become firmly adherent to the wall of the vessel, grow by accretion and ultimately become organized into a highly vascular connective tissue. While this parietal white thrombus shows a tendency to contract, it does not do so to the same extent as the red thrombus.

Granting now that the surgeon's aim is a complete parietal white thrombus, we come to Dr. Macewen's practical method of inducing this condition.

The instrument employed is a highly polished cylindrical pin, having a point like an ordinary sewing needle and a rounded head, and being of sufficient length to completely transfix the aneurism. As the walls of different tumors are of varying thickness,and as it is desirable to use the finest possible pin, a number of these instruments of varying size must be provided.

The skin having been thoroughly cleansed and rendered aseptic, the smallest aseptic pin that is strong enough to penetrate the wall is thrust into the tumor at a favorable point and passed through till the point just touches the opposite side. "Then one of two methods may be employed; either to move the pin over the surface of the inner wall so as to irritate its surface, or to allow the impulse of the blood current playing on the very thin pin to accomplish the same object." This is continued for ten minutes; then the point is shifted to another portion of the sac without withdrawing the pin. If this is done in a methodical manner,if may be possible to reach nearly all portions of the sac through one puncture; otherwise a number of pins may be used, or a number of punctures made with the same pin. The pin should not remain in the sac over forty-eight hours and the object may undoubtedly be accomplished in the majority of cases in a much shorter time.

While in the sac, the pin is surrounded at the surface of the skin with moist antiseptic gauze. There will probably be little or no diminution of the eccentric impulse at the time the pin is withdrawn. Occasionally it may be weeks before distinct thickening of the coats can be made out, but as a rule, thickening occurs at an early period.

Details of five cases are given and some specimens exhibited, for which refer to original article.

Case I.—Aortic aneurism, seen at an advanced period, when threatened by impending death from dyspnœa; treated by induction of white thrombi within the sac; treatment cut short within the month by fatal dyspnœa.

Case II.—Aneurism of the upper part of the right femoral involving external iliac, measuring five inches in diameter, cured by induction of white thrombi within the sac; patient died thirteen months subsequently from carcinoma of the tongue.

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Case III.—Aneurism of abdominal aorta, treated by induction of white thrombi in interior of vessel; cure interrupted by patient feeling so well that he determined to resume work after a month's treatment, though the tumor was not consolidated; patient still alive two years and a half subsequently.

Case IV.—Intra-thoracic aneurism, probably left subclavian, accompanied by great swelling pain, numbness and loss of power in left arm; treated by induction of white thrombi within the sac; complete consolidation of aneurism and restoration of function of arm. G. W. R.

STRANGULATED HERNIA.—Wm. H. Bennett, F. R. C. S., publishes in *The Lancet* of Oct. 18th three cases of strangulated hernia with damaged bowel, which illustrate some interesting points in the management of this condition.

CASE I.—Strangulated inguinal hernia, with laceration of bowel. James T., operated upon in 1864 for right inguinal hernia; rupture has been down almost constantly since that date. Became strangulated Feb. 19, 1889; vomiting followed immediately, and when admitted to hospital (on the same day) collapse was marked. Herniotomy was performed on the 20th, revealing a sac filled with bloody fluid and fæces. On the posterior aspect of the bowel was a lacerated wound, involving an inch and a half in length of the peritoneal and muscular coats, and about three-fourths of an inch of the mucous membrane. The parts were thoroughly cleansed with corrosive sublimate solution (1 in 1,000). The wound in the mucous membrane was brought together with four silk stitches and the peritoneum closed over it, with seven Lembert sutures. No drainage used. Recovery was uninterrupted and rapid.

CASE II.—Strangulated Femoral Hernia. Herniotomy; gut reduced, although there was an erosion of the peritoneal and muscular coats to the extent of half an inch. Sarah P., æt. sixty-two, admitted July 6, 1889; strangulation was of three days' standing, and patient in extreme collapse; vomiting continual, tumor irreducible and without impulse. Herniotomy revealed a sac containing some very dark fluid, omentum, and a deeply congested knuckle of small intestine. The coats of the intestine were so friable that mere handling increased the already existing lesion of the peritoneal and muscular coats. As suture of such tissue was impossible, the gut was cleansed with an antiseptic and returned just inside the ring ("although it was perfectly plain to my mind that it must give way"). A large drainage tube was passed through the ring in contact with the gut, and the herniotomy wound closed with horse-hair sutures, and dressed with the double cyanide gauze. The bowels moved spontaneously on the seventh day, and three days later fæcal matter passed along the track of the tube. The bowels continued regular, and by August 18th fæcal fistula had closed. Patient well six months after operation.

CASE III.—Strangulated femoral hernia; herniotomy; reduction gangrenous gut. Eliza J., æt. fifty-five, admitted Dec. 22, 1889. Hernia had been strangulated for four days, and the patient was collapsed. Pulse small and quick; dry tongue; albuminous urine and continual vomiting. Herniotomy was performed and the whole front of the sac proved to be gangrenous. The sac contained only a knuckle of small intestine "which, over its central part was piebald in aspect, quite lustreless, and, so far as could be judged, obviously gangrenous." The sac was cut away, the stricture divided, and the gut, after thorough irrigation with corrosive sublimate solution (1–1000) was returned just inside the ring. A large drainage tube was passed through the ring and left as near the

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returned bowel as possible. Herniotomy wound closed and dressed as usual. Patient seemed nearly moribund; however, she rallied rapidly and the wound healed by first intention. For a week an ill-smelling, grumous discharge came in small quantities, unaccompanied by fæcal matter. On Jan. 16, 1890, the sinus had entirely closed and the patient was in perfect health.

The surgeon who reports these cases, after quoting Sir James Paget's dictum that intestine "having these colors white, gray and green—all dull and lustreless and gangrenous," and "even though they be small must not be removed," draws the conclusion (1) that these symptoms of gangrene were deceptive, which is most improbable; or (2) that by reason of antiseptic cleansing, the gangrenous bowel was enabled to disintegrate and come away through the large tube without leaving a gross interruption of continuity in the intestinal wall. He therefore recommends that where the question lies between the production of an artificial anus without return of the gut, the production of a fæcal fistula, or the operation of resection, preference should be given to the formation of a fæcal fistula, because where a large drainage tube gives free exit to the fæcal matter, the tendency is toward closure of the fistula. An artificial anus cannot be closed without a serious and usually unsatisfactory operation. And those cases in which a resection would be necessary are in too critical a condition to admit of such an extensive operation. G. W. R.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

OBITUARY.—Dr. Frank Van Alstyne, of West Troy, died Tuesday, Dec. 23, 1890, from typhoid fever. His wife, an accomplished young lady, striken with pneumonia, died on Wednesday, Dec. 24th. They were buried in one grave. Dr. Van Alstyne was a graduate of the New York Homœopathic Medical College, Class of '86. He located in West Troy and was building up a very satisfactory practice. The death of both is a double blow to their friends and relatives.

ILLINOIS SOCIETY.—The thirty-sixth annual session of the Illinois Homœopathic Medical Association will be held at Springfield, Ill., May 12, 13 and 14, 1891. From the preliminary announcement issued, a satisfactory meeting may reasonably be anticipated. In regard to a neglected bureau, the secretary says: "The Bureau of Sanitary Science and Hygiene has been given greater prominence in order of precedence. This is in accordance with the expressed opinion of members, who considered that in times past this bureau has been neglected." It would be a good thing if the members of other homœopathic societies would arouse to the importance of this bureau.

RHODE ISLAND SOCIETY.—The forty-first annual meeting of the Rhode Island Homœopathic Medical Society was held in the parlors of the Narragansett Hotel, Providence, on Friday evening, Jan. 9, 1891. After the preliminary business, the officers of last year were all re-elected, as follows: Pres., Dr. C. A. Barnard, of Centerdale; Vice-Pres., Dr. C. A. Witmarsh; Sec., Dr. W. N. Stone; Treas., Dr. G. P. Peck; Censors, Drs. Robert Hall, C. L. Green and Charles Hayes. It was proposed to entertain in 1892 the American Institute of Homœopathy at Newport. A committee was appointed to raise funds for that purpose. Papers

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were read by Dr. J. P. Rand on "Koch's Bacilli," Prof. I. F. Talbot on "Homœopathy: Its Wheels of Progress," by Dr. Peck on "Sunny Memories of a Young Physician," and by Pres. Barnard on "A Plea for More Earnest and United Work." The usual banquet followed.

MONROE COUNTY SOCIETY.—The annual meeting of the Monroe County Homœopathic Medical Society, was held Wednesday afternoon, Jan. 21, 1891, in the cottage adjoining the Homœopathic Hospital. After the election of new members, the following papers were read: "Homœopathy," by Dr. W. F. Clapp, of Fairport; "A Clinical Case," Dr. George M. Haywood; "How I Was Converted," Dr. G. R. Snow; "Treatment of Acne Vulgaris," Dr. T. D. Spencer, and the President's address on "Specialism in Medical Practice," by Dr. E. J. Bissell. The following officers were elected: Pres., Dr. C. E. Walker; Vice-Pres., Dr. Sarah Q. Lee; Sec., Dr. M. E. Sherman; Treas., Dr. T. D. Spencer.

THE LONDON HOSPITAL.—*The Homœopathic Review* states that, the necessary arrangements having been completed, a course of post-graduate lectures will be commenced at the London Homœopathic Hospital as soon as possible. The lecturers are Drs. Clarke Burford and Galley Blackley, and Mr. Knox Shaw.

NEGLIGENT MIDWIVES.—Nurses and midwives who neglect the precautions advised by the profession and who are centres of infection, are severely dealt with in Prussia. A midwife found guilty of gross neglect, and who had always left a trail of fever and death behind her, was sentenced to three years in prison and prohibited from practicing her profession until a year and a half after being set free.

A NEW CURE FOR OBESITY.—A cure for obesity which is remarkable for its simplicity has been discovered by a French surgeon. "The form of diet is simply a restriction to one dish at each meal, irrespective of what that dish might be, and no matter whether the quantity consumed was greater or smaller, it is made to satisfy the desire for food to the full at each meal; no supplementary dishes such as soups, desserts or condiments are allowed; one single dish, and that taken plain, was found to satisfy the appetite much sooner than a variety of dishes, even if the quantity was apparently smaller and on almost an abstemious scale.

IMMUNITY FROM DIPHTHERIA.—The chemical agent employed by Dr. Behring and Dr. Kilasato in their experimental investigations on diphtheria and tetanus has been made known. This agent is the trichloride of iodine, which, injected subcutaneously in animals inoculated with the viruses, not only is claimed to cure them, but to render them immune to subsequent infection. Peroxide of hydrogen in ten per cent. solution will also confer such immunity in respect to diphtheria.

MASSACHUSETTS HOSPITAL.—At the annual meeting of the Trustees of the Massachusetts Homœopathic Hospital, an interesting report was submitted. The grant of $120,000 by the State has rendered possible the extension of the hospital—a work that is being carried on with vigor and judgment. It is proposed to buy a tract of a hundred acres, if possible, outside the city for the erection of future buildings. The trustees believe the future growth of the hospital should be in this direction. The death rate for the year was 3 1-5 per cent. of the number treated.

KINGS COUNTY SOCIETY.—At the thirty-fourth annual meeting of the Homœopathic Medical Society of the County of Kings, the following officers were elected: Pres., Dr. H. D. Schenck; Vice-Pres., Dr. W. B. Winchell; Sec., Dr. W. S. Rink; Treas., Dr. A. G. Warner; Necrologist, Dr. W. S. Searle; Censors, Drs. Butler, Hasbrouck, Blackman, Moffat and Willis.

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MIDDLETOWN ASYLUM.—The twentieth annual report of the State Homœopathic Insane Asylum, at Middletown, N. Y., just transmitted to the Legislature, shows that during the fiscal year ended Sept. 30, 1890, the whole number of cases treated amounted to 802, of whom 423 were males and 379 females. During the year 105 patients were discharged as recovered, 38 as improved, 23 as unimproved, while there were 30 deaths. The percentage of recoveries figured on the number discharged is 53.57, and the percentage of deaths is 3.74. In speaking of the treatment provided by the hospital, the president in his report says: "I am willing to state it as positive law that any insane person who, by himself, or through legal representatives, desires homœopathic treatment, has a right to admission and treatment in the State Homœopathic Asylum, and to enforce that right. That he can pay for his own board and treatment is no objection, provided there is room for his accommodation. This asylum was erected, first, for homœopathists, and next for the general class. No one who comes knocking at its doors asking admission, and is a proper subject for its treatment within the law, can be refused, if there is room for him. The homœopathists have in law and right the preference. Under the express sanction of the Legislature in the incorporating act, and the legislative contract effected by large donations of money and land accepted by the legislature, the homœopaths are entitled to enforce the preference. The legislative contract and decree is complete that this is a homœopathic asylum for homœopathic treatment."

THE CONNECTICUT DENTISTS.—The dentists in the Nutmeg State have determined to secure a law regulating the practice of dentistry. The proposed bill establishes a board of five dental commissioners, and no one will hereafter be allowed to practice who does not hold a license from this board.

THE MINNESOTA INSTITUTE.—This representative body of homœopathic physicians has decided to make a vigorous attempt to have separate boards of medical examiners. A legislative committee of five has been elected by the executive committee, who will take charge of the matter. We wish the committee all the success they deserve.

"HEROIC" TREATMENT.—In the address to the legislatures of the Southern States, prepared by the Southern Homœopathic Medical Association, and intended to aid in obtaining just and new sectarian legislation as applied to the practice of medicine, there appears in a footnote some incisive remarks regarding the term "heroic" treatment. The writer says: "The originator of that abominable term 'heroic treatment' has much to answer for. It is an ill-begotten term whose heroes, that is, whose victims, lie mouldering by thousands in all the cemeteries in the land. It is a missapplied and horribly unfortunate term; taken from the battle-field where daring, reckless deeds are admired, and has no proper place in the consulting room, where calm discretion, steady caution, nice discrimination, gentle touches and exquisite skill are required. It is a solecism on language and should be tabooed from medical lectures, books and journals. It is captivating in sound, but causes disastrous results, and is a dreadful term to offer to the young and often indiscreet physician. It is a hideous monstrosity of a term."

DEATH FROM SALOL.—A death from salol has been reported. A young man suffering from rheumatism, took by mistake two drachms of salol. Coma resulted, with great dryness of the tongue, anuria, and death on the second day.

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North American Journal of Homœopathy.

ORIGINAL ARTICLES IN MEDICINE.

TELLURIUM.*

By G. G. SHELTON, M.D.,

New York City.

My paper will be a very short one. I wish to bring to your attention a drug that has proved of especial value to me in several cases of spinal trouble, and to emphasize a symptom that has proved characteristic in my experience.

Tellurium, which is prepared by triturating the pure metal, has been studied by a large number of observers, among whom Dr. Carroll Dunham made a careful proving of the drug upon himself. His studies are recorded in the *American Homœopathic Review*, Vol. V. Allen records some sixteen different observers. The chief seat of action of the drug, as developed by these provers, seems to have been the skin, and the spinal column. Much has been written about its effects in *Otitis Media*, with its characteristic "fish pickle" smelling discharges, and the vesicular eruption upon the ear and neck, wherever it touched.

Its next seat of action, especially developed in the provings of Drs. Metcalf and Dunham, was upon the upper portion of the spinal column, from the cervical to the fifth dorsal vertebra, with the dread of having the part touched or approached. From these vertebræ a peculiar irritation radiated into the neck and shoulders, and to the

* Read before the New York State Homœopathic Medical Society.

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sternum, which was worse by fatigue, but only partially relieved by repose, and it is this last group of symptoms that I wish to verify, noting only in addition the fact that on the skin it produced pricking and stinging, like flea-bites, all over the body; this was worse when remaining still, and worse in the evening. It also produces, and is prescribed for herpetic eruptions resembling herpes circinatus, and in Allen, Farrington and Hughes is put down as curative in some forms of that disease. Farrington advises it for ring-worms that come in clusters, and classes it with *sepia, baryta carb.* and *nat. mur.* With this brief *resumé* of the drug, I will relate three cases in which it has proved of great value, where the symptoms recorded especially under Dunham's proving, and stated above, have been verified, viz.: the sensitiveness of the region over the upper portions of the spinal column and the affections of the skin, in two of these cases confined to that region.

The first case was a widow lady of about fifty, who consulted me for a long-standing trouble. She complained of pain and soreness in the upper portion of the back, over the dorsal vertebræ, the pains extending down the left side and arm. I requested an examination, and she acquiesced, but said that she was afraid that I would hurt her. After exposing the back, I tried to examine it, but she shrank from even the slightest touch. She described the sensitiveness as being so acute that when touched, it extended into the occiput, and all over the upper region of the back. Guided by this symptom, I gave her *tellurium* 6th, and requested her to call again in a week. She returned in some twelve days and reported herself as much improved, but she had some remaining sensitiveness over the left scapula, and stated that it was constant; it went through to the left shoulder, but she would not let anybody touch it. *Tellurium* was continued, and in another week she sent word that she was well.

Case II.—A maiden lady æt. forty-five, who had the misfortune to fall, striking a severe blow on the sacrum. She suffered for some weeks from concussion, with one point of great soreness in the sacral region, just above the point where the blow was received. She was confined to her bed, the general condition improving, but this soreness persisted, and the same sensitiveness appeared over the back, especially at its upper third. *Tellurium* 6th was given, and not only did the sensitiveness all disappear rapidly, but the soreness in the sacrum likewise. Now, over a year afterward, she has had no return of her trouble, and her back, which has always been her weak part, gives her no trouble whatever.

Case III.—A case of pachy-meningitis, a young lady, æt. twenty-nine, who some ten years ago had a severe attack of spinal meningitis, consulted me for a burning, pressing pain in the base of the brain; this grew worse, and gradually symptoms of ptosis and first

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right hæmiplegia followed by left, until she became almost helpless; to relate all the history of the months of duration which this case ran, would not in any way help my purpose in this paper; suffice it to say, that all through the history of the case she lay bolstered up on pillows, during some of the time her head drawn backward, and a feeling as if she were being drawn into a reclining position, which always aggravated her condition, and increased her sufferings. Many drugs were prescribed, with varying success, until at last this hyperesthesia of the spinal column, and the entire surface of the back became so distressing, that it was a question of finding any support that did not intensify the pain. She could not bear the slightest touch, complaining that it hurt her severely at the point of the contact, and also that she felt it in her head and remote parts of her body. Acting upon this symptom, *tellurium* was tried as a "dernier ressort;" almost immediate effects were observed. She slowly but steadily improved, the sensitiveness gradually disappeared. and one by one the symptoms passed away. In a few weeks she was removed to the seashore, and here she rapidly regained her health. She remained in good health for nearly two years, and I regret to add that she is now again under my care for the results of overwork, and is suffering from severe recurrent attacks of orbital neuralgia. Although this illness threatened at the outset to assume the character of the old trouble, a few doses of *tellurium* removed all of the premonitory symptoms, and during its duration, none of the sensitiveness or boring occipital pains have appeared. I am convinced that her present attack is due to some refractive error, and she is being treated accordingly.

THE TREATMENT OF THE PREGNANT WOMAN PRIOR TO CONFINEMENT.*

By C. S. WALKER, M.D.,

West Henrietta, N. Y.

A WRITER in the *American System of Obstetrics* says "that while pregnancy is an essentially physiological condition, still the alterations in structure and function are so numerous and so profound that attention merely to the laws of general hygiene governing the conduct in the non-gravid state is entirely insufficient."

It is the object of this paper to point out some of the essential details of the hygienic and medicinal treatment of the pregnant condition and also to present the opinions and practice of some of the leading men of our school.

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* Read before the New York State Homœopathic Medical Society, at the annual meeting in Albany, Feb. 10, 1890.

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Pregnancy being a physiological condition, the chief end of all treatment, hygienic or otherwise, is to maintain the system in the best possible state. The vegetative machinery of life should be kept in the most perfect running order. How can this best be done? Let the expectant mother be early put under the care of her physician, and if he be intelligent and painstaking, he will often be able to guide the maternal *barque* through unseen breakers to the calm sea of happy motherhood.

The first thing that should be regulated is the *diet.* The pregnant woman must understand that she is now to furnish food for two lives and her daily rations must be regulated accordingly. There should be a generous supply of proteids, fats, amyloids, and salts. The patient should be supplied with fresh meats, vegetables and water in moderate amounts and with sufficient variety so that the appetite may be lively. Within reasonable limits, the whims and caprices of the appetite may be humored.

We should be cautious how we allow our patients the use of alcoholic drinks. Many a woman has formed the pernicious habit of indulging too freely in alcoholic stimulants during the pregnant state, and has found it a curse ever afterward.

Meigs has been very successful in treating the morning sickness of pregnany by a light breakfast an hour or two before rising in the morning. I have yet to meet with a case of morning sickness that would not yield to the appropriate remedy, carefully selected.

Constipation should be avoided at all times, but especially during the last three months. Some of the many mineral waters are of excellent use in these cases. The "Hunyadi water" is good. We have a local spring near Rochester, called "Crystal Rock" of Fairport, which is an excellent mineral water. I have used it considerably in my practice and am well pleased with its results.

The clothing should be loose and warm. Parvin says that the word *enceinte* means, in Latin, "ungirdled," in commemoration of the custom of the Roman women who, when they became pregnant, laid aside the girdle—"the *fascia mammillaris.*" If the American women would lay aside the corset at the commencement of their pregnancy, much less trouble would be had with sore breasts and depressed nipples. The pernicious habit of tight lacing to hide the fact of their condition is practiced by many women, especially by primiparæ. This should receive the censure of the profession, and the danger to themselves and their offspring should be clearly set forth in the most emphatic language. All the clothing should suspend from the shoul-

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ders, as it should at all times. A common cause of pelvic congestion is the weight of clothing carried around by an American woman, on her hips. Warm stockings and low heeled shoes are essential and all blood-impeding garters should be eschewed.

Bathing, two or three times a week, with water neither too hot nor too cold; the daily vaginal douche with tepid water is destitute of harm, while the hot sitz baths and foot baths should be proscribed. This is according to the ideas of a writer in the *American System of Obstetrics*. He says they too easily excite the vascular and nervous systems, and in susceptible females may lead to mischief.

The pregnant woman should take plenty of gentle exercise in the open air when the weather is suitable; and should sleep ten hours out of the twenty-four. On the other hand, indolence and inactivity should not be encouraged. The body as well as the mind should be lightly occupied with some pleasing duties.

Concerning the subject of sexual intercouse, it is necessary to give advice with an extreme degree of circumspection. The doctor's counsel is not often requested on this subject, and when gratuitously offered, Spiegelberg says, "it is like preaching in the wilderness." During the first three months and in the later weeks of gestation, it is better for husband and wife to occupy separate beds. The weight of opinion seems to favor the view that in the majority of cases sexual desire is greatly increased; and a moderate indulgence can do no harm during the middle months of gestation. Meigs says: "A reversal of the so-called classical posture may be suggested with perfect sobriety."

The mental condition demands a certain degree of attention. The patient should avoid crowds and scenes of excitement. Fright or bodily violence may produce structural alteration of the ovum, as the result of a hæmorrhage. A partial rupture of the membranes, with a partial loss of the contents of the ovum is considered by some writers as the probable cause of monstrosities.

The theory of maternal impressions is disbelieved by many persons eminent in authority. Yet so many cases are on record, and several having occurred in my own experience, where cause and effect was so apparent, that I am a firm believer that the mother may modify the physical and even the mental condition of her child in utero through nervous influence.

The breasts should receive a certain amount of attention. They should be free from all pressure and warmly covered. The nipples require particular attention in seeing that they are kept clean and are

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free from fissures. Recent researches into the etiology of puerperal mastitis indicate that a large proportion of mammary abscess during the puerperium are due to septic infection from some crack or fissure of the nipple. During the last six weeks of gestation, bathe the nipples with *cologne* water, tinct. of *benzoin*, tinct. of *arnica*, *calendula* or alcohol and water, as seems best suited. All manipulations of the nipple to aid in elongation is useless and harmful on account of liability of provoking uterine contractions.

Perhaps the most important and interesting part of my paper is yet to come, in the shape of the opinions and personal experiences of several of the leading men of our school. And right here I wish to extend my hearty thanks to those gentlemen who so promptly answered my queries and will leave it with this society to judge of the merits and value of the same.

Dr. L. L. Danforth, of New York, gives some very very valuable hints of the methods he employs in his practice to improve the condition of the pregnant woman and facilitate the parturient effort. He says: "I am careful to advise my patients not to indulge too freely in the pleasures of the table—if so inclined—and to avoid particularly an excess of nitrogenous food—such as meat, eggs, etc. It is important that the liver should not be overtaxed. This organ should not have too much work put upon it. If it is, then the blood becomes surcharged with unused food products; this, combined with the excess of solid material in the blood, peculiar to pregnancy, renders liable all those serious evils which grow out of blood impairment, particularly if the kidneys are inclined to be functionally inactive. In fact, I think that actual hyperæmia of the kidneys, if not true nephritis, sometimes grows out of that increase of function which is necessary when the kidneys are overweighted in their effort to dispose of the products of deficient tissue metamorphosis. To relieve those important emunctories as much as possible, I tell my pregnant patients to keep the skin free by warm baths, two or three times a week, and also to keep the bowels regular. Never allow a pregnant woman to suffer from habitual constipation.

"Having given these general directions in this way, I examine the urine every two weeks, after the sixth month, and before, if there are any symptoms which excite suspicion as to the condition of the kidneys.

"In primipara I advise a sitz-bath every night in a regular sitz-bath tub, just before retiring. The patient should begin at the seventh month and continue through the remainder of the pregnancy. The

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water should be of the temperature of 98 1-2° to 100° F., and the patient should sit in the water eight to ten minutes, after which the body should be quickly and thoroughly dried off and the patient usually at once goes to sleep. This promotes sleep, soothes restless and tired nerves and relaxes muscles and tissues concerned in the process of parturition. I believe it prepares the way for a natural and healthful consummation of labor. I sometimes give for two weeks before the onset of labor, a dose of *caulophyllum* or *macrotin* at night, but I am not sure that much is gained in the way of easy parturition. False pains are often dissipated and perhaps the way is paved for a more easy labor than would occur without the medicine."

Dr. Conrad Wesselhoeft, of Boston, writes as follows: "I do not adopt any medical treatment for the pregnant woman, except a rigid enforcement of a natural and wholesome dietetic regimen. Correcting errors of diet: establishing regular and normal ways of living where these are irregular and abnormal. Wholesome food should be taken at not too long intervals. A little gentle exercise, and regular, early hours for retiring. Baths should be used freely.

"I do not use any medicines unless called for by abnormal (pathological) indications. I do not tamper with the developing breasts, nor make ado about aseptic prophylaxis. I do not order aseptic, vaginal, or other injections. I do not order the plumbers into healthy dwellings to create confusion and expense, merely for the sake of appearances. I regard pregnancy and child-birth as a normal process of physiological health—not a disease."

Dr. W. S. Searle, of Brooklyn, has used *caulophyllum* in several cases during the later weeks of pregnancy, and at other times he has had patients follow the directions in "Parturition Made Easy." The results he has obtained from having patients follow the above directions have been so meagre and unsatisfactory that he is suspicious that the whole business is "bosh and humbug."

Dr. E. Hasbrouck, also of Brooklyn, says that it has not been his practice to give the pregnant woman any medical treatment, except as called for by special indications. No remedies have been used for the direct purpose of securing an easy parturition.

Dr. George E. Gorham, of Albany, never adopts any special treatment. He keeps his patient in the best possible physical condition. He excludes from the diet, largely, the phosphates, and gives freely in the last months, acid fruits.

Dr. J. H. Sheldon, of Syracuse, makes use of no remedies during the pregnant state, unless called for by special indications.

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Dr. F. F. Laird, of Utica, invariably uses *cimicifuga rac.* during the last month of pregnancy and has reason to believe that it often facilitates the labor. He also uses pure olive oil, rubbed into the abdomen night and morning. If the case is a primipara closely built, warm sitz-baths are advised during the last two weeks, repeating them each night before retiring. As for "dieting" to render a child so puny and weak that it can offer no obstacle to birth or a hard world, he has nothing but condemnation.

Dr. H. M. Dayfoot, of Rochester, says that for fifteen years he has adopted preparatory treatment for the pregnant woman. His treatment consists of:

1st. Dietetic; plain, nutritious food. Meat once a day. Fruit, *ad lib.*

2d. Hygienic; regular exercise, open air when possible; loose, warm clothing. After the sixth month sitz baths, commencing with one a week and gradually increasing until at term they are taken every day.

3d. Therapeutic; *macrotin*, 2x. Give five grains morning and night after the seventh month.

Dr. S. N. Brayton, of Buffalo, has used *caulophyllum*, first dilution; two drops night and morning, commencing about the seventh month, then every four hours during the last month of gestation. The doctor says: "I thought it worked wonders. Later I have used this prescription, called 'Mother's Cordial':"

℞

Am. Valerian	$\frac{1}{2}$ lb.
High Cranberry bark	$\frac{1}{2}$ lb.
Squawberry vine	$\frac{1}{2}$ lb.
Blue Cohosh	$\frac{1}{4}$ lb.

Boil in 2 gals. of water, strain and evaporate to 1 gal. Add 2 quarts of gin and $1\frac{1}{2}$ pounds of sugar.

A dessert- to a teaspoonful to be given twice a day during the seventh month; three times a day the eighth, and four times a day the ninth, the last dose on retiring. This strengthens the uterus and quiets the nervous condition which is common.

Dr. Asa Couch, of Fredonia, says he is out of the obstetric business, but thinks if any remedy has a reputation for rendering parturition easier it is *mitchella repens.*

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Dr. Geo. F. Hand, of Binghamton, has used *cimicifuga*, *caulophyllum* and *pulsatilla*, in cases preparatory to confinement, and thinks in some cases he has observed some benefit from the use of his remedies. But the action of the medicines has been so uncertain that he would not be willing to swear to their usefulness.

The consensus of opinion would thus seem to be that the preparatory treatment of the pregnant woman should be general and hygienic rather than special and medicinal. It is yet to be proven that the action of any drug can render parturition easier.

EPILEPSY—ŒNANTHE CROCATA.*

By H. WORTHINGTON PAIGE, M.D.,

New York City.

THIS short article is merely the report of a clinical case of epilepsy, with the remedy used and the results obtained from its administration. I cannot report a *cure*, but in view of the obstinacy of the disease and the long duration of this case, the result of the treatment is very satisfactory both to the patient and myself.

The patient is an Englishman, forty-three years old. Of neurotic temperament; rather short, medium weight, light hair, gray eyes, pale face, and red nose. I speak of his nose because it is a peculiar feature of his case, as it serves as an important factor in foretelling the approach of his bad attacks. Ordinarily it is natural in color, but for from twenty-four to forty-eight hours before an attack, it turns a dark, besotted red, and the engorged venous capillaries may be seen radiating in all directions from the tip. In conjunction with this there also appears an erythematous blotch, extending over the nasal bridge and out on the malar region on either side. At these times there is invariably frontal headache, lack of mental concentration and confusion of ideas. So regular and marked is this group of symptoms that he has come to regard it as prophecy and makes his plans accordingly. His parents were healthy English farming people, both living to be over sixty. Close questioning fails to draw from the patient any excesses of a sexual, nervous, or physical nature that would cause the disease, and there is no history of insanity, intemperance or disease in the family that would show he came by it through heredity.

* Read before the Homœopathic Medical Society of the County of New York, February 12, 1891.

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Up to three years of age he was a strong, healthy baby, and had no illness or injury. The cause of his first convulsion was peculiar. During his fourth year he was out in the yard playing when the servant came to him and, taking hold of both his hands, spun round and round on her feet, whirling him rapidly round with her. It is a trick we have often seen done among children and nurse girls. When she stopped whirling, she was quite dizzy herself and the child was very much so. He laid down and very soon vomited and was then seized with a convulsion. He had several in succession through that day and night, and frequently for several days thereafter, so that the family physician despaired of his life. Under treatment the attacks diminished in frequency, but from that day until he was seven years of age he had convulsions at irregular intervals. From seven to fourteen he had none, but at the latter age he met with a severe fright, and they recommenced and occurred at more or less frequent intervals until he was twenty years old. From twenty to twenty-eight he was paying attention to the lady whom he ultimately married, and it seems a remarkable fact that during the nervous tension of eight years' courting he never had a fit and thought he was cured. Two months after marriage the convulsions reappeared violently—two or three daily, but gradually subsided under treatment to longer—one or two week intervals. Generally when he was attacked he would have two or three convulsions in one twenty-four hours, then it would skip several days or a fortnight before the next attack. He came to this country in 1879 and remained in the same condition until the summer of 1885, when he sustained a severe sunstroke. From that time forward the attacks were more and more frequent and severe. He came under my care in January, 1887. He then averaged two or three convulsions a week. They usually occurred at night and were severe and exhausting, presenting all the characteristic features of an epilepsia gravior convulsion; his nose fiery all the time, and he suffered constant headache. He lost appetite, strength and flesh and felt weak of memory. For two months I gave him *nux* and *bell.*, which reduced the frequency of the attacks somewhat so that he only had one every week or ten days. Otherwise he did not improve, and was in a miserable condition.

Just at this time I noticed a reference in the *Homœopathic Recorder*, for March, 1887, to the value of *œnanthe crocata*, the *water hemlock*, in epilepsy. I looked in some back numbers of the same journal and found other references. The statements of those who had used it were so positive as to its startling efficacy that I decided to use it in this

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case. I procured the imported mother tincture, and medicated the one-grain tablets, directing that two be taken four times daily. Improvement began at once. He had no convulsion for nearly a month. This was a decided change, as for the past eleven years he had averaged one a week. From that time forward the attacks were less and less frequent, diminishing gradually as the remedy was continued, until he had an attack only every two or three months, and then a single convulsion occurring usually at night, not waking him from sleep. He would only know of it when he awoke with a sore tongue from having bitten it and with the general muscular soreness and sense of lassitude which he would feel for the remainder of the day. With this improvement, the fact became noticeable that he had an attack only after severe physical exertion. He was a canvasser, and when a few and far between convulsion did come it was always after a long day's tramping the streets, especially in the hot sun. As long as he did not overdo he did not suffer an attack. Soon after beginning the remedy he complained of symptoms of cerebral congestion; head and forehead felt full and throbbing, much headache, vertigo, etc. I felt this was an aggravation from the remedy, and such proved to be the case, for by directing him to take a tablet only twice daily these symptoms disappeared entirely. Since then he has used his own judgment, taking one or two doses daily, and at times skipping altogether for a day or two. This bears out and proves the pathogenesis of the drug. An examination of the few cases of poisoning by *œnanthe* on record would show that the drug produces an intense engorgement of all the cerebral and spinal vessels, thus producing in a toxic dose in man all the characteristic symptoms of an epileptic convulsion. The picture of these symptoms is very vivid in these few cases reported, and as *œnanthe crocata* belongs to the *hemlock* family with *cicuta*, *conium* and *æthusa*, whose spasmodic or neurotic action is well known, it would seem very homœopathic in any potency to convulsive conditions, especially of an epileptiform character, and the better indicated the more severe and well developed the convulsion.

Dr. Henderson reports a case of "confirmed epilepsy of nine years' standing and nearly an idiot," in which the convulsions were entirely relieved. Also another case of thirty years' duration, so modified that he believes the prospect for a cure very favorable.

Dr. J. Ritchie Horner reports a case of a lady aged thirty-seven who had had epileptic attacks since puberty. At the time he undertook the case she had had one convulsion daily for over two months. He gave her *œnanthe croc.* 3x, and during three months of treatment

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she has had only ten convulsions, and these modified in severity. The drug is given space in Hale's "Materia Medica," also in his "Therapeutics." In Allen's "Text-Book" clinical mention is made of it. Cowperthwaite's "Materia Medica" says under "Generalities": Terrible epileptiform convulsions with trismus, biting of tongue, followed by total unconsciousness. And again, convulsions with livid swollen face, bloody froth from nose and mouth, convulsive respiration, and insensibility. Also, convulsions with eye-balls turned up and dilated pupils, feeble pulse, total insensibility. He gives as "Therapeutic Range"—epileptiform convulsions.

Theoretically, and from the clinical cases reported, I believe that it will prove a remedy giving effectual and prompt benefit in those cases of epilepsy where the convulsion is well developed and presents the characteristic and terrible details as given above, which seem the valuable indications for the drug.

The case I report, a man who had epileptic convulsions all his life and for the past eleven years averaged a convulsion a week, if not more, under the influence of this drug, improved to the extent of having an attack only every two or three months. Up to a week ago he had had no convulsion for nearly nine months, and thought he was cured. He did have an attack, however, a week ago, but it was undoubtedly caused by his sitting up night after night with a sick wife, and working hard all day until he was completely overdone and prostrated. I do not anticipate any further attacks, and he is a better man every way than for years. His only remedy has been *œnanthe crocata*, and the result has been so good that I am anxious to try or hear of its trial on others similarly afflicted.

A CONTRIBUTION TO THE DISEASES OF THE BILIARY ORGANS.

By DR. THEODORE KAFKA,

Carlsbad, Germany.

LET us begin with the analysis of the secretions of the liver.* I will shorten my task by abstracting from a detailed description of the finer structure of the liver, which the honorable readers may find instructive themselves in the newer works on histology. It

* Dr. C. A. Ewald, Lehre von der Verdauung. Berlin, Hirschwald, 1887.

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is not only apparent that histology owes us still the answer to the cardinal questions about the origin of the biliary ducts, the ending of the nerves and other principal facts, but out of the newer researches relative to the change of matter in the liver and its rôle in the universal organism, it is shown that the centre of gravity of the activity of the liver lies far more on the side of the universal change of matter than on the side of its digestive function. If we hear that dogs with fistula of the bile ducts stay alive a long time, if treated and nourished adequately, without any trouble of their general health, if we remember that biliary fistula can exist many years in man, that cases of the darkest jaundice can be cured without remarkable disturbance of their general health, we are almost tempted to quote again the humoristic epitaph wherewith Bartolinus has denied the Galenic roll of the blood-preparing organ to the liver, "Siste viator, claudítur sub hoc tumulo qui tumulavit plurimos," but employed in the digestion. But this is not so, and Blandlet was mistaken when he denied every influence on the process of digestion to the bile. The bile influences altogether the digestion, but its deficiency can, and as it seems for a long time, be substituted by the vicarious action of other organs. The liver is the mighty granary of the hydrates of carbon of the organism, through its contents of non-soluble glycogen, from which the blood and tissues are supplied with the soluble sugar of grapes according to their want. Thus the non-soluble starch deposited in the seed of the plants is changed by the diastase into non-soluble sugar, and then it is used to nourish the cells. It is further the organ of secretion of a series of circulating matters in the blood, which are destined to be used in the liver, the accumulation of which in the blood after arrest of the function of the liver, act as poisons. But a series of facts seem to show that it is concerned in the formation and secretion of bile more for the elimination of certain preliminary products, rather than as a fundamental help to the process of digestion. The liver has a double rôle to play. It is an organ of secretion and deposition, the use of which for the digestion is inferior to its other purposes so far as it concerns the function of the secretion of the liver. It is mostly not the effect of the absence of bile or its changed composition, which produces the dangerous symptoms of the diseases of the liver. But I can only mention these conditions here, the discussion of which would lead us too deeply into the dominion of the doctrine of the change of matter, to justify my intention to limit myself to a discussion of the contents of bile and of its secretion.

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Fistula of bile discharges a gold yellow or yellowish green clear secretion, through which a thread can be easily drawn. It is of an intensly bitter taste, of a feeble alkaline reaction and a specific density of 1.026 to 1.032. Its quantity mounts with the digestion, reaches its maximum in the fifth till eighth hour after the meal, and descends then again, but does not cease secreting completely, excepting under pathological circumstances. The activity of secretion, here, as everywhere, depends on the circulation. A ligature cutting off the whole blood supply of the liver causes a complete cessation of the excretion of bile. A ligature of the vena porta effects a still shorter duration of the secretion. Slowness of the stream of blood in the portal vein, it appears, is an indirect effect of the slower respiration and of the pressure, which is of high tension in the beginning and gives, according to Haidenhain, a short acceleration of the secretion.

After puncture in the top of the fourth ventricle, B. Naunyn found slower secretion of bile, as an effect of the changed vasomotoric innervation of the liver and of the resulting decrease of the pressure of blood in the vessels of the liver. T. Ranke observed a man with echinococcus of the liver, which had perforated the lung, who coughed out 652 grammes of bile in twenty-four hours, but had fluctuations of 145 to 945 grammes. Wittich found 552 grammes daily in a woman with a biliary fistula; Harley 600 grammes; Westphalen 453 to 566 grammes. There have been a much greater number of grammes obtained from dogs. Sometimes the formation of bile seems to be suppressed entirely; at least cases are described, for instance, by Stabell, in which a complete suspension of the process took place.

The influence of *medicamentous* matters on the secretion of bile has been studied by Rutherford and Vigmel in a detailed manner.

We see the composition of the bile from the following two tables. In the first is the average of two analyses, which come very near one another, drawn by Frerichs and Gorup-Besanez; the one obtained from a man of twenty two years, the other from a man of forty-nine years (who was decapitated).

The second gives, according to Hoppe Seyler, the average out of five portions of human bile in which the organic substances are defined. They amount to somewhat more than the moiety of the values by Frerichs and Gorup Besanez. Westphalen found only 2.25 of fixed residue in the fresh bile of his patient, which mounted to 4 per cent. on the stagnation of the bile.

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I.

Water	84.14
Inorganic substances	1.05
Organic substances	15.50

AMONG THEM:

Mucus and fibrine	2.59
Cholesterin and fat	2.95
Salts of cholic acids	9.96

II.

Water and inorganic substances	91.68
Organic substances	8.32

AMONG THEM:

Mucosity		1.29
Salts of cholic acid.	Sodium taurocholate	0.87
	Sodium glyocholate	3.03
Soaps		1.39
Cholesterine		0.35
Lecithine		0.53
Fat		0.73

The inorganic elements consist of phosphates and carbonates of salts of lime and sodium and chlorides of potash and sodium. Among the organic substances is a diastatic ferment, which is not yet isolated, and, according to the analyses by Naunyn, to be called sugar.

We must take entirely fresh bile for indicating the diastatic power of bile. After standing, the bile does not retain its diastatic function. This quality of bile does not appear to be constant in all cases. Frerichs missed it. Ewald did not find it always, which he has already said is due to a change which comes on in the air. Wittich, on the contrary, could demonstrate it in fresh human bile, and even extract the respective diastatic ferment with his method of glycerine. We can assure ourselves of the amount of mucus in the bile very distinctly by obstructing the flow of bile, totally abstracting its quality to draw threads. There happen cases of jaundice, which last a long time, where passages (ducts) of the liver and the gall-bladder are still filled with a pale, slimy, viscous liquid, which is free from bile. This mucine is very probably not a product of the cells of liver, but a secretion of the gall ducts or of glands situated therein.

Turning now to the consideration of the prominent elements of the bile, of its specific acids and its coloring substances, we find there are two acids, or rather their alkaline salts, glycocholl and taurocholl of sodium. Because they are not soluble in ether, we can get a precipitate of them easily by the addition of an excess of ether to the alcoholic solution of bile. We call the fine crystals which glitter like silk, Plattner's crystallized bile. If one takes the pure acid and cooks it with a lye of potash or water of baryta, they may be decomposed into one or two common acid-like substances under the body of water, the cholalic

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acid and in another form, which has the character of a base in this case, and is the one time glycocholl and sugar of glue, and another time taurin. The latter is to be found also in the bile, the first is also contained in the body of animals. Both are nitrogenous bodies and direct descendants of the albuminates. One gets glycocholl directly from animal glue. The taurin denotes its near relation with the albuminates by its considerable contents of sulphur. It is further interesting by its belonging with the few substances found in the organism which one can produce in the synthetic way, in this case from alcohol, sulphuric acid, water and ammonia.

$$\text{Glycocholic acid} \ldots\ldots \left\{ \begin{array}{l} \text{Glycocholl} \ldots = C_{2} H N O_{2} \\ \text{Water} \ldots\ldots = H_{2} O \\ \text{Cholalic acid} = C_{24} H_{48} O_{5} \end{array} \right\} C_{26} H_{43} N O_{5}$$

$$\text{Taurocholic acid} \ldots \left\{ \begin{array}{l} \text{Cholalic acid} = C_{24} H_{48} O_{5} \\ \text{Water} \ldots\ldots = H_{2} O \\ \text{Taurine} \ldots = C_{2} H_{7} N S O_{3} \end{array} \right\} C_{26} H_{45} N S O_{7}$$

For making the so-called *Pettenkofer's* reaction on cholic acid, one needs the salts of cholic acid in as pure solution as possible, but it is too detailed and takes too much time to separate the cholic acid out of the liquids, which are to be examined, and therefore the following proceeding by Strassburg is of importance to the medical practitioner, because the presence of cholic acid in the urine which is thereby ascertained may be a significant fact.

On a piece of filtering paper some sugar is moistened with urine and dried. One drop of sulphuric acid placed upon the paper, produces, if cholic acid is present, a nicely violet coloration after a few hours, which becomes soon of a dark purple redness and is said to indicate as low as 0.05 milligrammes of cholic acid with certainty. The pathology of the diseases of the liver become of higher interest as we learn of the relation to it of cholic acid in the urine. Its appearance in the urine has played a great rôle a long time in the question of hepatogenous and hæmatogenous jaundice, especially because some believed its presence in the urine to be a sure criterion of the jaundice after resorption.

But the value of this sign is more than doubtful, since on the one hand Naunyn has found cholic acid in the urine in hæmatogenous jaundice (pyæmia) and on the other hand Lehmann has missed the same in hepatogenous jaundice; it would generally be worth nothing if the detailed test did not rely upon a greater material examined.

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Therefore, renewed and more extended analysis, according to the proceeding of Strassburg (which is extraordinarily easy to execute), are to be wished for very much.

If one shakes bile, which has stood in the open air with chloroform, it acquires a green color, due to the *biliverdine.* Fresh bile owes its golden color to the *bilirubin*, an amorphous orange-yellow powder, whose oxidation in the air or by other means of oxidation, produces the green biliverdine (formerly called cholepyrrhin). The chemists have produced a set of intermediate stages, in the first line is the *bili-prasine* and the *bilifuscine.* Two points are especially interesting for us: origin and indication of the colors of bile. In the first regard we are not subjected to any doubt, that the colors of the bile are derived from the coloring matter of the blood corpuscles, the hæmochromogen. By injection of a whole series of remedies, which dissolve the blood corpuscles, into the vessels of the blood we succeed in getting one liquid, containing color of bile, to which belong salts of cholic acid, solution of hæmoglobine, great quantities of water, chloroform and ether. The same solution can be made to appear in all extravasates of blood in the natural way. As remarked before, Hoppe Seyler has succeeded in producing by use of reducing means an identical body with the *uroglobine,* the coloring matter of urine, and because the urobiline is again a descendant of the bilirubine and has been produced by Maly from that, the descent of the coloring matters of bile from the coloring matters of blood is indeed proved. The coloring matters of bile are therefore only the middle products of a set of processes of reduction, which transforms the coloring matter of blood into the coloring matter of urine. But this fact is of prominent significance also in the pathology of jaundice.

Only the simple test proposed by Rosenbach seems to deserve to be mentioned. Larger quantities of icteric urine are filtered and on the still moist filter one drop of nitric acid is placed, on the edge where the acid is dropped there arises a play of colors from the red to the green.

Where belongs the cholesterine (no grease of bile in spite of its glistening crystals, but an alcohol) and the lecithine? we know only that the first is soluble in solutions of cholic salts and not soluble in water. Therefore, the cholesterine concretes under circumstances, in the form of gall stones, when the quantity of cholic acid in the bile is diminished.

The *functions of the bile* are soon told. The chymus which goes out of the pylorus to the ileum can contain, namely:

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1. All matters not digested by the saliva and gastric juice, viz.: starch (relatively paste), lime-giving tissue, respectively solved glue by the gastric juice, solved but not yet peptone changed albumin (syntonine and native albumin) and the isolated, partially digested but not yet dissolved primitive fascicles of the muscles:

2. The products of digestion in the stomach, peptones, dextrose and lævulose, the fats, fat acids, peptonized glue;

3. All matters entirely unchanged by saliva and gastric juice, fats, greasy acids, cellulose;

4. Liquids which contain the not yet resorbed liquid contents of the stomach besides mucus and juice of stomach.

This whole quantity possesses a very (sour) acid reaction. The bile reaction is strongly alkaline, and hence neutralizes the acid of the chymus.

If one opens the duodenum of an animal killed during the digestion one finds the contents of the bowels still sour; not till the ductus choledochus is reached is there anything of a precipitation to be noticed. Even in one patient with anus præternaturalis the reaction of the secretion of the fistula, which opened out of a much lower situated part of the intestine, gave a sour or neutral reaction.

A second quality of bile is much surer; this quality it owes to the cholic salts and concerns the emulsifying of the fats. A good emulsion, *i.e.*, the most subtle division of fat drops in one menstruum, which is more or less viscous, is only possible if the fat, which is to be emulsified, contains free sebacic acid, and if the liquid of the emulsion has an alkaline reaction.

Under these circumstances the softest shake is sufficient according to Brücke for producing a (consistent) durable, and subtle emulsion, it does not even want a mechanical shock under certain mutual proportions of fat, fatty acid and alkali according to Gad.

One drop of cod-liver-oil, which contains always some free acid of fat, changes, if one brings it upon a watch-glass with a solution of soda of 0.03 per cent., after a few moments without any external shake by a phenomenon purely physico-chemical, to a milk-white emulsion, consisting of extremely subtle drops. This happens only when a wholly defined proportion of solubility exists between the soaps, which are formed by the combination of the present alkali with the sebacic acids and with the surrounding liquid, and prevents the troublesome precipitation of soap membranes. The bile is at once able, on account of its contained alkalies, to form soaps with the sebacic (greasy) acids; and, secondly, to maintain in solution the

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formed soaps; but, on the other hand, it is too rich in alkalies for producing the said phenomenon without dilution respectively fixing its alkali, and this may continue sometimes even to a troublesome extent, which may render difficult the emulsion. For the first-named qualities it is exquisitely appropriate for forming a good emulsion in favorable circumstances, and thereto is the occasion abundantly given in the bowels.

Bidder and Schmidt saw the proportion of the fats turned to chylus of two dogs, one of which had a biliary fistula, to be like 32:2. Schwann, of course, preserved dogs with biliary fistulæ a long time without harm, because, as Voit proved, the loss of a resorptible substance can be repaired by augmented provision of food.

The bile possesses also an antifermentative quality, and as the ancient physicians concluded concerning the purging qualities of hard fæces of the icteric, which has now found also experimental confirmation, the acids of bile have indeed a purging effect.

But what becomes of the elements of bile on their way through the intestines? One part, for instance, of the cholesterine, one part of the cholic acids and of the pigments leaves the body incontestibly with the fæces. Where does the residue remain? This question has been brought near to its solution by Tappeiner. It is here, of course, only the question of the cholic acids which have not been yet proved to exist in the blood, although their presence may be inferred if existing in sufficient quantity, by the consecutive retardation of the pulse so very distinctly witnessed; and whereas Tappeiner has found them in 150 c.cm. of chylus from the ductus thoracicus, and Draggendorf in the non-icteric urine. One part goes in every case from the gut to the vessels, and it is to be sure the jejunum and ileum, where this resorption happens. Tappeiner has proved this with his exact method of precisionising (determining); he injected solutions of known concentration in cut-off parts of intestines, and after a certain time examined as to how much had been resorbed. It showed that the solution, which was injected in a cut-off gut-sling, remained unchanged, while resorption of cholic acids happened in the slings of jejunum and ileum, which had been treated in the same manner. But in the jejunum all cholic acids are not taken up, only the glycocholic soda is absorbed by its epithelia, and Tappeiner makes it plausible that this various behavior of the single intestinal parts is based upon specific endowment of the epithelia for the resorption of the cholic acids; for milk and bile injected at the same time in one sling of the duodenum or jejunum behave entirely different. The milk is absorbed

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and fills the vessels with milk-white chylus, the bile, except the taurocholate of sodium, remains in the bowels. We do not know anything more of the pathological changes of the bile in diseases, and less of the influence exerted by the changed bile on the business of digestion. In general, changes of the parenchyma of the liver do not seem to effect a considerable change in the bile. Those changes which are found in the bile if the biliary ducts are obstructed, and tending to form gall-stones, we will try to discuss in another article.

After having analyzed the secretions of the liver, we turn to the pathology of the biliary organs, which is, of course, known to all readers of this paper, but which we will quote shortly, and let us consider especially a condition which is, properly speaking, only a *symptom*, but which, in spite of that, is treated by most pathologists separately, viz. :

Jaundice, Icterus.—This condition consists in a more or less remarkable yellow coloring of the outward skin, caused by deposition of the coloring elements of the bile in the tissues upon the surface of the body. The imbibition of the tissues with the color of bile is found in a great number of diseases. Its manner of arising is twofold; either the discharge of bile from the biliary ducts is prevented and the bile, which is formed in the liver, is retained in the liver-cells (*hepatogenic jaundice*), and later enters the blood by the veins and lymph-vessels of the liver (mechanical icterus, obstructive jaundice, resorptions icterus); or the biliary ducts are perfectly pervious and the jaundice arises by destruction of the blood corpuscular element, while the liver does not at all participate in the jaundice and preserves its normal shape—*hæmatogenic blood-icterus.*

I. The *jaundice of resorption* is caused principally by the following conditions:

1. By a *catarrhal swelling of the mucous membrane of the ductus choledochus* at the place of its opening into the duodenum, near the so-called Vateric fold or flap (*icterus catarrhalis*); examination of the cadaver has shown that a mere cognizable degree of swelling can effect a slowing of bile or jaundice. We will not detail closer its pathological anatomy, which is moreover generally well known. This jaundice appears very frequently by continuation of a gastric or duodenal catarrh into the ductus choledochus (icterus gastro-duodenalis). We can presume such a course, if persons who have been healthy hitherto, become yellow after catching cold. Also after poisoning by *phosphorus* there arises a catarrhal jaundice.

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2. If gall-stones inspissate themselves in the ductus choledochus jaundice may follow; after an obstruction of the ductus cysticus alone no jaundice happens. Biliary colics with expulsion of gall-stones with the fæces sometimes prove this.

3. By obstruction of the duodenal end of the ductus choledochus by meconium (most frequently the cause of the jaundice of the newborn, icterus neonatorum.).

4. By tumors (swellings) which compress the ductus choledochus or hepaticus, especially by swellings of the lymphatic glands by carcinomatous nodules, tubercles, peritoneal exudates in the glissonian capsule. The course of this disease and the vena porta, which is most frequently compressed at the same time and the blood stases thereby occasioned make plain this cause.

Last, the resorptions-icterus is observed in single diseases of the liver, viz.: Cirrhosis, intensive hyperæmiæ of liver, purulent hepatitis, carcinoma of liver, echinococci, if by them the discharge of bile is prevented. There is never jaundice with the fatty and amyloid liver.

All these cases of resorptions-jaundice differ from the hæmatogenous icterus by there *being present all biliary elements*, especially of the *cholic acids* in the blood and the *urine*, and by the absence of biliary colors of the fæces, which are *clayish-white* (like excrements of dogs), while the liver, retaining the bile, is swollen and sensitive. Eyes yellow, retardation of the pulse and insupportable itching of the skin exist sometimes. The urine appears from its contents of biliary colors, *dark-greenish* to *greenish-black*, froths on shaking and the light on the bubbles plays in greenish colors. For proving the colors of bile the *Gmelin*-reaction is mostly used by means of nitric acid, which is a little decomposed by standing in the light, and which contains a little subnitric acid, the beautiful play of colors appear at a point of contact of both liquids; but only the green ring is characteristic, because the remaining (other) color rings can be produced also by other chromogens of urine, f. i. indican If the nitric acid contains too much subnitric acid, the reaction goes on too rapidly, and one sees the characteristic green stripe only some moments. If the reaction is sought by means of attenuated and boiled nitric acid as modified by Brücke, one adds this acid in such a small quantity that the effect does not appear at once, then one adds cautiously concentrated nitric acid. Now the reaction passes slowly in such a manner that the colored rings develop themselves in the liquid, beginning with the green. According to Fleischl, the cooking of the nitric acid, which is executed

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immediately before the reaction, is not necessary if one relies upon the use of the free sulphuric acid first substituting for the nitric acid a concentrated solution of the nitrate of soda. The salt does not work upon the biliary colors at all and one has leisure to let flow the concentrated sulphuric acid upon the top of the eprouvette. This reaction proceeds still slower and keeps itself often as long as a half hour, and excels by its sensitiveness. The test with *chloroform* is recommendable for demonstrating the presence of very small quantities of biliary coloring matters. If one agitates the urine with the same quantity of chloroform, the biliary colors are precipitated in the form of light yellow sediment; if one lets now evaporate the chloroform, soon yellow-reddish or ruby-colored crystals of biliary color fall down. The Rosenbach-test was discussed at the beginning of this article. The *cholic acids*, which never appear in the hæmatogenous icterus, and are, therefore, of great diagnostic value, can be rarely proved by the Pettenkofer-reaction (mentioned already in the introduction) if present only in small quantity; for that purpose the above-mentioned proceeding by Strasburg recommends itself.

II. *The hæmatogenous or blood-icterus.*

This arises by dissolution of the blood-corpuscles, the coloring matter of blood being changed into a pigment resembling the biliary color. There is not any co-operation of the liver in this process. Once we believed that this pigment was identical with biliary colors; although it has the same color it is chemically different from that, and Naunyn could neither by injection of blood-red under the skin, nor by dilution of blood-corpuscles in the vessels get real color of bile. For that very reason the statement of Leyden that the cholic acids are wanting in the urine of those affected with blood-jaundice, and that this forms a characteristic of the hæmatogenous icterus, is of interest.

We do not know much concerning the *causes* of blood-icterus. We observe it in pyæmic conditions, after inhalations of ether and chloroform and after bites of serpents. Formerly it was stated that many other conditions, as phosphorus poisoning, because then the capillary vessels of the liver are obstructed in spite of the apparent soundness of the liver, diseases of the heart, pneumonia, icterus neonatorum, etc., which we count to-day generally with the causes of the mechanical icterus, and thereby considerably limit the number of causes of the hæmatogenous icterus.

Jaundice as a symptom is rarely the object of a special treat-

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ment. If the causal disease yields, the jaundice ceases also.† The patients at Carlsbad do not wonder a little generally that their jaundice increases at the beginning of their cure instead of diminishing, which arises from the incitation of the change of matter, whereby more bile is produced; especially is this the case in patients with gastro-duodenal catarrh. It is known that Carlsbad is not a purging spring and the defecations do not become regulated till after some weeks. The first stools of such patients, also of those with obstructed livers, are usually very consistent and whitish, only later they become pappy and more and more yellow till dark-brown or greenish colored. The perspiration is also increased by the use of the springs and brings out much color of bile upon the skin, so that some patients must change the linen very often, because this becomes yellow from the perspiration.

Only rarely is one forced to interfere with remedies; if feverish symptoms occur, *aconite* 3 is sufficient; if congestions towards the head associate themselves, *belladonna* 3; otherwise *mercur. solubilis* 3, *bryon.* 3, *nux vom.* 3 *or chamom.* 3 (after anger), according to the accompanying circumstances, render good services. Against the troublesome itching of the skin I only interfere if it is absolutely insupportable, especially as it rather increases than diminishes during the use of the springs and after the sprudelbaths. Washing with *salt water* or in weak *soda water*, frictions with *glycerine* or *cocoa oil* are often sufficient; but if this is not satisfactory, give daily, twice or three times, a dose of *sulphur* 6; *chelidon.* 3, has also proved to me one of the best remedies. Its effect is often bewitchingly fast, and the patients could not praise enough its good effect. Thereby I must remark that the homœopathic remedies during the use of the springs, perhaps by or through the more active change of matter, work better and faster than at other times. That it is therefore prejudicial to take medicines during the use of the springs many deny. The allopaths do not so regard it and prescribe during the spring-cure large doses of *quinine*, *morphine* and all their panaceas so called. As above mentioned I like best to let the spring work alone; but it would be unconscionable in regard to the annoyance and sufferings from certain conditions not to interfere with remedies, especially for the fast and certain effect of our remedies, which cannot do harm or hinder during the Carlsbad cure. (*To be concluded.*)

† I do not speak, of course, of carcinoma hepatis nor of cirrhosis of the liver, or of the yellow atrophy of the liver, which conditions are not suited for treatment at Carlsbad.

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DEATH FOLLOWING ADMINISTRATION OF CHLOROFORM.*

By R. OLIVER PHILLIPS, M.D.,

Yonkers, N. Y.

I HAVE chosen to tell this tale of sorrow in conversational language, for it records no brilliant therapeutic or surgical achievement, but instead, a misfortune, sad and painful.

On Monday evening, April 29, 1890, I was summoned to the residence of Col. ——, to see his daughter, Mrs. ——, who had recently come from New York with her first baby, two months old, intending to spend the summer at her father's home. She was a striking personage, with dark hair and blue eyes, and an air of determined self-equipoise, clearly indicating the belle she had been. She was excessively nervous and said that her entire right side seemed on fire with neuralgia. She informed me that on the preceding Friday, several teeth had been filled by a prominent dentist of Brooklyn, while under the influence of *chloroform*, and that she had suffered ever since. I found the gums somewhat ecchymosed and the teeth abnormally sensitive. It was plain that here was the fountain-head of her trouble.

Arnica was prescribed to be held in the mouth, and heat externally. *Belladonna* and *chamomilla* internally, at the same time informing her that it might become necessary to bore through the filling of one cavity and possibly to remove the filling entirely. She explained that while she could bear other pain, her teeth were peculiarly sensitive and that in all operations upon them she had always taken *chloroform*, which agreed with her handsomely. In all of these statements her friends supported her. She quite objected to having her teeth touched even with the fingers without *chloroform*.

On Tuesday morning I found her comparatively free from pain. I advised painting the gums with equal parts of *aconite* and *iodine*.

On Wednesday morning I found her comfortable, and nursing her baby when I dismissed myself.

On the evening of the same day, about eight o'clock, I was again summoned, this time with instructions to bring a dentist and *chloroform*. This summons was responded to in company with one of our most prominent dentists. We found the pain now confined to one of the newly filled teeth. In the presence of her husband and father I administered less than one ounce of Squibb's *chloroform*, while a hole

* Read at the annual meeting of the New York State Homœopathic Medical Society, February, 1891.

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was bored through the filling. The action of the anæsthetic was in every way satisfactory, excepting as the narcosis passed off she vomited once freely, immediately after which she expressed herself as relieved from pain and walked off to her room, comfortable. She was directed to go the next day, Thursday, to the dentist for treatment, which she did. The dentist informed me that he found her all right and treated the cavity in the usual way.

The next morning, Friday, about 7.30, the husband telephoned me that the pain had returned in the night, to go as soon as possible with the dentist, administer *chloroform* and extract the tooth. This time, by my request, we took with us the boring machine, or more properly the dental engine. We found her bright and animated, having just finished a cup of coffee and a bit of toast. She informed me that about 3 A.M. her father, on their own responsibility, had administered hypodermically $^1/_4$ gr. morphia and $\frac{1}{100}$ gr. atropine. After a careful examination, the dentist decided that to remove the filling would entirely relieve her. To this all agreed, the patient only insisting upon having plenty of *chloroform*.

With the assistance of the family nurse, the preparations for the anæsthetic were carefully made. A comfortable couch was provided in a spacious room. The clothing was loose. My hypodermic syringe was charged with brandy. Squibb's *chloroform* was used. The processes of anæsthesia were all regular and satisfactory. I should say that complete narcosis did not continue much more than sixty seconds. The filling was rapidly removed by the use of the dental engine, and the *chloroform* stopped. She demanded more, however, when the cavity was being closed with cotton and varnish. This of course was a momentary act and she took but little. Altogether, considerably less than an ounce was taken from the bottle, and I was careful to admit plenty of air. The narcosis had entirely gone; the patient expressed dread of possible pain when the tooth would be permanently filled. Everything seemed right. She called the nurse, who had gone to the other side of the room, requesting her not to go too far away with the bowl. I begged her to refrain if possible from vomiting, but when the bowl came she turned on her side and elbow and vomited freely. We were all at hand to assist in every way we could. She lay back apparently all right. After a moment the vomiting was repeated, this time with less of retching. As she lay back the second time she picked up a towel and wiped her mouth. Almost instantly after the head had touched the pillow, I observed a general tremor, accompanied by slight stertor, quickly followed by cyanosis; one gasp and

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then cessation of both respiration and heart action, all of which occurred in about the space of time occupied in narration.

My first thought was of syncope, and so no time was lost in dropping the head, which but increased the cyanotic appearance. Nothing gained from this, artificial respiration was directly begun and hypodermics of *brandy* were given over the heart, in the arm and leg with hot applications—to blistering, over the cardiac region, with friction to limbs, and an attempt to administer *amyl nitrite.*

Other physicians were sent for, three of the old school responding, who brought with them an electric *battery,* a mixture of *ether* and *ammonia,* etc. Our efforts were faithfully continued for over three hours, without one sign of life. She had died in the twinkling of an eye.

And now came the heart aches. The cherished daughter, the fond wife and proud young mother dead, the husband at business, the invalid mother away in search of health, all supposing that it was well at home. We were left to our reflections, and in spite of our philosophy, comparing what we left at noon with what we had found in the morning. At my solicitation an inquest was held. An autopsy was emphatically refused on the ground that there was no blame attached to me. At the inquest I gave as my opinion that death was caused by paralysis of the pneumogastric nerve, the direct effect of the *chloroform,* superinduced by the effort at vomiting. This opinion was based upon the fact of simultaneous cessation of respiration and heart action.

Such is the record in detail of an experience around which my memory does not love to linger and from anything akin to it I shall ever pray a pitying God to spare me.

Of course the question of questions is: What was the cause of death? which an autopsy alone could unquestionably answer. A hæmorrhage in the medulla oblongata might have done the deed.

There arise, however, several questions of ethics:

First: Was I justified under the circumstances in giving the *chloroform.*

Second: Where are the weak places in the management of the case? What would you have done?

Third: Should we insist upon an autopsy in such cases?

Fourth: How far should we yield to our patients in such matters? They often have just enough knowledge to make it hard to withstand them. This good woman wanted none of my opinion as to *chloroform. Eminent men* had given it whenever she had asked it. Only

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two months before at the birth of her child she had been under its influence over two hours continuously. She was an enthusiast upon its virtues. Had I declined to give it, another would have immediately superseded me, who would have done it. This question involves the free and easy use and abuse of all the new fashioned *antipyretics, narcotics, hypnotics*, etc. When one sees how the profession, as well as the laity, becomes demoralized over these things, one almost fears that Satan has a hand in the so-called wonderful strides of modern therapeutics.

My own belief is that all these things should be reserved for great emergencies, when of course risks must be taken.

If my story has been prolix, I trust I may be forgiven, for, as the eternal hills stand clear cut against yonder horizon, so have the facts and circumstances of this case been engraven upon my memory.

CLINICAL HOMŒOPATHY VERSUS ALLOPATHY IN THE SOUTH.

By W. R. AMESBURY M.D.,

Nicholasville, Ky.

THE "South" is opening up and homœopathic physicians are very scarce in it. Instead of recent graduates taking locations in the over-crowded East and West, let them look over the Southern States; of course they must be prepared for great opposition by the old school men and laity, but homœopathy will surely win the day for them if they will but have courage and patience, which will surely be crowned by success. I located in this small town of 4,000 people, colored and white; the county of Jessamine contains about 22,000 people, with about 23 physicians. In this town there are four allopaths who have practiced thirteen to twenty-nine years; two doctors, graduates of homœopathic colleges, are practicing allopathy and homœopathy (these latter kind of practitioners are not very helpful to homœopathy, for what must they be able to tell the laity when asked why they have to practice both systems? They won't say "We don't understand homœopathy well enough to stick to it," and neither will they say the same of allopathy; all they can say is "Both systems are poor and we must use both.") All this, of course, is somewhat against one who aims to be a *regular* homœopath here in the South. I know for a fact that the allopaths use homœopathic remedies, but of course not openly. The oldest practicing allopathic physician (thirty years

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practice) died two years ago, and on his deathbed he confessed that he had used homœopathic drugs for twenty-five years, but did not dare to say so lest he should lose his practice; he also is said to have uttered the following: "Put allopathy on one side of Main Street and homœopathy on the other, the allopathic side will have its cemetery full long before the other side." During the epidemic of scarlet fever here he changed his practice. *Belladonna* was curative in almost every case, so that it was in great demand everywhere in the country, and to this day the people call *bell.* the specific for scarlet fever.

A stranger settling here, especially if a true advocate of our system of practice, must expect more opposition than help from the profession and laity, and is likely to be sought for very gradually by the influential white people. Still, though a stranger and an Englishman, I have been called into 221 families in my practice in the short time of fifteen months.

Having given this short preamble for the benefit of others settling in the South, I send a few cases showing which school ought to thrive best, *i.e.*, if they (the patients) wish to be healed quickly and certainly:

Verification of Drugs.

Case I.—A lady, Mrs. B., has suffered from asthma on and off for several years. She had an attack of "La Grippe" last February (1890); she has had an attack of asthma *every* morning since, preceded by a cough, tough expectoration of whitish colored lumps, also adhesive but very scanty. She was always worse on damp mornings, and cold winds she could not stand; the expectoration then would become somewhat stringy, the asthma and cough occurred *regularly* at about 3 to 4 A. M.; the cough was constant, which almost caused vomiting, and she would be quite prostrated after an attack of coughing; she became highly nervous and finally very run down; has been under allopathic care continually, trying *gargles, expectorants, syrups, whiskey, quinine,* and what not. *Kali carb.* 2x completely cured the cough and asthma in ten days and there has been no return of them since. It is needless to say I have won an influential patient.

Case II.—Mrs. P. coughed regularly at 3 A. M. to 4 A. M. for ten days before I saw her; she had just returned from a tour of singing in concerts; she was in bed, the cough had so weakened her; she complained of *sharp* pains in the lungs; the other symptoms were like Case I. *Kali carb.* 2x cured completely in a few days.

Case III.—Mr. C. was standing outside of a hotel, coughing incessantly till he was blue-red in the face with streaming eyes from the constant cough. He was among some of his friends when I happened to be called to the hotel. He consulted me in my buggy; he had had

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the cough for three days and was getting so weak that he feared some lung disease. His symptoms were constant tickling in throat pit. Nothing but covering the nose and mouth relieved at night ; almost suffocating under the bedclothes, and as soon as he put his head outside the coverings he would cough until quieted down gradually by covering up again. I gave him *rum crisp.* tr. gtts. ii. in a teaspoonful of water, and told him I would see him again after I had made a call or two. On my return the man said he had not coughed once. I saw him the next day and he was well. He and his friends became converts to our school from that day.

Case IV.—My four-year-old son had a sharp attack of catarrhal croup. On the second day after the fever and urgent symptoms had been relieved with *acon.* and *spong.*, I noticed he constantly moved his mouth as if chewing something, whether he was awake or drowsy, more so in the latter time. I asked him why he did so; he said, "My mouth feels funny and my teeth ache." Just that morning I received the January ('91) number of the *Hahnemannian Monthly Gazette*, and on reading it I found the explanation and indicated drug for this symptom. I gave the *bry.* according to Dr. John C. Morgan's article, with the *acon.;* by the evening the teeth felt all right and there was no more chewing motion. *Act. sulph.* carried the case through. Dr. Edwin A. Neatby on "Sleep of Children," August number same journal, mentions *bryonia* as the remedy for the chewing motion.

Case V.—A colored woman, Mrs. B. D., came to me on December 10, 1890, with a large swelling in the left breast on the under side; this began about five weeks after the birth of her child; it has increased a good deal; it was in the twelfth week of development; she at one time had some pain in it; she and the midwife had been trying to "scatter" it, as she said; the swelling inside was very firm; I found pain on pressing the swelling; there was no sign of abscess, yet I thought it might come to that before many days; I gave *hep. sulph.* 2x, grs. V. every three hours as a preventative, or to hasten suppuration if I could not check it (I had mercurius in my mind); in twelve days the whole of the swelling disappeared. On reading *Hahnemannian Monthly* for December, 1890, I see *hep. sul.* cured two cases for Dr. C. S. Pratt.

Case VI.—Two men, a Mr. F. and Mr. N., both poisoned by "poisoned ivy," at precisely the same time and place, complained of the identical symptoms. Pains in the coccyx and up to the lumbar region along the spine; great itching of legs and hands, with watery vesicles, others bleeding by scratching, and sending fluid which spread the vesicles; they ached in every joint and limb; they were too sick to continue work, and came to me; they found it painful to move, especially after resting; I noticed they got up off my chairs in a very careful manner. I gave them *rhus tox* 1x dil. each, to take gtts. ii. in water every two hours. I saw them a month after; they told me they were well in two days and have had no trouble since.

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CASE VII.—Mr. Nap. P., a carpenter, was poisoned by the "poison ivy" thirteen years ago; he has tried everything (not homœopathy) since, to cure it, without avail. It was aggravated very much during summer heat, so that his whole right arm became so bad and bothersome that he had to quit work in the sun on buildings. I had great difficulty in inducing him to give my system a trial, as he had spent so much money already, and I obtained his consent only on condition that he would only pay me if I cured him. Gave *rhus tox* 2x, gtts. xx. in one-half glass of water, teaspoonful every four hours; this greatly improved him, and about a month after I gave him the 1x. gtts. iii. ter die, in another month the skin of the arm became normally smooth and he was cured; now it remains to be seen whether it will break out again this summer. I will give him *rhus tox* 3x a month before the usual time of occurrence to prevent the eruption.

CASE VIII.—My *first* case here. Mr. L. C., about forty years old, came to me on crutches on which he had been hobbling along for fully four months; he had tried all the allopathic physicians and had become disgusted; I diagnosed lumbago and obtained *clear* symptoms. I was a new man here; my reputation and homœopathy were at stake, especially when I told the gentleman I would in all probability have him well in three weeks. *Rhus tox* 1x and *bry.* 1x in alternation was ordered; he saw me on the seventh day after his first visit. On leaving my office he walked away without his stick. I let him walk on about sixty paces or so, when I ran after him with his stick; he had come once more just to say he was as well as any man. He has not had a return of rheumatism now in fifteen months.

CASE IX.—Mrs. L. W. had been seven months in bed under allopathic treatment for rheumatism of right knee and ankle and left wrist; all these locations were blistered over and over again; *morphia* to ease the pains and for rest; other mixtures for the disease itself. *Rhus, bry.* and *china* were used by me, curing the case entirely in five weeks; it would not have lasted five weeks only she was so emaciated and the *morphia* held her back, as she took it on the sly; she did try hard for a week to leave the *morphia* alone. May it not be a fact that the prolonged use of this narcotic produces or prolongs the symptoms simulating the symptoms of the rheumatism from which she had suffered so long? Although *morphia* may and does allay pain, judging from this one case, I think the longer the pain actually lasts and is deadened by prolonged use of *morphia*, that the symptomatic expressions of disease are indelibly planted, and on the removal of or changing the accustomed dose, it is not easy to actually judge whether it was the impressions of the disease perpetuated by use of the *morphia*, or it was actually the symptoms of disease, though there were in this case no objective signs to guide me. I gave the *rhus tox* in the usual way and alternating with it. *morph.* 3x, grs. v., in one-half glass water, a teaspoonful alternately every two hours, showing the woman the powder (3x trit.). In three days I heard no more of the symptoms of pain. I omitted the *morph.* and used pure

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sac. lac. in the same way; after a few days I had no complaints of pain in any of the joints. She left for Cincinnati a couple of weeks later. Afterward she returned here and married, and now, nine months have elapsed without further rheumatism, but the *morphia* habit is firmly planted in her. I should feel much obliged to some of the fraternity if they would give me a point of two in the management of "blistered spots by *cantharides* applications." I do not mean in those cases where sloughing ensues, for they can be treated surgically and healed up fairly quickly by scraping away old tissue and allowing new granulation to form, but in this case I had places larger than a dollar, which bothered and pained the woman more than the disease; the spots were discolored and softer and more doughy than the healthy skin. I tried all remedies I know of, and by private letters to some of the profession, I by their advice tried some things, but nothing did any good. I put on a wet compress of half *camphor* and half *alcohol* and kept it on for three or four weeks. This cured the spots, at least I suppose, for they disappeared gradually and patient was relieved.

Case X.—Mrs. M. C., æt. eighteen years, sick in bed for seven weeks under allopathic care, without relief or benefit. Diagnosed sciatic neuralgia; worse in evening and night; patient weak and crying from about 4 P. M. to 2 A. M., on account of the pain, always worse in wet weather; *rhus tox* and *china* IX in alternation; all pains disappeared in three days; in ten days she came a distance of seven miles in a buggy to see me, I then gave her *rhus* 3x ter die. She has remained well ever since—over four months.

Case XI.—Mrs. Nap. P., æt. forty-five; no children; has been sick for seventeen years with left inguinal pain, pain in hip, generally rheumatic, always worse in wet, damp, and cold weather; all rheumatic pains worse on movement, better by prolonged movement; dyspeptic. For the last four years she has been confined to the house on account of inguinal pain for two years of the four; she was confined to bed the most of her time; she said she had tried every kind of treatment (but of course *not* homœopathy); her last allopathic physician declared that an operation on the womb would have to be performed, as there was hypertrophy of the neck of the uterus. I found a general rheumatic tendency, takes cold very easily, uterus found flexed to left side, headaches, nervousness, generally run down. I corrected the position of the uterus by tampons, etc.; *rhus tox*, *bry.*, *nux vom.*, *helonias*, *puls.*, *macrotin*, according to their several indications, entirely cured the case in about four and a half months; she works and walks like any healthy woman, and a more grateful woman does not live.

Case XII.—Mr. J. K., æt. fifty-eight, complained for twenty-eight years with chronic constipation. Came to me Oct. 23, 1889. For the last four years has done no work hardly; business, contractor of pike roads; operated for piles eleven months ago. Has always employed allopathy; his shelves are literally filled with nauseating drugs, all of which he has tried to get relief from; at this date he takes four to six *compound cathartic* pills every night, and has done so for eleven

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months. Stools are black, hard like bullets, covered with slime with shreddy mucus, at times pappy and white, like putty; he wants to go to stool, but cannot succeed; he seems to have no power to pass a stool; great flatulence both ways; dyspeptic; used to drink hard; chews tobacco in great excess; "constantly spitting slimy mucus, bad taste and odor in mouth;" mouth very dry; mucus increased according to amount of flatus; wakes at 3 A. M., lies awake dreaming; gets up tired out; dull, heavy headache in forehead and occiput; the latter was most obstinate, so he kept rubbing the occiput; he feels as if he would fall forward; vertigo at times, worse on stooping; headache on first rising in the morning, better in evening; temp., 99 3-4° F.; pulse, 96; very irritable; back aches worse in damp weather and on motion. The symptom which drove him distracted was a pain, "a something" dull, pricking, hot pains in left hypochondriac region, about tenth rib; worse if he does not have a motion from the bowels; he has had several attacks of perfect collapse, when the body becomes cold and clammy sweat stands out in beads over the face. At the last attack, three physicians attended him; his heart almost ceases to beat in one of these attacks (doctors called it heart disease); he suffers from palpitation; on examining the heart I found no organic disease; the palpitation was dependent on dyspepsia, and the heart really suffered from toxic effect of *tobacco*, and these together I think were the whole cause of the collapse attacks, for the provings of *tabacum* show his symptoms very clearly. He can always tell when he is going to have a sick turn, by a fearful weakness of the lower extremities, with a dull pain in both thighs. He has a morbid dread of death all the time.

Prescribed *nux vom.* 1x, *plumb.* 2x, alternately every two hours, with wet compress on abdomen for fourteen days and nights.

Nov. 1st. Natural stools, generally better.

Nov. 7th. Stools daily, greatly improved, *nux vom.* 1, *rhus tox.* 1x.

Nov. 14th. Stools daily, all symptoms greatly better, *nux vom.* 1, *rhus tox.* 1x.

Nov. 21st. Stools daily, all symptoms greatly better, no backache, etc.

Nov. 27th. Stools daily, all *nux* symptoms have disappeared; only the pains in left side bother him and keep him in dread of death. Continued *nux vom.* 3x, *ars. alb.* 1x, *alt.*

Dec. 10th. Left side much better: resumed his business of contractor.

Dec. 31st. Complains of nothing; works every day. Continued *nux* 3x in morning, *ars.* 2x in evening.

Feb. 2, 1890. All symptoms cured except complains of slight uneasiness in left side. Continued *ars.* 2x.

Mar. 3d. No symptoms of any kind, *sac. lac.* ter die.

Apr. 13. No symptoms; *sac. lac.*

Apr. 30. No symptoms; discharged cured; has not lost a single day of work since and his bodily functions remain healthy.

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THE OVER-VACCINATION OF CHILDREN.

By H. E. RUSSELL, M.D.,

New York City.

THE practice of some physicians, notably those who attend to the vaccination of children in the public schools, of making a large sore upon a child every few years, seems to me a mistake of almost as serious a nature as the custom of our English brethren, who often vaccinate in four places at once. Many of these over-vaccinated children present themselves at my clinic in the College Dispensary, with arms swollen to two or three times the natural size. These children usually have enormous sores, surrounded by an inflamed surface often involving the whole arm and part of the forearm. Sometimes they present large, unhealthy-looking ulcers, which are occasionally so deep as to expose the humerus. I have seen a case of this sort with an ulcer of sufficient dimensions to enable me to lay an ordinary two-cent copper upon the bone. All of these lesions I am well aware may be due in part to an unhealthful diet, or to scrofula, syphilis, etc., but in my opinion they can usually be traced to an improper method of vaccination.

As a prophylactic remedy for these complications I would suggest that a child should not be vaccinated more than twice—in early infancy and at puberty—unless he is directly exposed to small-pox. In this case it is well to revaccinate him at once, the incubation of the artificial disease being about three days, while that of variola is two weeks. The operation, according to my idea, should be as follows: Taking an ordinary vaccination lance, with a double-pointed blade (do not use the forked end, by the way, as it is much more painful), make a series of small, parallel scratches on the left arm, each about one-quarter of an inch in length, and just deep enough to draw blood. Then make similar incisions at right angles with the first, thus producing a square measuring about *one-quarter of an inch* only. Now apply a quill (I prefer one prepared by the Board of Health, to be obtained at 309 Mulberry Street) which has been taken from the calf within four days, directly to the wound, *without wetting the point.* An exception to this rule may be made in cases in which the blood happens to be unusually thick: allow the blood to thoroughly dry before the patient leaves the office, but use no dressing of any sort. Let the arm go unwashed until the vaccination "takes," after which no precaution is necessary.

This plan I have followed for several years with hundreds of children, in both private and dispensary practice, without a single mishap, while I have seen many serious cases, as indicated above, which have been vaccinated presumably by a different method.

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ORIGINAL ARTICLES IN SURGERY.

HÆMATURIA.*

By F. E. DOUGHTY, M.D.

BLOOD may be present in the urine in such amount as to spontaneously coagulate in the urinary passages, or after it has been voided ; or in quantities so small that only the microscope or other tests can determine its presence. Between these extremes are all gradations.

The color imparted to the urine varies greatly. It may offer any of the shades between the bright vermilion color of pure blood to a faint pink. If a smaller quantity is present we have that peculiar hazy, smoky hue, so characteristic of the presence of blood in an acid urine.

If the blood has been retained a length of time in the bladder the urine will be brown or almost black.

As a rule the eye, aided with the glass, is sufficient to decide the point that there is blood in the given specimen. But it not infrequently happens that patients will complain of passing urine having a bloody appearance, and yet when the specimen is examined under the microscope not a trace of red discs can be found.

To this class of cases the special names of Hæmatinuria or Hæmoglobinuria are given. That these are really cases of hæmaturia, using this term in a generic sense, as representing all cases in which blood enters into the composition of the urine, there is no doubt; for that the reddish tint, more or less pronounced, is due to the presence of the coloring matter of the blood can be determined by spectral analysis, and by Leal's, Heller's or the guaiacum tests. The presence of hæmoglobin in the urine without discs may either be primary or secondary.

If primary it has been derived from the vessels of the kidney, having been excreted from them together with the rest of the constituents of the urine.

By no means is it necessary that there should have been rupture of a vessel however produced. Certain diseases or dyscrasias of the system, as malaria, purpura, continued and eruptive fevers, as typhus and variola, septicæmia, pyæmia and cholera, also the introduction into

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* Read at the annual meeting of the Homœopathic Medical Society of the State of New York, February 10, 1891.

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the blood of such substances as carbolic acid, iodine, arsenic, etc., have hæmaturia as a symptom. These conditions may cause a dissolution of the red cells before they leave the renal vessels, and the hæmoglobin thus liberated finds its way into the urine. Or, if the disintegration of the cells is delayed, and they still preserve their form after having entered the urine, still they are so sickly and weak that they rapidly go to pieces and only their coloring matter is found.

In the secondary form we have a different state of affairs. Here the blood discs may have entered the urine intact and healthy, but owing to alkaline changes in the urine, either before or after it leaves the body, the cells are destroyed and the hæmoglobin is set free, their remnants forming a sediment of variable amount of dark brown or red granules. Thus a hæmaturia is converted into a hæmatinuria or hæmoglobinuria. Just in proportion to there being present any systemic condition that would tend to vitiate the vitality of the red cells do these changes take place. In conclusion, it may be affirmed that all primary hæmoglobinurias have a renal origin.

All urines containing blood or hæmoglobin are albuminous to a greater or lesser degree.

It makes no difference whether the quantity of blood is large or small; its presence is to be regarded as a symptom only. In a majority of cases we are able with care to determine the disease or condition of which the hæmaturia is perhaps the most prominent objective symptom, yet it is by no means uncommon to meet with cases in which this symptom stands alone, and no satisfactory cause can be discovered until death reveals it.

Let us consider for a moment the appearances presented by the blood discs as seen under the glass, and compare such with certain forms with which they are apt to be confounded.

In a normally acid urine of moderate density (1020–1025) the corpuscles remain visible and preserve their form for several days. They do not run into *rouleaux* as in fresh blood, but stand separate and discrete, though perhaps aggregated. Should the urine be dilute, they expand from imbibition and appear as pale circles with sharp delicate outlines and minus any appearance of cell contents. In a more concentrated specimen they retain their normal biconcave contour. Again, they shrink and crumple, offering a stelate outline. Confervoid sporules, minute discoid forms of oxalate of lime and the nuclei of renal epithelium are the three most common objects that might be mistaken for blood corpuscles. The blood disc does not possess a nucleus, which is always present in the sporules, and again the latter

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are generally oval, sometimes elongated, and present evidences of budding.

Along with the discoid forms of oxalate of lime can generally be found intermediate forms that connect them with dumb-bells.

Renal nuclei have a strong refraction and are usually surrounded by some portions of the material which originally invested them.

The fibrinous elements of the blood having escaped from the vessels, in hæmaturia tend to coagulate, entangling in their meshes the corpuscles or other formed elements with which they may lie in contact at the moment of solidification.

Great variety is presented in the shape and size of these coagula, depending upon the amount of blood and the source from which it comes and its density.

Thus, if the bleeding be free and into a large cavity as the bladder, an enormous clot may form distending the viscus, and requiring mechanical means to break it up before it can be gotten rid of. If the blood is effused into the ureter, or even if it descends from above and coagulates in that tube, the resulting clot will be more or less long and wormlike. If into the pelvis of the kidney, the coagula are usually small and give rise to more or less renal colic in their passage downward. Occasionally clots from this source are voided having the size and shape of the calices.

Blood from the kidney proper never presents any clots that can be detected by the unaided eye. The effusion in this case is into the uriniferous tubes and, there clotting, is subsequently washed out and recognized under the microscope as blood casts.

Three questions present themselves for solution in all cases in which blood is found to be present in the urine.

First, from what part of that long and complicated passage, having its commencement at the malpighian corpuscles and ending at the meatus, does the bleeding originate? Secondly, what is its cause? Thirdly, what can we do to arrest it, if from its amount it demands direct treatment?

Putting aside the uterus, from which source alone hæmaturia is very rare, and that part of the urethra anterior to the prostate, as bleeding from this part would occur independently of micturition, we have left the kidney, bladder and prostatic sinus.

In endeavoring to determine in a given case from which of these sources the blood is derived, we first examine the urine in reference to its gross appearances.

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In a general way we may affirm that blood derived from the kidneys is diffused equally through the urine, communicating to it a reddish, or more generally a smoky hue, for such bleedings are apt to be moderate in quantity, and the urine of acid reaction; and it probably will, after standing awhile in a sediment glass, let fall a chocolate-colored grumous deposit.

When the blood comes from some part of the urinary tract below the kidneys, the color imparted to the urine is pinkish or vermilion, because it is usually associated with conditions producing alkaline urine, to which blood imparts a bright red hue. This, however, is not without exceptions, for sometimes we find a smoky hue, and yet the lower urinary passages are the source from which the blood is derived. The presence or absence of clots, and the probable origin of them, we have already dwelt upon. If, however, they are not present, what other means have we by which we can trace the source of the bleedings?

Sir Henry Thompson's plan is as follows: Pass a soft gum or rubber catheter of medium size into the bladder, the patient standing if possible; draw off all the urine, carefully wash out the viscus by repeated small injections of warm water. If the water cannot be made to flow away clean, then the inference is that the blood comes from the cavity of the bladder.

After this washing permit the urine to pass, as it will do *guttatim*, into a glass receiver, till about a drachm has been collected. The bladder is now washed out again, and if, after a single washing, the second flow of injection be clear while the drachm of urine was bloody, the inference is again complete that the blood comes from one or the other kidney. By this procedure the bladder ceases for a time to be a reservoir; it does not expand, but is contracted around the catheter, and the urine percolates direct from the ureters. Thus is obtained a specimen of urine free from vesical pus or cell-growths.

So much by way of a general answer to the first interrogation, the further consideration of which will be treated of in our efforts to answer the second question, viz.:

The causes of hæmaturia.

As we have divided the urinary tract into three divisions, we will study the causes as they affect each portion.

First, the kidney. Both local and general causes are here recognized. In the former class all traumatisms, implicating the kidney, as wounds, blows or falls, involving the lumbar region, severe strains from overlifting, etc. Such causes are generally easily recognized from the history of the case. The blood is rarely present in the form

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of appreciable clots, though abundance of blood casts may be found. Occasionally we have been puzzled in these cases by their persistency for months after a moderate strain, recurring paroxysmally and without any appreciable exciting cause, and proving most rebellious to treatment.

Calculi in the renal pelvis, either impacted or free. Under these circumstances we can usually get symptoms of one or more attacks of renal colic, or urinalysis will show an excess of crystalline forms pointing to a calculus tendency. Again, achings in the loins, with or without tenderness, aggravated, as is also the bleeding, by exercise or anything that jars the body; presence of pelvic epithelia, which cannot be otherwise accounted for.

It should be remembered that even minute crystals in microscopic calculi of uric acid or oxalate of lime may be impacted in the tubuli uriniferi and be the cause of oft-recurring bleeding.

Under these circumstances, the urinary sediment shows the presence of these forms, and also transparent fibrinous casts speckled over with crystalline molecules. There is also more albumen present than the blood accounts for.

In tubercular abscess and hydatids, the hæmorrhage is usually trifling, and these need not detain us.

In cancer of the kidney hæmaturia is absent in the majority of cases, and the diagnosis must rest upon other signs. Nevertheless it does occur in a minority of examples, and then its presence is of great aid in determining the nature of the abdominal tumor, for the tumor always develops before any bleeding takes place. Such hæmorrhages are so profuse as at times to be very alarming.

Parasites. Three kinds of worms are found in the human kidney. The Bilharzia hæmatobia, a thread-like worm some three or four inches in length, found in the small vessels of the mucus and submucus tissues of the veins of the intestinal tract, the pelvis of the kidney, ureter, bladder, and sometimes the kidney proper. It is almost confined to Egypt and South Africa.

The Filaria sanguinis hominis is a long, narrow, miscroscopic worm about as wide as a red corpuscle and one-seventy-fifth of an inch in length. It infests the blood, and by its accumulation in the vessels stretches and finally bursts them. These cases are confined mostly to India, China and Australia.

Lastly, the Strongylus gigas resembling the common lumbricoid worm, but larger, the males measuring ten to twelve inches in length, while the females may reach the length of a yard. These are very rare.

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All those affections of the kidney which also entail albuminuria are causes of hæmaturia. Thus acute and chronic inflammations, active and passive congestion, causing over-repletion of the renal vessels, thrombus of the renal vein or vena cava, embolism.

These hæmaturias are, as a rule, transitory and not excessive as to quantity of blood lost, but the coagulation of the blood in the tubules may be a serious matter if the clots are not washed out. If they plug up the tubes permanently the function of the corresponding portions of the gland are destroyed, leading to perhaps fatal renal degeneration. We have seen that any congestion or inflammation of the kidney may find one of its expressions in bloody urine. Under this head would be included the effects of certain drugs, as turpentine, cantharides, carbolic acid and mustard.

As to the causes of hæmaturia when its origin is from the second division of the urinary tract:—the bladder.

Blood furnished from this source is usually recognized by symptoms pointing directly to that organ, namely, frequent micturition, pain or discomfort in the hypogastrium or at the neck of the bladder, or end of the penis. Active hemorrhage from any part of the bladder, and sometimes from the prostatic sinus as well, if it flows rapidly into an empty bladder, is quite sure to coagulate in mass, and is afterwards dissolved or broken up into small clots by the contractions of the organ. If, however, it escapes slowly from the vessels or into the viscus partially filled with urine it may not coagulate at all, but remain freely suspended in the urine, retaining its normal color or, after a few hours, becoming brownish or black.

The conditions giving rise to vesical hemorrhage are: severe cystitis, calculus, tumors, and a varicose condition of the veins at the vesical neck.

The first cause is obvious enough from the train of symptoms that characterize it.

A calculus will be suspected by the usual symptoms of that affection, and invite an exploration with the searcher. If such an examination gives negative results after several trials, the cystoscope should be called to our aid, and perchance with this we may see what has escaped the sense of touch.

Tumors. To growth in the bladder we are indebted for the most free and persistent hæmaturias with which we come in contact. Indeed, in a given case, having settled upon the bladder as the source of the bleeding, and the hemorrhage is free, oft-recurring and persistent, we can be pretty sure that a tumor is present. By this remark, how-

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ever, I would not be understood as implying that the sifting of evidence should stop here. By no means. Every expedient should be resorted to that may throw light on the investigation and tend to arrive at a positive diagnosis.

These tumors naturally fall into two classes: the homœoplastic and the heteroplastic.

As regards the relative frequency of these two classes of growths, there is no doubt but that the former occur the more often. This is contrary to the views entertained by some; but this can be explained by the fact that the villous growth is included by them among the cancerous tumors, whereas their structure is identical with the normal tissue of the bladder, and therefore should not be so classified.

Four forms of the homœoplastic are met with:

Mucous polypi, with rarest exceptions found only in the bladders of children under two or three years of age, and occurring with about equal frequency in the two sexes.

The fimbriated papilloma or "villous growth," the most frequent variety, and often presenting the unique symptom of hæmaturia as evidencing its presence.

The fibro-papilloma, less common and less hemorrhagic, and the transitional form between the preceding and sarcoma.

In the second category we find epithelioma, scirrhus, encephaloid and melanotic. As a great rarity a dermoid tumor may exist.

In tumors of this first class, the earliest symptom is usually hemorrhage. This, as we have seen, may be the only symptom of which the patient will complain. Even when other symptoms are present, the history will generally disclose the fact that more or less blood was observed in the urine long before they developed. The freeness and persistency of the bleeding will vary with the variety of the growth. In the fimbriated type, the tumor being composed of villous processes and highly vascular, naturally hemorrhage is readily provoked. The fibrous form, being more firm and having but few villi, is less prone to bleed. The same is also true in larger sense of the transitional variety.

As to cancerous growths, they present evidences of their presence by tumor, pain and other symptoms before blood is found in the urine; for no bleeding takes place until the ulcerative stage is reached. As regards the character of the hæmaturia, there is nothing especially characteristic. The blood may appear in the urine at the beginning, during, or at the end of micturition. It is apt to be intermittent, especially at first, but the intervals become shorter and shorter until the

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blood is seen at each act of micturition for days and weeks together. It may then suddenly cease, and after an uncertain time recur without any assignable exciting cause.

Blood is not so frequently present in cases of vesical myxoma.

Varicose veins of the vesical neck would be suspected if the patient has reached an age when hypertrophied prostate is met with, and he offered symptoms objective and subjective of an enlarged gland, while there was an absence of evidence assigning the bleeding to some other cause.

Hemorrhage from the prostatic sinus usually manifests itself by clots in strings and threads voided with the first gush of urine. In all cases of hæmaturia, the urine should be voided in two parts: the first ounce being received into one vessel and containing the washings of the urethra; while the remainder is caught in a second receiver and will contain the products derived from the tract posterior to the internal meatus. This is not strictly true, for in cases of cancer of the prostate, the bleeding may be from the back part of the prostatic sinus just at the vesical orifice, and finds its way back into the bladder clotting there, and the urine offering the appearance of that passed in true vesical hemorrhage. When this region is involved the spermatic fluid is prone to be bloody. Clots are generally passed with the first gush of urine, and the rest of the flow is clear or nearly so, while at the end of the act bright blood appears from a squeezing of the gland.

The history of the case and careful examination will reveal the existence of inflammation, either acute or chronic, the presence of an enlarged prostate, an impacted or encysted calculus or traumatism or cancerous growth.

In the cystoscope we have an instrument that may, in some cases, remove all doubt as to the source of the bleeding; but its use requires that the bladder can be washed clean, and contain several ounces of water that will remain transparent during the examination. When this is possible, we may be able to see the mouth of the ureter open and a jet of bloody urine flow into the bladder, and thus demonstrate where it comes from. Or we may discover and locate a fimbriated growth that has escaped the most careful examinations with the searcher, or an encysted stone, ulcerated patch, etc.

As to the general causes of hæmaturia or hæmoglobinuria, we have already in the early part of this paper called attention to them, and will not dwell upon them except those due to malarial poisoning.

Malarial, intermittent or paroxysmal hæmaturia is met with under two forms.

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The milder form occurs, with few exceptions, in male subjects, and while there will be a history of one or more attacks of malarial fever or exposure, the bloody urine may appear suddenly and be the only symptom presented. Sometimes the appearance of the blood will be preceded by a little chilly sensation or cold hands and feet or a general feeling of lassitude, pale face, and aching or sense of fullness in the lumbar region.

The hæmaturia may recur every second, third or more days, but if uninfluenced by treatment the intervals gradually become shorter and shorter, until bloody urine is of daily occurrence, the duration of the attacks and the time of day they appear being variable, the blood suddenly showing itself on one or more voidings and equally as suddenly disappearing.

This affection is met with chiefly in the South and West, though now and then cases are encountered in the Middle States.

We must first determine that the blood comes from the kidney, as can usually be readily done by the absence of vesical irritation, clots and colic, while the urine may show tube casts, and the absence of red blood discs. If the latter obtains, then we have a hæmaglobinuria, and all such have a renal origin if primary.

It having been decided that the source of the blood is renal, we exclude cancer, calculi, tubercle and the other cachexias, of which we have already spoken; also the introduction into the system of drugs or poisonous substances which give rise to hæmatinuria.

The severer variety is confined to the tropics and southern part of our country. The disease is ushered in with a distinct chill closely resembling an ordinary attack of ague, or two such paroxysms may occur before the blood appears. In other cases hæmaturia is the first symptom.

The urine is exceedingly copious, as much as one or even two gallons being passed in twelve hours, and it is porter-like or tarry in color. Nausea and bilious or black vomiting occurs. Marked hæmatogenetic jaundice develops, due to disintegration of the red blood corpuscles and diffusion of their coloring matter through the tissues. Tongue brown and dry, bowels variable. There is fever at first, the temperature rising to 104° to 106° with dry skin and a small compressible pulse. Drowsiness and coma come on or the mind may remain clear until death, which event usually takes place in one or two days, though recovery is possible. A recurrence may take place the next day, if the patient survive the first paroxysm.

In this class of cases, as might readily be imagined, but few or none of the red blood discs are found in the urine, the cells having been destroyed either in the spleen, liver or kidney.

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Lastly we may mention a supplementary or vicarious hæmaturia. In these cases the blood may be furnished by any portion of the urinary tract and the bleeding appears as supplementary to some natural function or morbid condition such as menstruation, hemorrhoidal flux or asthma.

Bearing in mind that hæmaturia is only a symptom, we should always endeavor to discover its cause. Generally we will be successful, and in many cases can invoke the aid of surgery and not only save the life of the patient, but restore him to health, by a timely and well performed operation. Sometimes the cause will escape our most careful investigation, or, if discovered, cannot be removed, or the loss of blood may be so great as to overshadow all other considerations and cause us to direct all our energies to its arrest. Under these circumstances we should of course select that remedy which produces hæmaturia, and approaches most nearly in other respects to the concomitant symptoms present in the given case.

Treatment. The general treatment should embrace: Rest more or less absolute, according to the urgency of the case. More stimulating diet, and such beverages as will render the urine bland and non-irritating. Locally, ice may be applied to the hypogastrium or introduced into the rectum.

As a rule all instrumentation should be avoided. Especially is this true when the bleeding is free and has its source in the bladder or prostatic sinus. Exceptionally, however, it may be necessary to introduce the searcher for diagnostic purposes, or pass a catheter to overcome a retention that has not yielded to remedies, rather than expose the patient to agonizing suffering and permanent injury from over-distention of the organ, or the catheter may have to be employed to introduce astringent remedies or to break up a clot. Rare indeed are the cases when the instrument will be required for the latter purpose.

Occasionally it may be necessary to inject into the bladder some hæmostatic, and if so, alum (five to ten grains to the ounce), is, we think, the best agent to employ; nitrate of silver, one quarter to one grain to the ounce, or tincture of iron, five to fifteen drops to the ounce, may also be used, but the latter is objectionable on account of the tough, hard clots it produces.

Internal medication. The following list comprises the remedies from which our selection will usually have to be made:

Arsen., Carbol. acid, Canth., Erigeron, Hamamelis, Ipecac, Lyc., Merc., Millefol., Nit. acid, Nux. vom., Phos., Puls., Secale, Terebinth.

The following are many times also useful though used empirically and in full doses:

Ergot. Matico. Gallic and tannic acid. Pichi Fld. ext. Tinct., of iron and acetate of lead.

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STATE CARE OF THE INSANE AND THE MIDDLETOWN HOSPITAL.

WHEN the friends of the insane in New York State rejoiced over the passage of the act for State care of the insane in county houses, they did not suppose that that act could or would be employed to alter the policy of the State in caring for others than the pauper insane. The friends of the reform believed that the policy of the State meant an extension of care, rather than restriction to the pauper class. But the State Commission in Lunacy has read the act and laws in such a way as to enable it to use its unlimited power to press those who do not wish to be treated like paupers into private asylums. In the case of the Middletown Asylum, which was created by the Legislature for the care of those from any part of the State who should desire homœopathic treatment, there has been adopted the policy of substantially converting it into a district asylum rather than a State asylum; for although the Commission has ruled that patients from other parts of the State than the district allotted it may be

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admitted, it has put up such bars to the prompt commitment of such patients, to the self-respect of their friends, and to reasonable provision for their suitable care, that consent acts practically as a deterrent. For these reasons the friends of the asylum are asking the Legislature to confirm in the law the original intent in the establishment of the asylum. It is objected that this is special legislation; but as some county institutions and State hospitals are already specially exempted from the operation of the law, and as the State in no other district provides for homœopathic treatment of the acutely insane, and in but one other district of the chronic insane, the claim of special legislation should have little weight. It is well to remember that there is an unwritten law of the school of practitioners to which the head of the Commission belongs, by which homœopathic treatment is practically debarred in the State asylums outside of the Middletown and Binghamton districts. This surely is special reason enough for special legislation. We hope that the friends of homœopathy throughout the State will take active interest in promoting the passage of Senator Richardson's bill through the Legislature. They ought certainly not to sit idle, in the delusion that the State care of the pauper insane in one district is imperilled by proper provision for the homœopathic insane of the whole State. The Middletown asylum will care for the paupers of its district after the State has erected the necessary buildings—clearly intended in the State Care Act.

The whole subject is one of such importance, both in its general and special aspects, that we hope we will be pardoned for quoting the following extract from the presidential address before the Hom. Med. Soc. of the State of New York at its last meeting.

"At the last session of the Legislature, the bill for the State Care of the Insane became law, and is now being carried into effect by the State Commission in Lunacy. This law, as you well know, provides for the transfer of all the insane under county care, with the exceof those in New York, Kings and Monroe counties, to the immediate care of the State as vacancies occur in the existing State hospitals for the insane, and after the State has provided suitable buildings for their proper accommodation. But the Legislature did not appropriate the funds for erecting the buildings necessary, and the con-

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test between the foes and friends of the reform is continued in the present Legislature over the question of appropriations. As the Society has already warmly endorsed the reform, which is still one, in my opinion, that should meet our hearty support, I would suggest the propriety of the adoption of a suitable resolution in favor of the appropriation of $450,000 asked for by the State Commission in Lunacy.

"The operations of the State Commission in Lunacy, under the act creating it and the State Care Act, present a complicated problem demanding your serious examination. Not content with a minimum construction of the laws in measuring its power, nor disposed to be slow in applying its discretion to the remedy of what it conceives to have been abuses in the past, the Commission has adopted a policy that constitutes a wide departure from customs which have had the sanction of previous State authority. The Commission's view of the power lodged in it by the law cannot be better stated than in an able paper read before the Society of Medical Jurisprudence and State Medicine in New York City, December 11th, 1890, by the chairman of the Commission, who said:

"'From the foregoing it will be seen that the supervisory and correctional powers of the Commission, as regards the insane and the management of institutions for their care and treatment, are practically unlimited, being probably greater than has heretofore been conferred by the Legislature upon any similar body in any department of the State government. It is not only authorized to determine the legality of original confinement in an institution for the insane, whether on the ground of non-existence of insanity or of defect in the form of commitment, or of continued detention after the necessity for it has ceased to exist by reason of recovery; but it may summarily remedy any wrong of this kind which it may find. It may also, in its discretion, determine the standard of medical care, the number of attendants, the diet, clothing, discipline, forms of record, accounts, rules and regulations, etc., of any institution for the insane. In fact, it may regulate and supervise everything which, in its judgment, is essential to the proper care and treatment of the patients, and the promotion of their welfare. And, in the event of disobedience of an order which it may issue, with the approval of a Justice of the Supreme Court, for the correction of any existing wrong, it may immediately proceed to enforce the same by peremptory mandamus.'"

"With this conception of its powers, the Commission has promulgated numerous orders, notable among which is restriction of the further admission of private patients to State asylums. The Commission has ordered that no private patient shall be permitted to occupy more than one room, or to command the exclusive services of a

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private attendant; that distinctions between public and private patients in the matter of scale of accommodations and care must be abolished; that further admissions of private patients must be limited to those who are pecuniarily unable to meet the minimum rate ($10 per week) for which treatment can be obtained in a private hospital or institution, consent for such admission to be obtained from the Commission. The scale of accommodations for public and private patients being the same, the Commission seems to determine the scale of accommodations for all upon the basis of a charge ranging from $2.50 to $4.25 per week, this charge to include food, clothing, breakage and all other expenses of any kind. What the inevitable results of these rulings will be, it is easy to understand. The State Commission would thus drive the self-supporting class of the insane out of the State institutions into institutions mainly established for purposes of private profit. In its extended argument on the question of the admission of private patients to the State asylums, as set forth in its second annual report to the Legislature, the Commission says:

"The further continuance of the policy now under discussion (that of State care of private patients) tends directly to create a competition between the vast resources of the State upon one side and the limited means of private individuals upon the other; and such individuals may justly complain that they are powerless to contend against the competition. The skilled physician who, with much effort, has founded a small hospital for the cure and treatment of the insane has a right to regard the competition of the State with his business as both disastrous and unjust."

"In fragmentarily indicating the claims and policy of the Commission, it has been my purpose to invite study of the new policy adopted. Such profound and far-reaching changes furnish subjects for investigation, and it may be for future action, that are peculiarly pertinent to State medical societies. As among the problems of State medicine, none are more complex and important than that of lunacy legislation and administration, so is it wise that we should maturely consider the subject in all its bearings and to the very bottom. As physicians, we cannot forget that the insane form a class of the sick most in need of treatment in hospitals, which ought to be equipped upon a generous scale, and managed by physicians specially qualified by native gifts, expert training and the largest experience. As citizens, we cannot forget that persons adjudged lunatics are deprived by the State of the rights of personal liberty, in order to protect the persons and property of others who are sane. The lunacy question is thus not one of charity only; it involves consideration of an obligation upon the part

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of the State to insure to those whom it deprives of liberty by reason of mental aberration that not only shall they be protected by every safeguard against unlawful confinement, but also that during the period of enforced restraint they shall be furnished the fullest opportunity which the State can afford to provide for their return to reason, liberty and the pursuit of happiness. There is the view that *all* classes of citizens, whether dependent, rich, or of intermediate means, are entitled to receive the care of the State, and that while repaying the State in proportion to their means for expense incurred, they should be granted such reasonable accommodations and attendance as previous habits of life render advisable for their ordinary comfort of mind and body, and speediest recovery. And whatever may be said against the impropriety of the State's competing in the business of caring for lunatics, there is also argument for the thrifty class of citizens who shrink with dread from the pauper scale of living and accommodation for their relatives or wards afflicted with insanity, and who believe that should they be so unfortunate as to lose their reason, the State ought not to force them into private asylums, where savings will be mulcted for the profit of private individuals, and then, savings becoming the sooner exhausted by the greater calls upon their purse, they may at last be reduced to that indigence which brings them to the hand of public charity. These and the many other public questions involved in the report of the State Commission in Lunacy require attentive examination at our hands, to the end that we may act with full knowledge and understanding, both in promoting reform, really just and needed for the objects of charity, and in seeing that reform for the sake of the dependent poor does not work wrong and damage to other classes of the State's afflicted and unfortunate. In my judgment, this cannot be done except through a special committee, directed to present a full study of the subject at a future meeting and empowered to secure the legal opinion and coöperation of disinterested and eminent jurists. This committee, in order to be free from any possible accusation of self or local interest, should be composed of members in no way associated with public or private asylums. In view, however, of the almost unlimited power already claimed by the Commission, being probably greater than has heretofore been conferred by the Legislature upon any similar body, in any department of the State government, it would be proper for you at this meeting to instruct your Legislative Committee to oppose any movement in the Legislature to further extend the power or discretion of the Commission in Lunacy, or to re-

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strict in any respect the privileges and powers of State Asylum Superintendents and Boards of Trustees, or to limit the functions now inhering by law in the State Board of Charities.

"The special relation of the subject of the preceding remarks to the interests of the homœopathists of the State, as represented in the Homœopathic Hospital for the Insane at Middletown, will be reported upon by your Legislative Committee. The committee will ask for your support of amendments to the charter of the hospital which shall secure to the trustees the original right to admit the insane from any part of the State whose friends prefer for them homœopathic treatment, and to regulate the prices to be paid for their maintenance, limiting all charges to the actual cost incurred. That such amendments are in the spirit and intent of the charter is self-evident. Surely one who reads the State Care Act, particularly in connection with the assurance given by the State Commission in Lunacy, during the consideration of the then proposed act by the last legislature, to wit, that "there will be no infringemeut upon the rights of the Homœopathic Asylum to receive patients whose friends may desire for them homœopathic treatment," cannot but recognize, in the present behavior of the commission toward the asylum, not only an infringement upon the rights of the trustees, but a substantial perversion of the purposes for which the institution was founded, and which have been maintained in it since that time to October last. While it is but right that the Middletown Hospital should care for its quota of the insane in county houses, as fast as accommodations are provided, it is not right that the acutely insane, promising a reasonable hope of recovery, whose friends prefer homœopathic treatment, should ever be crowded out or kept out of the only institution in which the State provides for homœopathic treatment, by indigents, incurable in the main, and many, and probably most of whom, do not come under the class of those whose friends are in favor of the homœopathic method of treatment. While, too, it is but right that the Middletown Hospital, in distinction from any other State hospital, should not furnish unduly luxurious accommodations and privileges for the rich to the crowding out or keeping out of the homœopathic poor, it is not right that a maximum ten-dollar rule, for from two and a half to four and a quarter dollars care, should be arbitrarily assumed against the judgment of the trustees of the hospital, who hold the hospital as a stewardship for the homœopathic insane of New York State. And there is reason why we should feel troubled, while we read between the lines of the reports of a commission, whose head, and presumably whose domi-

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nating spirit, is an old-school physician. If disposed to befriend homœopathy and the Homœopathic Asylum, in the exercise of its uncommon discretion and activity, why did not the commission publish in the body of its report, alongside the recovery rates of the several hospitals, which made a slight showing in favor of one or two old-school institutions, a table of the death rates, also? Was it because the death rate at Middletown, computed by the method adopted by the Commission, during the past two years was 3.66 per cent., while the death rate in the old-school hospitals of the same class at Utica, Poughkeepsie and Buffalo, was 10.55, almost 300 per cent. higher? Here it should be a matter of pride for us to know, upon the authority of the superintendent of the Middletown Asylum, that, at the Utica and Poughkeepsie Asylums for the last twelve years, and at the Buffalo Asylum for the last ten years (the latter beginning to take patients only ten years ago), the average recovery rate, figured after the method of the Commission, was 19.33, while at the Middletown Asylum, for the past twelve years, computing in the same manner, there has been an average recovery rate of 23.88.

"The preceding topic opens up the interesting question of how far the present relations of the schools should presumably admit of unlimited power by allopathic physicians over homœopathic institutions. The impression is now often sedulously conveyed that the schools are so close together and so friendly, that the matter of medical bias need not enter into the consideration of the public authorities and the people in general. But is such an impression warrantable? To my mind the hostile intent of the old school toward our own is as manifest as when the blunderbuss and boomerang were more naïvely fired against us. Methods of attack are more gloved, disguised and subtle, but the attacks go on unremittingly, in one form and another, open or indirect as chances against self-injury may offer. More palatable medicines, smaller doses, imitations of our methods in pharmacy, and the condescending sort of sub-rosa consultations, are only concessions to the forces of *lay*, not professional opinion. There is to be seen a certain amount of unacknowledged use of drugs, as our principle has led us to employ them; but where is the evidence that such use is more than a passing empiricism, and where do we find in old school literature any appreciation of *similia* as a useful guide in therapeutics? Homœopathy, even as a possible science of therapeutics, is scouted as much as ever; we are still banned as no physicians or irregular physicians, because we avow in our name that we employ a general therapeutic law for the discovery of the curative powers

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of drugs and their rational employment in disease. What disabilities are put upon us because we so avow, and because we unite to defend ourselves against unprofessional aggression, while we pursue our study of medical science and homœopathic therapeutics! There is not one of their organizations within my knowledge, in this country, which we can enter while we retain our connection with homœopathic societies. There is no society of the old school, within my knowledge, to which any graduate of a homœopathic college has been admitted unless he has denied, in roundabout phrase, that he bases his practice upon the homœopathic principle. There is not a graduate of a homœopathic college who, being only such, has ever served as interne or attending physician in any hospital where old-school physicians, directly or indirectly, have controlled the power of appointment. Not one of us, whether we hold our diplomas from self-styled regular or homœopathic colleges, is recognized as legally qualified to vouch as preceptor for any student who would seek to get the diploma of any old-school medical college of New York State. No student, who has partially completed the term of medical study prescribed by law in a homœopathic college, can have that time counted by any old-school college of New York State as equivalent to time spent in the study of medicine. After granting instruction to homœopathic graduates for a number of years, one of the two old-school post-graduate institutions of New York City has withdrawn during this past autumn that privilege. At the inaugural ceremonies of the building of the New York Academy of Medicine, a few months ago, the President of that body employed the occasion of an opening address, before a popular audience, to inform it that "there is no place in the broad field of scientific medical inquiry for the would-be medical man who talks of the potential power of infinitesimal abstractions, and the so-called scholastic illusions," by which he meant, of course, that there was no place in the Academy for a homœopath, who is only a "would-be;" while, on the same occasion, the otherwise genial poet-anatomist, he whose feelings were so painfully perturbed by the sight of a bust of Hahnemann from his hotel window when abroad, took pains to write: "Long may it be before the wholesome barriers are weakened that separate the thoroughbred and scientific practitioner from the plausible pretender, with his pseudopathy and pseudotherapy," which of course were intended as open pseudonyms for homœopathy. Yet members of this same august Academy have since connected their names, at break-neck speed, in the public press, with the use of Koch's parataloid, diluted to more

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than the third decimal attenuation of the homœopathic scale, the crude fluid containing, according to Koch's estimate, if we may believe Sir Joseph Lister, not a thousandth part of the active principle, which is a nasty "nosode" in homœopathic terminology. Let us remember that this meeting is but the morning after the battle in which we ended successfully the long campaign against the determined effort of the old school to grasp the State power of licensing practitioners in the interest of a thoroughbred and scientific medical monopoly, of the most approved and regular variety. I enumerate these facts, not to incite bitterness of feeling, which we are thankful to see gradually weakening under the pressure of our growing power and the working of the leaven of liberty upon the unscientific and unethical prejudices of the profession, but to remind us that it is wise to explore well the cavities of the wooden horse before we tear down the walls of Troy. As a Greek was for Greece, so need we to assume that an old-school physician in official place cannot, however conscientiously impartial may be his desire, entirely eliminate the bias of the medical associations which bind his freedom of action, or disinterestedly further with friendly sympathy the interests of a system of medicine and a school of practitioners which exist against his private convictions. The point of view unconsciously determines the intellection, motives, and will of every human being, and, however officials may strive to guard against the tincture of official duty with personal views and feelings, counterchecks need to be provided in law against the possible operation of individual, class and partisan motives in public place. And, as human nature is commingled with good and evil, so in the prosecution of reforms the casuistry of the conscience may and does excuse infringement of the rights of the defenceless, in order to accomplish what it may conceive to be a greater good."

COMMENTS.

Concerning Koch.—In the Paris correspondence of *Therapeutic Gazette*, Jan. 15, 1891, appears the following about Prof. Koch and his remedy: "On the whole, the medical profession are favorably disposed to the new method, and mean to give it a fair trial. But there is one point—that is the secret character of the remedy—which all agree to condemn, and with all the more reason that there are illustrious precedents to go by. For instance, when Jenner discovered vaccination, he did not make a patent medicine of it, but generously published his process for the benefit of mankind. And now, recently, when Pasteur found the charbon vaccinnation, he not only published

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his method, but would supply the liquid to all for a nominal sum, barely covering the cost of the glass. He acted likewise with the chicken-cholera cure; and, as regards his hydrophobia treatment, he not only published at once his process, but has kept on inoculating gratuitously, and instructing all physicians in the mode of preparing and using the virus. Koch's secrecy, and five or six dollars a 5-gramme vial, hardly look well in comparison. And yet people here do not find fault with him personally. They seem to think he is compelled to obey superior orders, and the public blame and slightly ridicule the Prussian government for going into the patent medicine business."

THE COMING CONGRESS.—Although "March comes in like a lion" and winter lingers yet, June will surprise us with the suddenness of her arrival. It will be now but a short time before the Homœopathic Congress will assemble at Atlantic City. Those who have papers unfinished have no time to lose, and all who intend to be present—and we suppose all the readers of the NORTH AMERICAN do—had better complete their arrangements. It is of especial importance to the homœopathic cause, that this congress shall go down in history as a brilliant success. It can easily be made so, if the homœopathic physicians will bestir themselves, and not only attend, but take an active part in the proceedings. We are glad to note in an explanatory letter sent out by the Committee on the Congress that an earnest effort is being made to broaden the scope of papers presented. This is in accordance with the ideas expressed in the NORTH AMERICAN last month, and if the committee succeed, as they undoubtedly will, the value of the congress will be greatly increased.

THE PROPRIETARY AGENT.—It is possible that we improve upon the methods of the fathers. Octogenarians may doubt, and insist the old drugs were better than these, but a flitting and intermittent study of the proprietary agent and his ways as he regularly appears to the troubled and anxious gaze of the abashed doctor in his office, may confirm the conclusion that modern ways, in advertising medicine at least, have wonderfully and fearfully developed. Drugs are no longer offered to the public as remedies for diseases in spite of the profession. A better way has been devised. Remedies for every conceivable ill that flesh is heir to are now pushed into prominence and favor by and with the consent and active aid of the profession. There was a time when there was a distinction between a patent medicine and a proprietary remedy. Is there such a difference now, or is it a distinction without a difference? Ask the ubiquitious and imperturbable agent, when having taken possession of your office, and yourself, he calmly proceeds to instruct you as to the proper way of treating disease and the composition and virtues of the particular panacea he carries. It is apparent that the only successful and respectful way to treat him is to cause him to take on the spot heroic doses of his own medicine.

THE DIFFUSIVE DOCTOR.—The law of diffusion of gases is beneficial in its results, viewed from either a chemical or physical standpoint; but

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a diffusion of doctor is disastrous from every point of view. The diffusive doctor is "everything by turns and nothing long." He has a violent interest in everything except the work that is at his hand waiting to be done. He knows something about many things and a little about medicine. He has advanced a little way into the mysteries of hypnotism, studied electricity in its mechanical applications, delved into astronomy, lunched on chemistry and physics, investigated plutography, read something concerning several specialties, affected bacteriology, discusses biology and evolution, argues on theology, and considers himself an authority on botany. ' He meddles a little with foreign languages, and has a few French or German periodicals constantly at hand. He is a genial companion and is well liked, but he does not succeed as a doctor. He is intelligent enough to spread and waste his energy and effort over a wide and unlimited field, but he is not wise enough to see with convincing clearness that the true field of his labor is at his door. Diffusive doctors ornament but do not benefit the profession.

THE INQUISITION ON THE SICK.—It was one of the gratifying features of General Sherman's illness, that the reporters in attendance had a less insatiable appetite for symptoms and minute details of the sick-room than they have possessed in former and well-known cases. When Beecher was stricken down, a swarm of reportorial vultures descended on his house. They surrounded the doors, besieged every avenue of approach, and used any and every method to obtain scraps of information from the death chamber, which, duly magnified, were served up to the readers of their papers the next morning. Conkling's death afforded another opportunity. Every little detail, no matter how revolting or how irrelevent, was chronicled. The patient's struggles, his weaknesses and his estimated chances of life, were all recorded. His sighs and groans, the nature, odor and quantity of the discharge from the aural abscess were set down in sensational fashion. This style of journalism is of recent origin and it is to be hoped that it has passed away forever from respectable newspapers. The daily press, it is true, claims to print what the people want to read; but the modest and decent reports of the last illness of the great general indicates that the daily press has discovered that the public is sick of revolting details ; that it regards as an abomination the violation of the sanctity of the chamber of death ; that it does not want carrion served with its breakfast. All that the public desires to know is the general condition of the patient—whether he is better or worse. The reporters overshot the mark. Theirs was an excess of zeal. The details of a case, properly prepared by capable physicians, should find place in medical journals and not in the public prints. It is the duty of reporters, it is true, to collect the news, but still they are not to play the part of scavengers. The matter is plain. Decency should rule. A stream cannot rise higher than its source, and those papers whose readers demand keyhole information will doubtless furnish it. The daily press should cease for a brief period its moral lectures to the medical and religious periodicals and clean out its own stables.

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A PROTECTIVE ALLIANCE.—The dispensary abuse alone has grown to be so gigantic in cities that the profession has come to recognize it as an evil to be abated as soon as possible. It is something that professional sentiment has advanced as far as that. But the evils of the present dispensary system, are so glaring and have been so often and so clearly pointed out that there exists no doubt as to the imperative necessity of reform. It is, however, a reform that must come from the profession. It cannot and will not come from the outside. It is with pleasure, therefore, that we note that in Baltimore a Medical Practitioner's Protective Alliance has been formed with the laudable objects of "maintaining organized coöperation among practicing physicians, protecting themselves against the dispensary abuse and inferior medical schools, and devising means of improving their financial position in every possible way." This seems to be a step in the right direction. Organization must be had if the evils mentioned are to be lessened. It is the only way in which relief may be obtained.

"MOTHER AS DOCTOR."—The advertising quack in these days is as full of shrewd ingenuity as he is of guile. He studies human nature carefully and composes his artfully worded advertisements in the light of his knowledge. His style is alluring, his testimony cunning, his promises positive. The truth is not in him, but an enormous capacity for humbug is. The latest aspirant for ill-gotten gain in the field of quackery is a Scranton doctor, who, according to the *Medical Age*, has an article in a "literary magazine of the highest standing" with the title that stands at the head of this comment. Says this enterprising practitioner in his cajoling way: "Mother makes a good doctor if she has the right remedy. As a doctor for babies mother has several points of advantage. . . . She sees the first symptoms, and can take that critical stage in time and check a difficulty, which, if permitted to have a few minutes more of progress, might establish itself in the precious anatomy. Mother can do this with all the certainty and assurance of a physician of twenty-five years' experience, for Dr. Hand, of Scranton, Pa., has spent that length of time in the study of infantile diseases, and has put up in convenient form the remedies which give unfailing relief to the little sufferer. Thus—as certainly as if he was personally present—the mother who has any of Dr. Hand's remedies within reach can have twenty-five visits of a physician of twenty-five years' experience for twenty-five cents." Then follows a brief account of the "Pleasant Physic," the "Teething Lotion," the "Worm Elixir," and the rest of the list. Evidently Dr. Hand has a very profound conviction of the gullibility of mother, and it must be confessed that his belief is in no slight degree warranted. But if the article appeared in a magazine of high standing, and the *Medical Age* must be mistaken in this, it is doubtful if women who read such magazines could be induced to give credence to such stuff or prefer the seductive remedies of Dr. Hand to their own responsible physician. "Twenty-five visits of a physician of twenty-five years' experience for twenty-five cents may catch the credulous and ignorant. Such advertising need not disconcert the family doctor, even though he has "ethical scruples against advertising and plods his weary way aghast at the want of recognition his attainments receive."

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BOOK REVIEWS.

THE SCIENCE AND ART OF OBSTETRICS. By THEOPHILUS PARVIN, M.D., LL.D. Second edition. Revised and enlarged. Illustrated with two hundred and thirty-nine woodcuts and a colored plate. Lea Brothers & Company, Philadelphia: 1890.

The last few years have given to the medical profession so many new and excellent works on obstetrics that it might seem as if there were no room for more But even a hasty glance at Dr. Parvin's book shows it to be of a sort that will make a place for itself by its merit. It does not profess to be encyclopedic in character, nor are the chapters lengthy monographs completely exhausting the given topic from every conceivable point of view; it is a plain, practical manual of the obstetric art, and it is this extreme practicality that will most commend it to the profession. Theories are not ignored, but prominence is given to that which is known. There is no single work on obstetrics, to our knowledge, that contains so much necessary information in such small space, that has such an excellent arrangement, and such capabilities of ready reference. It is a work that both the student and general practitioner may buy with profit. P.

A MYSTERY OF NEW ORLEANS: SOLVED BY NEW METHODS. By WM. H. HOLCOMBE, M.D. J. B. Lippincott Company, Philadelphia: 1890. Pp. 332.

Dr. Holcombe is well known as a writer on serious topics, some of his books having had wide circulation, but hitherto he has not invaded the field of fiction. His first venture, therefore, will be read with some curiosity. Whatever may be thought of the "new discoveries in physico-psychology" set forth in the volume, it is certain that Dr. Holcombe has written an extremely interesting story. The narrative is well sustained, the dialogue is always animated, and the plot is sufficiently intricate to fix the reader's attention until the last page is ended. Nor are the author's ideas in regard to thought reading and clairvoyance stated in dogmatic fashion, but rather in such a manner as to insure respectful consideration even from those whose belief in such methods is small. The peculiar social conditions existing in New Orleans are incidentally shown in the story. It is a book that will interest and please many readers. P.

POST MORTEMS: WHAT TO LOOK FOR AND HOW TO MAKE THEM, WITH SECTIONS ON INFANTICIDE, POISONS, MALFORMATIONS, ETC. By A H NEWTH, M.D. London. Edited by F. W. Owen, M.D. The Illustrated Medical Journal Co., Detroit, Michigan.

The title to this little work sufficiently explains the character of the contents. It will be useful to many practitioners who desire a handy reference-book on this subject. P.

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THE DECLINE OF MANHOOD: ITS CAUSES, THE BEST MEANS OF PREVENTING THEIR EFFECTS AND BRINGING ABOUT A RESTORATION TO HEALTH. By ALVIN E. SMALL, A.M.; M.D. Fourth edition. Revised and enlarged. Gross & Delbridge. Chicago: 1890.

The fact that Dr. Small's little work has reached a fourth edition attests its value and popularity. In this new edition several new chapters have been added and much of the book rewritten. The treatment recommended seems to be in the main judicious, and is the more valuable as it is the result of wide experience. P.

THE MEDICAL NEWS VISITING-LIST. LEA BROTHERS & Co., Philadelphia: 1891.

This record book is well known for its convenience and compactness. It contains more than the usual number of reference tables, is printed on good paper and will prove satisfactory to those who buy it. P.

TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY, 1890; Transactions of the California State Homœopathic Medical Society, 1890; Massachusetts Homœopathic Medical Society; By-Laws, List of Members and Statistics, 1890.

From the extremes of the Union come the transactions of homœopathic societies. Both Maine and California are doing good work in the homœopathic field, although the records of their associations call for no special comment. The Massachusetts Society has issued a handsome volume of statistics for the use of its members. P.

FAMILIAR FORMS OF NERVOUS DISEASE. By M. ALLEN STARR, M.D., PH.D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, New York. New York: William Wood & Co., 1890. Cloth, 8vo. Pp. 339.

In a handsome octavo volume Professor Starr gives to the medical profession a series of chapters, in which are treated, with his well-known lucidity and terseness, many forms of nervous disease that ought to be familiar to the general practitioner, the only exception to this statement being the introduction of a case of paramyoclonus multiplex, which indeed is included because of its greater or less resemblance to chorea.

One-fourth of the work is devoted to localization of cortical functions, the subjects involved being illustrated by well-selected and, in many cases, original drawings. By a slip the author states, in writing of hemianopsia, "When the right occipital lobe is affected the patient cannot see any objects lying to the left side of the middle line as he looks forward. When the left occipital lobe is affected the patient can see nothing to the right side of the middle line." These statements are misleading as they stand, for they are only true of monocular vision. In binocular vision hemianopic patients are, for the most part, unconscious of any visual defect beyond the narrow-

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ing of the field on one side, and the author's beautifully drawn diagram on page 50 will show conclusively that by the overlapping of the inner halves of the two visual fields, with binocular vision an object in front cannot appear as halved. Such instances have occurred, but their explanation is something other than hemianopsia due to one brain lesion.

In twenty-two pages devoted to affections of the base of the brain, the subject is treated in a thoroughly satisfactory manner. Localization of spinal cord diseases occupies forty pages, in which the accepted views and facts concerning this somewhat intricate subject are given in a systematic arrangement that renders their memorizing by the student comparatively easy. Special chapters treat of special disease-conditions, such as the paralysis of infancy, multiple neuritis, painful functional affections (trigeminal neuralgia, tic convulsif, headaches), and the treatment of neurasthenia, while a separate section considers electricity as a therapeutic agent.

In his chapter on epilepsy, Dr. Starr has, by his classification, made a real advance towards a better knowledge of this essentially mysterious affection. Under multiple neuritis the author states that the so-called tendon reflexes are abolished. Published reports of this affection (most of them appearing since this book has been in preparation), show, however, that cases of the disease do occur in which the knee-jerks are not only not abolished, but even in a few instances increased. At the same time the author's statement must stand as a general truth, since in the first-mentioned exception, the neuritis may not have been complete, and in the second there may also have been present hyperexcitability of the reflex mechanisms of the cord.

The book can be warmly recommended to the student and to the general practitioner; it is thoroughly trustworthy as a guide to the general subjects of which it treats, and while it does not profess to be a systematic treatise on nervous diseases, yet Dr. Starr's articles on special diseases, being largely based on original cases, have freshness that make them worthy of frequent reference.

O'C.

EPILEPSY: ITS PATHOLOGY AND TREATMENT. By Hobart Amory Hare, M.D., B. Sc. Philadelphia. F. A. Davis, 1890. Cloth, 16mo. Pp. 228.

This handy volume is, as appears upon its title-page, an essay to which was awarded a prize of four thousand francs by the Académie Royal de Belgique, December 31, 1890. In it the author has gathered together all that he considers fairly representing the views held as correct "by the best minds of the profession," separating the "good material in literature from a vast mass of superstition and nonsense, which persons even in our generation have contributed." As may be supposed, a great mass of facts and opinions, many of them discordant *inter se*, are presented, and whoever wants variety can find it in this book. The author is not, however, a mere amanuensis for others, but gives his own opinions, at times condemnatory of the views which he quotes. The best section in the work, to our mind,

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is that on the diagnosis between epilepsy and the convulsive seizures of hysteria.

The treatment recommended is, of course, allopathic, but the author has the grace to say that "when the bromides are taken for any length of time they produce bromism, which, in its moderate or severe forms, produces a mental condition very closely allied to that seen in old chronic epileptics. This condition of the mind should never be overlooked, and the writer believes that the mental changes of epilepsy are greatly increased by its constant and careless administration." The book is well printed, but a very comical error (perhaps it is a Philadelphia joke) appears on page 93, in *post hoc procter hoc.*

O'C.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

From Dr. T. Griswold Comstock, St. Louis.

Coccus cacti in Involuntary Micturition, and Tenesmus of the Bladder from Enlarged Prostate. Renal Catarrh.—A remedy much overlooked, which I have found excellent in bladder and renal troubles, is *Coccus cacti.* The provings of cochineal in "Allen's Handbook of Materia Medica" indicate the value of this drug in urinary troubles. Our literature does not abound in clinical information upon prostatic difficulties. Involuntary urination from enlarged prostate in the aged is an affection very troublesome to treat with success. It is, however, something of very frequent occurrence, and to relieve it often taxes all the resources of the most skillful and experienced physician. For the tenesmus of the bladder, and the involuntary micturition from an enlargement of the prostate gland, I have found *Coccus cacti* most efficient, and this is confirmed in many clinical cases. In whooping-cough, in laryngitis, in suffocative cough in coryza, with constriction, it will be found a specific. I formerly used drosera in such cases, but I find *Coccus* more reliable.

As cochineal seems formerly to have been used mostly to color tinctures, and as a test for the salts of lead, it was certainly a neglected remedy. In a recent article in a medical jour-

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nal published in Chicago (old school) I remember that it was particularly recommended for renal hyperæmia, bronchitis and the cough of phthisis; thus confirming the homœopathic provings of the drug.

From D. A. Baldwin, M.D., Englewood, N. J.

Œnanthe Crocata in Epilepsy.—In "Allen's Handbook," under *Œnanthe,* there appear one or two clinical cases of epilepsy cured by it. I have had a recent experience that I thought might be of interest.

Patient a child 10 years old. Following scarlet fever had epilepsy for two years, steadily increasing till the fits came daily—several times a day. *Cupr. acet.* so entirely relieved that there was no return whatever for eight years.

Recently, at age of 16, without any apparent cause (unless over exertion at foot-ball), the convulsions returned with increasing frequency.

I again gave *Cupr. acet.* without slightest benefit. I then followed with *Œnanthe*—and again it seems entirely controlled—has had no return of it for many weeks. Once when he omitted the medicine for a couple of weeks had one attack, but on resuming it, none since.

From Dr. W. S. Kimball, Lakewood, N. J.

Andromeda Mariana; Effects of.—Four cases of poisoning from eating honey made from the flowers of the Andromeda Mariana (called kill calf from its destructiveness to young cattle). All ate the honey for supper. In about one hour all had dry throats with difficulty in swallowing and heat of the mouth; three of the cases vomited. I saw them in about two hours after eating the honey. All were much depressed, with pulse ranging from twenty-five to forty to the minute. Action of heart restored by whiskey and *veratrum.* All well next day. The popular remedy for this poison is new milk in large doses. Has any proving ever been made of the *Andromeda Mariana?*

From Edward Kirkland, M.D., Bellows Falls, Vt.

Iodine in Subacute Catarrhal Pneumonia.—J. B., a boy, age 11 years. He is of a markedly tuberculous diathesis. His mother is scrofulous and an aunt has died of tuberculosis.

After an attack of acute bronchitis a cough remained, which was neglected for about ten days. At that time he presented the following train of symptoms: Cough, with expectoration of large quantities of clear, rather tenacious mucus. Sometimes the cough excited vomiting. It was worse at night and was also aggravated by talking, walking up or down stairs, and by inhaling the outdoor air. He had copious and exhausting night sweats, total loss of appetite and a considerable degree of emaciation. Afternoon temperature was 102° F. As often happens in catarrhal pneumonia, no physical signs were detected in the lungs.

Iodine 3x, on globules, a dose four times a day, was prescribed, together with appropriate hygiene and diet. He improved steadily under

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this remedy, with an occasional intercurrent dose of *sulphur*, and was discharged cured in three weeks from the time when first seen. At the present writing, one year later, he is apparently in perfect health.

From W. W. Heberton, M.D., Dayton, O.

Kalmia in Leucorrhœa.—Discharge of odorless, thick, yellow, tenacious mucus, lacking ropy character of Kali bich. Worse just before and returning one week after cessation of menses. Attended with aching in lumbar region and the bearing down sensation characterizing Puls.

Kalmia θ has cured several cases when other remedies, apparently indicated, failed.

From Dr. A. P. Bowie, Uniontown, Pa.

Ferrum Phosphoricum in Epistaxis.—A boy, aged sixteen, has had Epistaxis for some time, worse at night, and from sneezing blood bright red. *Ferrum phos.* 3x trit., a powder in one-half glass of water—a teaspoonful every ten minutes—relieved in twenty minutes and there has been no return.

Plumbum Metallicum in Curvature of Spine.—C. C. has posterior curvature of spine with several abscesses. Suffers severely with pain and constriction in anus. Anus feels as if drawn up; relieved by placing the finger in anus. *Plumbum metallicum*, 30th trit., a dose every half hour, relieved and eventually cured these very distressing symptoms.

Hydrocyanic Acid in Cough, etc., in a Paralytic Dement.—An old lady with dementia paralytica took cold and the disease assumed a periodical form with much coughing and expectoration during the attack. She protruded the tongue constantly, for which I prescribed *Hydrocyanic acid*, which relieved the symptoms after 12 hourly doses—one teaspoonful at a dose. There was no return of the symptom.

These last two cases show that even in incurable cases the similar remedy is all sufficient, and I have found no use for allopathic palliatives in a practice of more than twenty years.

From Dr. Geo. Royal, Des Moines, Iowa.

Argentum Nitricum in General Paresis of the Insane.—Case IV., man aged 44, physician. Was seen July 5, 1870, when the following symptoms were observed: Objective; appearance idiotic; was drowsy and slept more than three-fourths of the time. Silly in speech and action. Did not know old friends. Could not find his way home. The attendant who came with him said he had what the other doctors called "epileptic fits." He would try to talk but could not remember what he wanted to say. Wrote a letter to his wife in which was not a single connected sentence. There was a good deal of weakness of the limbs. He could with difficulty raise his arms to his head. During the intervals when he

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was clearer in intellect he was very despondent. I had in consultation two of our leading physicians, who with myself diagnosed general paralysis. Prognosis unfavorable.

He was put upon *Arg. nit.* 3x, every three hours. Began to improve in about two weeks. Had his last "fit" July 29th. Improved rapidly during August. Went home about the first of September. Improved all during September and October, resuming his usual practice in November. His mind has cleared up. The convulsions have ceased. He has gained in flesh. His strength has returned, the only symptom now remaining being a little soreness of the deltoid muscles. He was kept on *Arg. nit.* except arnica, which was given for injury received when he fell during one of his attacks.

The symptoms I have marked in my note book for which I gave *Arg. nit.* are:

1st. Weakness and trembling sensation.

2d. Foolish (imbecile) appearance.

3d. Sluggish mind. Weakness of memory. Inability to find the word he wanted and while trying to find it he forgot what he was talking about and started on some other subject.

4th. (Clinical) epileptiform convulsions.

As this was not a very clear case I studied it up in "Allen's Handbook" and "Farrington's C. M. M."

From Dr. C. C. Boyle, New York.

Gelsemium in Detachment of the Retina.—I have just cured a detachment of the lower half of retina by *Gels.* 1, no other remedy being used, and patient not even being confined to bed. Complete reattachment followed. This is the second case I have cured by this remedy.

REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE 40th annual meeting was held in the County Court Room, Albany City Hall, Tuesday and Wednesday, Feb. 10 and 11, 1891, President Geo. M. Dillow in the chair.

The President's opening remarks partook of the nature of an address because the programme devoted the evening session to other business. He reminded the society that this was a meeting of more than usual importance, as the constitution and by-laws were to be revised, nominees chosen for the State Board of Medical Examiners, and the rights of the Middletown State Hospital guarded.

While the New York Academy of Medicine and the old school state society have expressed themselves against any tampering with the laws requiring preliminary education for medical students and establishing three boards of medical examiners, we must not be lulled into a sense of security. The pecuniary interests of the old school colleges, who

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anticipate a loss of students as the result of last year's legislation, will be a constant menace, requiring on our part vigilant opposition to any amendment or repeal of these laws.

The supreme object of this society is to advance medical science and homœopathic therapeutics. All legislation that we may secure, all organization that we may effect, all of our hospitals, dispensaries and colleges, are preparatory and subordinate to the pursuit of knowledge wherewith to lessen the sufferings of the human race. As a body of men and women devoted more to the practice of what is known than to the discovery of what is unknown, it is not to be expected that we can achieve the perfect concert of action required for the pursuit of collective investigation. But our record does not show all that we might have done in order even to initiate and encourage that pure investigation of facts, for Truth's own sake, upon which all that we know and are able to do has been founded by past generations and by the noble ardor of the living. Even in the department of homœopathic therapeutics, with whose advancement is bound up our reputation for intellectual integrity, our efforts to sift out the eternal truth from the hasty collections of assumed facts, wherewith we do our daily work, furnish grounds for unpleasant criticism upon the vitality of our homœopathic convictions. Our energies have been dissipated by a disposition to dogmatize about theories for whose settlement the necessary demonstrated facts have not been collected, instead of patiently working together to accumulate and demonstrate the data with which we may satisfy every inquirer's reason that the facts set down about drugs in the materia medica are such as they claim to be, and, further, that those facts applied strictly upon the principle of similars actually accomplish the cures that are claimed.

In accordance with the suggestions of the President, the following recommendation by the Committee on President's Address were unanimously adopted: (1) To continue for another year the Committee on Revision of the Constitution and By-Laws, with instructions to examine into the needs of the society and to report such amendments and alterations as their judgment may dictate. (2) To appoint a special committee instructed to make a careful study of the whole question of State care of the Insane, with permission to obtain expert and legal opinions, and to report at length at a future meeting. (3) Approving the Commission on Lunacy's request to the Legislature for an appropriation of $450,000 to carry out State care of the Insane. (4) Instructing the Committee on Legislation to oppose any repeal or amendment of the medical laws now on the statute book; to oppose any extension of the powers of the Commission in Lunacy, or any proposed restrictions of the powers and privileges of state hospital superintendents and trustees, or limitation of the functions of the State Board of Charities. (5) To appoint a committee, consisting of one from each large centre of homœopathic physicians, to report upon the best method of inciting investigations upon demonstrated drug effects, both pathogenetic and (strictly homœopathic) therapeutic.

The treasurer's report showed a balance on hand of $585.71, subject only to the bills for the 25th volume of Transactions, which it was estimated would amount to about $564.00. This shows unprecedented prosperity, as the income for the year was more than sufficient to pay for two volumes of our Transactions. The special fund raised for printing and electrotyping Dr. Paine's report was announced as $589.70. Of this a handsome balance (whose exact figures could not be stated) was, upon motion of John L. Moffat, turned over to Dr. Paine

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for his use as chairman of the legislative committees of this society and of the American Institute of Homœopathy.

The report of the Committee on Legislation stated that over $1,500 have been subscribed in this state during the past three years toward defraying the expenses of this committee and publishing its report. Reference was made to the establishment by the Regents of a Medical Department of the State Library, and these resolutions offered, which were adopted:

Resolved, That we earnestly recommend the present Legislature to appropriate a sum sufficient to enable the trustees of the State Library to accept the proffered gift of the library of the Albany Medical College, to provide for its proper arrangement and cataloguing, and for keeping it open both day and evening throughout the year, as is the law library, and also for the employment of a competent medical librarian, and for necessary additions of books, pamphlets and serials.

The report, however, dealt mainly with the question of commitments to the Middletown State Hospital; and may be summed up in the following resolutions, which were unanimously adopted:

Whereas, Through the enactment of Chaps. 126 and 273, Laws of 1890, and of other laws previously enacted for creating a State Commission in Lunacy and for establishing a distinct commitment system, ostensibly for the purpose of centralizing and controlling the management of the insane in this state; and

Whereas, The membership of the State Commission in Lunacy, being under allopathic control, cannot be expected to fairly and without prejudice protect and promote homœopathic interests in the application thereof to the care and treatment of the insane; and

Whereas, The provision of Chap. 273, L. 1890, requiring the consent of said commission for the removal of insane patients from one district to another has, in numerous instances, proved prejudicial to public interests by interposing unnecessary barriers to the free and unimpeded commitment of insane patients, for whom homœopathic treatment is desired, from any part of this State to the Middletown State Homœopathic Hospital; and

Whereas, Said provision requiring the consent of said allopathic commission is prejudicial to public interests:

1st. By being a formality that is not required by any of the exigencies at present existing or likely ever to exist.

2d. By being contrary to one of the charter privileges of this institution: that of providing for the unimpeded commitment of insane patients for whom homœopathic treatment is desired from any part of this state to the Middletown Hospital.

3d. By involving unnecessary delay, which loss of valuable time, in many acute cases, is exceedingly unwise and often harmful.

4th. By being directly antagonistic to the free exercise of the civil right of the citizens of this state to the easy and exclusive employment of homœopathic treatment when such treatment is desired; therefore,

Resolved, That in the opinion of this society public interests and those of the adherents of homœopathy throughout the state require that the Middletown State Homœopathic Hospital shall be set apart and perpetually maintained for the special care and treatment of insane persons—and those only, both pay and indigent patients—from any part of this State, for whom homœopathic treatment may be desired.

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Resolved, That in order to accomplish these desirable results, such amendments of Chaps. 126 and 273, L. 1890, should be made as shall secure complete and permanent exemption of the Middletown State Homœopathic Hospital from the provision of these acts.

Resolved, That we renew our declarations of loyalty to and emphatic endorsement and support of the Middletown State Homœopathic Hospital, because its charter and the amendments thereto provide for the maintenance of homœopathic treatment therein and for the appointment of a homœopathic superintendent thereof.

Resolved, That we hereby pledge ourselves to extend to the Trustees and Superintendent of the Middletown Hospital our earnest, united and unremitting efforts in behalf of any legislation designed to accomplish the purposes herein set forth.

Tuesday evening the constitution and by-laws were revised. Permission was voted to General N. M. Curtis to address the Society upon the abolition of the death penalty. The next morning, on motion of F. Park Lewis, the following was adopted :

Resolved, That a committee be appointed to urge upon our Legislature the abrogation of the death penalty and the substitution of a method of punishment more logical, more reasonable, more humane, more thoroughly effective as a protection, and more in harmony with the enlightenment and progressive spirit of the age.

The bureaus presented an embarrassing number of papers, many valuable ones being read by title from press of time, some of which will appear in the pages of this Journal.

L. L. Danforth read a strong "Plea for Asepsis and Antisepsis in Private Midwifery Practice." S. F. Wilcox recommended 1 1-2 per cent. solution of creolin as non-poisonous and standing next to the bi-chloride as a bactericide. M. W. Van Denburg has found pure water as efficient as the vaunted antiseptics; douches of pure water in a number of cases of septic poisoning lowering the temperature from 102° or 104° to normal in a few hours. He keeps his patients fairly aseptic with clean cloths wrung out in boiling water, then cooled by exposure to the air until the patient could wear them. He inquired if any one had failed with clear water to reduce the temperature and relieve the patient in septic cases with retained membranes, etc. (None were reported.)

F. Park Lewis read a timely paper on "The Legal Status of Midwives in this State," suggesting that they be better educated and that the State Board of Health mail at once to the parents of each new-born child delivered by a midwife a card of instructions for the prevention of ophthalmia neonatorum. On motion, Drs. Lewis, Brayton and J. M. Lee were appointed a committee to present this subject to the State Board of Health.

Discussing S. F. Wilcox's suggestive paper "On the Advisability of Operating for Cancer," H. Willis reported a case of a tumor of the breast of a year's standing and the size of an English walnut, separately diagnosed by himself and an allopath as cancer, both urging immediate excision; as the patient refused an operation, arsenic was prescribed and the nodule disappeared—with no return. Geo. E. Gorham related the case of an old lady with a very painful suppurating mammary cancer as large as his fist; he thought nothing would avail, but gave ferrum iod. 2x and nitric acid; she was relieved from pain, and the growth gradually disappeared till there was but a small ulcer. He has seen four cases of lumps in the breast, apparently cancer in the early stage, that disappeared under the iodide of iron. The case detailed had all the symptoms of cancer.

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J. T. O'Connor read a very interesting paper on "A Case of Hysteria Simulating Tetany, and giving rise to an erroneous diagnosis of Pleurisy."

In the bureau of Gynecology E. H. Wolcott reported a case of dermoid cyst of the right ovary, successfully enucleated. Almost the only troublesome symptoms were a leucorrhœa and constant hemorrhage. Trillin 3x made a happy cure of this without disturbing normal menstruation, only six prescriptions being required in six years.

W. S. Garnsey reported for the Bureau of Pædology, four malformations: (1) Hypospadias, complete. (2) A child, still-born, lacking the usual fibrous and muscular tissues in the median line from the umbilicus to the perineum, a thin red membrane connecting the abdominal walls. The ossa innominata were entirely disconnected at the symphysis pubis and but very loosely articulated to the sacrum, so that in the dorsal decubitus the thighs and legs everted widely and the abdominal walls proper separated about four inches, forming a ventral hernia in any other position. (3) Spina bifida—the tumor was pedunculated, and cured by ligation. (4) A peculiar straight, broad, flat spinal termination, like the "stumped" tail of a sheep. The mother, in the first two instances, suffered during pregnancy with a painful affection corresponding to the region of deficient fœtal development: in the first case a chronic, acrid leucorrhœa rendered sexual intercourse painful and distasteful, in the other there was dysuria from vesical inflammation, amounting part of the time to catarrhal cystitis, even confining the patient to bed. As the prolonged maternal suffering was so probably the cause of the malformations, it would seem better to risk the shock to a pregnant woman of removing ulcerated teeth, than to subject her to the dangers of prolonged pain.

J. M. Schley's paper on "Degrees of Diphtheria" detailed several cases of the very slight affection, instancing the difficulty and importance of an accurate diagnosis. He believes diphtheria seldom passes without leaving some sequela, but that pure and uncomplicated follicular tonsilitis never leaves sequelæ beyond a passing catarrh of the tubules of the kidneys, and looks to the microscope as our reliance when a pathognomonic bacillus of diphtheria shall be discovered. The paper ends with a quotation from Dr. D. McAllister (in the *Practitioner*) which recommends the term diphtherial as the adjective referring to diphtheria, while diphtheritic shall be restricted to that form of inflammation (whether or not dependent upon diphtherial poisoning) characterized by necrosis and coagulation.

C. E. Teets read a paper on "Nasal Stenosis," and exhibited a number of new and modified instruments, among them a nasal speculum that is absolutely self-retaining, being held by a bar from a head band.

In the Bureau of Ophthalmology C. C. Boyle reported a cure by Kalmia in two weeks (with marked improvement on the second day) of tenonitis—inflammation of the capsule of tenon—a comparatively rare disease requiring, according to old school authorities, eight or ten weeks for a cure. The symptoms were pain on moving the left eye, tenderness, deep conjunctival injection, some chemosis, and the lids were swollen and red.

C. H. Helfrich's paper called attention to the value of ice in iritis. Notwithstanding the tradition that ice should not be used in any kind of iritis but the traumatic, three cases were reported of irido-conjunctivitis cured under this application. This limitation of the use of ice has been the result of its uniform benefit in traumatic iritis, and the almost universal experience that heat is applicable to the other varieties. He

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called attention to a peculiar and uncommon form of iritis in which the conjunctiva is so much involved that the name Irido-conjunctivitis is appropriate. The first symptoms are those of a pronounced catarrhal conjunctivitis; after several days there appear pericorneal injection, haziness of the aqueous humor, severe pain and immobility of the pupil. The bag ice permits the patient to assume any position and avoid all moisture; but the patient must be kept under close supervision, as the continuous use of the ice may affect the nutrition of the cornea. In one case it had to be discontinued after twelve days, because the cornea became hazy. The other cases were cured with respectively five and seven day's application; the average duration of the disease is about seven weeks.

To the Bureau of Otology Sayer Hasbrouck contributed a typical case of that rare disease, "Primary Acute Inflammation of the External Mastoid Region." It was finally relieved by Wilde's incision, but at first was diagnosed as due to irritation from certain teeth which were removed with only temporary relief.

In the Bureau of Surgery H. I. Ostrom—"The Operative Treatment of Cancer of the Uterus"—accepts the newer view that cancer (including sarcomata as well as carcinomata) is primarily a local disease, not a dyscrasia, but a circumscribed cell derangement. In a large proportion of cases curetting the uterus and amputating the cervix are merely palliative, the disease quickly returning with greater malignancy. With an improved technique vaginal hysterectomy should have a less mortality than ten per cent., as at present. With Mr. Lawson Tait, Dr. Ostrom thinks these palliative operations hasten the constitutional spread of the disease, and the former refuses to touch cases of uterine cancer—for this reason and because he condemns vaginal hysterectomy. The disease has returned in only one of Dr. Ostrom's seven cases of vaginal hysterectomy. "Believing that rapidity of operating, if consistent with thoroughness, adds a very important element in favor of the patient," Dr. Ostrom makes no attempt to ligate the uterine or ovarian arteries, but controls all hemorrhage by applying to the broad ligaments a single long clamp forceps on each side, which are allowed to remain in position 48 hours—rarely longer. After applying these forceps he at once cuts away the uterus. The vagina and the handles of the forceps are carefully packed with iodoform gauze, and the doctor has been surprised that the forceps, hanging from the wound, cause so little irritation.

S. F. Wilcox, writing on "The Advisability of Operating for Cancer," considers it almost beyond question that radical excision of cancer should be done in the early stages, and thinks members of our school are prone to put too much faith in the efficacy of the similar for curing this disease without resort to the knife. He cannot bring himself to believe that homœopathic or any other medicine can eradicate true malignant growths.

The Necrologist submitted obituary notices of the late P. O. C. Benson, S. C. Knickerbocker, B. C. Shenstone, C. T. Burtis, Chauncey E. Low, Geo. E. Belcher and Geo. S. Norton. It was voted to hold the semi-annual meeting in Elmira, Sept. 15 and 16. The Erie County Society was reinstated.

A letter was read from the Ulster County Medical Society requesting coöperation in an endeavor to have the Legislature fix compensation for examinations in lunacy, post-mortems, etc., and referred to the Committee on Legislation with power.

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The Committee on Attendance reported 74 members and 7 visitors. 28 new members were elected. E. H. Linnell, of Norwich; Conn., and Prof. Jas. C. Wood, of Michigan University, were elected honorary members; A. W. Holden, H. M. Paine, and W. H. Watson were elected seniors; and J. G. Greenleaf and H. M. Dayfoot were recommended for the Regent's degree.

The following officers were elected: President, F. Park Lewis, of Buffalo; Vice-Presidents, A. B. Norton, New York, L. L. Brainard, Little Falls, and J. W. Sheldon, Syracuse; Secretary, John L. Moffat, Brooklyn; Treasurer, Chas. Deady, 59 W. 49th St., New York; Necrologist. H. D. Schenck, Brooklyn. Censors: Northern District—W. B. Gifford, E. J. Bissell, A. R. Wright; Middle District—J. W. Candee, Geo. F. Hand, F. F. Laird; Southern District—E. Chapin, N. Robinson, E. J. Pratt; Eastern District—Geo. E. Gorham, W. A. Milbank, H. M. Paine.

As a result of the balloting, the following 14 members received a majority vote nominating them for State Medical Examiners: W. S. Searle, J. W. Sheldon, A. S. Couch, E. Hasbrouck, H. M. Paine, E. E. Snyder, J. L. Moffat, A. R. Wright, E. H. Wolcott, J. McE. Wetmore, J. M. Schley, G. M. Dillow, H. M. Dearborn, Wm. Tod Helmuth.

The following Committee to Nominate State Medical Examiners was elected, and President Lewis has since appointed Dr. Covert Chairman: N. B. Covert, F. E. Doughty, J. T. Greenleaf, W. T. Laird and M. E. Graham.

RECORD OF MEDICAL PROGRESS.

SIMPLE METHOD OF EPIDERMAL GRAFTING.—Dr. T. A. Palm in *The Brit. Med. Jour.*, Jan. 24th, gives account of a method pursued by him in case of a child suffering from extensive burn. After having unsuccessfully tried other methods, the following was resorted to: Grafts were taken of the newly-formed epidermis with corresponding portions of the recently covered granulating surface from the margin of the ulcer, where the epidermis was still transparent, and these were transplanted to central portions of the sore. This was done painlessly, or even without the patient being aware of it, by clipping out portions with a small and sharp pair of blunt pointed scissors, each graft being just large enough to insure that in transplanting it the epidermal surface was kept outward, and the deeper part of the excised portion in apposition to the granular surface. In order to do this the ulcer must be already in a rapidly healing condition, so as to afford a sufficient margin of transparent epidermis from which to excise the grafts. The mode of dressing adopted was to cover the whole surface with Lister's protective, and then to apply an antiseptic dressing in sufficient quantity to allow it to be left for three days, and to keep the discharge from putrefaction during that time. The surface was then washed with warm saturated boracic acid solution at each dressing. At each change of dressing a few grafts may be clipped from the edge of the ulcer or from previous grafts, and the patient scarcely be aware that anything more than the usual change of dressing has been effected. The grafts are more likely to take than when portions of the whole thickness of the skin are used.

INOCULATION AGAINST YELLOW FEVER BY MOSQUITOES.—Drs. Finlay and Delgado of Havana (*Revista de Ciencias Medicas*) have inoculated persons newly arrived in Cuba by means of mosquitoes which have previously been allowed to attack a yellow fever patient. The results seemed to be satisfactory.

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TREATMENT OF SPASMODIC TORTICOLLIS BY EXCISION OF THE SPINAL ACCESSORY NERVE.—Mr. F. A. Southam in *The Brit. Med. Jour.*, Jan. 31, gives the results of this operation on seven patients and says that it has been sufficiently encouraging to make him recommend its adoption in similar cases when palliative treatment has been tried and found ineffectual. The most suitable cases are those where the spasm is tonic, and confined to the sterno-cleido mastoid.

EXPECTANT TREATMENT VERSUS OPERATIVE INTERFERENCE IN TUBERCULAR JOINT DISEASE, by W. Watson Cheyne, in *The Lancet* of November 15 and 22, 1890.

In every case of tubercular joint disease the question arises, Shall the treatment be expectant (rest, extension, counter-irritation, pressure, etc., in which the skin is left intact), or shall it be operative (in which the skin is divided, varying from simple incision to amputation)? The author reviews the general pathology of tuberculosis, making the following points: Tubercular disease is disease in which the essential element is the presence of tubercular tissue, and has three chief characteristics. First, it is infective, *i.e.*, we do not find a single tubercle, but as soon as one is formed, others appear around it; second, tubercles are irritating, and cause a chronic inflammation which is of importance not only on account of its non-destructiveness, but also because it hastens the spread of the tubercular deposit; third, tubercular tissue is short-lived and prone to undergo caseous degeneration resulting in chronic abscess.

In a joint, tubercular deposit may first appear in the synovial membrane or in the bone. Primary synovial disease begins as a circumscribed tubercular deposit, which later becomes general. In the bone, primary tubercular disease occurs as a local deposit, presenting two chief types; first, a deposit composed of cellular tissue containing tubercles and without osseous trabeculæ; second, sclerosis of the osseous trabeculæ occurs, resulting in new bone formation. These deposits spread toward the surface and (1) perforate the articular cartilage resulting in infection and chronic suppuration of the joint; (2) perforate the bone at the point of reflection of the synovial membrane, resulting in thickening of the membrane, and, following the same course as the primary localized affection of the membrane; (3) the deposit may perforate the bone altogether outside the joint.

The author takes the ground that tuberculosis is a local disease, and that the struggle between the tissues and the tubercular virus is even handed, the victory, however, lying more often with the latter, yet frequently with the former. In support of this later view, he refers to a number of cases of tubercular peritonitis (verified by the microscope), which have recovered after simple incision; to cases of tubercular synovitis cured by arthrotomy; (in nineteen cases of the later operation, nine recovered without further operative treatment, one was almost well when discharged, and one recovered after the use of the cautery); to many cases of chronic abscess, which recover after aseptic drainage, and fifty-eight cases of spinal abscess, of which sixty-five per cent. were cured.

Since tuberculosis elsewhere, and especially phthisis, may occur by infection from localized joint disease, either before or after operation, the hope of saving the patient from acute tuberculosis is not in itself enough to justify an operation, although it may be enough when other points are equally divided, to turn the scale in favor of operation.

Where the patient is below twenty years of age, the chances of recovery without operation are much greater than when the patient is

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older. And again in children, excision is contraindicated, from the fact that it not only interferes with the growth of the limb from arrest of development in the epiphysical lines, but also through trophic disturbances of the whole limb. The presence of heredity lessens the chances of recovery by expectant treatment. The presence of tuberculosis elsewhere, especially phthisis, is unfavorable to expectant treatment and renders operative interference of the most radical nature almost imperative, unless the general condition of the patient is so bad as to contraindicate it. The poor require operation, other things being equal, more frequently than the rich.

The location of the joint affected brings into the case an important condition. Thus, in the hip-joint the operation in order to be successful must be radical and severe, and if recovery follows, considerable shortening is likely to occur; while, on the other hand, recovery after expectant treatment gives as a rule a more useful limb, and we should therefore be more persistent with expectant treatment in this joint than in any other.

Cases in which chronic suppuration has occurred (excluding for the present those in which there are septic sinuses) call for more or less radical operation. Taking up now the cases in which chronic suppuration has not occurred, we have two grand divisions; first, those in which there is a *localized* swelling in the joint; and second, those in which the thickening in the joint is *general*. First, if the local disease can be completely removed by operation, the probability of recurrence is very slight; second has three sub-divisions (*a*) where diffuse synovial thickening is accompanied by, and usually secondary to, an osseous deposit; (*b*) where there is synovial thickening alone; (*c*) where either of the above conditions are accompanied by marked deformity. In regard to class *a*, cures by expectant treatment are rarely permanent, therefore, arthrectomy is indicated in the case of children, and excision in adults. (*b*) If the synovial membrane alone is effected, expectant treatment promises much, and should be persisted in so long as the case is gaining or not growing worse. Should the thickening increase or extend in spite of the treatment, or should softening begin, the question of operation must be considered. (*c*) Where deformity which can only be remedied by operation has occurred, the age and general condition of the patient must decide whether the operation should be performed at once or delayed. In childhood where the deformity alone demands the excision, it should be postponed until adult age is reached. The deficiency in growth due to disuse will be less than that following excision.

Where septic sinuses lead to osseous deposits, outside the joint, there can be no doubt that removal of both the deposit and wall of the sinus is the proper treatment.

If in case of children the sinuses lead to thickened synovial membrane or into the interior of the joint, immobilization and pressure may result in improvement. But as perfect recovery rarely follows, it is probable that complete removal of the disease by arthrectomy followed by the use of pure carbolic acid, is preferable. G. W. R.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence," should be sent to 161 West Seventy-first Street.

COMPETITIVE EXAMINATION.—The competitive examination for resident and junior resident physicians of the Children's Homœopathic

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Hospital, of Philadelphia, will be held at the hospital, 914 North Broad Street, on Saturday, April 4th. Applications should be sent to the President of the Medical Board.

BROOKLYN HOSPITAL.—There will be two vacancies in the house staff of the Brooklyn Homœopathic Hospital from the first of May next. Applicants for the post of assistant resident, or of assistant surgeon (ambulance surgeon) must be physicians acknowledging the homœopathic law of cure, and must stand a competitive examination, which will be held at the hospital about the third week in April. Applications should be addressed to the Chairman of the Committee on Vacancies, Dr. R. C. Moffat, 17 Schermerhorn Street, Brooklyn, N. Y.

OBITUARY.—Dr. Adolphus Gerster, of Vienna, an honorary member of the American Institute since 1876, died last August. His death was first known when the dead-letter office returned to the Secretary the copy of the "Institute Transactions," which had been forwarded to Dr. Gerster, with a notice of his death. The Secretary writes that Dr. Gerster was a contemporary of Hering; that he combated the Asiatic cholera at Prague, in 1831; was associated with the early homœopathists of Austria from 1819 to 1837, when they were persecuted by the government under allopathic instigation; was a member of the famous "Austrian Provers" Society, and presented several reports to the World's Homœopathic Convention in 1876.

OBITUARY.—Dr. C. Judson Hill, a prominent homœopathic physician, of Utica, N. Y., died at his residence in that city, Saturday, February 14th. He graduated from the Homœopathic Medical College of Philadelphia in 1859. In 1862 he went to the front as surgeon to the Ninety-first Regiment New York State Volunteers, and served nearly three years. He was an active member of the Oneida County Homœopathic Medical Society, and was its President in 1866. He was also a member of the State Society at the time of his death; he was a member of Oriental Lodge of Masons, Post McQuade G. A. R., and Fort Schuyler Council, Royal Arcanum. The Oneida Society, at a special meeting, took suitable action regarding his death.

LONDON POST-GRADUATE SCHOOL.—The introductory lecture to the course was delivered by Dr. John H. Clarke, on the 16th of January. His subject was entitled "The Peculiar Features of the Homœopathic Materia Medica." It is a matter of some concern to the profession that the London school has once more opened its doors. It would be a cause for congratulation if the course should receive such encouragement that the school should become a permanent institution.

PRINCESS HENRIETTA OF FLANDERS.—Allopathy and homœopathy battled over the sick bed of the princess, who was attacked by bronchopneumonia affecting both lungs. Her life was despaired of, and her physician, Dr. Martiny, requested a consultation with another homœopathic physician. But the family called in three allopaths, retaining Dr. Martiny. The treatment was changed to suit the allopaths and the patient promptly became much worse. Dr. Martiny called to the rescue, gave the indicated remedy and cured the princess.

PUBLIC HEALTH ASSOCIATION.—The eighteenth annual meeting of this association was held at Charleston, S. C., December 16–20, 1890. The attendance, though not large, was representative. The following officers were elected: President, Frederick Montezambert, M.D., Canada; 1st Vice-President, T. F. Wood, M.D., North Carolina; 2d Vice-President, H. B. Horlbeck, M.D., South Carolina; Secretary, Q. A. Watson, M.D., New Hampshire; Treasurer, J. B. Lindsley, Tennessee. The next meeting will be at Kansas City, Mo.

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AN INNOVATION IN MEDICAL TEACHING.—It is stated that Columbus, O., is to have a medical university. There will be a department of medicine and surgery, a department each of dentistry, pharmacy, midwifery, a training school for nurses, and added to this a large, new hospital. But the most important innovation is the change proposed in the methods of teaching. The old and venerable lecture system is to be abandoned and class instruction given. Recitations will be in order, the course graded, examinations held at intervals during the year, and the final examination, as now known, abandoned.

MEDICAL BILLS.—The State legislatures this year seem to have a decided inclination to attempt to regulate the practice of medicine. Besides the bills to establish State boards of examiners, there have been others introduced which mark the practical wisdom of some of these Solons. Georgia, for instance, tried to prevent its doctors from getting drunk, and Missouri is thinking of limiting the fee for a visit between 8 A.M. and 9 P.M. to one dollar, and for an office prescription fifty cents.

ADULTERATION OF PHENACETIN.—The possibility of the adulteration of phenacetin with antifebrin was pointed out some time ago. They have a great resemblance in physical and chemical respects, and phenacetin is much dearer than antifebrin. A case has recently occurred exhibiting toxic symptoms, and on investigation it was found that the powder supplied, when phenacetin had been ordered, consisted of equal parts of phenacetin and antifebrin.

WISCONSIN MEDICAL LAW.—The Wisconsin Legislature has recently passed an act creating three boards of medical examiners, representing the allopaths, the homœopaths and the eclectics respectively, each board to consist of three members appointed by the governor, from a list of candidates submitted by the respective societies. The supervisor of medical examinations, who shall not be a practicing physician, is to be appointed by the governor. The several boards must submit to the supervisor of medical examinations lists of questions for examinations in the usual branches, and from these lists the supervisor will select at random the questions for each examination.

PARALYSIS FROM ETHER.—The *Record* has the following, on the hypodermic injection of ether. A Vermont physician writes to the *Times and Register*: "I injected thirty minims of Squibb's ether into the forearm of a patient in collapse, and whiskey afterwards, and am accused by a physician in another town of causing a loss of motion which now exists in the hand and forearm. The patient belonged to another physician and I was called in his absence. The next day it was discovered that the power to use the arm was gone, and now, although improved somewhat, the hand is useless. I am on good terms with the patient and there is no suit going to arise; but I am being injured in my practice by the report which has spread. Now if an injection of ether can injure a nerve or cause such trouble, the profession should know it, and I want to know it also, so as to be on my guard." It has been shown by Arnezan and Salvat, and also by Petres and Vaillard, that hypodermic injections of ether may produce a local destruction of the nerve-fibre, just as if a section of it with a knife had been made. Of course, paralysis and anæsthesia may follow. A good many cases of such accidents from the injection of ether have been reported. The patients recover, but still there is harm done; and physicians who inject hypodermically should never insert it in the arms or legs, but always in the trunk; and the injections should be superficial.

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ORIGINAL ARTICLES IN MEDICINE.

ILLUSTRATIVE CASES OF THE THERAPEUTIC SPHERES OF NITRIC ACID AND NITRATE OF SILVER,*

By W. S. SEARLE, M.D.,

Brooklyn, N. Y.

LIKE some weary prospector who wanders over the mountains or along the rivers, sifting here, digging there, with heavy heart and empty pocket, but with ever-springing hope, and, suddenly unearths a golden treasure, so the physician, bearing on his heart the burden of the sick and suffering, sometimes wanders through the wilderness of the Materia Medica, searching for the golden similar which shall restore his patient to renewed life and vigor. And no diamond from Golconda's mine, no nugget from the river's sands, could bring such satisfaction as fills the soul of the faithful physician when he is thus rewarded in his quest. For the true *simillimum* has always cured, and will cure till the "fashion of this world has passed away."

Two or three illustrations of such searches, such findings and such results, which so far as I know are novelties in clinical medicine, may not lack interest and value to those who are workers in the same field.

* Presented to the New York State Homœopathic Medical Society, February, 1891.

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In the month of February, 1890, a most charming patient was confided to my care. Her case was of such extreme interest as to enlist every sympathy of my heart and every faculty of my mind. She was young, she was beautiful, in spite of her diseased condition, and, aside from her ill health, she was a child of good fortune and good breeding. She had been most happily married for about four years. Soon after entering this state her face had become terribly disfigured by acne of the papular variety, and so remained in spite of constant therapeutic efforts. About two years previously she had been delivered of a still-born infant which had been dead for some days, no reason for which had been ascertained. With great anxiety she was now approaching her second labor, and it had been just discovered that she was suffering from Bright's disease of the parenchymatous form. The secretion of urine was about normal in quantity. It had a specific gravity of 1.015. The albumen was about 40 per cent. by bulk, and many hyaline and epithelial casts were found.

No decisive change in this condition could be effected before labor set in, on the second of March. The cessation of motion and of the fœtal heart gave warning on the previous day that we could not expect a living child. Labor was marked by the following features: Inertia, delivery by forceps, and some post-partum hæmorrhage. Examination of the placenta showed that about one-half of it had become transformed into a fibrinous mass as a result of inflammation.

Convalescence, though slow, was steady. Gradually the amount of albumen subsided, and casts became more rare. By the last of June, under the third decimal of the *bromide* of *arsenic*, examination showed three pints, 1022, albumen $^1/_{20}$ by bulk and no casts. The acne had been controlled by the ointment of the *iodide* of *sulphur*, but still waxed and waned as menstruation came and went.

During the summer little was done in treatment, aside from continuing the remedy named. But about the middle of September a new phase of her disease developed. A subacute endometritis set in with its usual symptoms The leucorrhea was yellowish, offensive and at times bloody. Menstruation was too frequent, too profuse, and accompanied by very severe grinding, twisting pains in the ovarian region which extended to the back and down to the thighs. Although the patient was kept in bed (much against her will, as the pains made her restless), still it was a very noticeable feature of the pains that they ceased entirely during the night to recur at a varying hour in the morning and continue during the day.

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After careful study, a large variety of remedies were successively tried without benefit, and I was almost in despair, when one day I took for my starting point, through this labyrinth of symptoms, the peculiar appearance of the tongue. This feature had been present throughout my connection with the case, but had been only secondarily considered in previous studies.

The peculiarity referred to was the abundant prominent papillæ upon the tongue, especially at its tip. Among the drugs producing this condition is *argentum nitricum*, and study of this soon convinced me that I had found the long-sought *simillimum* at last. The conditions of alleviation and aggravation of the pains, however, have never (so far as I have been able to discover) been developed by provings. I should also state that irrigations with hot water had proven rather prejudicial than otherwise. They neither palliated the pains nor checked the menorrhagia. I at once discarded all other drugs and administered the third decimal of the newly selected remedy.

The result was so prompt, so complete and so permanent that even a chronic skeptic, like myself, could not fail to recognize it as worthy the name of cure. Pain, leucorrhea, menorrhagia, acne, all vanished like mist. The patient, who had lost much flesh and strength, rapidly regained her plumpness and vigor, and the sole remaining symptom of disease is a mere shade of albumen in the urine.

I cannot now see a tongue of this description without temptation to prescribe this drug, and several times already I have done so with satisfactory results.

Of course *bell.* and *caust.* are prominent here, and quite a list of other drugs produce a similar condition, but each and all can be easily differentiated from the *nitrate* of *silver*.

I need not indicate how such experiences emphasize the importance of seizing the right clue among the symptoms of disease. Nor, again, how it exemplifies the need of a correct philosophical interpretation and arrangement of our Materia Medica. How such occurrences add to the sadness with which we bend over the graves of our Dunham and our Farrington!

Alas! Homœopathy, struggling still in half-awakened life, yet awaits the genius and giant of erudition who shall bring order out of the chaos of our Materia Medica, and thus give our puny bantling full development and efficiency.

Case II.—Some years since I was consulted by a gentleman about his son, a lad of eight years. He was a gawky, loose-jointed, Oliver

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Twist sort of a chap whose tonsils were so large and Schneiderian membrane so hypertrophied that he could breathe only through his open mouth. He stood before me like an idiot, and was altogether about as unpromising a pig-tail as ever doctor was required to make a whistle of. From infancy up he had not ceased to "wet the bed" nightly, and all sorts of suasion—moral and medical—had failed to correct this habit.

Inquiry as to the character of the urine developed the fact that it was very offensive. This led me to prescribe the first dilution of *nitric acid* in doses of five drops three times daily. Speedy and entire cure followed, not only of the enuresis, but of the catarrh and tonsilitis.

.The same remedy selected upon the same basis cured, with equal rapidity and permanence, a lad of sixteen, who had been in the hands of able physicians of both schools ineffectually, and who suffered from nocturnal enuresis.

This offensive odor of the urine, together with the characteristic pricking skin pains, I regard as the surest indications for the employment of *nitric acid.* To what ingredient of the urine is this offensive odor due?

It cannot be *ammonia,* for the usual reaction is acid. Of course some of the drugs known to us do change the reaction of this secretion and make it alkaline. But this does not explain the various peculiar and often offensive odors of the urine under the influence of others. It seems probable that at least some of these odors are due to the formation in the body of ptomaines, which are excreted by the kidneys. And I am inclined to believe that similar ptomaines are the source of offensive emanations from other parts of the body.

I do not know that the offensive odor imparted to the urine by *nitric acid* can be so distinctively described as to enable us to depend upon the sense of smell for its recognition. But any association of malodorous urine with pricking skin pains should lead us at once to consider this drug. For these peculiar pains are very characteristic, and have been produced even to a violent degree by the mere inhalation of nitric acid fumes.

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A CASE OF HYSTERIA SIMULATING TETANY AND GIVING RISE TO AN ERRONEOUS DIAGNOSIS OF PLEURISY.*

By JOSEPH T. O'CONNOR, M. D.,

Clinical Professor of Nervous Diseases in the New York Homœopathic Medical College.

ON December 10, 1890, as I was about leaving the Ward's Island Homœopathic Hospital, I was asked to return for a few moments to see a case of pleurisy accompanied by some peculiar nervous symptoms. Having but a few minutes beyond the time necessary for catching the boat to the city,† I hurried to the bed of the patient and found a young woman, of slight build, not thin, and with a pale, pasty countenance, that made me suspect alcoholism. Her respirations were extremely rapid and shallow and the temperature chart hung over her bed showed that the outbreak of the disease on the 6th inst. was with a temperature of 100.2° F.

The peculiar symptom which I was requested to examine, was tonic spasm of all the extremities. Her hands were in the accoucheur's position, the fingers extended, flexed at the phalangeo-metacarpal joints, hands flexed strongly at the wrist, the arms flexed at elbow and midway between pronation and supination.

The feet were extended and inverted, the legs somewhat rigidly extended. The parts named could not be moved by the patient, but after flexing the leg somewhat, I was enabled to elicit a strongly increased knee-jerk from both legs, the rigidity at the ankle joints preventing the production of ankle clonus, even if the conditions for this were present. No plantar reflex obtainable. As the appearance of the limbs was that seen in tetany, I tested the arm by tightly bandaging it above the elbow, and also mechanically irritated the facial nerve behind the ascending ramus of the lower jaw as well as midway between the angle of the mouth and the zygoma, but all without result. No history of any possible cause could be obtained, and as her speech was almost unintelligible, I examined her tongue, which she could not protrude, and found that it also was rigid, and curved so

* Read at the meeting of the Homœopathic Medical Society of the State of New York, held at Albany Feb. 10, 1891.

† It may be worthy of note that the writer in order to make a visit to Ward's Island Hospital, must leave his house at 2 P.M. and returns at 5.15 P.M., or even later. Of this time only fifty minutes can be spent in the hospital building. Hence the impossibility of completing any prolonged examination of a case in one visit.

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that its tip pressed upon the floor of the mouth. I decided that the case was not in its neurological aspect, one of tetany, but a manifestation of hysteria. Having no time to examine further, I changed the remedy on account of the intense sharp pain in the left pleural region and the accompanying rapid breathing.

Visit Dec. 13. Patient reports that the spasmodic contractions have gone, but examination shows still rigidity of legs with immobility of toes and rigidity of tongue. Respirations very rapid; temperature, which had been reduced to normal, had gone up to 99° a few hours before.

Visit Dec. 20. The house physician reports that the spasms had returned meanwhile and with great severity. None present now except some rigidity of legs and the marked rigidity of tongue. Speech still difficult to understand. Respirations 60, but upon looking at the temperature chart I found that for nearly three days her temperature had been normal. This led me to doubt the diagnosis of pleurisy. Upon attempting percussion over the left chest, seeking for a possible effusion, there was such intense tenderness present that I had to desist at once.

It was now found that the whole of the left chest and abdomen was intensely hyperæsthetic, and she complained that the same tenderness involved the left half of the head. Further examination revealed the presence of anæsthesia for touch over both forearms and both legs, with anæsthesia for pain (pin pricks) on the right leg, right forearm and of right abdominal and thoracic surfaces to touch and to pin-pricks, except in right hypochondriacal region down to crest of ilium, in which the prick of the pin was readily and normally perceived. In right half of face and for an inch or two beyond the outline of lower jaw sensation was wanting for touch and pain, and this area passed across the upper lip as far as the left ala of nose. The left side of face was normal, excepting upper lip as stated. My time for returning to the city having come, further examination had to be deferred, but the diagnosis of pleurisy was stricken out.

Visit Dec. 21. On arriving at the hospital I was informed by one of the physicians that the patient had had very severe manifestations and had been unconscious for some time. On going to her bedside I found her apparently so, but with no contractions in hands or arms; but as I was very desirous of settling the matter of diagnosis, I applied the electrical tests. At the first application of a moderate Faradic current, the contraction produced remained for nearly a second after withdrawing the current, but this was not repeated. All the muscles

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of hands and arms reacted normally to this current, and while engaged in applying it the patient recovered consciousness, smiled, and in a few moments, while still using the current, I noticed that her breathing, which had been very rapid (one of the physicians had taken its rate as 70 shortly before my coming), was very much slower. I now applied one electrode to the side of the neck, the other to the upper cervical region, both on right side, and found that the respirations became practically normal, and, what was almost more striking, she was able to speak perfectly, and could protrude the tongue. The diagnosis was now positive: the case was one of hysterical manifestation, simulating tetany, the rapid breathing being due to spasm of the diaphragm and the pains simulating those of pleurisy being hyperæsthesia in the distribution of the intercostal nerves.

Further examination, by means of the galvanic current, gave normal reactions in all the affected parts, no alteration of the formula and no retention of contraction being produced.

A review of the case, with the history as obtained at the last two visits, will enable us to understand more readily the relationship of its clinical symptoms with those of tetany.

Lizzie B., æt. twenty-two, married, no children, one miscarriage at four months; occupation, making tablets of different medicines. Entered W. I. Homœopathic Hospital, Nov. 13, 1890, suffering from a skin disease, whose lesion as described was similar to that of ecthyma. On Dec. 6th was attacked with pleurisy apparently, the physical signs being limited to rapid respiration, a doubtful friction murmur, and temperature of 100.2° F. No exhausting disease had preceded the outbreak of the skin affection. For two months preceding she had repeated headaches, always left sided and always accompanied and followed by tenderness of the scalp on that side.

With the outbreak of the supposed pleurisy there were pains all over her, and then the spasm came on in hands and feet suddenly. The pains, sudden and knife-like, in left side and under left shoulder blade, preceded the onset of the spasms by three days and were accompanied by difficult, very rapid, shallow breathing. No cyanosis at any time. Eyelids spasmodically closed and eyeballs rolled up only on Dec. 21. Spasms in extremities, and tongue as already described. During the spasms the affected muscles were hard and effort at moving arms produced pain in axillæ. Periods of contracture last from a few minutes to half an hour; on Dec. 21st one spasm only, which was very severe and lasted an hour. At end of spasm both upper and lower limbs relax together, but some rigidity in lower limbs

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continues. Patient says she does not sleep at all. Excitability of nerves and muscles to mechanical stimulation, none; to electrical stimulation, normal. Trousseau's symptom absent in trials on three different days.

The anæsthesia already described remained up to Dec. 21st unchanged from time it was discovered, but sensation to Faradic current when strong was perceived, as pain on this date in both forearm and leg of left side, but much less so, in fact not really painful, in limbs of right side.

The diagnosis at first of pleurisy would seem justified by the rapid breathing, the localized sharp, intense pain in left side, the rise of temperature, and the doubtful friction sound.

The position of the hands and feet during the spasm was like that which those members assume in tetany, and the latter disorder has also dyspnœa from spasm of the diaphragm, as well as rise of temperature; several cases in which this was 101° F., having been reported, and death has occurred from interference of respiration, while Gowers states that in cases having marked dyspnœa, a slight pneumonia may appear. Cases of tetany in which Trousseau's sign is absent and in which pressure on the trunk of the facial or its branches gives rise to no spasmodic action of the muscles innervated by that nerve, have occurred often enough to take both Trousseau's sign and facial phenomenon out of the category of necessary symptoms.

The marked anæsthesia of practically the right half of the trunk and of the distal segments of the limbs, together with marked hyperæsthesia of the left half of the trunk, brings the case under the head of hysterical manifestation, for in tetany as far as known there is no sensory disturbance except the feeling of pins and needles in the hands and feet some time before the outbreak, or paræsthesias at other times.

The electrical tests are, however, decisive. In tetany there is increased irritability to both forms of current, so that an amount hardly appreciable normally, brings about marked contractions and the formula itself is changed, the anodal closure and at times its opening producing contractions sooner than kathodal action. And instead of the very quickly passing contraction that is normal, there is in tetany a prolongation of the contraction, and this with either pole. Gowers says that this is the only condition in which an anodal opening tetanus contraction has been observed in man. The increased irritability to electrical stimulation remains in some degree even after the spasms

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have ceased for some weeks. None of these peculiar electrical reactions were to be obtained in this case.

Hysterical contracture, according to Gowers, sometimes assumes a similar form, but that is almost invariably unilateral; he adds that when such contracture is bilateral, the case is to be considered as one of tetany. He also states that in the tonic form of epilepsy, bilateral spasm may exist almost identical with tetany in its character, but distinguished by the extreme brevity of the paroxysms and by the occurrence of loss of consciousness.

The loss of consciousness in our case was only in the spasm of Dec. 21st, and may well be charged to the urgent dyspnœa, while nothing else in the case would justify even a suspicion of epilepsy.

As the dyspnœa and spasm of the tongue, the only spasms present at the time, were completely relieved by the Faradism, Gowers' advice to regard bilateral spasms of the character seen in the present instance as due to tetany rather than to hysteria must be received with some reserve.

Causation. The causes of hysterical manifestations are so numerous that they need not be repeated here; but it may be worth while to enumerate the causes, remote and direct, of tetany. This disease is most frequently seen in male children and in the working class among adults, but between the ages of twenty and fifty it occurs twice as often among females as among males. The direct causes as far as traced are, long-lasting or exhausting diarrhœa, acute diseases such as typhoid fever, cholera, small-pox, measles, febricula, catarrh and pneumonia, and it appears so frequently among nursing women that Trousseau at first proposed for it the name "wet nurse's contracture." It has also appeared during pregnancy, after confinement, during anæmia, after prolonged muscular effort, from alcoholic and sexual excesses, and it is remarkably frequent after excision of the thyroid gland. In seventy persons subjected to this operation seven cases of the disease occurred, the symptoms setting in within the first ten days after the operation.

In our case there was not present any one of the foregoing causes, unless it be over-exertion at her work, but I had the suspicion that the patient had been poisoned by some of the powerful drugs which it was her duty to put into the form of tablets. In this work a trituration of the drug, or a mixture-mass containing it, is pressed into suitable holes in a metal plate. During the work the hands become covered with the medicinal substance, and it is very easy to understand how a portion could be conveyed into the mouth when the strictest

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cleanliness is not observed. She says that she has worked in aconitine, ergotine, cannabis indica and c. sativa, mercuric chloride and mercuric iodide, and that she may have been poisoned by one of the mercuric preparations, as she did not always use the rubber tips for the fingers which workers in these drugs are required to wear. She also states that when working in nitroglycerine she would soon get a severe headache from inhaling its vapor, and that the headache was always left sided, accompanied by tenderness of the scalp, and characterized by a sensation as if the head opened and shut. At such times she had to leave off the work and go home, when she would have her mother hold the head in her hands and press it tightly in order to get some relief. This is the kind of headache that she has had all during this illness, and at times it is so severe that coughing makes it intolerable. She has had several attacks of hæmoptysis during January. At my last visit to her, Feb. 7th, she is sitting up and makes no complaint except the headache, all anæsthesia and hyperæsthesia being gone, and the spasm of hands and feet only occurring occasionally, four or five slight attacks having appeared since January 18th, and always relieved by the application of Faradism. Return of the plantar reflex was first noted on Jan. 15th. One very persistent ecthymatous sore has existed on the right leg for six weeks; it heals, the crust falls off, and in a few days the sore reopens, the relapse being accompanied by intense pain in it as well as great hyperæsthesia for some inches above and below it. At these times there is some return of anæsthesia in both feet as far as the level of the malleoli.

Syphilis cannot be positively excluded, but the objective symptoms of that disease are not present in characters strong enough to justify more than a suspicion of its existence.

It is not the purpose of this paper to enter upon a discussion of the varieties of tetany or its etiology, but to record a case having features plainly hysterical similar to those of tetany in many respects. The increase of temperature, the involvement of the limbs of both sides, the special pains on attempted movement and the implication of the diaphragm, would point to tetany, the absence of Trousseau's sign and of the facial phenomenon not being of absolute diagnostic import. The entire absence of the special electrical reactions of tetany is, however, decisive. The presence of complete anæsthesia in one half of the trunk, and anæsthesia of the distal segments of the four limbs are symptoms of hysteria and not of tetany, while the complete reso-

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lution of the spasms, even in the diaphragm, by the application of Faradism determine the hysterical character of the present case.

Lastly, the diagnosis led the way to cure, and, in my opinion, in all probability saved the patient's life, as without relief from the urgent dyspnœa, the patient must have succumbed.

The only case at all similar to the subject of this paper is reported in *Virchow's Archiv.*, Bd. cxxi., by Dr. G. Leuch, of Eichhorst's clinic, in Zurich. The case was that of a man æt. forty-eight, without any nervous heredity, who was subject to attacks, tetany-like in character. The spasms did not affect the right leg, but the other limbs were involved. There was trismus, and the head was turned to the right from contracture of left sterno-mastoid and right scaleni. Sensibility less on the right than on the left. After a period of six weeks' freedom he was brought to the hospital unconscious, in the condition of spasm detailed. Consciousness returned after some hours and then the spasm disappeared. In the next attack there was no loss of consciousness, but this was the case in many subsequent ones. In one attack the temperature at the onset was 104° F. Electrical reactions were normal. The patient died in 1884 during an attack, and the autopsy showed only slight œdema of the pia and emphysema of the lungs.

The diagnosis of tetany was here out of the question, not, however, as the reporter holds, because of the existence of fever and loss of consciousness. He also thinks that hysteria cannot be proved, and that the considerable alterations in temperature is one point against this diagnosis. But the existence of high temperature in hysterical manifestations is now well established.

A CASE OF PNEUMONIA WITH PLEURISY, SHOWING EFFECT OF WITHDRAWAL OF FOOD.

By R. F. SECOUSH, M.D.,

Barbadoes, West Indies.

THE following case, illustrating a mode of treatment of such cases, is of value in helping to draw further attention thereto:

C. M., female, white, thirty-six years old, took a sea-bath in the afternoon very soon after using the hot iron in laundry work During the night following she had a markedly severe and prolonged chill, followed by high fever, severe pain in right side and dyspnœa. I saw her the following morning about 9 A.M., and prescribed *acon.* for the following reasons: She was restless, anxious, had a high

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temperature, with severe pains in right side and great thirst. I ordered that no nourishment of any kind be given her, and that she assume and maintain the horizontal position; water when required in moderate quantities. During the same day she was removed to her home, some two miles, where I visited her the next day. She now had a temperature of 103½°, with no change in previous symptoms. On physical examination, I found tubular breathing with dulness over part of the right lung and friction sounds over the whole of the same lung, especially the lower and outer portion. To continue *acon.*, to have no nourishment whatever, to maintain the horizontal position. No cough.

Third day, temperature 102°, pain somewhat relieved. To have milk half ounce at a time infrequently, *bry.*

Fourth day, morning, profuse sweat, pain easier, slight cough for first time, slightly discolored with blood. To have a small quantity of brandy, with one ounce of milk at a time, about every second hour, *bry.* and *phos.* Temperature 102°.

Fourth day, evening, temperature normal, much easier, sweats less, feels much better, is hungry.

Fifth day. Slept well last night, still hungry. To have increased quantity of milk; slight expectoration. Suffice it to say that within eight days, not only was the patient apparently well except being rather weak, but the lung had completely cleared up.

That the temperature was not higher at first, I attribute to the fact that, although a fleshy woman, she was pale and anæmic. Although the medicine may have done its work well, yet I attribute such an early and favorable termination chiefly to the limited diet—I may say the starvation diet—during the first three or four days, as well as to the rest maintained. To that I also attribute the limited amount of expectoration, as by thus depriving the system of nourishment the lymphatic glands are rendered more free for the removal of effused material.

If the forty-day fasters serve no other purpose than emphasizing the fact that starvation does not result in death within a little more than a week, as physiologists have hitherto taught, this must have a practical bearing on the treatment of disease; one which my treatment of acute disease, especially typhoid fever, demonstrated.

When will physicians recognize the fact that feeding a patient, when they are unable to assimilate the nourishment, not only does him no good, but does him a great deal of harm? If it be true that the fluids of the body, when in a normal condition, are the best ger-

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micides, should it not be our duty to endeavor to put such in a state capable of acting in the desired manner, and is it reasonable to expect such a result if we introduce into the system nourishment which, at most, can be only partially digested?

My idea is, that by thus depriving the system of nourishment, all effete material is carried off, the fluids rendered capable, by reason of their purity, of acting on the germs in a destructive manner. This is well shown in the treatment of typhoid fever, where as soon as the appetite returns the fever decreases.

Forty years ago Graves gave instruction "to feed fevers," and wrote his epitaph, "He fed fevers." For an epitaph I should prefer, "He starved fevers."

In no disease is this starvation and rest treatment seen to better advantage than in typhoid fever, a fact which I have stated more fully in the *New York Med. Record.*

When physicians learn to recognize the value of this treatment in acute diseases—and some subacute and chronic ones, too—then will they be able to make a more hopeful prognosis and prove that such holds good.

A CASE OF HÆMOPHILIA,*

By W. M. BUTLER, M.D.,

Brooklyn, N. Y.

MISS M. K., single, age 28, Irish American, dressmaker, came to my office June 8, 1890. Patient was tall, slender, thin and very anæmic. Said that she had had two hæmorrhages which a doctor told her were from her throat, but from her description undoubtedly came from the lungs. Said a sister had had hæmorrhages, but died from a cancer of the stomach. Father had hæmorrhages from the lungs, but died of pneumonia. A cousin was also said to have bled to death, although she could not give the particulars. Patient complained of weakness, poor appetite and slight cough, and feared she was getting consumption. A careful physical examination revealed no positive disease in either lung, but the narrow chest, slight lung expansion and general appearance, made it extremely probable that she soon would show evidences of phthisis. Patient received a prescription, continued at her work, and called for more

* Read at the Annual Meeting of the New York State Homœopathic Medical Society, February, 1891.

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medicine June 15 and 22. June 29 called at my office after office hours, and, not finding me at home, walked some distance to the house of a friend, and then, perhaps, two miles to her boarding-house. June 30 was called to see her, and learned that she had had a severe hæmorrhage after returning home the night before, and another that morning.

Patient was pale as death, extremely weak, partly unconscious, pulse rapid and wiry. The right lung upon percussion was found to be apparently solid, but so sore that the slightest touch caused pain, and this, with the patient's weakness, prevented a thorough physical examination.

Saw patient again July 1 and 2, her condition remaining about the same, but with no repetition of the hæmorrhage. On account of her surroundings rendering it impossible for her to receive proper nursing, I sent her, July 2, to the Brooklyn Homœopathic Hospital, where she has been ever since. During her stay in the hospital, she has been under the care of Drs. Blackman, H. M. Smith, Valentine, Searle, Chapin and myself (each physician having her under his care during his month of service). For the ensuing history I am indebted to Drs. Bunn and Iler, house physicians, who have kept the record of the case since her admission to the hospital.

July 3, 1890. Patient was admitted to-day in an unconscious condition. Said to have had a severe hæmorrhage from the lungs on June 30. Right lung entirely dull upon percussion, but so sore that a thorough examination is impossible. T. 99.8, p. 80, r., 30. July 4th, looks very badly. A.M., t. 96.8; P.M., t. 99.2, p. 62; r. A.M., 45; P.M. 22. July 5th, more conscious. T., A.M., 97; P.M., 98; p., A.M., 55; P.M., 64; r., A.M., 20; P.M., 45. July 7, passed a bad night; restless, unconscious. Had a slight hæmorrhage. T., A.M., 98.2; P.M., 97; p., A.M., 57; P.M., 64; r., A.M., 30; P.M., 35. July 11, lungs have almost entirely cleared up since yesterday. Chest still sensitive. July 13, had a slight hæmorrhage from lungs last night. T. 98.6, p. 50, r. 20. July 20, lower lobe left lung completely solidified. P. from 43 to 50; t. 98.6; r. 20 to 25. 26th, slight hæmorrhage last night. Very weak. T., A.M., 95.2; P.M., 97.4; p., A.M., 50; P.M., 52; r., A.M., 30; P.M., 18. July 29th, had a hæmorrhage of about a pint from the bowels yesterday, rendering her very weak. This morning somewhat better. August 4th, had a hæmorrhage of about 5 oz. from the bowels last night. Weaker than usual to-day. August 24th, has improved continually for past twenty days, so that she was able to sit up

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a short time, until yesterday, when she had another slight hæmorrhage from the lungs. Right side of chest very sore and painful. October 13th, had two hæmorrhages last night. November 11th, had three hæmorrhages yesterday and last night, slight in amount and bright red. Chest on right side again very sensitive. Patient had also hæmorrhages December 14th and 16th, January 16th, 17th, and 18th.

One marked peculiarity of this case is the character of the blood which has been lost, as it has never been perfectly coagulable, and at times has remained entirely liquid. That this is not an ordinary case of phthisis is apparent, as, in spite of the numerous hæmorrhages, the lungs still show no signs of positive disease, although we expect that that will be its ultimate termination. While free from the ordinary joint complications, the family history, and the numerous profuse hæmorrhages from the bowels as well as lungs, unattended by the destruction of lung tissue which we might expect, lead us to regard the case as a genuine example of hæmophilia.

CONSIDERATION OF THE LEGAL STATUS OF MIDWIFERY IN THE STATE OF NEW YORK.*

By F. PARK LEWIS, M.D.,

Buffalo, N. Y.

BETWEEN January 1, 1890, and January 1, 1891, there were 7,114 children born in the city of Buffalo. Of these, 3,502 were attended by regularly qualified physicians; 3,612 were delivered by midwives.

There are in the city of Buffalo, 425 registered physicians, of whom probably 400 are in active practice. There are 42 registered midwives. In other words, there are ten physicians to each midwife. Supposing that the practice of the midwives were equally divided, each midwife would during the year care for 90 parturient women; while, if the practice of the physicians were equally divided, each physician would average about 9. That is to say, for every case of labor in which a physician is the attendant, there are, in the city of Buffalo, 10 cases cared for by midwives.

I was led to the investigation of these statistics, which astonished me beyond measure, by the fact that infantile ophthalmia, which is the

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source of one-tenth of all the blindness in the land, occurs so commonly in the practice of midwives.

This disease, as all educated physicians know, is very generally preventable, and, when it exists, can almost always be controlled if recognized in time. Neglected or improperly treated, it very soon becomes fatal to the sight of the child.

Until 1885 any woman, no matter what her qualifications, might, if she chose, practice midwifery. A special law was then passed for the purpose of regulating the practice of midwifery in Erie County by others than legally qualified physicians, requiring those intending to become midwives to appear before a board of physicians appointed by the county judge and pass an examination satisfactory to the examiners. Those considered qualified may take charge of ordinary cases, but may not prescribe medicines, use instruments, or perform any manual operation for the delivery of the child. In all cases requiring such interference, a physician must be called. This law, however, applies only to Erie County, and I am not aware that there are *any* restrictions on the practice of midwifery throughout the rest of the State.

A law was indeed enacted at the last session of the legislature, having for its object the prevention of blindness, and providing that if a nurse or midwife having charge of an infant, in this State, should notice any redness or inflammation of the eyes, occurring within two weeks of the birth of the child it shall be the duty of such midwife to report the fact in writing, within six hours, to the health officer, or *some legally qualified practitioner of medicine* of the city or town in which the parents of the infant reside, and the penalty for any failure on the part of the midwife to comply with the law is fine or imprisonment, or both. This law, while founded on a right idea, and designed to meet a very common danger, is so singularly defective in its application that it must in a short time be demonstrated that it will completely fail of its object and become a dead letter. The law, it will be observed, requires that on the discovery of a certain condition, the nurse or midwife is obliged to report in writing to the local health officer, *or any legally qualified practitioner of medicine*, a statement of this fact, and her duty is done. The physician is given no authority to assume charge of the case, the law does not direct him to do so; neither are the parents necessarily informed of the dangerous condition of the child's eyes, which would lead *them* to secure medical aid. The child may go on through all the stages of infantile ophthalmia until hopeless blindness results, while the law has been carried

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out to the letter. The complete carrying out of this law does not help the matter at all. It would be far wiser to have some simple method of informing the parents of new-born children—where the only attendant is a nurse or midwife—of the danger of blindness if certain symptoms occur, and of the urgent necessity of securing medical advice in such cases, of the dangers of infantile ophthalmia, and giving the simplest instructions for its prevention and treatment. In a like manner —since every birth is registered—a printed card might be mailed from the office of the Health Department to the parents of the child, in every case where a midwife has been the attendant, warning them of the danger of blindness, and the necessity of getting medical assistance if the child's eyes become inflamed. I have no doubt that if this were done the effect would be immediately salutary, and I would suggest that our State Board of Health be asked to consider it.

This, however, is but one point where the too common ignorance may result disastrously. The dangers of incompetent attendance, so far as the life and health of both mother and child are concerned, will be at once suggested to every practical obstetrician, and the facts relative to the entire subject are of sufficient importance to merit more than passing consideration.

What is true of Buffalo is presumably true of more of the larger cities throughout the State. In the towns and villages there are probably fewer midwives, and the same proportions would not be found to exist, but the general principles would hold good, and whatever thought we can give to it will be timely.

There is no branch of practice requiring nicer judgment, keener discrimination, and quicker thought, there is no chair in our colleges to which greater attention is given, and there is no subject upon which the students are more thoroughly drilled, than upon that important part of a physician's life-work, the practice of obstetrics. And yet, oddly enough, while we are wisely raising the standard of medical education, hedging in with restrictions the entrance to our colleges and with double examinations, admission to the profession itself, we leave to uneducated and unqualified hands an amount of this difficult and important work that is absolutely astonishing.

How unqualified these women are it may be well to state. In conversation with an intelligent physician who has had large experience with them, he said: "I have never known *one* of these women, no matter how extensive her practice, who was able to distinguish or differentiate abnormal conditions." He cited an instance in which he had recently been called, where the midwife, after assuring the par-

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turient woman for hours that the presentation was normal, finally grew tired over the protracted labor and went off, leaving the woman without any assistance. The doctor found the patient nearly exhausted with twin pregnancy and cross-presentation. Another physician, whose practice lies in the district where most of the midwives' work is done told me that he was called not long since to a case in which the almost exsanguinated patient had retained placenta, the cord having been pulled off in the futile efforts of the midwife to deliver the afterbirth. But it is not necessary to multiply instances.

Among the poor themselves there is, I am told, a very general and growing distrust of midwives, and those who can afford to do so are much more generally employing physicians, because of a popular fear of trusting themselves to such incompetent hands.

Where, however, no educational opportunities exist, we can not expect more knowledge than is sufficient for routine work, and the problem is surely one worthy of our consideration.

There are two points of view from which it must be examined: 1st, the relation of midwives to the *people*, and 2d, to the *physicians*. It will be borne in mind that the people who employ midwives are mostly those who are poor, some of them *very* poor. They can pay a small fee for attendance, and they require often in addition to this, services such as a physician would not and could not give. The midwife in some instances occupies the position of accoucheur, nurse or general servant, occasionally taking care of the children and looking after the domestic arrangements after her task of delivering the mother is completed.

Some of the midwives are fairly intelligent and very careful, always calling a physician when complications arise. Among the Germans, as a rule, they are cleanly; among the Irish, Italians and Polish they are not. Like most women of the lower classes who get a little knowledge above that of their neighbors, they are opinionated and obstinate; many times to the hurt of their patients.

Now it would seem unfair to the physicians, who are being more and more restricted in their practice of medicine, and who must spend years in preparation, and thousands of dollars in fitting themselves for their work, that more than half of the most important branch of their practice falls into the hands of women, who are acknowledgedly unqualified and who have spent nothing in preliminary study. This would appear to be unjust both to the poor and to the physician. But many of the people who employ midwives could not afford to employ

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physicians, or, if they did, the physicians could not do the work or take the place of the midwife.

I see but two alternatives: If a corps of midwives is necessary—and it would almost seem that it is—we should insist on some method being provided for their education. If they are *not* necessary, then proper medical treatment for the poor should be assured to them under a carefully regulated system, by our municipal governments, and physicians so employed should be suitably paid for their services.

The last method, that of providing medical care for the poor, and relegating the midwives to their place as nurses, may be preferable; but it could not be effected at once, for the law moves but slowly. Meantime it is certainly advisable that we take the matter in hand and exercise as much supervision and care in selecting and training those who continue in the practice of midwifery as we do in the choice of our nurses. They should be young, teachable women. (Young, because they are less opinionated and more easily trained.) They should be of various nationalities, and a certain standard should be required before allowing them to take charge of cases.

In all this I have intended to be merely suggestive and not by any means to have the last word on the subject. The education of midwives might, to save the necessity of special institutions, be conducted in the training schools of hospitals, and, pending the time when the subject can receive legal consideration, something might be done by individual effort to improve the present low standard of midwifery in the State of New York.

ENDOMETRITIS PUERPERALIS.

By S. LILIENTHAL, M.D.,

San Francisco, Cal.

PROF. KEHRER differentiates three groups of this disease: 1. A pyæmic one; 2. a septic one; 3. a putrid endometritis. The last one is most frequent and can be distinguished from the other ones inasmuch as the pathological process remains completely localized; no general symptoms appear, because the products of decomposition which develop themselves in this pathological focus do not enter greatly into the general circulation, while in the pyæmic and septic form, the micro-organisms are found in the blood and multiply there. Hence curetting can only be indicated in the putrid form,

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which removes at once the putrefying mucosa and thus the cause of the disease, while in the other forms it removes only the local putridity, but is without influence on the micro-organisms in the blood and cannot prevent their deleterious influence. In relation to the clinic, the putrid form may be easily differentiated from the other forms: 1. During the first five days which follow a confinement, the temperature rises to 38 and 39°. 2. By palpation of the uterus, one feels that involution did not take place and that the abdomen is slightly sensitive in the uterine region, while all the other parts are painless. 3. The lochia take on an abnormal character, change color, become putrid and discharge putrid matter, while in the septic form we meet an elevated temperature, intense headache, dryness of the tongue, a small, frequent and depressible pulse, and finally paralysis of the heart. In the pyæmic form, we meet repeated chills, an internal fever, with irregular elevations and remissions, abdominal pains; the purulent infection coursing through the lymphatics of the uterus, gains the perimetric tissue and the peritoneum; meterorismus, nausea, repeated vomiting and diarrhœa and the poison thus introduced into the veins invades the other organs and produces there metastatic foci.

Most remarkable, it appears that puerperal endometritis showed itself mostly after perfectly normal labors, and the placenta was always intact; still the curette always removed necrotic and putrilaginous tissues, which the microscope showed as coming from the placenta and the membranes of the ovum. The fever does not always decline after curetting, and may be followed by a chill and a slight rise of temperature, which passes off in a short time (Prof. Braun von Fernwald, Vienna, in Arch. f. Gynæcol., 37, 3, 90).

Let us take up the forms given by the learned professor, and see whether we cannot heal this putrid localized puerperal endometritis without curetting, though most gynæcologists put this process down as an innocent procedure, without danger, as long as the poison has not entered the circulation, and, therefore, like all surgical procedures, if it must be done, it is better to perform it at an early stage than too late. In the third edition of my homœopathic therapeutics, the reader can find the indications for remedies, which will prevent the putrid form becoming pyæmic or ichorhæmic, which are only higher grades of the same disease. In my former obstetrical practice I often successfully relied on *lilium tigrinum*, which will always remain our chief remedy for deficient subinvolution with dragging pains and soreness over the uterine region, pressure on the bladder with smarting soreness during micturition, and offensive, excoriating lochia, and

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let us keep in mind the mental symptom of the tiger lily, that nervous irritability with fear of not recovering from her confinement. How closely does it resemble here *chamomilla*, with which cases were cured from noticing that crossness and ill-mannered behavior so characteristic of the German chamomile, for it not only brought mental rest, but stopped the putridity and the lochia became normal, and as an adjuvans only some hot injections were needed to wash off the offending matter, and plenty of fresh air to keep the wounded woman from auto-infection. The law of hygiene demands as strict compliance as the law of similarity and asepsis must be enforced in the lying-in room or the disease will advance to an incurable stage, and still with our Materia Medica even ichorhæmia may yield to our scientific treatment. How often is this subinvolution only the starting point to puerperal insanity, and how often has such a sad event been prevented by the timely use of *actæa racemosa*, by *belladonna*, *hyoscyamus*, *stramonium*, and a host of others! What a grand characteristic for *belladonna* is the burning heat of all discharges, be they blood or lochia, and the congested state of the circulation which may lead to peritonitis or unfold in the cerebral hemispheres. I was once called in the dead of night to a puerperal woman who in her frenzy stood naked in the centre of the room and defied her husband, mother and all others. By sheer force we put her in a hot bath and applied the cold douche to her head. One might ask why not give her the indicated *hyoscyamus?* and the answer is plain: the maniacal furor had at first to be calmed before medicine could be forced into her mouth and *cimicifuga* not only returned the lochial flow, but while before the attack it was offensive and putrid, it now was of normal color and odor. In *stramonium* we find the cadaverous odor of the lochia, which we miss in the henbane, but the same nymphomania, clearly showing that only in the totality of the symptoms lies our salvation.

True to our gospel, Adolph Lippe once said, in speaking of cholera, that marasmus ought never be seen in the child treated homœopathically from the start, and so we may be allowed to say the same in relation to puerperal pyæmia or ichorhæmia. We are not microtomaniac enough to dispute their existence, but we believe, with Gregg, that it is the poison in the putrefying matrix which inoculates the whole system with it, the nervous system receives the whole shock, and symptoms will differ according as the sympathetic or cerebrospinal or the cerebral system alone becomes affected. Chills and a temperature of 103° or higher, sounds the alarm, but how different

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are the actions of the patient whether *arsenicum, baptisia, crotalus, kreasote, lachesis* or any other remedy may cover the symptom-complex of the disease. How often are the antecedents of the woman the characteristic hint for the selection of the drug, and how often may our treatment fail, because we take that minus of the vital force, the psora of Hahnemann, not enough in our consideration! How otherwise can we understand that such puerperal accidents happen to women who pass nicely through a normal labor and where we should have expected a normal getting up. In perfect accord with Grauvogel, the axiom may be laid down that every pregnant woman ought to be under the care of her accoucheur, not only for her own sake, but also for the life and health of her babe, and knowing her constitutional ailments, the faults could be rectified, so that she may enter on the labors of maternity with purity of soul and of body. But what we cannot prevent we must try to heal. We will not deny the benefit arising by curetting for the removal of foul, putrid débris; we acknowledge even that the woman is certainly better off after its removal than when it is allowed to stay and autoinfect her and thus become the cause of ominous sequelæ; but what we wondered at is that Prof. Braun von Fernwald never mentioned anything of internal and constitutional treatment. One of the high authorities of the old and ancient school, pins his confidence on diuretics and drastics; the ptomaines, etc., must be eliminated and then the wreck left of the woman toned up by tonic treatment, if we only could know what constitutes a tonic. Antiseptics, *naphhtol*, etc., *corrosive mercury*, 1:5000 up to 1:18000 have their day, with or without curetting; we will try this and try that and leave the output to nature or providence, and it is only a pity that our specialists chime in and thus neglect the study and the application of our ever-increasing (!!) Materia Medica. This false wailing has done more harm to homœopathy than all the curses heaped upon us by allopaths, and sometimes a symptom rejected by the grumbling macrodosists may become the keynote to a cure which, without this insignificant hint in the provings, might have remained uncured. Curette, if you choose, even an ichorhæmic endometritis, but do not neglect the suitable remedy in its dose specific to the case, for I restored health in the case mentioned, with the mother tincture of *cimicifuga*, and in another case of post-partum convulsions the mother tincture of *opium* carried the case through to a successful issue. *In hoc signo vinces*, and do not run after the fleshpots of antiquated Egypt.

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A CONTRIBUTION TO THE DISEASES OF THE BILIARY ORGANS.

By DR. THEODORE KAFKA,

Carlsbad, Germany.

(*Concluded from page 163.*)

LET us pass on now to talk of GALL STONES.

While one finds *gall-grit* in the small ducts of the liver, the concretions which appear in the gall-bladder may reach the volume of a chicken's egg. The stones become (because they polish themselves reciprocally) the most different sizes; mostly they have the form of an egg and facetted surfaces. They may consist mostly of cholesterine, have a chalky white or pale-yellowish appearance and a radiated-laminated fracture surface. Many gall stones are composed of *mucus* and carbonate of lime; sometimes some are found which consist only of these elements; therefore they appear white like chalk or are colored yellow or green by the colors of the bile. Resins of bile occur only in a small quantity (Förster). It is admitted generally that gall-stones can arise only by retention and thickening of the bile from compression and obstruction of the biliary ducts, but it is much more likely that they originally are caused by a *decomposition of bile;* that the catarrhal mucus decomposes the cholic soda, which has to keep in solution the cholesterine and the biliary color (Meckel). It occurs when the decomposition of the cholic salts of the bile gives an acid reaction, and this happens if there is fermentation. Also diminution of the cholic salts can cause concretions of bile (Bamberger). The cholesterine and the biliary color of the bile being secreted with it, a further cause of the forming of gall-stones must be sought for in catarrhs of the gall-bladder. It is found sometimes that the strata of the gall-stones are spread out around a dead mawworm, a needle (Kunse). In some countries gall-stones are formed more frequently from the use of very calcareous drinking water; also an inactive and luxurious mode of life, a very rich and abundant nourishment are said to occasion them, although I have observed gall-stones in very moderate livers, sometimes also in persons living in poor circumstances here at Carlsbad Obstinate constipation and hæmorrhoids associated with mental anxieties and emotions certainly cause gall-stones, according to my observation.

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According to Dr. Heitler (*Wien. med. Wochenschrift*, 1883, p. 32), it is certainly more than an accident that a carcinomatous degenerated gall-bladder contains mostly gall-stones; there is either a single stone or there are numerous stones, which are surrounded by the carcinomatous infiltrated wall, often narrowly. The circumstance that cancer of the gall-bladder is usually primary may indicate a casual connection between carcinoma and gall-stones. If there is cancer of the gall-bladder, the liver is either primarily carcinomatous or it is crippled by secondary carcinomatous masses. Of the authors who mention the rare absence of gall-stones with carcinoma of the gall-bladder (under 11 observations by Frerichs, the gall-stones were missing twice), only Klebs states that the gall-stones can be the cause of the carcinoma. The carcinoma is ordinarily observed to be a force which promotes the formation of concretions. As to the pathology of carcinoma of the gall-bladder, Klebs says: "Upon the presence of gall-stones I believe I dare lay stress as an important causal circumstance, and I refer in this relation to that case where, besides the evidently older stones, the first beginnings of carcinoma formation were found present. The formation of carcinoma favors not at all, as Förster seems to accept, the formation of gall-stones, because from the beginning of the former the capacity of the gall-bladder is diminished. Besides, we see, as you know, at the most different parts, that formation of carcinoma appears mostly where mechanical irritation happens." Schüppel also confirms this (Ziemssen's Handbook VIII., Vol. I. half 2d part). That the gall stones before the development of carcinoma lay in the bladder is very likely; their mostly radiated, striped, concentrically stratified structure supposes a slower formation, and the period therefore needed is probably longer than that within which the carcinoma from its beginning guides to the exitus lethalis.

The disease appears often under the symptoms of cardialgia. The diagnosis of formation of gall-stones can be made, then, when the same are palpable, or when, during or after the cardialgia attacks, a hypertrophy of the liver comes on. When the stone rests in the ductus hepaticus or in the ductus cysticus, it causes only intense pains; the other symptoms appear first. When the ductus choledochus is impassable by the stone, which sticks in its course, painful sensations in the liver and vomiting may contribute to the *gall-stone colic* and at once give rise to *the most intense constricting pains in the right hypochondrium and epigastrium*, which radiate in the most different directions; even the lowest region of the liver is painful on pressure, and commonly *vehement vomiting* persists, but this is not always the case. The pulse

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is normal or *retarded* (Wolf). *Chills precede or follow always the attack of colic.* The evacuation is about always constipated, and towards the end of the attack there appears a gradual icterus if the ductus choledochus is obstructed. How can we establish the origin of the pains felt in the liver? Only when the stones have formed in the gall-ducts does the liver participate in the symptoms present; if the concretions have originated in the gall-bladder itself, pains in the liver prove nothing. When the stomach is performing its duty in the intervals between the attacks, they do not arise from an affection of the stomach, for in the nervous cardialgia, which have therein their cause, the stomach shows at the time between attacks signs of dyspepsia and other gastric symptoms. Formation of big gall-stones can lead to cholæmia, a condition resembling uræmia. Danger, therefore, in this condition exists in a not inconsiderable degree, but usually the prognosis is favorable. Perfect rest and strict diet is the best prophylactic treatment of biliary colic. The allopaths recommended formerly very much the so-called remedy by Durand (*Aeth. sulf.* four parts, *Ol. terebinth.* three parts). I had a Polish Director of sheep-folds to cure, who complained of gall-stones oftentimes; he carried this remedy (*Aeth. sulf. Ol. tereb. aa* zj) always with him, and used to take it at the beginning of attacks, two drops every hour, and praised it very much.

Many allopaths are still enthusiasts over the *Rademacher* mixture (*Ol. tereb.* 3.0 to *Spir. æth.* 30.0; 10–15 drops two to three times daily), but the last expedient is always *morphia*, be it internally by the stomach or by hypodermic injections. Also *chloroform* is recommended internally. Often allopathically treated persons have come to me in cases of gall-stone colic, because they felt instinctively that so much *morphia* was not well for them. It suffices for me generally to give *belladonna* 3, or if this will not do, *atropin. sulph.* 3 (eight to ten drops in a half glass of water, one teaspoonful every half or quarter of an hour, according to the intensity of the attacks). Also *colocynth.* 3 has served me very well alone or with *bellad.* With *chamomilla* I have had, in the main, only little success. The American homœopathists praise also *podophyllum peltatum.* Often hot cloths applied at once in the beginning, warm bottles or hot poultices relieve the attack. To many, who are accustomed to cold, cold or ice cataplasms do very well. Bamberger recommends in gall-stone complaints: *Natr. bicarb.*, 1 drachm; *Aq. dest.*, unc. duas; *Aq. Naphl.*, drachm quatuor; *Aq. laurocer*, drachm quatuor. M. Sig. One tablespoonful every three hours.

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The best remains to be said. To prevent the formation of gall-stones, it is of the first importance to direct assiduous exercise; the diet must not consist exclusively of nitrogenous substances, but must contain a supply of carbo-hydrates for the body. The best remedies against the formation of gall-stones are the double carbonates of alkalies. The natural alkaline mineral springs of *Carlsbad* work very favorably and after-cures must be often repeated. Also *Marienbad* and Kissingen do well; but we may assert that our thermes (Carlsbad) work more lasting benefit; which is also acknowledged by most clinicians.

After gall-stone colics, the evacuations occur rarely with ease or without assistance; generally I order to be drunk cooled Schlossbrunn or Felsenquelle; if this does not work, I resort entirely to cooled down Sprudel or to Friedrichshall-Bitterwasser or to clysmas with cold water, which cause a consistent, sometimes pappy stool. The Carlsbad-Sprudel salt I do not employ. The fæces are sifted according to the well-known method and concretions upon the sieve, or gravel, chemically examined; sometimes small stones like vetch or fennelcorns totally go away. If one cannot or will not examine the gall-stones chemically, or if one has not time for it, one may discern whether the concretions are gall-stones by holding them up near a flame, and if they turn to coals or if they catch fire and burn with a *blue* flame, we have certainly to do with gall-stones, especially in the last case.

I am of the firm persuasion, also, that the passing of condensed bile through the biliary ducts can produce attacks of colic. Sometimes it is not possible to find gall-stones in the excrement, because they return after the attack through the ductus choledochus. Extremely rarely the gall-stone colic ends fatally. Where the gall-stones cannot be evacuated very soon, accumulation of bile in a high degree follows, and inflammation and ulceration of the biliary ducts result. Dr. Link describes an interesting and instructive case of biliary colic terminating in formation of abscess extending from the right edge of the ribs to about three transverse fingers over the crest of iliac bone (See No. 38 of the *Wien. med. Wochenschrift*, year 1883). For the remaining dull pains in the liver *mercur. sol.* 3 is recommended very much, to be given every two hours, whereby the residue of the inflammation of the biliary ducts after colic is removed. Besides the already-described filling and obstructing of the biliary ducts by catarrhal swelling of the mucous membrane and other mucous tracts (icterus gastro-duodenalis) and gall-stones—*tumors* of the region of the biliary ducts, especially carcinoma of the liver or stomach, cancer

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of the peritoneum, fæcal masses in the colon transversum, *constricting pseudomembranes* (Kunse) after peritonitis, scars at the valve of Vater and Ascarides, which have migrated into the biliary ducts, can make them impassable.

The symptoms of the impassability of the biliary ducts consist of—

1. *Intense jaundice*, as soon as the obstruction is considerable, very yellow color of the skin, white, clayish fæces, biliary pigmented urine are observed. There must exist a perfect occlusion of the ductus choledochus if the evacuations are white and clayish, and if acute yellow atrophy of the liver can be excluded.

2. *Swelling of the liver*, which is sometimes very considerable. The surface of the liver is, notwithstanding, smooth and offers the normal contours and sharp edges without knobs and tumors. Later in the course of the disease, diminution of volume, as in granulation of the liver, appears. The high degree of jaundice, the absence of swelling of the spleen and of the ascites distinguishes, however, stenosis of the biliary ducts from cirrhosis (Kunse). An entirely similar case I treated two years ago. A Russian landed proprietor, whom an allopathic physician of this place wished to send away for "medullary carcinoma" after treatment for a fortnight. His wife, a staunch homœopathist, called for me. I found he had an even, smooth swelling of the liver, great emaciation, considerable meteorism or flatulence and icteric color of the skin. The appetite was passably good. For the pains in the liver the allopath had prescribed *morphine* with *aqua laurocerasi;* but the patient feared to take it, and I naturally did not let him take it, and instead I prescribed *nux. vom.* 3, dec., dil. one drop every hour, after which much flatus passed away. Instead of four cups (one cup = six ounces) of Felsenquelle, which the allopath had ordered, I let him take in the morning only twice one-quarter of a cup (one and one-half ounces) of Marktbrunn with an interval of one-half an hour, and the patient recovered so well in a fortnight that he could start for home entirely fresh and in good spirits after a stay of five weeks. I had let him finally increase the quantity of the spring to a half cup, or six ounces in two doses. Strengthening, invigorating diet and a good wine, and now and then one dose of *china* 2, dec. dil. had very much invigorated him. A Russian confrère who happened to take the waters here, observed a considerable decrease in the swelling of his liver. The evacuations, which were at the beginning all whitish and dry, got finally pappy and of a biliary (dark brown) color.

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3. *Hydrops of the gall-bladder.* The same, to be sure, is not always present, but if it exists, it is always a sign of obstruction of the ductus cysticus, if the fæces are still of a biliary color. The hydrops characterizes itself by an elastic, sometimes fluctuating swelling, having a form like a pear, and which overtops the brink of the liver at the fissure of the gall-bladder.

CARBOLIC ACID AND CHOLERA.

By R. K. GHOSH,

Calcutta, India.

ON the 20th of December, 1890, I was called at 4 A.M. to see a cholera patient in the person of a boy aged about eight, at Mániktalá, in the suburbs of Calcutta, after he had passed two rice-water stools and vomited twice the same stuff. During both the stools the patient had passed urine. When I entered the room of the patient, I found a very strong smell of carbolic acid, which, I thought, was owing to sprinkling of carbolic-water on the floor of the room for disinfecting purposes; but on inquiry I learned that no carbolic acid, nor any preparation of it, had been sprinkled or kept in the room, or even brought there for at least three months before the attack of cholera in this patient. The cause of the presence of the smell of carbolic acid in the room now became a mysterious thing, *to me*, at least. I commenced observing as to which direction the smell was coming from, and a very careful observation led me to the conclusion that it was coming from the direction of the drain near which the patient had passed his stools and voided his urine. In my presence the boy passed a stool of the same stuff as before and vomited the same stuff as well. I directed that the stool should be kept in a china pot, which was done. The pot was removed to another room as soon as the stool was passed, and on my entering the latter room, I again noticed a very strong smell of carbolic acid. It ought to be mentioned here that when I had entered the room of the patient through the latter room, I had not found any smell of carbolic acid. The patient looked like a malaria-stricken person, on account of which I inquired if he had taken Dr. D. Gupta's malarious fever mixture, which is very extensively used in Bengal for "chronic malarial infection," and which seems to have an admixture of carbolic acid, and I was told that the patient had been taking no medicine from four or five months before

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the attack of cholera. I also inquired if the patient had any external application of carbolic acid in any shape, and I was answered in the negative. Under these circumstances I was naturally led to the conclusion that the smell of carbolic acid must have been emanating from the stools of the patient, and that it must have been the result of some *pathological phenomena* going on in the system, the nature of which was known neither to the parents and relations of the patient, nor to me. I noticed the following symptoms when I examined the patient: Profuse rice-water stools and vomiting of the same stuff, emitting a very strong smell of carbolic acid; pulselessness at the wrist; some restlessness; much thirst, the patient expressing a desire for drinking, and drinking a full tumbler of water at a time; extremities very cold and blue; cramps in the extremities, more especially in the lower ones; occasionally chill such as we notice in cases of malarious fevers; urine suppressed after the second stool; eyes sunken in their sockets and surrounded by blue *areola;* voice hoarse and husky. These symptoms led me to prescribe *veratrum alb.*, and I prescribed it at the twelfth potency, a dose after each stool. Six doses of *veratrum* 12 did the patient no good, and the symptoms began to grow worse. I was now really in difficulty for finding out a suitable remedy for this little patient, because the symptoms present in his case were indicative of the exhibition of *veratrum*, and yet six doses of the medicine had done the patient no good. I now prescribed *veratrum alb.* 30. Six doses of *veratrum alb.* 30 also did the patient no good, and yet the symptoms present in the case did not indicate any other drug. I now prescribed *veratrum alb.* 6x. Six doses of the sixth potency also did the patient no good, and yet all the symptoms of *veratrum alb.* were present still. Now I thought that further trial of *veratrum* would be useless; at the same time I could not hit on any other suitable remedy, and considering the urgency of the case, administration of a remedy was *essentially* and *immediately* necessary. Now, taking the presence of the smell of carbolic acid in the stool as my guide, I prescribed *carbolic acid* at the 6x potency, a dose every two hours. After the third dose of *carbolic acid* had been taken, purging and vomiting stopped. A fourth dose was given, after which I saw the patient again, when I noticed that the pulse was perceptible at the wrist; the patient had no more stools or vomiting; he felt no thirst, and his extremities were getting warmer and he had no cramps; but the urine remained yet suppressed. Now I prescribed another dose of *carbolic acid* and came away.

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The next morning I was informed that the patient had passed a semi-consistent bilious (yellow) stool last night, and voided about four ounces of urine during the stool. I saw the patient that morning and on examination I found that the pulse was good and steady; the extremities had become warm and natural, the eyes had become natural, there was no thirst, but the patient had much desire for a stool and he complained of much rumbling in the abdomen. I prescribed a dose of *nux vom.*. 30, and came away, asking the parents of the patient to keep the stool in a china pot if he had any at all until I saw the patient again in the afternoon that day. At 2 P.M. I was informed that the patient had passed a stool at 1 P.M. At 2.30 P.M. I saw the patient again and found that he was lying in a recumbent position in his bed. The stool he had passed at 1 P.M. was consistent, yellowish, fæcal matter, and on inquiry I learned that the patient complained of no rumbling in the abdomen, or any other uneasiness in that region. He also passed about three or four ounces of urine at the time of the stool. The patient having felt hungry, I prescribed sago-water with a little table salt and came away, giving him no medicine. The next morning I was called to see the patient again, when I saw him sitting in his bed inclining on a pillow, and on inquiry and examination I found him well in every way. He had passed in three times about 20 or 24 ounces of urine since I had seen him day before yesterday, but he had no stool, nor any desire for a stool. I prescribed no medicine and came away. Since then the patient has been doing well.

From the very good results which I got in this case, I tried *carbolic acid* in about ten cases of cholera during December and January last, and in about five cases during this month (February), where *veratrum alb.* had failed to do any good, although almost all the symptoms present in those cases indicated *veratrum alb.* From my personal observation of these cases, I have been, as it were, driven to the conclusion that in cases of cholera, where symptoms of *veratrum alb.* remain present, and yet veratrum does little or no good, *carbolic acid* would prove to be a sovereign remedy in our hands. This I say not from mere theory, but from the results which I have practically obtained by treating the cases of cholera above alluded to. I should therefore recommend that *carbolic acid* be given a fair trial by the profession in the treatment of cholera when occasion offers. One thing I must note here, before concluding this paper, that in no case have I noticed that peculiar symptom, namely, "smell of *carbolic*

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acid in the stools and urine," and yet the cases were cured by *carbolic acid.* All the patients of cholera which I successfully treated with *carbolic acid,* more or less complained of a peculiar feeling of confusion in the head, which disappeared after three or four doses of *carbolic acid* had been taken. *Carbolic acid* is very well followed by *nux vomica* 30., especially where rumbling in the abdomen and desire for stool remain present.

From personal observation of these cases I have also been very strongly inclined to the belief that the poison of cholera has much affinity to *septic poison,* which again is much amenable to *carbolic acid.*

ORIGINAL ARTICLES IN SURGERY.

THE BEST TREATMENT FOR CERTAIN FRACTURES.*

By HARRISON WILLIS, M.D.,

Brooklyn, N. Y.

IT was said by the late Dr. Syme, that surgery could never become an exact science because silly folks were continually trying to invent new ways to replace the sadly few absolutely successful methods of treatment. Although this statement seems somewhat tinctured with "old-fogyism," still it may be worthy of consideration. Certainly we should not try a new method till we feel quite sure that the new is better than the old.

In giving the best methods of treatment, it is only claimed to be my own opinion and experience which are given, hoping that they may be of some benefit to the profession.

COLLES FRACTURE.

Colles fracture, or a fracture of the lower end of the radius within an inch of the wrist joint, is a fracture of frequent occurrence, and when treated in the ordinary manner is often followed by more or less deformity. Having treated nearly two hundred cases of this fracture during the last twenty years, by the method recommended by

* Read at the annual meeting of the New York State Homœopathic Medical Society, February 10, 1891.

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Dr. E. M. Moore, and published in the Transactions of the New York State Medical Society of 1870, I can endorse his mode of treatment as the best. The treatment is substantially as follows: If there be any deformity the fracture must be first thoroughly reduced, which is best done by having an assistant take firm hold of the arm at the elbow, to make counter extension, then grasp the hand with your own corresponding hand, as you would shake hands, make forcible extension first, by flexing the hand toward the radial side, then keeping up strong extension, bend the hand backward and sweep it around, describing a semicircle, till it is flexed downward on the ulnar side; then with the other hand, with the thumb over the fractured fragment, replace it to its normal position, with the extension still kept up; a roller, two or two and one-half inches long, and half an inch in diameter, the core of an ordinary bandage will be sufficient, is then placed along the ulnar side of the wrist anteriorly from the pisiform bone upward; this is held in position by the points of your two forefingers touching the two ends, while an assistant passes around the wrist over the fracture and roller an adhesive plaster two inches in width; this is passed tightly around twice. Moore recommended that if the swelling and pain demand it, the plaster be cut at the back of the wrist after a few hours. I have seldom found it necessary to do so; the hand will always swell considerably for a few days, but as there is quite a space on the anterior part of the wrist on which there is no pressure, there is but little danger that the circulation will be impeded enough to do any harm. The arm is allowed to rest in a sling so that the weight of the hand will keep up extension.

FRACTURE OF THE CLAVICLE.

Fracture of the Clavicle is another fracture of frequent occurrence, and the number of harnesses, yokes and other forms of apparatus which have been recommended are almost innumerable.

The following method which I have used almost exclusively for the last sixteen years, is in my opinion the simplest and most reliable: First a roller bandage with a loop in one end one-third larger than the arm is prepared. This loop is passed over the arm, properly protected by cotton wadding, up to the axilla. The bandage is then carried back over the other shoulder in the form of a figure eight, and brought back below the loop, and carried back again to the other shoulder and fastened. The axilla must be well padded. The tension must be such that the arm on the injured side will be drawn backward fifteen

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degrees from the line of the body. Then a bandage about one and a half yards long and one foot wide is prepared, the elbow is brought forward and the forearm flexed on the chest and held in position by this bandage, which is carried over the opposite shoulder. The olecranon process must be well padded and the bandage sewed or fastened with safety pins, so that the forearm and hand will be enclosed in a sack. Over this I often put a snug fitting undershirt. The advantages of this method are, that by the loop and figure eight bandage, you get a fulcrum that is practically immovable, so that by bringing the elbow forward, you throw the shoulder upward, backward and outward, and can easily retain it there. Then, as the whole length of the clavicle is uncovered, it is easy to ascertain if any readjustment be necessary.

FRACTURE OF THE PATELLA.

This fracture has recently received a great deal of attention, owing to the number of serious and fatal results that have followed the method of cutting down and wiring the fragments of the bone together, by adventurous believers in "Listerism."

In this connection I cannot refrain from quoting from the testimony of an old lady, before the Surrogate Court of New York, who is reported to have said that she always wore gloves to protect herself from the germ theories that were flying around. It may be a question whether this thoughtless remark of an old woman may not imply a truth of quite as much practical importance as can be found in the combined researches of Lister, Pasteur and Koch. In other words, may not the germ theories be quite as dangerous to mankind as the germs themselves? And does it not seem that the time has come when the observing portion of the medical profession should handle some of these wild theories without gloves?

The method by which this fracture has been treated by the writer for many years is as follows: A posterior straight splint, the length of the limb, and about four inches wider than the breadth of the limb at the knee, with a notch cut into each side, four inches below the knee, is used. This is thoroughly padded, particularly beneath the knee; a compress is used of two or more thicknesses of muslin or flannel the width of the knee, long enough to extend from the tuberosity of the tibia to four inches above the patella. The patient is raised, so that the limb will be at an angle of twenty-two degrees to the body. The splint is placed beneath the limb, then the compress is laid over the patella, and with one hand the upper frag-

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ment is brought down until it is in contact with the lower piece or pieces; if it can be brought down so that the fragments are tilted up, so much the better; this is done with the hand over the compress, the lower end of which can be lifted so that the part is exposed. Then a plaster of paris bandage, properly soaked in water, is passed beneath the splint where the notches are, and over the knee above the upper fragment of the patella, and carried round two or three times, with tension enough to retain it in the position to which it has been placed. Then the bandage is carried around in the form of a figure eight and then over the fracture. Then—and this is the most important thing in treating this fracture—with one hand above the patella, and one below, the thumbs firmly pressing down over the line of the fracture, to correct any tilting of the fragments, the plaster bandage is moulded accurately to the contour of the part, and is firmly held in that position till the plaster hardens; this may be applied as soon after the fracture as possible. When the limb is much swollen it may be found necessary to re-dress it after a few days; as a rule the dressing is left on five or six weeks.

FRACTURES OF THE SHAFT OF THE FEMUR.

The best way of treating a fracture of the shaft of the femur, is undoubtedly with the plaster splint. It is applied in this way: first, a paper pattern is made, to extend from the crest of the ilium to below the outer malleolus, and wide enough to go half around the thigh and leg. Another pattern is made for the inner side of the limb, from the perineum down. Then six pieces of canton flannel are cut according to these patterns, three of each. Then in a large basin four or five quarts of equal parts of plaster of paris and water are throughly mixed; care should be taken to get fresh plaster that has not been exposed to the air. The fracture is first thoroughly reduced in this manner: The patient lying on a cot or bed, which has been protected by old newspapers or cloth, a sheet passed under the perineum and held by an assistant, or fastened in some manner, is used for counter extension; then a strong and reliable assistant is directed to grasp the injured limb with both hands, just above the malleoli and make strong and steady extension. Careful measurement should then be made, and if the limb can be brought down a little longer than the other, all the better. Now with the aid of another assistant, one of the longer pieces of canton flannel, which has been thoroughly saturated in the plaster solution, is placed on the outer side, extending from the crest

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of the ilium to the outer malleolus, in direct contact with the skin. The assistant, who is making extension, releases one hand so that he can grasp from the outside of the layer; then an inner piece is applied in the same manner, from the perineum, which should be protected by a wad of cotton, to the inner malleolus; the remaining pieces are applied in the same way alternately. Then commencing at the lower part of the leg, a roller bandage is carefully applied, making several turns around the pelvis. After this several rollers of plaster bandages are put on over this around the thigh and pelvis. Then, while another assistant aids in extension, a roller bandage is placed around the ankle and foot. Extension is to be kept up till the plaster is well hardened. Sometimes it is necessary to keep up permanent extension with weight and pulley, but it is not usually required.

COMPOUND FRACTURES.

In all cases of compound fractures an examination should be made in the following manner: The external opening should be enlarged if necessary, and a careful and thorough investigation should be made, with the finger for a probe, so that you will know positively the conditions of the ends of the bone and of the arteries, and ascertain as far as possible the condition of the tissues generally. The first conclusion to arrive at, if it be a limb, is, whether it can be saved or not. As a rule a compound fracture of the thigh, particularly if it be above the lower third, will require an amputation. Below the knee, if one of the large arteries remains intact, even if the injury be very extensive, there may be a chance to save the limb. But no general rules can be given in a few words. The essential point which I wish to emphasize is, that in all cases a careful examination should be made with the finger and eyes if necessary, and then you are in a condition to form a positive conclusion.

In all cases all spiculæ and small pieces of bone should be removed, leaving the periosteum whenever possible, as upon that the growth of new bone depends. All bleeding vessels should be secured, and the wound cleansed. In fact as much care should be observed in making the toilet of a compound fracture as in a laparotomy. There should be thorough drainage; antiseptics may or may not be used; if perfect cleanliness is observed you will not need them; if not, they will do but little good. In all cases where the tissues are greatly bruised or lacerated, or when there is danger of sloughing, the open treatment should be adopted. This will apply to amputations and to nearly all wounds.

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ON THE ADVISABILITY OF OPERATING FOR CANCER.*

By SIDNEY F. WILCOX, M.D.,

New York.

IN the present status of operative surgery, it would appear almost superfluous to discuss the question of the advisability of operating for cancer. The improved surgical methods, the remarkably quick recoveries with comparatively little pain, and the absolutely deadly nature of the disease, make it seem almost beyond question that radical excision of cancerous growths should be done, especially in the early stages. And yet it is in just this stage that the greatest danger as regards the ultimate outcome of the case arises. I think members of our school are prone to put too much faith in the infallibility of the homœopathic similar, and they are deluded into the idea that they can cure their cancer cases without resorting to the knife.

In many cases this faith is grounded on reputed cures of cancerous growths by medicine. Some of these cases thus cured have been examined by surgeons and diagnosticians of note whose experience entitles them respect and credence. But we must all admit the fallibility of even the best qualified in some cases, especially when obliged to form a judgment entirely from the symptoms subjective and objective of a non-ulcerating cancer in its early stage. With an open sore where a portion can be removed and submitted to a microscopical examination, the case is quite different. Many of the so-called cures of cancerous cases come about much as follows: A woman discovers a hard lump in her breast. If she is a wise woman, she consults her physician as soon as she perceives that there is a tendency in the lump to persist. The doctor may not have sufficient confidence in his own judgment, and refers her to some surgeon, who, perhaps hastily, pronounces it "cancer," and advises an operation. But the patient may have a great aversion to such a procedure, and so the efficacy of medicine is tried. Carefully studied prescriptions are made, and lo! the "cancer" disappears, to the great glory of homœopathy in general and the doctor in particular. I speak thus feelingly, for in my experience I have met with one such case. A woman came to me with a lump in her breast which had the characteristic symptoms of cancer in the early stage. I

* Presented to the New York State Homœopathic Medical Society, February, 1891.

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so diagnosed it and advised operation, and then that woman went away and was cured by faith cure. Now, what was the lump? Simply an indurated gland, which got well of itself, perhaps under improved mental and physical conditions. That it was a cancer, I have not the slightest idea. I made a mistake. So I believe it to be with nearly all the cases of reputed cure of cancer by medicine. I cannot bring myself to believe that homœopathic or any other medicine now known will or can eradicate true cancerous growths from the system. I have had the opportunity in some cases of witnessing the effects of the prescriptions of some of our best prescribers, which produced no good result as far as effecting a cure was concerned. One physician of our school, whose fame as a writer is international, and whose knowledge of medicine is second to none, failed to save his own wife from dying from cancer of the breast. He told me afterwards that he would never again allow a woman to endure the suffering that his wife did, but would advise an operation.

In case of simple glandular enlargement or induration, it is granted that medicine will effect a cure; but that such will be the result in cases of malignant growths, I cannot believe. I do not wish to be understood as claiming that remedies have no deterring effect upon the growth of malignant tumors. I do not claim that, and after operation I always advise the use of arsenic or other remedies for a long time, to prevent or delay recurrence.

That cancer, in the beginning, is a local trouble, is generally conceded by authorities, although there is in many cases a family history of the disease, and apparently a transmitted constitutional tendency which favors its development on local irritation. In many cases no such history can be traced, and usually some locally exciting cause is to be found.

Now if this be the case, early removal of the growth while it is entirely local must have the effect of checking the inroads of the disease if not of thoroughly eradicating it from the system. (I am still considering the disease in its early stage.) Is it not then worth the two or three days of not very acute pain which the patients suffer after an operation, to be relieved from the pain caused by the presence of the growth as well as the horrible dread and fear of the inevitable result?

In almost all instances where the patients' own feelings are consulted, they desire an operation, and in many cases they retain bitter thoughts against the physician, who, as they think, has deluded them into waiting past the eleventh hour. Most patients, even though they

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are persuaded that there will be a recurrence, prefer to have the growth removed for the respite and peace of mind which the removal gives; and even if it does return, if no vital organ is affected, the new spots can be cut out. In one case I removed secondary growths on four different occasions, after the patient had had the first operation done by another surgeon. These secondary growths were enlarged axillary glands and lymphatics. In another case I operated three times, the third operation involving enlarged glands of the neck and their removal from off the sheath of the large vessels. This last operation was done after the refusal of several surgeons of both schools to do it, but at the request of the patient, who fully understood the great risk she was running. In both these cases, the patients were grateful, and both died of other diseases, so far as could be ascertained. I do not wish to be understood as an advocate of indiscriminate cutting. I believe in making a correct diagnosis if possible. In some cases this is difficult, and in others easy. For instance, in a lump in the breast a mistake may be sometimes made, but in cases of other organs the very symptoms which call attention to any trouble may be the ones to lead to a correct diagnosis. An obstinate metrorrhagia which defies medical treatment may, in the opinion of the doctor, call for curetting. The scrapings are examined and a true diagnosis arrived at. And what operation is more satisfactory in its results than that of vaginal hysterotomy, when there is only slight involvement of the substance of the organ and no adhesions? In a case I operated on seven months ago,† the patient is in better health than she has been in several years, with no signs of recurrence. In another case which I have under my care, but which was operated upon by a prominent allopathic surgeon about a year ago, there is no sign of recurrence. This surgeon told me only a few days ago that in about twenty-five cases of this operation for cancer of the uterus, he had had only three or four returns.

So much for cancer in the early stage. I am also radical enough to believe in removal at a late stage, whenever practicable. Of course there is a limit to all things. Cancer of the uterus which has invaded the surrounding structures and has become fixed to the pelvis is beyond help by the knife.

Dissemination to other parts is a contra-indication, no matter where the tumor is situated, while extensive infiltration of the surrounding tissues may render the operation incomplete or useless.

† Now nine months.

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Also certain conditions of the patient's health not dependent upon the cancer itself may render operation impracticable.

But there is no reason why, because a patient has an ulcerating scirrhus of the breast with enlarged axillary glands, she should not be relieved. Within the last year I have operated on two patients for ulcerating carcinoma of the breast, and both are doing well at the present time. Both of these cases have been under the care of skillful homœopathic practitioners, who, with their best efforts, were unable to prevent breaking down. But I am of the opinion that the remedies given had the effect of improving the general health. Both of these patients know that in all probability there will be a recurrence, but they are much more contented, they suffer much less pain, and are infinitely better off with a well healed scar than with a nasty discharging sore.

One trouble in cases well advanced is that they become desperate and are willing to submit to anything to be relieved; and so it is that often these cases, when refused by the surgeon, turn to the cancer quack with his pastes and tortures. I have always regretted giving an unfavorable opinion in regard to an operation on a lady who had recurrence after a removal of cancer of the breast. The intense suffering she went through from the use of a paste in the hands of a "cancer doctor" was beyond description.

Advanced age in a case otherwise healthy is no contra-indication. In the January, 1891, number of the *American Journal of Obstetrics* is a discussion on this subject. And a number of cases of successful operations for cancer of the breast at extreme age are cited while the consensus of opinion was decidedly in favor.

I recently operated on an old lady seventy-eight years of age, who had so large a breast that the wound was over twelve inches long. She recovered well in spite of the fact that she had valvular disease of the heart, atheromatous arteries, and had recently had an apoplectic stroke, which left one arm and hand partially paralyzed. On account of the fear of her dying on the table, I did not dare to advise an operation, but finally her suffering became so extreme that she preferred to run the risk to remaining as she was.

One argument which has been brought to bear against operations for cancer, is the claim that the operation itself excites an increased action in the tissues, and that the progress of the disease is more rapid than if it had been left to itself. We have no proof that this claim is true, while on the other hand we do know that usually after thorough

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extirpation of the diseased mass, even though it be broken down and ulcerating, the surrounding tissues heal kindly.

This brings up one more very important point, and that is, the necessity of complete removal of all the affected tissues. Anything less than that must be ineffective. The incisions must be made to include a layer of healthy tissue. Also all affected glands must be removed—and this is often the hardest part of the operation; as, for instance, deep-lying axillary or cervical glands.

Regarding the methods employed by the so-called "cancer doctors," I have little to say. From all I have been able to learn, they impose on the fears of the patient to get her to submit to their treatment, and the treatment is very slow and excessively painful. It leaves a granulating wound, which takes long to heal. In fact, I have seen recurrence before the wound had healed.

In closing this brief plea, I would say that as, in the present state of our medical knowledge, we have no remedy for cancer, we must do the best we can to prolong life and ameliorate suffering. I have tried to show how in this case it can be done. Admitting the fact that honest opinions differ according to the standpoint from which they are formed, from my standpoint it seems better even in doubtful cases to strike hard to exterminate the enemy than simply to play a Fabian game which must end in defeat.

OLD AGE AS A FACTOR IN SURGERY.—N. F. Graham, M.D., in the *Medical News* of January 7, argues that old age does not contra-indicate surgical procedures, as strongly as it is generally supposed. In support of his argument he cites the following successful cases from personal experience and surgical literature: Amputation of the leg, three inches below the knee for gangrene in a negro aged ninety-two. Severe "axe wound of the face, cutting directly through the bridge of the nose and with a downward inclination into the maxilla, and opening into the mouth through the right side making a cut five inches in length," in a man aged eighty-seven years.

Popliteal aneurism and gangrene of the foot in a man of eighty-eight.

Fracture of the bones of the fore-arm in a woman of ninety-one, and fracture of the neck of the femur at eighty-one.

Fracture of the radius in a woman of seventy-six.

Carbuncle on the back of the neck of a man aged seventy-five.

Epithelioma of the lower lip in a man of seventy-four, also operation for similar condition in a man aged eighty.

From foreign literature he cites the following cases: Amputation of the hand of a woman aged one hundred and one years. Amputation of the breast for scirrhus in a woman aged eighty-four. Fracture of the patella in a man aged eighty-nine, etc., etc. G. W. R.

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THE STATUS OF TUBERCULINE.

THE great expectations aroused by the announcements of Dr. Koch have been rapidly tumbling as reports have come in from observers throughout the world. The remedy which but a few months ago was hoped to be the long-sought specific for consumption, has fallen to the rank of doubtful agents, dangerous in employment and uncertain in results. Perhaps the most optimistic conclusion is derived by Dr. Jacobi, who has summed up his belief, after very limited trial, as follows: "What it has done and what it can do is more than any other remedy, except climatic treatment in pulmonary tuberculosis, and surgical interference in select cases of local tuberculosis, has succeeded in accomplishing." But of his eleven cases of tuberculosis of bones and joints, eight were not improved, one died, and two improved. Of sixteen cases of pulmonary tuberculosis, one died, four were not improved, five improved, four were much improved, two recovered, even with disappearance of local pulmonary signs.

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But Dr. Jacobi's data were very limited in time of observation and number of cases; and his conclusions do not warrant an assumption of a genuine cure. The official report issued by the German government is no more assuring; 1,769 cases were treated by more than sixty physicians; of these 55 died during treatment; 13 cases of internal tuberculosis and 15 cases with joint tuberculosis and lupus were reported cured. Of 951 cases of phthisis, 171 markedly improved, 194 slightly improved, and 586 were not improved. Of 683 cases of joint tuberculosis and lupus, 148 were considerably improved, 237 improved, and 298 did not improve. Thus, as our esteemed contemporary the *Medical Record* remarks, the results are most discouraging, fully one-half not improving at all.

The most remarkable effect of tuberculine has been demonstrated in lupus; but, in the *British Medical Journal* for January 31st, Sir Jonathan Hutchinson says: "No one, however, ventures to report an instance of complete cure. Of the cases which have been shown to me as the most satisfactory, I am bound to say that in every one there has been evidence, at some part of the edge, of the remains of lupus tissue, ready, I do not doubt, to start into fresh growth on the slightest provocation." He further states that the treatment does not always influence the essential element of lupus. "The brown apple-jelly-like deposit which is universally acknowledged as the most characteristic of the lupus conditions sometimes remains untouched. The cases which appear to derive the greatest benefit are those in which there is most of inflammatory swelling, and in which the more specialized elements of the lupus process are least abundant." He therefore suggests that tuberculine is a remedy, not for tuberculosis, but for certain conditions of the inflammatory process. He further reports a case, which was supposed to have been almost cured, in Berlin, in which the condition subsequently became almost as bad as before the treatment.

As the lymph is uncertain in its curative power, so is it a dangerous remedy. There has nothing appeared which fairly offsets the views of Prof. Virchow, based upon twenty post-mortems, as published a couple of months ago. His observations raise a strong pre-

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sumption that patients may be killed, or at least have death hastened, by its use. Our readers will remember that he found a remarkable tendency to an undue extension of caseous and catarrhal pneumonia, the latter being notable for the fluidity of the exudation in the pulmonary alveoli. He further had good evidence for believing that, by necrosis of localized tubercular foci, the tubercular virus is set free and disseminates tubercle in other parts of the body, as in the larynx, in serous surfaces opposite intestinal ulcers, and even in the pericardium. Moreover, the necrotic process set up in intestinal ulceration by the lymph may lead to perforation of the bowel. He noted colossal hyperæmia of the cerebral membranes in a case of tubercular meningitis treated by injections of Kochine, undue vascularity of, and hæmorrhagic infiltration in the walls of phthisical cavities, and even actual hæmorrhage into the cavity itself. But he confirmed the remarkable selective power with which tuberculine searches out tubercular tissue and destroys it by rapid inflammatory necrosis. But the power of inducing rapid inflammatory necrosis is an unpleasant responsibility in the hands of the physician who needs to individualize his case without knowing how to do so, if he would not hasten death while he is experimenting for a doubtful cure. Like all other poisons, parataloid shows no uniformity of effect in different individuals, who vary in susceptibility. Some show no reaction under doses which would be fatal to others. In some cases of tuberculosis, the temperature does not rise after full doses, while in others not tuberculous there is sharp, febrile reaction after minimal doses. In the *Medical Record* for February 28th and March 7th, Dr. A. Jacobi says: "At all events it is impossible to predict or calculate the effect of the remedy. Every case appears to require its own tentative treatment."

Thus, after a trial of nearly 6 months, carried on extensively throughout the civilized world under extraordinary conditions of clinical experiment, the glycerine extract of pure cultures of the tubercle bacillus is being looked upon more and more as a tentative and dangerous expedient, possibly remedial to a limited degree, but probably not curative in the true sense of the word. It is of course too soon for any positive conclusion as to the scope of its usefulness, and it may be that the

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disappointment resulting from extravagant hopes has precipitated unjust skepticism. Careful as trial has been, it need not be pointed out that the methods employed have been incomplete. Only one school of medicine has tested it empirically, without the guidance of any law in therapeutics. While the extraordinary lethal power of the presumptive ptomaine has compelled the employment of infinitesimal doses, yet the dose administered has been upon the assumption that sharp, pathogenic reactions must be induced in order to attain curative results. That such an assumption is not warrantable, is well shown in the observations of Dr. Jacobi, who has inferred from them that "the therapeutic effect did not depend on the energy of the reaction; on the contrary, some of the most favorable cases were those in which no, or very little increase of temperature was observed; while others, which exhibited high fever, and other symptoms of reactions, were endangered by dyspnœa, rhonchi, and the progress of local disturbances in the lungs." It is possible that, following along the line of the Hahnemannian inference, as to the proper dose for really specific effects, namely, the minimum quantity that will induce a *slight* aggravation, the administration of tuberculin, attenuated to the degree of the serpent venoms long employed by homœopathic physicians, and in repeated doses for a long period, may bring about more happy, sure and pleasant results. And it may be too that after thorough, minute and full investigation of the effects of tuberculin upon the healthy human organism, the principle of similars may furnish the clue that will enable physicians to individualize the cases to which the drug is applicable. There is certainly reason in the view that killing bacilli and destroying the tissues in which they are being nourished are not methods which will protect the individual against further invasion by the tubercle bacillus. The inherent tissue-vice of the tuberculous patient, which makes him the host instead of the destroyer of swarming micro-organisms, constitutes the essential element to be corrected in any case that may be worthily called a cure. According to a letter in the *Medical and Surgical Reporter*, any such immunity cannot be expected from tuberculin. Sanitätsrath Dr. Thorner, before the Verein für Inner Medizin, recently communicated

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some interesting observations he had made in experimenting with the remedy upon animals. "Any animal," he said, "suffering from miliary tuberculosis can be cured with tuberculine." Likewise interesting was Thorner's statement that as long as an animal was subjected to tuberculine injections, it was immune against infection of tubercle bacilli, and that this state of immunity ceased as soon as the tuberculine was withdrawn. Hence it is clear that Koch's remedy can never be utilized as an immunization lymph against tuberculosis.

Now that the drug is appearing upon the market, it remains to be seen what the homœopathic school is going to do with it. By the peculiar methods of its distribution, homœopathic investigators have been so far deprived of the privilege of experiment with it. It is to be hoped that it will be taken up by them *de novo*, and investigated carefully according to their independent principles. They should, for their own credit, avoid imitation of the carnival of indiscriminate experiment by the clinical method solely, which has resulted so unhappily in the hands of empirical observers. Koch has gone a little way in ascertaining the effects of his fluid upon the healthy human being; and, while he has not given to the world a record of its more minute effects upon his own person, it has been demonstrated that the poison does not induce tuberculosis and can be safely experimented with, if used with due caution, by the healthy individual. Tuberculine should first be carefully proven, both through the stomach and by injection, if homœopathy is to gain any special credit through its employment; for, notwithstanding Koch's assertion that the drug has no effect when taken *per oram*, it may be true that, like the serpent poisons, it has effects when so taken, though in a modified degree. After thorough provings of the drug, we can then advance to its trial upon the sick, guided by a definite symptomatology and a rational principle. This appears to be not only a duty, but a salient opportunity for the homœopathic school to show the superiority of its method in investigating the curative powers of drugs upon a philosophical and scientific basis. Whether or no tuberculine can ever cure consumption, enough is known to demonstrate that it has extraordinary pathogenic properties which ought to render it an important remedy, if there is warrant in

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the experience of the homœopathic school for belief in the principle of similars as the law that regulates the relation between the pathogenic and the curative effects of drugs. If it is to fix the therapeutic sphere of tuberculine, it is evident that it can do so only by investigating logically upon the line of this law in connection with a pure tuberculine pathogenesy. There is no good reason to believe that it can attain better results by the empirical method than is appearing in the lamentable failure of the other school, which has almost thrown its ethics to the dogs in a mad scramble to experiment with a secret specific for tubercular disease, and that too in infinitesimal doses.

BOOK REVIEWS.

HEREDITY, HEALTH AND PERSONAL BEAUTY. By JOHN V. SHOEMAKER, A.M., M.D. Philadelphia: F. A. Davis, 1890. 8vo. Pp. 422.

This volume is intended mainly for the entertainment and instruction of the laity. There is much in it, however, which will prove of interest to physicians, particularly in the chapters relating to the complexion and the hair. It can be safely commended to patients as conveying sound information on the care of the body, and the attainment of beauty through obedience to the laws of health.

HEADACHES AND THEIR CONCOMITANT SYMPTOMS, WITH A COMPLETE AND CONCISE REPERTORY ANALYSIS. By JNO. C. KING, M.D. Second edition. Chicago: W. A. Chatterton, 1891.

The first edition of this book was published in 1879. The present edition has been largely rewritten, and has been well revised. A note gives a general summary of indications, then follow the location, direction and character of pains, other head symptoms, amelioration, aggravation and concomitants. The book will be found of real service in finding the indicated remedy.

REPERTORY TO HERING'S CONDENSED MATERIA MEDICA. Published by the Homœopathic Medical Society of Pennsylvania. Philadelphia: 1889. 8vo. Pp. 432.

This volume contains a repertory of the symptoms of the lower extremities, male sexual organs, appetite, thirst, desires, aversions, outer chest, stomach; aggravations, with reference to mental symptoms only; of the tongue, symptoms occurring during pregnancy, and of the heart. The work has been carefully edited and well printed.

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THE RUBRICAL AND REGIONAL TEXT-BOOK OF THE HOMŒOPATHIC MATERIA MEDICA. SECTION ON THE URINE AND URINARY ORGANS. By WM. D GENTRY, M.D. Philadelphia: Hahnemann Publishing House, 1890. 8vo. Pp. 290.

In his preface the author explains that he calls his work *rubrical*, because it gives *only* symptoms which may be underlined with red ink as perfectly reliable; *regional*, because it is to be published in sections devoted to a region or organ; and a *text-book*, because it has wide spaces for writing in additions by the user. He further describes his work as a compilation from, and a revision of, all materia medicas. This sample section is essentially the traditional materia medica, pure and empirical, in which is catalogued symptoms he considers verified. the spacing being such as to throw the symptoms into more separate relief than in the books where they are crowded together. The phraseology of the symptoms is also more condensed. The work is not of the order which comes properly under the head of a revised materia medica, but will be found useful as containing many of the urinary symptoms of 372 drugs, following each other in the familiar alphabetical arrangement. It is a pity that there are no indications in it by which the so-called clinical (empirical) symptoms can be distinguished from those which have been proven to be truly the effects of drugs upon the healthy, for in no other way can be built up a pure, homœopathic materia medica, which can be justly claimed to be perfectly reliable.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By SAMUEL W. GROSS, A.M., M.D., LL.D. Fourth edition. Revised by F. R. STURGIS, M.D. Philadelphia: Lea Brothers & Co., 1890. 8vo. Pp. 173.

This terse treatise, eminently practical and scientific, has been a standard for twenty years. The additions by Dr. Sturgis are in the character of the original work, and enhance its value. The importance of the subject is indicated in Dr. Gross' statement that, in unfruitful marriages, the fault lies with the husband in at least one instance in every six. We know of no better work of its class.

A TEXT BOOK OF COMPARATIVE PHYSIOLOGY FOR STUDENTS AND PRACTITIONERS OF COMPARATIVE (VETERINARY) MEDICINE. By WESLEY MILLS, M.A., M.D., D.V.S., Professor of Physiology, McGill University, Montreal. With 476 illustrations. New York: D. Appleton & Company, 1890.

The Text-Book of Animal Physiology, reviewed in our columns last year, has a most excellent counterpart in the present text-book for veterinary students. As the author says, "The time has certainly come when medicine must leave the narrow ruts within which it has been

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confined, and become essentially comparative." From this comparative view, the work will be of great interest and much instruction to practitioners on human beings, as well as to veterinarians. Both the text and the illustrations are of an uncommonly high order.

TWELVE LECTURES ON THE STRUCTURE OF THE CENTRAL NERVOUS SYSTEM. By Dr. LUDWIG EDINGER. Second revised edition. Translated by Willis Hall Vittum, M.D., and edited by C. Eugene Riggs, A.M., M.D. Philadelphia: F. A. Davis. Cloth, 8vo. Pp. 230.

When asked many times during the last five years, "What is the best descriptive book on the structure of the nervous system?" the writer of this notice has invariably replied, "Edinger," and desirous of bringing the book before those unacquainted with German, he asked, two years ago, the author's permission to translate it, only to find that this had already been given, not, however, at that time to either gentleman named on the title-page of the present volume.

Further praise of the original the present writer does not think necessary. Concerning the present volume, it can be said from a cursory comparison with the second German edition that the translator and editor appear to have done their work well, an occasional variation from the original being noted. On page 102 we read, "One case of disease of the putamen is known," etc., while the correct equivalent of the author's words here would be, "One case of destruction of both putamina is known," etc. In this instance it happens that the error is of no especial moment, as there were no localizing symptoms, but the use of the word disease for the word destruction, and the rendering of a plural (on both sides) by the singular (one-sided), might be in another case very misleading. In a list of authors, on page 145, the name F. E. Schultze is made into two, thus, Fee, Schultze, but this is counterbalanced by the correction of Bevor as given by Edinger.

An extremely valuable feature of the German original is the profuseness, aptness and delicacy of the illustrations; they are of course all reproduced in the present volume, but unfortunately are printed much darker, yet even then the exquisite beauty of many has not been wholly destroyed. We are not disparaging the present book by any means; it costs a dollar and seventy-five cents bound, while the German original unbound, costs here, net, one dollar and ninety-eight cents. As it is, the publisher deserves credit for giving more than full value.

The book should be studied, not merely read through and put aside; and the one who studies it through will then know why we say it is the best descriptive book extant upon the nervous system, and especially the brain. O'C.

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CORRESPONDENCE.

WHAT SHALL WE PROVE?

To the Editor of THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY:

Reason is an ever-ready friend to the drug-prover, as, indeed, she is to one engaged in any reasonable undertaking whatever. She is ready with an answer to the question: *What shall we prove?* and a part of her answer certainly is: *Poisons.*

Now, it happens that some substances with which provers have experimented are not conspicuously poisons: among them are carbo vegetabilis, lycopodium and natrum muriaticum. I tend toward the belief that no one of these three substances is really a pathogenetic agent; and, if that belief is correct, it follows (not as a matter of opinion, but as a matter of fact), that no one of them can possibly be homœopathic in any circumstances whatever. The fact that cures have been accredited to these substances must not be admitted in evidence when the question is whether they are homœopathic medicines; for pathology (including objective as well as subjective effects) and drug pathogenesy *only* are the fields in which can be determined a question of homœopathicity.

To pick up indiscriminately this, that or the other thing, and undertake a proving of it, is to proceed without method and with the minimum chance of making any real addition to our knowledge of Materia Medica Pura. Reason says: *Prove substances which unquestionably are dynamic poisons:* by heeding her we shall greatly economize both time and labor.

CHAS. S. MACK.

University of Michigan, Ann Arbor.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

Coffea in Pains Following Operation.—Dr. Edmund Carleton related verbally the following remarkable case which occurred within a few weeks: A man having popliteal aneurism of very large size was ad-

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mitted to Ward's Island Homœopathic Hospital, service of Dr. Carleton. Continuous pressure proving of no benefit, the operation of ligating the femoral artery in the middle of the thigh was done. Shortly afterward the man complained of pain at point of ligation in left thigh. It was twisting and wrenching in character and went upward to heart and then to head. There was great restlessness with rapid palpitation of the heart, and the pain was so intense that the man was almost in frenzy. Different remedies were tried by the house physician without effect, and even large doses of bromides, of chloral, and, finally, of morphine were used. The patient's sufferings were so great that he threatened to throw himself out of the window. At midnight the house physician went to the city to see Dr. Carleton, believing the further surgical measures would have to be taken. Dr. Carleton, after hearing the symptoms, decided on *coffea* as the remedy, and gave some of it in the 200th, with directions to give a few pellets on the tongue, and to repeat every fifteen minutes till several doses were taken, and then to report. The third dose was not needed, and the patient has in every way been doing well since. It is worthy of remark that the real homœopathic remedy acted in a potency immediately after material doses of the narcotics and analgesics named. The indications for the remedy were "pains unbearable; seem insupportable; drive to despair. Strong, quick palpitation of the heart with extreme nervousness, sleeplessness and cerebral erethism."

Calcarea Carb. in Remittent Fever.—Dr. Prosper Bender, of Boston, in a private letter: I have my Lippe's Repertory, interleaved, and I enter in it all peculiar and characteristic symptoms that I come across in the course of my reading, and in my Bönninghausen, interleaved, all the general symptoms and conditions. These notes have been of invaluable assistance to me, and have often spared me hours and hours of research, to say nothing of the satisfactory results of the prescription.

The other day, through the aid of a note in the former, I started a patient into rapid convalescence. A child, five years old, had been ailing with remittent (the physician called it gastric) fever for some weeks; no appetite, vomiting of food taken—milk and beef tea—with mucus; stools frequent, loose, yellow, frothy, painless; *peevish, irrritable, would not let any one approach her except the mother; wanted to be rocked most of the time;* sleep restless, feverish, throwing off the bedclothes; feet cold and perspiring. The physician, an allopath, told the parents that it was useless to give any more medicine, change of air and careful dieting being all that he would recommend. I found in my repertory all her symptoms, including "*desire to be rocked,*" under *calcarea carb.*, and gave the child one powder of the 200th, to be taken in three doses, to be followed by sac. lac. In three days there was a decided change for the better, and at the end of a week she was well. No change of air or difference in diet was resorted to.

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From Foreign Exchanges:

Phosphorus in Chyluria.—By H. Wynne Thomas, M.R.C.S., Eng. Fred. L., age 17 months, seen Dec. 10, 1889. Child is small and thin, looks weakly. For the last four months has been suffering from frequency of micturition, and passes milky urine. Is always hungry and very thirsty, but never seems satisfied. Sleeps well and otherwise seems pretty well. Has never had any previous illness; never suffered from worms. Urine looks like milk. Sp. gr. varies from 1012 to 1020. Acid. On boiling, a slight increase in cloud, which is not affected by acetic acid. Under the microscope are seen numerous brilliant oil globules varying in size. After standing two hours a creamy layer rises to the surface, which by about twenty-four hours has fallen to the bottom. On shaking with ether an opalescent jelly rises to the surface. This milkiness has been increasing up to the present time; is very marked early in the morning, before breakfast; is least noticeable before dinner, and most marked again about two hours after dinner, but is never absent. I prescribed for him *phos. acid.* 3x, m.iij, three times a day. After ten days improvement was noticeable, and in a month the urine had become quite clear. Medicine ordered to be continued for three weeks longer. Child seen a year later. Is growing fast, looks much healthier, and the mother says that there has been no return of the urinary trouble.—*Month. Hom. Rev.*, March, 1890.

Bryonia Alba in Meniere's Disease.—By Mr. Dudley Wright, London. Richard R., aged 33, complained Dec. 14, 1889, of giddiness, buzzing and other noises in the ears, chronic constipation and occasional attacks of vomiting. He had been subject to these attacks for over a year. The present illness came on the summer of 1888. It commenced with a sudden attack of giddiness, vomiting and cold sweating, which came on without any warning while at his ordinary occupation. The attack lasted about half a day and left behind it great prostration and headache. About two or three days after this he woke one morning and found that he was deaf in the left ear, and thinking it might be due to the ear being "stopped up," he put his finger in the ear to clear it out. This immediately brought on a severe attack of giddiness and faintness, which lasted the greater part of the day. During the first year the attacks would come on about every four months, and occasionally he would fall down. During the last year they have been much more frequent and of much greater severity, and if standing when the attack appeared he would always fall. During the attack he never lost consciousness, never bit his tongue, or passed his urine or fæces involuntarily. Special symptoms of Menière's disease are given in detail. Different remedies were tried without more than partial benefit, when in July, 1890, he stated that he always noticed that the giddiness came on *if he suddenly got up from the sitting or lying posture. Byronia* 1x was prescribed, two pilules to be

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taken every three hours. In two days he felt an attack coming on while out walking, immediately took two pilules and it was stopped, and a few days later the same thing occurred. Since then up to the present time, (Jan. 12, 1891,) he has not had a single attack of vertigo. The bowels, moreover, soon after taking the *bryonia* commenced to act regularly and have done so up to the present.—*Month. Hom. Rev.*, March, 1891.

REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

AT the regular meeting, January 8, 1891, the whole evening was occupied by Geo. S. Norton's annual address, which is printed in full on page 73, e. s., and President O'Connor's inaugural.

The February meeting was held on the 12th in the usual place, President J. T. O'Connor in the chair, who announced the death of Geo. S. Norton. It was voted to hold a special memorial meeting February 26th.

The Bureau of Clinical Medicine presented three papers, and the Committee on Pathology and Preventive Medicine reported a paper by H. G. Hanchett.

Discussion of C. C. Howard's "Case of Detachment of the Retina." C. C. Boyle reported two cures with Gels. One was after failure with sclerotomy (by an allopath); the other, a myopic lady aged 60, who could not and *did not remain in bed*, resulted in complete re-attachment.

F. Park Lewis.—My experience with Gels. has not been favorable; probably because my cases have been dispensary patients who objected to being put to bed. The latest old-school treatment—sub-retinal injection of iodine—has not been successful.

N. L. MacBride has had good results in several cases.

Chas. Deady: The astonishing fact, in the case reported, is that a cure should result in such a poor, debauched, run-down individual.

Discussion of H. W. Paige's "Case of Epilepsy."

H. M. Dearborn has cured one case with Agar. and one with Lach. In all cases, as improvement sets in, the attacks become nocturnal. Treatment by the indicated remedy is better than any other, except removing the cause. Bromides afford temporary benefit, but the cases relapse. I usually begin with the ϕ, lengthen the interval and then raise the attenuation.

W. G. Fralick has had good effects from the bromides and from amyl nitrite.

Amelia Wright cured, with three doses of Cina. ³⁰, a reflex case in a child; there has been no relapse.

Dr. Howard cured with Lachesis a gentleman whose attacks always occurred at night.

Discussion of A. W. Palmer's paper, "Effects of Phymosis."

Dr. Howard has seen a case of epilepsy due to this trouble.

H. W. Paige reported the relief of priapism—in a small, young man who also had *petit mal*—by keeping the elongated prepuce retracted, wearing a suspensory bandage, the use of cold baths and the administration of Nux and Phos. Acid.

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E. G. Tuttle discovered phymosis after several months unsuccessful treatment of a prolapsed rectum; this was cured several weeks after the operation.

Dr. Hunt reported two cases of mastitis in women nursing babes who had ophthalmia neonatorum. No other cause than inoculation could be found, and in one case the microscope showed a diplococcus in the milk. Such eyes should be covered when nursing.

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The 262d regular meeting was called to order by President H. D. Schenck, February 17, 1891, in the usual place, having been adjourned one week on account of the State Society's meeting.

H. M. Lewis read a paper on "Injuries of the Head" based on cases in the Brooklyn Homœopathic Hospital, of fractures of the skull which were trephined.

His conclusions were, that if there be a reasonable suspicion one must, without waiting for symptoms, determine absolutely whether or not there be fracture and depression. He has had made a very heavy forceps, with but one cutting edge, for enlarging the opening made by the trephine. A case of mastoid abscess resulted in a large and obstinately recurring growth which consisted, under the microscope, of brain tissue. A cure was finally effected by plugging the opening with plaster of paris.

W. W. Blackman reported a case which was struck on the middle of the frontal bone, causing a compound fracture there; the fracture extended the whole length of the base of the skull to the foramen magnum, where was formed a clot within the dura mater. There were other clots along its course outside the dura.

Dr. Lewis related the case of a woman knocked comatose by a train. There was no external evidence of any injury to the head, but on one side under the temporal fascia and beneath one-half or three-fourths inch of muscular tissue was a depressed fracture one-half inch long. Directly under this was a bone tumor the size and shape of half a peanut shell, around which the temporal bone was extremely thin.

The next paper, "An Opinion as to the Comparative Merits of Tracheotomy and the Mercurial Vapor," by Geo. C. Jeffery, advocated the latter and gave credit for it to Dr. Job Corbin of Brooklyn. Dr. Jeffery believes simple steam in diphtheritic croup weakens the patient and is of little benefit. He has had a much larger per cent. of recoveries under the mercurial vapor than from tracheotomy. By means of a spirit lamp between two bricks under an inverted tomato can with a perforated bottom, 30 grains of pure calomel are vaporized in a tent of blankets or sheets which is built over and around the bed. This loosens the cough. It may be continued for fifteen minutes or several hours, and repeated as necessary—sometimes every two hours.

H. Willis.—This mercurial treatment should be compared with steaming, not tracheotomy. The latter—or intubation—comes in after all other means have been tried; I have saved four cases by tracheotomy after mercurial vapor had failed. Tracheotomy, as a rule, is indicated by sinking of the epigastrium on inspiration. I have never heard whistling respiration in true membranous croup.

Dr. Jeffery.—Too much damage has been done already when there is this sinking of the epigastrium. I do not believe in tracheotomy when cyanosis and congestion of the lungs are present.

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Dr. Willis.—Tracheotomy is not curative; it is only a means of giving the patient air. Such an operation should not be performed until there is a necessity for it, and until there is epigastric retraction the patient is getting air enough.

W. S. Searle.—Hot baths and sweating—Turkish and Russian baths—seemed to cure one case of diphtheria. The proprietor (not of the Clinton street baths) had expressed himself so confident that the heat of the baths would destroy the contagion, that he would not be afraid to take diphtheritic cases.

W. W. Blackman then read a paper reporting "Three Cases of Empyema with Radical Operation." He now believes it injudicious to attempt to prevent the entrance of air into the thoracic cavity in such cases. In the first case an abundant discharge of pus, irresponsive to carbolic acid, was checked and changed to a pale amber serum by two washings with Fowler's solution of arsenic 1 to 300; this had good effect in the second case after failure with carbolic acid and hydrogen peroxide, but in the third case it seemed to have no effect on the formation of pus. As a rule, the fourth, fifth and sixth intercostal spaces are the most dependent portions when the patient is lying, but not when sitting. The inrush of air upon freely opening the thoracic cavity prevents the rapid expansion of the lungs and so obviates hæmorrhage; the air does no harm whatever.

Dr. Willis.—We lay deep abscesses open to the air.

C. Burnham.—In cystitis air may cause pain, but it does no injury.

N. Robinson.—A case in the hospital went into collapse after the tenth or twelfth washing, doubless from injecting too forcibly and too rapidly; there had been no pain on the admission of air.

Dr. Willis read a paper on "The Best Treatment of Certain Fractures." He endorsed Moore's treatment of Colles' Fracture and thought the best application for fracture of the thigh to be splints made of canton flannel saturated with plaster of paris.

The 263d regular meeting was held Tuesday, March 10th. The constitution and by-laws were revised, among other things providing as follows for delegates to the State Society—most of the provisions being required by the laws of the State and the by-laws of the State Society:

DELEGATES.

SECTION 1. At every fourth annual meeting there shall be elected for a term of four years as many delegate members of the Homœopathic Medical Society of the State of New York as there are assembly districts in this county. Permanent members of the State Society shall not be eligible as delegates.

SEC. 2. The seat of any delegate shall become vacant by expiration, resignation, death, election to permanent membership in the State Society, removal from this county, cessation of membership in this Society, or by absence from all of the meetings of the State Society for two consecutive years.

SEC. 3. Vacancies shall be filled by election at the meeting next succeeding notification of their occurrence.

SEC. 4. The treasurer shall each year pay to the State Society the dues for as many delegates as this society is entitled to elect, regardless of any vacancies in the delegation.

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SEC. 5. It shall be the duty of delegates to present a written report of each meeting of the State Society at the next succeeding meeting of this society.

Dr. Willis read a paper telling of two cases of central placenta prævia treated by version successfully.

W. C. Latimer's paper reported a case of metritis and pelvic abscess (recovery) following twin labor, where version was resorted to after failure to deliver with forceps.

R. C. Moffat.—During the early part of lactation the temperature often varies considerably, even above 103°, without any danger.

E. Hasbrouck.—I used always to apply the forceps in relation to the sides of the pelvis, but now believe that they should always be applied to the sides of the head regardless of its position.

Dr. Willis.—The forceps must grasp the base of the skull, or they will slip. At the superior straits, I make a positive diagnosis by reaching an ear, then, if necessary, correct the position of the head before applying the forceps; this is sometimes very difficult, and it may be necessary for an assistant to crowd the head down by pressing upon the abdomen.

RECORD OF MEDICAL PROGRESS.

TREATMENT OF LARGE TUBERCULOUS ABSCESSES BY HOT WATER FLUSHING WITHOUT DRAINAGE.—Arthur F. Barker, F.R.C.S., in the *Brit. Med. Jour.*, February 7, advocates the treatment of these cases by making a two-inch incision in the most dependent part of the swelling and introducing a hollow gouge which is connected with a reservoir of water at 105° to 110° F. The reservoir, holding three gallons, should be about four feet above the patient. The water is turned on and the reflex washes out the débris and caseous matter. To facilitate this process the whole inside of the abscess cavity is systematically but very gently scraped with the gouge. If portions of diseased bone are to be found they are removed with the gouge. When the water runs clear the excess is squeezed out and the cavity dried as much as possible with sponges. Then two or three ounces of iodoform emulsion are poured into the deepest part of the abscess cavity and stitches are inserted into the edges of the incision. The excess of emulsion is squeezed out and the stitches drawn tight. No drainage is used and the wound is dressed with an elastic dressing snugly applied.

Illustrative cases of lumbar and psoas abscesses treated by this method are given. This treatment seems to possess the advantages of doing away with the drainage and tube, the toxic materials used for irrigating these abscesses, the frequent change of dressings, and the long-standing sinuses which are such a drain on the vitality of tuberculous patients. G. W. R.

INDICATIONS FOR AND SUCCESS IN RADICAL OPERATIONS FOR HERNIA IN CHILDREN.—Henry O'Neil, M.D., in the *Brit. Med. Jour.* of February 7, sums up the indications for these operations thus:

1. In the children of the poor who cannot buy trusses and have them properly fitted.
2. In children whose hernia are so large that a truss will not keep them reduced while at play.
3. In most cases where no improvement follows twelve months' use of a truss.
4. In persons who are likely to become laborers or artisans.

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5. In each case after herniotomy has been performed for relief of strangulated hernia.

Success in these operations depends on the following conditions:

1. For several days previous to operation give patient a warm bath, keep him in bed on milk food, and keep bowels free by mild purgatives. On morning of operation render parts aseptic.
2. Arrest all hemorrhage by force pressure.
3. Drain wound with decalcified bone tubes.
4. Use chromicised catgut for all ligatures and sutures.
5. Bandage firmly with india-rubber web bandages.
6. Dress wound seldom, and only when discharges stain through, or when temperature rises above 101.
7. Give opiate for two or three nights.
8. Give anæsthetic during first and second dressings to keep child from crying. G. W. R.

SIMPLE METHOD OF EPIDERMIC GRAFTING.—Theobald A. Palm, M.A., M.D., reports in the *Brit. Med. Jour.*, January 24, a new, painless method of hastening cicitrization of healthy granulating surfaces by taking small grafts from the newly-formed epidermis at the border and implanting them in the central part of the granulating surface. The graft includes not only the new epidermis but also a portion of the granulating tissue beneath. The whole surface is then covered with Lister's protective and on the outside an antiseptic dressing thick enough to absorb the discharge. The dressing is left *in situ* for three days. The advantages claimed are that the method is painless and that the grafts "take" more readily than those made from old skin. This method is applicable to cases of burn, ulcer, etc., where healing has already progressed far enough to furnish the requisite material for the grafts. G. W. R.

DUPUYTRENS CONTRACTION OF THE PALMAR FASCIA CURED BY HYPNOTISM.—Dr. Geo. C. Kingsbury reports in the *Brit. Med. Jour.*, January 10, the apparent cure of this obstinate affection by Liebeault's method of Hypnotism. (Doubts about the diagnosis). G. W. R.

DRAINAGE OF PULMONARY ABSCESS.—Case reported in *Brit. Med. Jour.*, January 24, by Francis W. Greene, M.B., L.R.C.S.I. A boy of six years having had pneumonia, the lung partially resolved, when (in the fourth week) hectic began and the expectoration became purulent. In the fifth week he suddenly expectorated about half a pint of pus. Later the physical signs revealed a second pulmonary abscess. Patient was put under chloroform and an aspirator needle introduced till pus was found; when, as pleural adhesions were present, the needle was used as a guide and the abscess opened by an incision an inch an a half long, parallel to the ribs. When the pus had flowed out air passed with each respiratory act. A rubber drainags tube was introduced and a thick wood wool dressing applied. Temperature fell to normal and discharge decreased rapidly, till on the twelfth day the wound closed and percussion sounds were normal. G. W. R.

OPERATION FOR GRAVES' DISEASE.—Dr. Lenke in the *Deutsche med. Wochenschr.*, discusses the subject of ex-ophthalmic goitre, and concludes from certain cases that operation is justifiable and has in a few cases been of benefit. In a lad of seventeen who had the classical symptoms of the disease, one-half the tumor was extirpated, after which the ex-ophthalmos disappeared and the heart became regular in action.

A second similar case had the same operation with a similar result. G. W. R.

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SPONTANEOUS DISLOCATION OF THE HIP; REDUCTION; SUPPURATION IN THE JOINT; INCISION; COMPLETE RECOVERY.—A case under the care of Mr. Bilton Pollard reported in *The Lancet*, January 24. A girl aged six years was admitted with necrosis of shaft of humerus. The first incision revealed no diseased bone or pus, and the wound was closed. The temperature (104.8) improved for a few hours then rose still higher (105.) Five days later another incision reached pus and a piece of necrosed bone a quarter of an inch square. Improvement followed the second operation, but in two days began an inflammation of the left hip joint. On the thirteenth day after admission (2d day after operation) hip was better, but somewhat stiff. On the twenty-sixth day wound was still discharging and hip was swollen but position of bones normal. On the thirtieth day hip presented typical signs of dislocation on the *dorsum ilii*. Dislocation was easily reduced under chloroform and limb secured in position. Temperature again reached the normal point and remained there till the forty-eighth day, when it began to rise and a little fulness was noticed about the joint. On the sixty-first day the joint was opened by the anterior incision and some pus evacuated. As the head of the bone exhibited no signs of disease, the joint was washed out with 1 to 500 bichloride solution, drained, dressed and a Thomas' splint applied. The wound healed slowly. Four month's after admission three small sequestra were removed from the humerus. Nine months later the child was without limp or shortening and motions all perfect save flexion which is slightly restricted.

The conclusion drawn by Mr. Pollard is that careful differentiation should be made between pyæmic and tubercular arthritis and that the former can be cured by simple incision, drainage and antisepsis.

G. W. R.

SECOND TUBAL PREGNANCY.—In the *British Medical Journal*, Sept. 27th, Dr. G. Ernest Herman reports a case in which a second tubal gestation in one patient was diagnosed and removed before rupture. In January, 1887, Dr. Herman operated on A. McG., æt. thirty-one, in the London Hospital, removing the right tube, which was the seat of a ruptured tubal gestation. In February, 1890, she menstruated the last time. On May 10th had slight vaginal hæmorrhage, having some nausea, and therefore suspecting pregnancy she was re-admitted to the hospital on May 13, 1890. Patient was fat and not anæmic and had no signs of disease. Vaginal examination revealed a uterus in normal position, quite movable. To the left and behind it, a swelling about as large as the uterus, and moving with it. Left tubal pregnancy was diagnosed. Operation May 17th. Removal of left tube and ovary. Tube measured two and a half inches long by one and one-half inches wide, its wall was three-eighths of an inch thick and it contained a fœtus one-third of an inch long. This is probably the first case in which diagnosis has preceded operation, and operation preceded rupture. G. W. R.

FRACTURE OF OLECRANON—SUTURE NINE MONTHS LATER.—Mr. Barling reported a case before the Midland Medical Society (*Lancet*, Jan. 3) in which fibrous union of olecranon had taken place nine months before. Interval between fragments 1½ inches. Arm atrophied to extent of 2½ inches. Surfaces of fragments were freshened and brought together by a single silver wire suture. Arm put up in the extended position and in nine weeks motions of elbow joint were perfect and atrophy had decreased to 1¼ inches. G. W. R.

IMMUNITY AGAINST DIPHTHERIA IN ANIMALS.—Kitasato and Behring have experimented with the problem of rendering animals immune

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against diphtheria and tetanus. A later report from Prof. C. Fraenkel showed that the toxic and prophylactic principles, both obtainable from artificial cultures, are different and are affected differently by heat. The former is deprived of its specific property by heating to 131° to 140° F. The latter is destroyed, or at least impaired in activity, by heating to 212° F. Hence for protective purposes the culture should be heated, before using, to between 151° and 158° F. Although such preparation when injected into animals has a protective power, it is proven to be therapeutically useless. (*Berliner klinische Wochenschrift*, 49, 1890.)

Immunity can also be conferred in another way, partly through employment of cultures of bacilli that have been treated with iodine trichloride, partly through the excretions of the bacilli, as produced in the animal organism (pleural transudate of animals ill from diphtheria) and partly again through treatment of inoculated animals with chemical substances. After inoculation, subcutaneously injected iodine trichloride acts curatively and renders the animal immune to later infection; in man, however, this method is not to be employed. Finally, subcutaneous injections of peroxide of hydrogen (without previous inoculation) in ten per cent. solution, confers immunity. Thus evidence is for the first time brought forward that simple chemical substances can act in this manner; according to a communication from Kitasato, iodine trichloride is also successful in tetanus. At the conclusion of his report, important in so many directions, Behring emphasises the statement that in tetanus the transfusion of blood from an already immunised animal is curative even after the disease has developed. (*Berliner klinische Wochenschrift*, 52, 1890.) O'C.

IMMUNITY AGAINST INFLUENZA THROUGH VACCINATION WITH ANIMAL VACCINE VIRUS.—Dr. Julius Goldschmidt, of Madeira, reports (*Berliner klinische Wochenschrift*, No. 50, 1890), his experience. On Jan. 1, 1890, he saw his first case of influenza, a French lady who was taken ill before starting from her own country. She grew worse on the voyage, and came under G.'s care suffering with broncho-pneumonia. Her maid took sick on the voyage, with similar symptoms. G. saw no further cases until January 17, when the epidemic seemed to begin. It reached its height in February and March, and gradually disappeared in May. In November, 1889, there had been quite a severe epidemic of small-pox in some of the districts of Funchal, the capital of Madeira. Although vaccination is required by law, yet a large proportion of the people, especially the lower classes, refuse to submit, and 1,000 deaths out of a population of 100,000 followed. G. began to re-vaccinate his patients just at the time of the beginning of the influenza epidemic, and it is interesting to observe that all individuals successfully re-vaccinated escaped the influenza.

CARBON BISULPHIDE AND KOCH'S BACILLUS.—Dr. Coromilas, of Kalamata, Greece, in 1889, while in France, published his first observations on the effects of carbon bisulphide inhalations in phthisis. Since his return to his own country he has continued the experiments, which, by the way, are based on the fact that carbon bisulphide vapors he noticed to be deadly to Koch's bacillus. In sixteen months, sixty-one cases were treated by the inhalations, combined with calcium phosphate administered in the usual way. The results have been thirty-nine radically cured, four cured after a second treatment; twelve felt so much improved that they went home, thinking themselves cured; and, lastly, ten, the worst cases, died. The treatment was employed with equal success by other Greek physicians, and notably by Dr. Economopoule,

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who thus saved his own brother, aged over 50, who hitherto failed to derive any benefit from all other medicines.—*Therap. Gaz.*, Jan. 15, 1891. O'C.

TREATMENT OF SCABIES WITH CREOLIN.—According to the *Internationale klinische Rundschau*, Nov. 16, 1890, Dr. De Lollis employs creolin, in the form of a five per cent. vaseline ointment, in cases of scabies, rubbing it once daily into the affected parts. He claims that, as a rule, only four such applications are necessary to produce perfect cure. Creolin, in the author's opinion, is preferable to any other remedy for this purpose, especially possessing the advantage over sulphur in not producing any eczema of the skin, and not staining either the skin or the linen.—*Therap. Gaz.*, Jan. 15, 1891. O'C.

AN EARLY SIGN OF UTERINE CANCER.—Dr. Charles Audry, in *Lyon Medicale*, Nov. 23, 1890, claims that in doubtful cases of uterine inflammation, especially when confined to the neck or cervical cavity of the uterus, and in which a diagnosis can ordinarily only be made as the result of microscopical examination of excised fragments, in every case in which fragments of tissue may be scratched off from the cervical cavity by the finger nail the epitheliomatous nature of the disease may be positively affirmed. In chronic metritis the tissues to the touch appear sometimes hard and sometimes soft, but in no case is it possible to scratch off fragments of the mucous coat by means of the finger-nail, with the single exception of cancer. Further, the author claims that there is no form of epithelioma in this cavity from which fragments may not be so removed. This process is evidently simple, and, if confirmed by others, will be of great value in clinical practice.—*Therap. Gaz.*, Jan. 15, 1891. O'C.

OVERWORK AND GENERAL PARESIS.—Cuylits, in a former article, proved the ætiological *role* played by syphilis in the occurrence of dementia paralytica, and then gave his conclusions that over-exertion and trauma of the brain, as well as the abuse of alcohol and tobacco, do not injure the healthy brain, but that these factors can cause mental disease in a hereditarily disposed individual; if this individual be congenitally syphilitic, or if he have acquired syphilis, then under the influence of the injurious conditions mentioned he will become a paretic. In a more recent article (*Bulletin de la Societe de Medecine mentale de Belgique*, September, 1890,) Cuylits discusses at length mental strain and its influence upon the existence of general paresis. He considers, first, overwork of muscle, and remarks that excessive demands upon the muscles are not complied with because of the beginning fatigue. As a result of hard work, the muscles are better nourished and increase in development. No one will maintain that frequent over-exertion and fatigue of muscles is followed by disease and consecutive atrophy; for just at the point when over-exertion may become dangerous, fatigue comes in play and puts an end to further exertion. And processes in the brain are similar. The safety-valve of the brain is the accumulation in its cells of products of tissue metamorphosis (cholesterine, leucine, etc.); mental exertion cannot be carried to the danger point, for fatigue appears; this is the case in a normal individual. In geniuses thought-activity is a natural function of the brain cells, without exertion, without fatigue, in short, unconsciously. Over-exertion, then, does not occur either in the normal individual or in the genius, but only in a brain having a hereditary predisposition to mental disease. Such inheritors may become after some years demented, but not with dementia paralytica; they are the only ones for whose sanity mental over-exertion is dangerous.—*Neurolog. Centralbl.*, No. 3, 1891. O'C.

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ABDOMINAL SECTION FOR INTUSSUSCEPTION IN A CHILD NINE MONTHS OLD.—In *The Lancet*, Feb. 14, Mr. Howard appends some remarks worthy of notice. F. A., a boy of nine months, was well until 6 P.M., of May 8, 1890, when he began to vomit and pass blood-stained mucus per anum. At 1 P.M. of the 9th, the child was pale and collapsed; expression pinched and distressed; pulse quick and feeble. The abdomen was distended and contained a sausage-shaped tumor in the region of the transverse colon. Abdominal section was performed at once and the intussusception being found was partially reduced by pressure upon "the sheath" immediately below the advancing end. The tumor was then drawn into the wound and the reduction completed by both pushing and drawing the volvulus out of its sheath. The abdomen was washed out with plain hot water and the wound closed and dressed as usual. The child passed a restless night after half a minim of opium tincture; two movements from the bowels with no blood. After this there were no symptoms of note, and child was discharged well on June 1st.

Conclusions.—This operation, if performed early, is not in itself one that involves serious danger. It is followed by a large proportion of successes even when performed on young infants. The conditions in intussusception are similar to those present in hernia. Strangulation, if unreduced, is fatal in either case. In hernia the methods of treatment are agreed upon by all, *i. e.*, if gentle taxis fails after a short trial, operation is *the* treatment. Why should not the same rule apply to intussusception? G. W. R.

NEWS.

REMOVAL.—Dr. E. H. Porter will remove on May 1st to 181 West Seventy-third street. All news or matter relating to "News," "Comments" or "Correspondence" should be sent to the above address.

ROCHESTER HOSPITAL.—A competitive examination for the position of house physician of the Rochester Homœopathic Hospital will be held at that institution April 15th 1891. Term of service, eighteen months. No salary. Board, etc., furnished. Address E. J. Bissell, M.D., 75 S. Fitzhugh street, Rochester.

KENTUCKY MEETING.—The Kentucky Homœopathic Medical Society will meet in convention at Lexington, Tuesday and Wednesday, May 19th and 20th, 1891. The officers are working hard to make this meeting a success, and think it will be the best meeting in the history of the society.

APPOINTED BY THE REGENTS.—In accordance with chapter 507 of the Laws of 1890, the Regents have appointed State boards of medical examiners as follows: From the Homœopathic Medical Society of the State of New York, for three years from September 1st, 1891, William S. Searle, Brooklyn; Horace M. Paine, Albany; Asa S. Couch, Fredonia. For two years from September 1st, 1891, John McE. Wetmore, New York; Jay W. Sheldon, Syracuse. For one year from September 1st, 1891, E. E. Snyder, Binghamton; A. R. Wright, Buffalo. From the Medical Society of the State of New York.—For three years from September 1st, 1891, W. W. Potter, Buffalo; William S. Ely, Rochester; Maurice J. Lewis, Albany. For two years from September 1st, 1891—William C. Ney, Elmira; George B. Fowler, Brooklyn. For one year from September 1st, 1891—J. P. Creveling, Auburn; Eugene Beach, Gloversville.

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PERSONAL NOTE.—The Syracuse *Standard* of February 19th contains a notice of the death of Mrs. Marie C. Keeler, wife of Dr. E. Elmer Keeler of that city. Dr. Keeler has the sympathy of his many friends in his severe affliction.

TYPHUS FEVER AT BELLEVUE.—The rarity of typhus fever in this city was illustrated by the extreme difficulty in forming a correct diagnosis in the case that lately occurred at Bellevue. The physicians in attendance, and even the wise men sent by the Board of Health, decided that the fever was not of a contagious character, and the patient was allowed to remain in the ward until he died. Then the autopsy revealed that he had been suffering from typhus fever of malignant type.

TUBERCULOSIS AND MILK.—On the first of this month a herd of sixty-four cattle in Carmel, Putnam County, was inspected by an expert, who found that almost all the cattle were affected with a cough, and that the temperature of many was 102° to 103⅘°. He is positive that sixteen of the herd are suffering from tuberculosis, and thinks the entire herd suspicious. Doubtless steps will be taken to prevent the spread of disease from this herd, but other herds equally bad will not be interfered with. The trouble is that proper inspection is not provided for. Money expended for that purpose would be money well spent.

THE DANGERS OF SURGERY.—Dr. J. S. Sheldon has been defending a suit for malpractice in reducing a fracture of the wrist. According to the papers the suit degenerated into a fight between the two schools of medicine—the prosecution calling numerous allopathic physicians to prove their case. Among the witnesses for the defence was Dr. Helmuth. The jury brought in a verdict for $4,000. It is probable that the case will be appealed.

OBITUARY.—Dr. James F. Philip, a well-known homœopathic physician, died at Stamford, Conn., Wednesday, April 8th. His active professional life was spent at Claverack, Columbia County, N. Y., where he rapidly gained an extensive practice. His fame as a skilful physician was not confined to his own town, but was widely spread, and he was constantly called as consultant in distant places. While courteous in manner, he was a man of decided character. He was possessed of wide information and was a public speaker of ability. Of late years he had retired from active work. A large circle of friends mourn his death.

OBITUARY.—Dr. Frederick I. Stacy, of Binghamton, died in that city at his residence, April 4th, after a painful illness of about three weeks' duration. Dr. Stacy was a graduate of Cortland Normal School and Syracuse University. In 1885 he graduated from the New York Homœopathic Medical College, located in Binghamton, and was immediately successful in building up a practice. Dr. Stacy was a man to be trusted. He brought to his work a firm determination to do his very best. He leaves a wife and child.

THE OPHTHALMIC HOSPITAL.—The commencement exercises of the College of the New York Ophthalmic Hospital were held Friday afternoon, April 10th, at the hospital, corner of Twenty-third street and Third avenue. The degree of Oculi et Auris Chirurgus was conferred upon the following gentlemen: Drs. James Butchool, A. H. Parker, George A. Suffa, L. A. L. Day, C. F. Braclen, George M. Neland, Augustus Angell, George De Wayne Hallett and W. H. Lee.

ONE BEAUTY OF THE TARIFF.—An exchange says: "Under the McKinley Act, the duty on foreign microscopes imported into the United States

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has been raised 60 per cent., so that an instrument costing $94 in Germany, will involve a maximum expenditure of $151 by the time it reaches the student. In fact, students will have to club together to get the wherewithal to pursue their researches into the natural history of microbes and minute objects in general."

FOREIGN DEGREES IN ILLINOIS.—The *N. Y. Med. Journal* notes that the Illinois State Board of Health has decided that hereafter it will recognize no foreign diploma that does not confer upon its holder the right to practice medicine in the country in which it was granted. The holder of an Austrian, German, Russian or Swiss diploma wishing to practice in Illinois must hereafter pass an examination before the board, unless he has a pass certificate from a government examining commission. The holder of a Canadian diploma, unless a licentiate of the College of Physicians and Surgeons of Ontario or Quebec, must pass an examination.

SUIT FOR NON-APPEARANCE.—A curious suit for failure to respond to a call is reported to have lately been decided in Connecticut. The father of a boy who had been bitten by a dog called a physician to attend the case. The doctor declined to go, on the ground of a previous engagement. The father sued the physician. and claimed that by reason of non-appearance the boy suffered unnecessarily, and that the scar was more disfiguring than if the service had been prompt. The plaintiff won the suit, the jury awarding ten dollars damages. It does not seem probable that the decision in this case could be sustained upon appeal. While every physician holds himself in readiness to respond to calls in serious cases, there if no law that compels him to attend any case that he does not wish to.

CHARTER REPEALED.—The charter of the Medical and Surgical College of New Jersey has been repealed. The bill introduced at the instance of the State Board of Medical Examiners repealing the charter has been passed by the Legislature and signed by Governor Abbett.

NEW YORK COLLEGE COMMENCEMENT.—The class of '91 of the New York Homœopathic Medical College and Hospital held its graduating exercises at Chickering Hall, Thursday, April 9th, at 3 P.M. Prof. T. F. Allen, Dean of the College, made the introductory address, and the Rev. Dr. J. W. Brown delivered the address to the graduates. The class valedictory was delivered by Dr. H. H. Hawxhurst. The first Faculty Prize, a one-hundred-dollar microscope, for the highest scholarship in the three years' course was won by Magnus T. Hopper. J. F. Simonson won the second Faculty Prize—a fifty-dollar microscope. Honorable mention was made of W. E. Foster, R. M. Andrew, B. W. Bierbauer, A. C. Calisch, V. C. Piatti and N. Willis, Jr. The graduates were: William Diehl jr., N. Y; H. H. Doyle, Penn.; H. H. Foster, Conn.; W. E. Foster, Conn.; F. M. Frazer, Conn.; A. R. Griffith, N. D.; H. S. Hathaway, Cal.; H. H. Hawxhurst, N. Y.; E. L. Hinman, N. Y.; Magnus T. Hopper, Ky.; F. R. Jenks, R. I.; Walter Jones, N. Y.; L. S. Kelley, N. J.; E. R. Kellogg, Conn.; C. W. Ackerman, N. Y.; R. M. Andrew, Md.; C. L. L. Bailey, N. Y.; G. R. Ball, N. Y.; N. P. Baldwin, Conn.; B. W. Bierbauer, Minn.; C. E. Birh, N. Y.; R. Boocock, N. Y.; A. C. Calisch, N. J.; C. N. Church, N. J.; C. W. Crompton, Ontario; W. E. Delabarre, N. Y.; H. De L. Knickerbocker, N. Y.; W. Lasker, Switzerland; A. E. Leach, N. Y.; W. E. Leonard, N. Y.; G. F. Lightfoot, Mass.; M. F. Linquist, jr., Conn., J. G. Lyman, N. Y.; W. McCracken, Penn.; E. G. Ogden, N. Y.; H. M. Patten, Montreal; V. C. Piatti, N. Y.; C. G. Pease, N. Y.; N. I. DePierce, N. Y.; H. P. Sage, Conn.; J. T. Simonson, N. Y.; H. A. Spang, Conn.; J. H. Storer, Conn.; W. L. Smith, Texas; H. Willis, jr., N. Y.

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ALUMNI DINNER.—The ninth annual meeting and banquet of the Alumni Association of the New York Homœopathic Medical College and Hospital was held at Delmonico's, Thursday evening, April 9th, 1891. At the business meeting a number of amendments to the constitution were adopted. The election of officers for the ensuing year resulted as follows: President, Dr. Clarence W. Butler, of Montclair; Vice-President, Drs. N. B. Fowler of Rochester, W. W. French of Chattanooga, and W. W. Blackman of Brooklyn; Corresponding Secretary, Dr. J. B. Garrison, of New York; Recording Secretary, Dr. C. H. Helfride of New York; Treasurer, Dr. Irving Townsend of New York; Necrologist, Dr. H. D. Schenck of Brooklyn; Executive Committee, Drs. Charles Deady, W. E. Rounds, S. H. Vehslage, E. J. Pratt and G. G. Shelton of New York and A. J. Warner of Brooklyn. At the banquet the list of toasts and speakers was as follows: Hahnemann, in silence; Our Alma Mater, by Prof. T. F. Allen; The Clergy, by Rev. Dr. Thomas. R. Hastings; The Law, Hon. David McAdam; The Law Makers, Hon. Thomas B. Mills; The American Institute of Homœopathy, Pres. J. Y. Kinne, M. D.; The Class of '91, M. T. Hopper, M.D.; The President Elect, Dr. C. W. Butler. Dr. Allen, when called upon to respond to his toast, introduced Dr. Helmuth as his substitute, who made one of his eloquent speeches, and concluded by reciting one of his brilliant poems, which was as follows:

COMMENCEMENT MEMORIES.

Ah! well do I remember, 'twas the March of '53,
When, full of hope and confidence, I stood for my degree;
With a host of jolly aspirants, who cramm'd for every quiz,
Each thinking a professorship undoubtedly was his.

The Trustees and the Faculty were seated on the stage,
In blue dress coats and high black stocks, which then were all the rage;
The band behind the President was playing "*Auld Lang Syne*,"
Before him lay the sheep-skin rolls, and one of them was mine.

Commencement days were things of note some forty years ago,
When every sprig of fashion, every girl who had a beau,
The *pater* and the *mater*, and the cousins came to see
Their man who burnt the midnight oil stand up for his degree.

Now I had burned by gallons this edifying oil,
My *conjunctivæ ocular* were red with midnight toil,
My head stood on my shoulders like a pea-pod like to burst,
My throat was dry as parchment, and raging was my thirst.

Till friends declared such sacrifice for scientific cause,
The acquirement of knowledge by breaking Nature's laws,
Necessarily had plunged them in a deep abyss of gloom,
For they saw my thirst for—knowledge would land me in the tomb.

So then I grew domestic quite; at home I loved to stay,
Till some one (he is here to-night) would lead my feet astray,
And oft as I was mastering the mystery of bones,
A gray professor now (*then young*) would sing in dulcet tones:

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"Oh! come to where *calcarea* lies glistening in the shell
Of every opened bivalve fat—I know you love them well;
Oh! come to where the *natrum mur.* lies ready to your hand,
And grated *cochlearia* supplied upon demand."

Oh! shade of mighty Æsculus, how we did study then!
The pure Materia Medica as proven upon men,
The *Spiritus frumenti* mix'd with *capsicum* was hot,
But we blanch'd not in our duty and took it on the spot.

But I've wandered from my story of that Commencement Day,
Because 'tis sweet to memory to let the old thoughts play
Round those happy days of boyhood when hope's bright flag unfurled,
When we buckled on our armor and went to fight the world.

And here to-night I see around old soldiers in the fray,
Whose eyes were bright with youthful light on that Commencement day,
When we proudly strode the platform and listened to the band,
And to latin dissertations which we did not understand—

But each man owned a sheep-skin and proudly clasped it close,
For it told the student's story and "*omnibus ad quos,*
Hæc literæ præsentes pervenerint," 'twould be
Proof he'd gotten through the green-box; could write himself M.D.

Ah! boys, you may not know it now, but after years will tell,
When in retrospective moments these scenes you know so well
Will rise before your memory in colors bright and bold,
(And when the hand that penn'd these lines has long been stiff and cold)

That your student life at college—its quizzes and its crams,
Its impecuniosity, and that the worst of shams,
(The burning of the midnight oil) which parents love to hear,
Consisting of tobacco smoke and sweitzer case and beer—

Your clinic days, your college songs, your protests and your fights,
The unmentionable places where oft you spent your nights,
Made up the happiest periods you reckon in your lives,
And in matrimonial quarrels you'll tell it to your wives.

But just one word in earnest, mid laughter, joke and fun,
I say it to this newest class—this class of '91,
I say it with my hair grown gray, and face turned to the west,
Go forth upon your noble work, oh! *go and do your best.*

The path is hard and stony, beset by many snares,
For all the happiness of life is intertwined with cares;
Success is not a goddess fair, who smiles upon demand;
She only crowns the head of him who works with heart and hand.

But oh! *be sure* she ever comes to him who constant toils,
Who with dishonorable deeds his hands he never soils;
She comes with glory and renown to him who steadfast waits;
Go forth upon your noble work; see, Hope stands at the gates.

WM. TOD HELMUTH.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

"A PRACTICAL MATERIA MEDICA."*

By ARKELL ROGER McMICHAEL, M.D.,

New York City.

SIMILIA similibus curantur, as a law may be perfect, but in its application as a system of medicine it has many faults, although the cures effected by this method, even with its imperfections, far outnumber any yet known to the scientific world for the healing of disease.

It is a well-known fact that our Materia Medica contains much that is valueless—material that has accumulated from sources which, in the light of our present knowledge are considered worthless. Many suggestions have been offered for the clearing out of this rubbish with which we are burdened, but the only remedy will be found in a re-proving of our drugs on a scientific basis—a work which should be under the guidance of physicians whose only incentive for the work is honesty and love for the cause of pure homœopathy. Without this we cannot expect to attain to a much higher level. We can sift out, fill in and patch up, but if the foundation is uncertain, the results must also be.

The question arises, what can we do to make our present work practical? The solution of this problem is my only excuse for this paper to-night.

* Read before the Homœopathic Medical Society of the County of New York, April 9, 1891.

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The value of a symptom which has always followed every proving of a drug, and which has many times been verified by cures, is well known to us all. It is the one we generally depend on when looking for a remedy to cover the totality of symptoms; and when we conscientiously prescribe and failure is the result, some of us are led to distrust the law of similia.

Why we fail many times to cure our patient can be explained to a great degree in two ways: first, the symptoms we call grand characteristics, and on which so much importance is placed, have not been verified sufficiently to give them their proper standard of value. It is not an uncommon experience for some physicians to recognize virtues in certain drugs that others do not find; consequently the value of a certain symptom designated grand characteristic is only relative to the number of cures by which it has been individually verified.

Hahnemann's standard of valuation of any symptom was individual experience, and few, if any, authors since his time have placed in the category of grand characteristics any symptoms which have a greater value than is conferred by individual experience. Owing to the small number of homœopathic physicians in those days, possibly no better method could have been followed; but to-day, with our army of followers, our combined experience can be utilized to much better advantage.

The remedy I would suggest here is one that can be easily applied and the value of which readily recognized.

Put the standard of valuations on a mathematical basis. Do not place in the list of grand characteristics any symptom which has not been verified by at least four different physicians, and not less than two verifications from any one of them.

A portion of the work of the Committee on Materia Medica of this society should be to select a drug—preferably one among the comparatively new ones—and collect reports of cures by it, or verifications of its symptoms, these verifications arranged according to the above standard and reported to the society once a year. By this systematic work (the only basis on which satisfactory results can be obtained) much benefit would be realized.

Grand characteristics having this value, we may prescribe our remedies with more confidence and with better prospects of success.

The second cause of failure to cure our patients is the utter impossibility of making our prescriptions cover the totality of symptoms. When we consider our list of drugs, and, still more, their list of symptoms, and realize the limits of our brains to grasp them, our only surprise is

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that the results are so encouraging. This inability to utilize the material in our Materia Medica during the rush of a busy life explains why so many well-known followers of Hahnemann's law resort to palliatives. They do not doubt its principle, but reject its mode of application.

The construction of our Materia Medica has not materially changed since Hahnemann's time. We still adhere to the crude form in which he left it; its anatomical arrangement is well adapted as a general work of reference, but as a practical work, one that can be consulted with advantage in a few moments, falls far short of our requirements.

As an illustration of what we require for daily reference, I have arranged the accompanying charts. In considering the disease of a patient, that portion of the body which is immediately affected always encircles within its influence other portions which naturally lie in its track, or are so connected that their consideration becomes a necessity; and often indirectly the whole body may be so affected as to become an object of interest in order to complete our prescription. In the chart before you you will at once recognize the close relation which these different divisions bear to each other. Whenever the stomach is the centre of attraction, we naturally expect some disturbance in the mouth or tongue, or look for some evidence of gastric derangement in these organs. In connection with these pathological conditions a train of symptoms show themselves which, owing to their importance, demand a special place in this table. Consequently, appetite, thirst, taste, nausea, vomiting, eructations and flatulence, each presents itself for recognition.

The comparison of two or more drugs often becomes a necessity, especially when symptoms peculiar to one closely resemble those of another; and while a comparison of the symptoms which relate to any one portion of the body is generally sufficient, there are times when a complete picture of each drug is absolutely necessary to our decision, owing to their range of action and symptomatology being so closely allied. This comparison of the whole drug may be found in the concomitants, which include the more important grand characteristics of each.

In order to make this table complete, a column for clinical material has been allowed, although its presence is not indispensable to our prescription; it often confirms our choice, besides containing many symptoms not found in the original text, but none the less valuable.

No one can dispute the value of a repertory; it bears the same relation to a Materia Medica that an index does to a volume; and yet

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how few can be studied with any degree of satisfaction. The second chart before you represents a repertory, in part, to the foregoing table. Its most important features are: First, its alphabetical arrangement; second, the different heads under which any symptom may be found; third, each symptom given in full, as revealed by the provers; fourth, the different type showing the value of each symptom, without referring to the table; fifth, its clinical symptoms and therapeutic hints. Repertories arranged anatomically have always been unsatisfactory, for the reason that many symptoms in their completeness refer to two or more portions of the body; consequently the uncertainty of knowing exactly where to look for them; and again, other symptoms may not refer to any special portion of the body, but simply express a sensation. These under alphabetical arrangement may be found, one as readily as the other. When a symptom is given us by a patient and we wish to refer to it, we often find it difficult to know exactly what to look for in order to find it. As an illustration, take the symptom, burning in the pit of the stomach. According to our repertories, arranged anatomically, we might find the symptom under either Gastric Region or Sensations. In a repertory arranged alphabetically, you would find it under three different heads, viz., *stomach*, *burning* and *pit*, the symptom in full following, so that if two of us were looking for that symptom, and one of us should think of it as under *burning*, and the other as under *pit*, we would both find it with equal readiness.

Repetition cannot be considered a fault unless want of space forbids it. This not only applies to the foregoing, where each symptom may be found under four or five different heads on an average, but also to a common fault many authors have of abbreviating words and also symptoms, allowing the first letter to stand for the whole word, and putting in the most important part of the symptom while leaving the apparently unimportant part to the imagination of the reader. If a symptom is worth recording, it is certainly worth recording in full, as experienced by the provers. No doubt many times a prescription will be made simply on finding the symptom looked for in the repertory without further investigation, especially so if the symptom corresponds closely to that of the patient's, and still more likely if the symptom be a grand characteristic; and oftentimes we will find symptoms which are not only closely allied, but are identical, and if one should be in italics representing grand characteristic, and we are satisfied to prescribe on the symptom alone, we will not hesitate long in making our choice, which at once shows the importance of a symp-

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tom in the repertory being printed so as to indicate its value. Not the least important feature of this repertory is its clinical symptoms and its "therapeutic hints." Every symptom and disease referred to in the clinical column will be found in the repertory in the same manner as symptoms taken from the pathogenesis. If, as oftentimes happens, a patient is unable to describe or give us sufficient definite symptoms to prescribe on, we are compelled to prescribe pathologically; the repertory here will be found quite as valuable as when prescribing symptomatically.

The material in a work of this description, in order to make it practical, must be that only which has proven valuable; consequently, symptoms which have the value of characteristics, and grand characteristics only, can be used. The surplus material may be none the less worthy, but until it has been brought up to a working standard, or verifications of its symptoms made by cures, its presence would not only encumber but confuse.

ACUTE ALCOHOLISM.*

By W. M. BUTLER, M.D.,

Brooklyn, N. Y.

WE do not propose to exhaust your patience by even an attempted glance at all the principal physiological and pathological effects of *alcohol.* We shall simply mention a few of the most common symptoms which, during the past seven years, have most frequently come under our observation, in an extensive experience, in the Brooklyn Homœopathic Hospital, with the different phases of acute alcoholism, and the methods of treatment which we have found most effectual.

The majority of cases received into our hospital are brought in by the ambulance, and represent the lowest class, whose condition is the result of a continued course of debauchery, ranging from a few days to months. During this time food is taken at irregular intervals, in insufficient quantities, or entirely discarded, until the stomach becomes incapable of performing its ordinary functions, and all the physical powers become reduced to the lowest ebb. The mental condition varies greatly, according to the severity of the attack, from an undefined fear to marked delusions and the wildest maniacal delirium.

* Presented to the N. Y. State Homœopathic Medical Society, Feb., 1891.

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The basic element of all the mental disturbance is fear, a common delusion being that some one is shooting at the patient, and he keeps in constant motion in his endeavors to dodge the shots. Fear of poison, vermin, bugs, etc., is often met with, arising from hallucinations of sight. The fear of snakes, usually considered as an ordinary accompaniment of the disease, we have seldom met. One patient, that we have treated through several attacks, invariably has the fixed delusion that he has committed some crime, has been tried and is to be punished, and will describe with the utmost minuteness all the details of the trial. Frequently they imagine themselves engaged in their ordinary pursuits and continually give their directions accordingly. Some patients lie, during the entire attack, quietly in bed, the delirium closely simulating that of some febrile disease, while others, completely frenzied, must be continually restrained to prevent their injuring themselves or those about them. No class of maniacs is more dangerous, and by them most of the terrible tragedies enacted in private life are committed. These patients in their delirium closely resemble insane epileptics, being utterly insensible to entreaties or threats, and controlled only by superior force; like epileptics, after their return to reason, they have no remembrance of their acts during their paroxysms of excitement. While the law does not recognize drunkenness as an excuse for crime, these patients while suffering from such an attack, are undoubtedly utterly irresponsible. Along with the mental excitement we find, in all cases, a general disturbance of the nervous system, manifested by trembling and shaking of a part or whole of the body, often rendering the patient practically helpless, as he is unable to carry a spoonful of food or drink to his mouth, and his limbs refuse to bear his weight for an instant. Sleeplessness is almost universally present unless controlled by proper medication. The stomach, long abused, often refuses to retain the smallest amount of nourishment, and the frequent attacks of vomiting may result in severe attacks of hæmatemesis. The heart, almost universally disturbed, is either very rapid and weak, or slow and at times almost imperceptible.

Among the most dangerous complications encountered in these cases are the various diseases of the lungs. The tendency of the constant imbibing of alcohol to the production of catarrhal disease of the air-passages, and the drunkard's reckless exposure of his person to all kinds of weather, render him especially liable to disease of these organs. Often existing for some time without the knowledge of the victim, it only needs the additional depression of the system by an

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attack of tremens to hurry him into the grave. Pneumonia, from exposure during his debauch, is frequently acquired, and is most certain to end fatally, as the whole condition of the patient is such as to furnish fuel to the flame.

The whole tone of the nervous system being greatly lowered and weakened, the most profuse sweating may occur, deluging the patient from head to foot, and, unless speedily checked, causing death by exhaustion.

TREATMENT.

This rapid glance at the most common symptoms of acute alcoholism shows that its treatment may lay upon us no light task and involves much more than the mere selection of the proper remedy.

All these patients must be carefully watched and restrained, mechanically if necessary, to prevent their injuring themselves or others. Perfectly regardless of everything except the creations of their disturbed brains, unless continually attended by a competent nurse, both they and their rooms soon become most disgustingly repulsive and filthy. Unless their apartments are frequently scrubbed, disinfected and supplied with sufficient fresh air, the fumes of liquor from their breath and the emanations from their persons will so poison the air that it is almost intolerable.

The first task to be essayed in the treatment of these cases is the getting of the stomach into a condition to retain nourishment. This is usually accomplished by the administration of hot broth or milk in small quantities every two hours or two hours and a half, until the irritation has been checked and greater quantities can be retained. Where the patient is very weak, and the powers seem to be rapidly waning, it may be necessary to administer stimulants, at short intervals, until sufficient nourishment has been retained to excite reaction. We have, however, usually found that a mixture of *vichy* and *milk* in equal parts has done fully as well and leaves the patient in a better condition.

The next thing to be accomplished is the production of sleep, which is not always an easy task, but one for which we have never yet been obliged to use any opiates. While the stomach is full of poor liquor no remedy can be expected to do much until it is either rejected by emesis, or the stomach pump is used, and it is better to wait for a while before prescribing. Where the patient refuses to take the remedy by the mouth, we have had equally good results by administering the alcoholic dilution hypodermically.

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The remedy most commonly required in the beginning is *nux vom.*, and is indicated by the general tremulous condition of the patient, and the irritability of the stomach.

For the production of sleep, no remedy in our hands has begun to compare with *hyos.* θ, five to ten drops in half a glass of water, a teaspoonful every half hour to an hour being given until sleep comes. This remedy has rarely failed us and has become looked upon almost as a panacea for this form of sleeplessness. No other preparation of the remedy has proven equally effectual, although we have tried it in all potencies.

The remedies which we have found most effectual have been *acon.*, *argen. nit.*, *ars.*, *bell.*, *canthar.*, *cimicif.*, *hyos.*, *nux vom.*, *phos.* and *stram.*, which we have prescribed from the following characteristic symptoms.

ACON.

Great restlessness and anxiety, with fear of death, darkness, ghosts. Confusion of thought, with unsteadiness of ideas, rapidly changing from one to another. Over-sensitiveness to light or noise. Irascibility. Increased general heat of the skin and intense thirst.

ARGENT. NIT.

Great depression and fear. Sees snakes everywhere about and tries to escape from them. Feels constant itching and crawling upon his scalp as from vermin. Fears to be alone; thinks he will die.

ARS. ALB.

Great restlessness, anxiety and terror. Sees bugs and vermin constantly crawling upon his bed and over his person. Intense thirst for small quantities of water. Great irritability of the stomach and rejection of everything taken. Pulse weak and rapid, with marked signs of exhaustion.

BELL.

Very noisy and violent, with constant attempts to bite, strike and kick those about him. Hallucinations of sight; sees ghosts, dogs and horrible animals. Accompanied by the characteristic congestive symptoms of the drug.

CANTHAR.

Great violence, with a tendency to tear his clothing, bite and strike those about him. Barks like a dog. All symptoms aggravated by the slightest touch, or any dazzling object, as a looking-glass or glass

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of water. A *canthar.* patient is very similar to a *bell.* in his delirium, but differs greatly in his general appearance, as the face is pale, yellow and wrinkled, with a constant frown and expression of extreme suffering. Another symptom almost always present when *canthar.* is the remedy, is dysuria.

CIMICIFUGA.

Terrified by rats, sheep, and other strange animals, which he sees about him. Suspicious; fears that some one will kill him. Sleepless. Incessant talkativeness, changing constantly from one subject to another, or persistent taciturnity and melancholy with suicidal tendencies.

HYOS.

Excitability with great talkativeness, changing from one subject to another. Noisy but good-natured and inclined to laugh and sing, or suspicious with fear of poison, refusing all medicine and food. Inclined to lasciviousness and indecent exposure of his person. Sleeplessness. Much muscular twitching.

NUX VOM.

Cross, ugly, taciturn, obstinate. Marked muscular tremulousness. Nausea and distaste for food, with bad taste in the mouth, foul breath and constipation. Especially valuable in the beginning of treatment, when the patient is still under the influence of liquor.

PHOS.

Extreme nervousness, startled by the least noise. Afraid of being killed. Sees faces on the wall, or peering out from the corners. Erotic with great sexual excitement and shamelessness. Vomiting of everything taken after it has remained long enough in the stomach to become warm.

STRAM.

Delirium of the most violent type with delusions of the most terrifying character. The patient is in a perfect frenzy and can often only be restrained by force from injuring himself or those about him, in his efforts to escape from the terrible creatures which spring up upon all sides of him.

While the remedies mentioned are those most frequently used, no remedy should be disregarded if it is a simillimum of the symptoms apparent in the patient. A marked illustration of this was seen in

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one of our cases which was brought in a few nights ago. When admitted the patient was very wild, and greatly agitated after being put to bed by the delusion that there was another man in bed by his side. As this delusion was so prominent I prescribed *petrol*, 30, although I had never heard of the remedy being used in this disease. The result was a speedy removal of all the symptoms and a quick restoration to health. Unfortunately, in many of these cases the symptoms are so incomplete and unsatisfactory that a clear simillimum is very difficult to obtain, yet we have never, thus far, failed to find in our homœopathic Materia Medica all necessary aid.

TWO CASES OF INTERMITTENT FEVER TREATED WITH KALI BICHROMICUM.*

By J. B. GARRISON, M.D.,

New York City.

IN reporting the following cases, which were cured by the use of *kali bichromicum*, applied according to the rule of similia, I do so chiefly because they were characterized by a symptom not usually spoken of in connection with the drug mentioned.

One evening early last summer I was conversing with my friend Martin Deschere, M.D., upon the subject of drug proving, and he related his experience when he involuntarily proved *kali bich.*

Needing to take some of the medicine, he, in haste, took a very large dose of the 1x, and shortly began to feel the toxic effect of it. Among other symptoms he spoke of his vomiting an unusually large quantity of bright yellow water, tasting very bitter.

Some time in July I was called to attend Patrick K., a laborer in Central Park, who was at the time suffering with an attack of acute febris intermittens. At the time I called he was in a high fever, the chill having lasted about an hour. For a month past he had had a paroxysm at about 1 P.M. every day, commencing with a mere chilly feeling, and increasing until at present he had the chill, fever and sweat in great severity. I inquired closely as to his present symptoms, and among other things as to his stomach, and whether he had vomited or not. His wife said he had vomited just before I came in,

* Read before the New York State Homœopathic Medical Society.

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and she thought he never would stop, and she had not yet had an opportunity of emptying the vessel used. I at once desired that I be shown the vessel and contents, and on its being brought I saw about two gallons of a bright yellow watery substance. He said it tasted very bitter indeed. His tongue was coated yellow, very thickly on its posterior portion. Remembering the experience of Deschere, I at once made up my mind to prescribe *kali bich.*, and taking about one grain of the IX trit., I dissolved it in a tumbler full of water and directed him to take a teaspoonful every two hours.

I called in the evening of the following day and was gratified to learn that he had escaped his usual paroxysm that day and he felt quite bright, but by my direction he kept perfectly quiet. Two more days the medicine was kept up at longer intervals, and as there was no return of the chills, I discharged him, with orders to summon me at once if there was the slightest return. He returned to his work in the Park and has continued up to the present time perfectly well.

CASE II.—Mrs. S., German, æt. 50, called me in September last, after having been told by her allopathic attendant that she never would get well, and he was probably honest in his belief, as he had been in constant attendance for the previous nine months, and she was much worse than when he commenced.

Her chill came on every other day at about the same hour, and the fever and sweat which followed so prostrated her that she was compelled to remain in bed during the apyrexia. She could retain scarcely anything in the way of nourishment, and was extremely wasted. Liver much enlarged anteriorly, and there was soreness over the spleen. Tongue coated thickly yellow; sweat profuse upon least exertion or movement in bed. Vomited much more than she drank, her daughter said, and said she had in the morning vomited a large bowlful of a bright yellow fluid. Frontal headache centering between the eyes. Prescribed *kali bich.* IX in water, a teaspoonful every two hours.

The patient had not been out of the house for two months, and despaired of ever being able to do so again, but I spoke cheeringly to her, and on my next visit, on the following day, she told me she thought she would get well, she felt so much better. The next day she had a slight chill, which was the last, and in two weeks she presented herself at my office and said she was gaining every day. Up to the present writing she has had three slight attacks of nausea and vomiting, once after corned beef and cabbage, but has had no return of the old complaint, intermittent fever.

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CRITICAL CASES.

By W. R. AMESBURY, M.D.,

Nicholasville, Ky.

"MERCURY."

THIS case will present the old, old story of over-drugging by the old school which we of the new school are experiencing every day, but I hope will be of interest as showing the re-proving of a drug. As you leisurely peruse the symptomatology of the following cases as I give them, place yourself once more with me at the bedside and diagnose the case as I was called to do, and that with no little difficulty. Had I not been very familiar with the symptomatology of the drug employed by the allopathic physician (thanks to our system), I would have used the same drug to cover the totality of symptoms the case presented. Had I done so it would have been only to aggravate the symptoms of the patient with the sure loss of a life before sunrise. There was not a moment to lose. From the history given by the parents, I diagnosed the case as gastro-enteritis, acute. Primary disorder, chronic dyspepsia, secondary to symptoms arising from irritation, set up either by accumulation of undigested food of some kind, or helminthiasis; the symptoms pointed strongly to the latter. Whether I was right or not, I prescribed symptomatically and awaited results. This case will show that the new school can discriminate between drug and disease symptoms at any time, and therefore we can stop a drug as soon as it produces aggravations, and know for a fact when such is the case; but the old school producing an aggravation by a similar drug (due to its massiveness) contained in a prescription, does not know that the aggravated symptoms of the patient are due to the similar drug, therefore plies the drug or drugs in heavier and more frequent doses; the consequence is, the patient becomes worse every hour, and this aggravation calls for a second mixture; this last mixture is for the purpose of quieting the aggravated symptoms, which are supposed to be due to the disease instead of being produced by the first prescription.

When such a state of things exists, the old-school physician is utterly in the dark. He cannot tell what he is trying to cure (of course he thinks it is the symptoms of disease). If he knew that the mixture produced the aggravation, he could not tell which drug in particular

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was doing the mischief; and as far as the clear symptoms of a primary disease are concerned, they are lost forever; so the unfortunate people become drugged nigh unto death in a great many instances, or to a long convalescence, and a train of symptoms for months to come, which drug symptoms are in their turn doctored for, and so on. All of our school recognize the difficulty which besets us at the bedside of patients who have been treated allopathically; and were it not for our superior knowledge of the Materia Medica by the proving of drugs on the healthy human body, we could not with that precision separate disease symptoms from drug symptoms, aggravations by the progress of disease from aggravations caused by drug action. And as we all know that, we are called in to allopathic cases as a dernier resort. Homœopathy to many people is not good enough in ordinary or severe sickness in the commencement, but is in great demand when the case is desperate and complicated by allopathic dosing. If then the case terminates fatally, it is put down to be the fault of the homœopathic physician and his system, but even at the eleventh hour he is often enabled to save many a life.

The following was the summons by a well to-do gentleman and a non-believer in homœopathy. "Doctor, I want you to go at once a distance of seven miles to see the sick daughter of Geo. C——. I hardly think it is necessary for you to go, as the physicians in attendance have given the case up to die this night. She has been sick some weeks, but as the parents insist on your seeing the case, go and do what you can."

On arrival, Oct. 27th, 5 P.M., I found a colored girl, seven years old. On questioning the parents and sister how the trouble first commenced, they told me she always had pains in the abdomen, which were made worse after food; sour eructations, flatulence, languidness, constipation, good appetite, but failing in flesh for some time; constantly sick at the stomach, and picked her nose incessantly. All at once all these symptoms became worse and they sent for Dr. M——. On his arrival, in addition to the above symptoms, there was pain in splenic and umbilical regions, burning in epigastrium, high fever, chills and sweats; these last three symptoms changed from day to day; vomiting, alternate constipation and yellow, frothy diarrhœa, thirst, lassitude, headache, were present. The case was pronounced "typhoid fever."

On my inquiring into hereditary diseases, I found one child had died from phthisis pulmonalis a few months ago. Only two different kinds of powders had been used by the physician, with whiskey, according to statements of the parents.

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Having ascertained heredity, beginning of the sickness and treatment, I also learned the following facts from the parents and objectively. She had been in bed five weeks, greatly emaciated, no appetite, had eaten nothing for four days, sordes on the teeth, foul breath, eyes sunken and glazed; temperature, 96¾° F.; pulse, scarcely perceptible and intermittent; the whole body cold, Hippocratic face, head thrown back; tongue furred brownish-yellow, and dry as a chip; no speech, no movement; bed-sores commencing on the hips; legs drawn up, intense tympanitis; intense pains above and to the left of the umbilicus only; the pain causes visible knotting of the abdominal muscles for six inches around the navel; cannot bear to be touched; relief by firm pressure and friction. Milk invariably aggravated the pains and knotting ensued, with cries from the child. Had green grass, frothy, liquid stools, which were disgustingly fœtid, at times with a tinge of blood; mucus stools were frequent. The pains in the abdomen were relieved after stool; at times stool with tenesmus. The umbilical pains had not ceased night or day for five weeks; the pain was always worse from 4 P.M. to 3 or 4 A.M. Cannot sleep from rigors in the evening; foams at the mouth and pulls out long, tough, stringy mucus; constantly boring and picking the nose. Involuntary stools and micturition; recognizes no one; perfectly apathetic; heaviness of the eyes; sleeps with eyes half open; pupils contracted; groans constantly. At times great bodily sinking, very weak; stiffness of the limbs; cannot move her limbs. The epileptiform fits come on at night, with stiffness of the body, causing greater distention of the abdomen, greater pain, constant itching of the widely-dilated nostrils, stiffness of the neck with pain during motion of the head with slight opisthotonos. Neck slightly swollen, cannot turn or lift the head alone, tingling in left arm and left leg. Cannot move them; they feel numb and heavy. Glands in the neck swollen; sore and inflamed throat, making swallowing difficult. The umbilical pains began at 4 P.M., reached their height at 12 or 1 A.M. and almost ceased at 3 or 4 A.M. Fearful restlessness; trembles from head to foot; great thirst, whole body as cold as in death; sudden, severe rigors all through her; lies lifeless; have to listen for the breath; very dry and cracked lips. Constant belching of large amounts of wind at times. Stitches of pain in left side of chest between the ninth and twelfth ribs. Cannot take a deep breath on account of pain in the side of chest and bowels. Later, pains in the liver. Whenever the pains were bad in the umbilical region there were rigors; vomiting at times during pains in umbilicus. Distended and hard abdomen. Cannot bear to be touched;

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pain better after stool; slight tenesmus before or after stool. The stools varied in color; also with a mixture of colors. Yellowish, grayish, greenish, green blood-streaked, frothy, like frog spawn, stringy, mucus, sour-smelling, very fœtid. Numbness and coldness of all the fingers and toes, as if they were in reality dead.

As I mentioned before, only two drugs were used in powder for this "typhoid" (?) case. No dietetic precautions or hints nor accessory measures were employed. These two drugs were *quinine* and *mercury*.

For some weeks before the date of this case I had treated many different kinds of fevers, remittent, intermittent, irritative, simple catarrhal, etc., and as there was not a sign of typhoid, I dropped that, and I thought of one of the other fevers, which, in this desperate jumbled-up case, was the momentary question.

The prognosis was that if I succeeded in keeping the child alive twelve hours, I might have some hope, but I rather thought she would die before dawn of day.

Sifting the case very carefully with symptoms before allopathic treatment and from symptoms present, and considering some which occurred at both times and the objective appearances, I came to the conclusion that chronic dyspepsia was one ailment, and "worms" causing abdominal pain, picking of nose, heaviness of eyes, and symptoms of irritation another. The gastro-enteric symptoms were due to *mercury*, I believed. What remedy to choose? *Mercury* covered all the symptoms too well, and in the course of my experience in the university and in private practice, I never saw so many similar symptoms of disease and drug to agree. As there had been an allopath handling the case, I rejected *mercurius* at once, feeling certain that three-quarters of the symptoms were produced by *mercury*. I saw the quinine powder and tasted it.

My first prescription was *arsenic* (Fowler's sol.) gtts. x in one-half glass of water, alternated with *cina* θ gtts. 20 in one-half glass of water, a teaspoonful every half hour; hot water compresses to abdomen and throat, hot water bottles to extremities and body, omit whiskey, and give beef soup, a teaspoonful every fifteen to thirty minutes.

Oct. 28th, 9 A.M. Temp. 98°; pulse stronger and regular. Some symptoms were much better; child slept well; pains much lessened. Continued same treatment; added *bovinine*, gtts. xx, every hour with soup.

Oct. 29th. All symptoms much improved; vomited a greenish-yellow, putrid-smelling fluid, with a round worm, $6^1/_2$ inches long.

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Prescribed *ars. alb.* 1x, *nitric acid* 2x, in alternation. All accessory measures the same; temp. 99° F.

Oct. 30th. Steady gain, profuse salivation occurred, throat worse, pains in the umbilical region come and go suddenly, throat very red, glands swollen, mouth red (this proved the *mercury* treatment); burning after food in stomach; treatment same; temp. 99° F.

Oct. 31st. Doing splendidly; gave *ars.*, *bell.* in alternation; temp. 98½° F.

Nov. 1st. Saved; wants to eat everything; temp. 98½° F.

Nov. 6th. Not so well; slight pains in umbilical region; five stools in twelve hours; slight tenesmus; temp. 103° F.; slightly tympanitic; abdomen restless; drinks little and often; hands dry; burning in epigastric region; perspired during the night; *ars.* 3x, gtts. xx, in half glass of water; *colocy.* 2x, gtts. x, in half glass of water.

Nov. 7th. Temp. M., 102° F.; all symptoms better.

Nov. 8th. Temp. E., 101½° F.; profuse perspiration.

Nov. 10th. Temp. M., 102° F.; profuse perspiration.

Nov. 12th. Temp. E., 102½° F.; profuse perspiration.

All symptoms which were remaining pointed to tabes mesenterica, due to (may be) heredity. Examined the lungs carefully and found them sound. Prescribed *ars. iod.* 2x, grs. v., every two hours, alternated with *phos.* 2x, gtts. xv., in half glass of water with *cod liver oil*, ter die. Compress to abdomen continued.

Nov. 14th. Temp. 99¼° F.; patient sitting up.

Nov. 18th. Temp. 98½° F.; still better.

Nov. 25th. Temp. 98½° F.; out of doors; discharged.

Jan. 7th. Temp. 98½° F.; has remained well; cured.

How many things crowded themselves into my mind in this complicated case!

What the nature of the disease really was?

What symptoms were actually due to *quinine*?

What symptoms were actually due to *mercury*?

What symptoms were actually due to *disease*?

Could *santonine* have produced the coldness and aggravation of umbilical pains in full doses? The parents thought it was the same kind of powder. Whether tabes actually existed? What my chances were against such odds in a colored family without the comforts of life, and other odds against me.

A word in regard to drugs. All my dilutions and trituration are made and have been made, for the last three years in the following way.

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gtts. xθ to gtts. 90 alcohol = 1x.
gtts. 50 1x to gtts. 50 alcohol = 2x.
gtts. 50 2x to gtts. 50 alcohol = 3x, so on.

I had, of course, prior to this method, always used the ordinary way of 1 in 9 for all attenuations, but much prefer the 1:1 after the 1x; the action is quicker, more certain, and most gratifying to all concerned; besides, the 1 to 1 division is more equal; there seems to me to be too great a distance between each dilution to each other in the 1 to 9 method for each attenuation. I hope some one else will try the 1 to 1 method besides Dr. Conrad Wesselhœft and myself and report their experience.

"QUININE."

I was called to see a woman, Mrs. B. B., about twenty-seven years of age, and a mother of three children, who was said to have taken a fever, "typhoid" (?) the doctor called it, which commenced two weeks before. Her brother, who called for me, said she was in a very low condition and was getting worse every hour, and that she seemed to be out of her mind at times, so that people were afraid to go near her, much less to stay by her in order to nurse her, and that she had made threats of killing her children, who were removed to a neighbor's house; also threatened to jump into the river herself; that they had discharged the old-school physician and I was to take charge at once. On visiting the woman on Sept. 4, 1890, I found the following condition: She would not allow me to see her, though she requested her friends to call me, and I had treated her in acute bronchitis before she moved seven miles into the country. After some time I managed to see her; she would not let me or any one touch her, nor do anything for her, as she said she was dying, and that Jesus was her doctor now, and no one else on earth was of any account, and if I left medicines she would not take them. After much persuasion and returning to her a second time about an hour afterwards, I managed to take the temperature, which was $104^{1}/_{4}$° F.; pulse full and bounding; profuse sweat, which stood in beads on her face, hard chills; these symptoms came in no regular order; bursting headache, roaring, hissing and singing in her ears; she kept saying to me and her friends that she heard the glorious music of the angels, and when she heard this supposed music loudly, she would sit up in bed and yell and shout, saying in an angry voice, "Why don't you join in with the angel band?" her face being animated, eyes glistening, widely open, and pupils

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dilated, and her hair dishevelled, with many gestures of the hands and incoherent yellings of words; she was indeed temporarily insane. She trembled like a leaf from head to foot, her skin burned, she attempted to jump out of bed several times, threatened to run away and jump into the Kentucky River, not far distant from her house. After this great excitement she would fall back and break out with profuse cold sweat in beads, moaning and groaning in a most doleful way, fearfully restless, was going to die every minute; during the intense heat of the body the skin seemed to parch up and become very dry; she had constant pains in the spleen, with tenderness in the bowels on pressure; liquid, yellow and fœtid stools, at times with slight bloody stools. Urine very scanty, high colored and irritating; great thirst during chills and heat. No appetite; tongue heavily coated and furred brownish-yellow; lips very dry and cracked. She imagined she saw people near her, or angels, and many other queer objects. She kept her eyes covered with her hands or under the bedclothes, as she did not want to see such queer things, and the light hurt her eyes; pupils widely dilated. She always thought some one was going to kill her and her husband was her worst enemy; she would cry and sob for minutes at a time; she insisted on tying a handkerchief over her head and under the jaws, as she said, to keep her head on. I could not persuade her that I would soon have her well; nothing else would do but that she was sure to die; it was impossible to live. No hope; the despondency was dreadful and aggravated by sympathy. She would suddenly grasp in the air; when I asked her why she did so, she said she was trying to catch fireballs from heaven. Her friends experienced great trouble in keeping her in bed; though extremely weak, at times she seemed very strong. She was very suspicious; she thought that I and the people wanted to get rid of her and were planning secretly in whispers. If any low voices were heard, she raged and shouted out to talk louder and more distinctly, for she said the noises in her head prevented her from hearing. She was highly nervous; if she dozed off, the slightest noise would make her jump with a start. The temperature during a hard chill was one-quarter degree below normal. At times she showed sundry half convulsive twitchings of the body and face; she seemed in a dazed condition; she hated any one to go near her, but to touch her, to feel her pulse was to be rudely repulsed; she was particularly hateful to her husband in every way. As for rest and sleep, they were almost unknown to her for several days and nights.

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My diagnosis was remittent or simple catarrhal fever, but all the maniacal symptoms were due to overdosing with *quinine* and *whiskey*, for in my experience of twenty years in India and in every part of it I never saw such mania in the uncomplicated malarial fevers. The amount of *quinine* taken was grs. x. with two tablespoonfuls of whiskey every two hours; this had been given night and day since the commencement of her sickness. As for it being typhoid, there was not one single symptom of that disease, though she had lost a child under the care of the same physician, who died, he said, from typhoid with hæmorrhages in the last stage, in the same bed and on the same mattress upon which she had been lying. I did not believe in the typhoid part of it, but to be safe I had her removed to a clean bed, etc.

First choice of drugs, *ars. alb.* and *gels.* in alternation.
Sept. 6th. Temp. 103¼° F.; same remedies continued.
Sept. 7th. Temp. 103° F.
Sept. 8th. Temp. 98° F.; cold stage; same remedies.
Sept. 9th. Temp. 102¾° F.; same remedies.
Sept. 11th. Temp. 102° F.; "
Sept. 13th. Temp. 99¾° F.; "
Sept. 15th. Temp. 99¾° F.; "
Sept. 18th. Temp. 98²/₁₀° F.; "
Sept. 25th. Temp. 98²/₁₀° F.; "

Discharged cured Sept. 25th. All the symptoms gradually disappeared under these two drugs alone. *Hyos. niger.* was used once with the *ars. alb.* for excess of mania. Sleeplessness and mental symptoms were the most obstinate.

It is astonishing how flippantly *quinine sulph.* is used by the allopathic physicians; according to them *quinine* seems to be given for every ill that flesh is heir to, and the sooner in the case that the crude effects show themselves, the amount of *quinine* is increased or given more often with the addition of *whiskey*, as the symptoms produced by the drug are supposed to be the aggravated symptoms of the disease, hence more *quinine*, until absolute mania is produced; when this is produced other prescriptions come into play to cure the insanity, and so on and so on. The diagnosis at this point I suppose would naturally be that the primary fever, etc. was the forerunner of the mania, etc. Such is some of the allopathic science of medicine. *Calomel* and *quinine* in these parts are the solid anchors in medicine among the physicians and laity here, and used for every little ill.

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PLATINA IN DYSMENORRHŒA.*

By W. T. LAIRD, M.D.,
Watertown, N. Y.

OCTOBER 23, 1888, I was called to see Mrs. A., æt. thirty-five, nervo-sanguine temperament, mother of two children, and found her suffering from dysmenorrhœa. She informed me that she had been subject to this trouble ever since puberty; had been under the treatment of four different physicians without any benefit, and had grown steadily worse since the birth of her children. Menstruation was regular and normal in quality and quantity, but accompanied by severe, spasmodic, cramping pains, extending from the uterus to the groins and upper part of the thighs. She was extremely nervous, and one foot was in constant motion, beating the bedclothes with the rhythmical regularity of machinery. While telling her symptoms, she suddenly became rigid and unconscious; the jaws were firmly locked, the forearms flexed upon the arms, the legs extended, and the whole body bent slightly backward. After a few moments she regained consciousness, and the regular motion of the foot again commenced and continued until interrupted by another tonic spasm. Her husband stated that during every menstrual period she had from four to ten of these attacks, varying in duration from five minutes to half an hour. *Cimicifuga* 3 was given, but failed to relieve.

One week later, a thorough examination was made, but nothing abnormal could be detected except an undue sensitiveness of the internal os during the passage of the sound.

Failing to find any mechanical cause, and being firmly convinced that the trouble was mainly hysterical, I now gave *ignatia* 30. The result was another failure, a discouraged patient and a determination to stop prescribing on pathological theories and to treat the case according to symptomatic indications.

After a long search, "tetanic spasms with trismus during the menses" was found under *platina*. Was called again at the termination of the first day of the next menstrual period and gave *platina* 30 in water, every two hours. The spasms ceased at once and have never recurred. In other respects, the improvement was more gradual; but after taking the remedy during the menses for the next four months, the flow became comparatively painless and the patient was discharged. As nearly two years have now elapsed without a return of the old symptoms, the cure may be considered permanent.

* Presented to the N. Y. State Homœopathic Medical Society, Feb., 1891.

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THE TREATMENT OF BORDERLANDERS.*

By SELDEN H. TALCOTT, M.D.,

Middletown, N. Y.

THE world is full of borderlanders. That is, the haunts of men are crowded with the victims of inherited predisposition or acquired tendency to mental aberration. Under the Christian dispensation, the cradle is no longer purged of either physical or mental imperfections by the hand of disinterested selection; and consequently we have not alone a "survival of the fittest," but a survival of everything, both fit and unfit, for a season.

Such being the case, it is not to be wondered at that the crop of borderlanders is slowly but surely increasing. The vast army of those who dwell upon the outskirts of insanity represents a high grade of idiocy, a huge mass of imbecility, and a throng of eccentrics and concentrics of various and varying shades, degrees and types. All these are influenced by their daily surroundings, and when we pause to consider what these really are, we cannot refrain from wondering why any of the borderlanders have kept themselves from the yawning abyss of insanity itself.

This is a world of antagonistic, of chimerical, of chameleon-like and of cyclonic beliefs. In many homes you will find as many differing religious, political and philosophical beliefs as there are members in the family. The child growing up in such surroundings finds himself morally and spiritually in a maelstrom of conflicting and constantly changing emotions. He may find in his own family at one time the patient persistence of the Puritan, at another time, the shifting phases of mugwumpery; at another time, the acidulated expressions of the cynic, and at another the broad, bewitching but bewildering philosophy of the agnostic. Can we wonder that the young of this land are becoming more and more eccentric, and are traveling with quick pace toward the borderland of insanity?

Now what shall be done to remove such tendencies, and to cure the victims of this strange, mysterious phase of man's inevitable evolution to higher and better things? The treatment of such cases demands that we shall bring to bear upon them every resource of

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pagan and Christian philosophy; every healthful stimulus to mental growth and stability, and every means for upbuilding and rebuilding the physical body by the use of medicine, of diet, of exercise, and of corpuscular and molecular integration.

The vast majority of borderlanders may be found among adolescents, or those in early manhood or womanhood. Living as they do at variance with the harmonious concourses of human existence, they either plunge at an early date into the vortex of continued insanity, or else, by means of their eccentricities, they fly the grooves of health and dash themselves to pieces against the walls of inevitable limitation.

These children of imperfect growth, and of abnormal beliefs, may be bettered in their condition. In fact, they may be marvelously improved, if appropriately cared for. In the first place, they must be removed from every distasteful and unwise surrounding. In the next place, they must be taught to eat an abundance of plain, wholesome, nourishing food. This is a mighty task when you have in charge a weak, nervous, hysterical, dainty, sensitive girl, with an already ripened opinion to the effect that she must eat only what she craves, and must avoid everything that is in the slightest degree distasteful. Such a patient will nibble at the sweets of life, and be always dyspeptic and hysterical. If obliged to eat plenty of ripe fruits, and plain breadstuffs, and carefully prepared vegetables and meats, she would rebel, and think that such a course of diet was an infringement upon her rights to partake, both prematurely and permanently, of angel's food! Yet it is only by the use of suitable diet that any system can be upbuilded at the outset; recuperated, strengthened, and continued in later life. The borderlander, however, feels no necessity for adopting a proper diet. Therefore, he should be compelled to use such a diet as will most surely foster the resources of his physical nature.

Again, the wastes, and excretions, and discharges from the human form divine, should be attended to, in the case of borderlanders, by the aid of a physician's advice and a nurse's attention. You will find in almost all such cases a strong tendency to personal neglect. If the bowels should be moved every twenty-four hours, the borderlander considers it enough to attend to such a matter once, or twice, or possibly three times a week. If the bladder should be emptied at least three times in twenty-four hours, the borderlander is content with one daily discharge from that source.

Again, the care of the sexual organism needs especial attention. There is no more mysterious and complicated problem in human life

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than that which involves the care and protection of the reproductive organs. Nowhere is blind and willful ignorance more strikingly apparent than in matters pertaining to this vital and practical subject. "Cleanliness is next to godliness;" and some people try to obey the injunctions of that proverb and keep their bodies clean, with the exception of what should be most carefully cleaned—the reproductive organs. In no other sphere of life is the duty of the parent to the child more deplorably neglected than that of teaching the boy or girl how to care for each and every individual organ of the body.

The parent should teach the child how to keep himself or herself clean, and should also teach him how to live above the cleansed and disinfected basement of the human temple, and in an atmosphere of exalted and noble purpose. By such means may the days of the young be made long in the land; and by such means may every chord in the human system be made to vibrate naturally and healthfully, and in tune with the vast sweeping notes of earthly progress, and of heavenly aspiration.

The physical system having been cleaned and nourished, we come to a consideration of the mental and moral natures of the borderlander. As we have said, these natures are swept and swirled by ten thousand conflicting views, opinions and beliefs upon almost every topic. The borderlander should be taught the blessings of an optimistic philosophy, and the richer and rarer blessings of a sublime and steadfast faith—faith in God, faith in the eternal purposes of nature, faith in the final goodness of humanity. The mental development of the borderlander should consist in the avoidance of all disturbing and exciting works of fiction, and the substitution of everything in the history and biography of men that tends to the promotion of fixed and settled principles, and which leads to the development and the ripening of an exalted, noble, and benevolent personal character. The mental ideal should be composed, like a composite photograph, of all the good qualities of all the great characters in history. This should be a lasting figure for imitation: "As the man thinketh, so is he;" and as a man wishes to be, so he will be finally; and the same is true of woman as of man.

Theologically, the borderlander should, if possible, be prevailed upon to accept some of the stable and long-continued beliefs of the Christian Church. Spiritualism, speculative theological philosophy, agnosticism, the strange perversions of so-called Christian science—all these should be avoided; and a faith unmingled with attempted displays of reason should be accepted and adopted. After long-con-

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tinued observation, we feel constrained to state that those teachings which have stood the test of time for nearly two thousand years, crystallized for centuries in the strong creeds of all evangelical churches, are most satisfying and steadying to the souls of those who would otherwise be stranded upon the shoals and amid the quicksands. The faith of Christianity is a faith that teaches the absolute purity of youth, the absolute monogamous state of marriage, and absolute spiritual consolation at all times, either in youth, in middle life or in old age. There may seem to be, sometimes, a necessity for protesting against the weaknesses of men, and mistakes in the formulation of established creeds, but in spite of these, the original faith, as given to the fathers, remains, and we believe that the acceptance of such faith, without vague and uncertain attempts at reasoning, would be everlastingly advantageous to those who are swept and tossed upon the breaking surges of conflicting theological opinions.

As a rule, if borderlanders are to be placed under systematic treatment they should be removed from their homes, for in them they are quite likely to be associated with those who, while very similar to them, produce irritating, disturbing and distressing effects upon them. Borderlanders do not always need the treatment and discipline afforded in a hospital for the insane, though some of them would be greatly benefited by such care, and yet, they should be placed under the direction and guidance of wise and skillful physicians. Here is where the sanitarium for mental invalids may be of the highest service. A large proportion of borderlanders could be persuaded to accept, voluntarily, for a season, the benefits of treatment in a sanitarium for mental invalids, where they may be taught to exercise the powers of self-control, where they may be taught the patient philosophy and strong belief in the immortality of the soul that characterized the utterances of a Socrates; the sublime, eloquent and enthusiastic faith of a St. Paul, and the sweet and noble gentleness, and beatific trustfulness of a beloved St. John.

In a suitable sanitarium, a restorative diet may be selected and administered, and in such a sanitarium ameliorating medical aid, through the administration of constitutional remedies, may be had. A few of these remedies may be named as follows:

Calcarea carb. may be administered where there is a superfluity of cellular tissue, where the glandular structures tend to hypertrophy and softening, and where white corpuscles predominate, and red corpuscles do not have a healthful activity.

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Calcarea phos. may be administered when, in addition to imperfect glandular development, we have a tendency to jaw-bone necrosis and organic degeneration of the cerebral mass.

Silicea. This remedy may be administered where there is a lack of bone development, and where there is a strong tendency to degeneration, or malformation, or lack of bone tissue.

To these constitutional remedies may be added *sulphur* and *mercury;* and among the drugs which produce marked and prolonged effect upon the nervous system we may name: *nux vomica, cannabis indica, stramonium, veratrum alb., arsenicum, lachesis, hyoscyamus, causticum, cantharis,* and others.

Dr. Gallavardin strikes the key-note of treatment for borderlanders, when, in his work upon "Homœopathic Treatment of Alcoholism," he claims that the characters and natures of men may be changed, improved, refined, and turned from their unfortunate hereditary predilections to healthful and happy action by the appropriate use of homœopathic medicines. If such is the case,—and it has so proved in the hands of the distinguished physician of Lyons,—we may hope to use homœopathy not alone in behalf of the victims of alcoholism, but in behalf of the victims of every disease-producing and mind-disturbing tendency.

While remedies are being administered, you may secure the happiest effects by using an abundance of water externally and internally, both for purposes of cleanliness and for the purpose of lubricating and purifying all the currents and sources of life.

The physical development of the borderlander may be best secured, we believe, by adopting the natural method of muscle training as outlined in a recent and interesting work by Edwin Checkley.

Physical, mental, and moral development should be systematic and harmonious, and when these means are correctly applied, they will avail much to the children of sap-wood and foliage, and may, perchance, cause the bearing of some fruit.

Do these things, brethren, in behalf of your afflicted borderland patients, and you will save some of them for a higher and better existence than they have heretofore known.

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A CASE OF RETRO-BULBAR NEURITIS.

By CHAS. C. BOYLE, M.D.,

New York.

THE following case, as shown by its history, cannot be called a cure according to the laws of homœopathy, but one accomplished by a remedy given for the removal of the *cause* of the disease, and not for the symptoms presenting. The result obtained was gratifying, as generally the termination is total or partial blindness—the reverse of what followed in this case. A very unfavorable prognosis had already been given by a well-known oculist. The history given by the patient pointed to syphilis as the probable cause of the trouble which was affecting the optic nerve back of the eye-ball, causing rapid loss of sight. Reasoning as I did, that the diseased condition was due to change induced by a syphilitic poison, it seemed to me that the proper remedy was the one that is considered the antidote for this poison at this stage (tertiary) of the affection. I refer to *potass. iodide.* As it was desirable to accomplish results quickly, as delay in these cases is dangerous, I gave it in large doses.

The patient, formerly a sailor, came to my clinic at the New York Ophthalmic Hospital, complaining of failing sight of right eye (RV= $^{20}/_{100}$), accompanied by pain in forehead and right side of head; these headaches he had for some time before sight became affected. On ophthalmoscopic examination fundus looked normal, except slight congestion of veins of right optic nerve; the left optic nerve showed a high degree of myopia, and sight had always been poor in that eye as a result.

Gave patient some medicine (*nux vom.* 1) and told him to report in a few days; did not see him until the following week, when, on testing vision of right eye, found he could only count fingers at one foot, and then only by turning his eye sideways, showing eccentric vision only, central vision being entirely lost (central scotoma).

He said that after seeing me, his sight became rapidly worse, and in a couple of days there was entire loss of vision, not even perception of light, but it had now returned a little. The ophthalmoscope showed a decided enlargement and tortuous condition of the veins of right optic nerve, and a paleness of and diminution in size of the arteries around the nerve, and extending slightly upon the retina was a very slight haziness, which would have escaped notice if not looked for sharply.

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The ophthalmoscopic picture, together with the rapid loss of sight, preceded and accompanied by headaches, also some pain on pressing the eye-ball backward, and the presence of a central scotoma, enabled me to make a diagnosis of retro-bulbar neuritis, giving at the same time a doubtful prognosis.

I advised patient to come into the hospital to stay, which he did, and was kept in bed and given *potass. iodide*, 300 grains a day, in divided doses, which were continued for two weeks, apparently having no injurious effect on him whatever, not even causing a coryza of any amount.

Under this treatment sight gradually returned, and at the end of three weeks his sight was normal, RV=$^{20}/_{20}$. This was the most favorable result that could have been obtained, and one that is not the rule, but the exception in these cases. Neither does it show that this remedy will always give the same result, if there is a syphilitic history; nor would I use it in preference to the indicated homœopathic remedy if I was sure syphilis was not the exciting cause. At the time I had this case, I was speaking to the late Dr. Geo. S. Norton about it, and he said he had also cured one by *potass. iod.*, where there was a syphilitic history, and had recently cured one with *pulsatilla*, where it was due to amenorrhœa. Retro-bulbar neuritis is not very common, and consequently cases are not often reported. Shortly after treating this one, a patient came to consult me about loss of sight of left eye, which was due to atrophy of optic nerve. From history given, and appearances, it was undoubtedly due to a retro-bulbar neuritis, and I think very likely due to syphilis, as I had treated one of her children for an inherited syphilitic trouble of the eyes. Previous to loss of sight, she had complained of a great deal of headache over left side of head and left eye, and was treated by homœopathic remedies for it by her physician. She was not sent to me until her sight was lost, when I put her on *potass. iodide*, hoping against hope that I might possibly get a little improvement; but it was too late, the damage had already been done, the optic nerve-fibres were atrophied.

MEDICINE AND THE LAW.

By HENRY A. RILEY, ESQ.,
New York.

LEGISLATION IN THE VARIOUS STATES.

THE medical profession is a good deal stirred up in the various States over the legislation by which it is hoped that a higher grade of medical knowledge will be secured from applicants for license to practice. There is a good deal of friction shown between

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the different schools lest an undue advantage shall be secured by one over the other.

The general tendency is towards a representation of each school on the examining board, or else towards special boards appointed by the allopathic, homœopathic and eclectic medical societies. In New York last year there were three such boards provided for, and they are just beginning to act. It is too soon to say how the experiment will work, but it is believed it will prove satisfactory.

In Pennsylvania, similar legislation is proposed, and an effort made by the allopaths to secure a single examining board, and by other practitioners to secure three boards.

The latter plan seems most likely to be adopted. In Connecticut a large committee is engaged in preparing a suitable bill to be introduced in the Legislature at the present session. There is, however, so much uncertainty as to political matters in Connecticut, resulting from the deadlock over the governorship, that little can be predicted as to legislation. Many of the States are without satisfactory medical practice laws, and the present agitation will be of undoubted advantage. In New England, New Hampshire and Vermont are the only States with carefully prepared laws on the statute books, and in the West, Minnesota and Illinois are States best guarded against ignorance on the part of physicians. In the latter State, the Board of Health has just decided not to recognize any foreign diploma which does not permit the holder to practice medicine in the country where it was granted, but examinations will be required of such applicants. This applies to the holders of Austrian, German, Russian and Swiss diplomas.

THE DUTY TO ANSWER CALLS.

An Omaha paper of recent date gives an instance of neglect on the part of physicians to answer an urgent call which deserves to be mentioned and to be severely condemned.

The following statement is found in the paper, but the names of the physicians are not reproduced here. "An old man lay in agony, that could have been remedied, all one night in this Christian city. Why? Because no physician could be found sufficiently humane to relieve him. Dr. ——, the city physician was out of town; therefore Dr. —— was called.

"He said he was too tired to attend to the case. Perhaps he was. However, he sent Dr. ——, which appeared to be the next best thing. But the next best thing in this case was not a good thing, for, after

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persuading himself that it was a 'country case,' he left it. The policemen, tortured by the groans of the suffering wretch, sent for Dr. ——, the assistant county physician. Dr. —— said he was too sick to come, but that he would see that Dr. —— came down in the morning. The policemen despaired of getting relief from gentlemen so prolific in excuses as those of the medical profession, and administered the morphine pills which Dr. —— had left, and which will probably have the effect of making the poor old victim violently ill."

It would hardly seem that any of the physicians who are guilty of such heartlessness could be able to secure the favor of the general public and build up lucrative practices. Those physicians who succeed the best are those who most frequently answer "poor" calls with as much promptness as those of the paying kind. It is said that a New Haven court recently fined a practitioner $10 for refusing to answer an urgent call; perhaps the same mode of treatment would prove efficacious in Omaha.

EPILEPTICS AND THEIR CARE.

A bill in the New York Legislature provides for a commission to establish a colony for epileptics in Westchester County, convenient to New York City. Epileptics and the epileptic insane can be sent to the institution from any part of the State. It is doubtful if the Legislature will authorize any large expenditure of money in this direction at the present time, but a report as to the advisability of the proposed institution would be a desirable outcome of the effort. Some of the medical papers urge a thorough investigation of the needs of this class of the afflicted before further legislation is adopted.

The State will, without much doubt, authorize the removal of the pauper insane from county to State institutions, and as this will cost about $500,000, it is not likely that much additional expenditure will be permitted at this session.

COMPULSORY VACCINATION IN FRANCE.

Compulsory vaccination is practiced to some extent in France, as appears by a recent decree requiring all students of medicine and pharmacy throughout France to produce a certificate of revaccination performed under the direction of the school or faculty under which they are prosecuting their studies.

This decree is dated January 1, 1891, and forbids the enrollment of students until the certificate is produced.

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FERTILIZER FACTORIES ARE NUISANCES.

A fertilizer factory has been declared by a Baltimore court to be a nuisance and liable to an injunction against its continuance, although the location of the factory was convenient, and there were numerous other factories of the same kind in the neighborhood. It was held, also, that the fact that the building was erected and in operation long before the complainant built his house was not a defence. The latter proved on the trial that the fumes from the factory were very offensive, and were injurious to health, while the chemicals used affected the building itself

GLANDERS AND HEALTH BOARDS.

The glanders is a disease so dreaded by horsemen that animals affected with it are in many States directed to be killed. In Massachusetts there is a law of this kind, and boards of health are the officials to carry out its provisions.

They must, however, be careful that they do not destroy healthy horses, and in a recent case the commissioners were obliged to pay the owner for a mistake they had made.

The Legislature had not provided for the compensation of owners in such cases, and the court held that they were personally liable.

It seems only fair that public officials should be reimbursed for honest mistakes made in carrying out laws relating to public health.

DR. KOCH'S LYMPH-CURE FOR CONSUMPTION FROM A HOMŒOPATHIC STANDPOINT. *

By JACOB L. CARDOZO, M.D.,

Brooklyn, N. Y.

I PROPOSE in this paper to consider "Dr. Koch's lymph-cure for consumption" from a homœopathic standpoint. At the outset let me say, we homœopaths are students of a progressive science. Every day new medicines are discovered. Some of them can stand the light of investigation; a thorough proving corroborates their usefulness; clinical experience puts its stamp on them, and they are added to our armamentarium. Others again are found wanting, when put in these scales, and are rejected. If a new remedy is put upon the stand, and has won a fair reputation, it becomes our duty to take cogn-

* Read before the Homœopathic Medical Society of Kings County, April 14, 1891.

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izance of that fact and investigate. Koch's lymph is apparently of that nature. It is therefore but proper that we should at least consider it in the light of homœopathy and see if it be worth while to give it a fair trial. If it be indeed a good thing, we could vastly improve upon its application by introducing it into the stomach and get even better results. Shall we reject it because it comes from an allopath? Not at all. Many a valuable remedy came to us originally from that source, either from the allopaths, or eclectics, or even from the Indians. We would feel sorry to-day if we were without these remedies. No, I for one, do not reject everything *because* it comes from an allopath; neither do I *accept* everything *because* it comes to us from a homœopath.

I accept the truth, whatever its origin, as to whether Koch's lymph is in fact such a good, reliable, and curative agent for tuberculosis; its most enthusiastic admirers, even Koch himself, admit that it is too soon to express a decided opinion. Yet, if there be reason to believe, from the vast number of experiments made (however crude they may have been) that a cure *might* be expected in accordance with the laws of homœopathy, then let us find out something more about it. Should we, however, be convinced that it never can cure, according to the law of similia. it will be useless to notice it any further. Several homœopathic physicians have expressed their opinion in this regard—most of them a very favorable one. After investigation one homœopathic physician (name not mentioned), in an article in the *American Homœopathist*, comes to the conclusion that Koch's lymph *is* a cure for tuberculosis, in accordance with our law. He considers the injection as a proving, and believes that the violent reaction, which often, not to say almost always, follows its application, are the symptoms of the lymph, and from their character he concludes that it must be curative in consumption, according to the law of similia.*

Another homœopathic physician, Dr. Biègler, cured, twelve years ago, with that very same fluid (so he says) a child suffering with tubercular meningitis that had been given up by the ablest practitioners of the other school. This was testified to by Dr. Schmitt, at

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* *American Homœopathist*, Dec., 1890, p. 113. The symptoms are: Three hours after injection, "contraction of limbs, *marked feeling* of lassitude, desire to cough, difficulty of breathing; the fifth hour: unusually violent rigor, nausea and vomiting; high temperature; pain in the limbs; great exhaustion. In some cases even slight icterus. Symptoms last fully twelve hours. All this from only one injection."

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the annual meeting of the Rochester (N. Y.) Hahnemannian Society, held January 20, 1891 (see *Herald*, January 21st).

Dr. James Henderson, of Michigan,† says plainly, that Pasteur's and Koch's remedies are curative in accordance with the law of similia. He, Henderson himself, used the potenized poison of tuberculosis, to cure that disease several years ago.

Dr. J. Compton Burnett, of London, in a brochure entitled "Five Years Experience in the New Cure of Consumption by its Own Virus," cites fifty-four cases treated from all conditions of life, and Dr. Frank Kraft, editor of the *American Homœopathist*, in an editorial, adds, that "*Dr. B. carries conviction* on every page of this *splendid brochure.*" Again Dr. B. says: "I think very highly of Koch's remedy. . . . I am more sure than Koch can be himself, because I used it five years *before he knew it*; and he has yet to prove that his results are satisfactory."‡

Dr. Swan has introduced the same thing under the name of Tuberculinum, into the homœopathic pharmacy, and it is used by many of our school.

These expressed opinions and assertions have set me thinking; hence this paper. Can Koch's lymph cure according to the homœopathic law? This was the question I asked myself.

As long as we did not know what the lymph really was, we could hardly give an intelligent answer. Now, however, that the agent is known, an investigation of its merits is possible and proper. We need not experiment on rabbits, and guinea-pigs, and monkeys, to find out what the remedy may or may not do. Fortunately, we have a law to go by and rules to guide us. By these we will be governed in our investigation.

Dr. Koch prepares his lymph from a pure cultivation of tubercle bacilli, dissolved in 50 per cent. glycerine, which bacilli he believes to be the *cause* of the disease. We will not argue the question: are these bacilli indeed the *cause* or the product of phthisis; neither ask if they are a micro-organism or simple *decayed tissue*. We take it for granted that these so-called bacilli, whatever their nature, are capable of producing the disease whenever they are introduced into the system; just as *ipec.* will produce vomiting, *cantharis* strangury, etc. Great care is taken in the preparation of that lymph. Subsequently, one part is dissolved in 100 or 200 parts of water, and of this a few minims are injected at certain intervals. This is the process.

† *People's Health Journal*, of Chicago, Jan., 1891.

‡ *American Homœopathist*, March, 1891, p. 83.

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With the knowledge of these facts before us, we can now answer the question, "Will that lymph ever cure tuberculosis?" As a true homœopath, believing in the law of similia, I say emphatically, *no! never!* I know Dr. Swan and his followers will answer the question in the affirmative, "provided," he will say, "the potency is high enough," say the 75,000, whatever that may represent. I wish it, however, distinctly understood that I leave the question of potency entirely out. I talk about the diluted lymph.

I have no doubt that Koch's lymph is capable of producing tuberculosis; it may cause decay of tissue, or even death. If we bring decayed vegetable matter into close contact with sound vegetables, the latter will soon commence to decay. Decayed animal matter will in the same way affect sound animal matter. Why should not decayed lung tissue, brought into the blood or tissues of the body, act in the same way—although in the living body, the vital energies will resist as long as possible, try to thrust out the intruder, and restore the injury done to the body.

Dr. Koch has *proved* by experiment, that his lymph, when by inoculation introduced into pigs and monkeys, has brought on tuberculosis, even caused death. Others, like Villemin, Collins and Lebert, declare that they have propagated the disease in animals by inoculation. Dr. Marcer, of London, has succeeded by inoculation with the sputa.§ Hence, I am justified in my belief that the lymph, if introduced into the system, is capable of producing tuberculosis.

Quite another question is: "Will that same lymph CURE consumption, *because* it can produce that disease?" This I most emphatically deny, because it would not be "*similia similibus curantur*," but *same cures same*, and the latter is not homœopathy. Koch and Swan, however, say it will. The former says, "under condition that it is properly and carefully diluted and cautiously applied;" the latter says, "provided it is given in the highest potency." It seems to me that both opinions will not bear the test of sound logic. Let us investigate a little further:

Suppose I introduce into the system of a man, *not* at present suffering with consumption, an exceedingly small quantity of that lymph; what will be the result?

a. If the man be not at all liable to the disease, he will experience no effect whatever from such a small dose. (A larger dose, not, however, dangerously so, would cause a reaction; that is, the vital powers

§ See Harthorn, p. 32.

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would fight the intruder and finally throw him out of the body, as they will act on any other poison.)

b. Should the man be liable to the disease, that is: the poison lies dormant in his system ready to explode at any time when agitated—that dose of lymph, if strong enough, will set the building on fire and that fire will *be beyond our control* (unless it can be checked by other means). I only mean to say, that the extent of the fire does not depend on the quantity of the igniting dose.

c. In case the dose be *not* sufficient to ignite the poison, again no effect whatever will be experienced; but the man is just as liable to get the disease as he was before. He will not be protected in the least, or be benefited by the operation.

So far for a man who *is* or apparently *was* free from consumption.

Should the disease, however, *have broken out*—that is, should the man have decidedly consumption, even in a slight degree—what then?

Does that not prove for a certainty, 1st, that the patient has the tubercular cachexia; 2d, that the vital powers have struggled as long as they could, but had to give up the fight and pay the tribute of war by losing some valuable lung tissue. (For, without this we could not diagnose consumption in that individual.) Now, in that case, we ask how could the administration of an additional dose of that very same poison ever *cure* the patient? Is that dose not like another company of the enemy's army, which *can* and will assist to bring the final battle sooner to a fatal end, but which never will enable the losing party to conquer? If the system is no longer capable of resisting the triumphant conquerer, how will it be enabled to do so if the latter's position be fortified by an increase in its ranks? We fail to see how a drowning man, struggling hard to keep himself above water, because he is not light enough, can be assisted and saved by attaching a weight to his feet heavy enough to drag him into the deep.

The same absurdity we observe in Dr. Swan's pretended cures, not only of tuberculosis, but also of any zymotic disease. Yet, a cure for tuberculosis by Koch's lymph, or by Swan's tuberculin is still more incomprehensible, as we presently will see.

It is accepted, that the three diseases, small-pox, scarlatina and measles, and a few others perhaps, as a rule, attack a person but once. Having survived that one attack, he need not fear another; he is protected. Consequently, if a healthy person be brought into contact with a sufferer of one of these diseases, or in any other way the poison is caused to get hold of him, whereupon he acquires the disease, and fortunately, survives, he will be protected for the balance

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of his life. The same is *not* true of tuberculosis. The latter is *not* a so-called self-limiting disease. What is tuberculosis? In a rough way we may define it thus: Tuberculosis is a constitutional tendency to the formation of blood, the plasma of which is defective in organizable capacity; so that instead of healthy tissue something else is produced, which we call tubercle. Now, suppose there are a certain number of these tubercles thus formed, and we should find means to get rid of these, as we get rid of the scarlatina poison by having an attack of that disease, even then it would be of no avail in consumption. The patient would *not* be protected against a second attack. Why not? Because the blood of such a patient is a *factory*, where day by day new material for the tubercle is manufactured. Unless we can induce or compel the factory to produce healthy tissue, or unless we can manage to close up that workshop, or else destroy it and kill the patient at the same time, we cannot prevent the forming of new tubercles. How one can overcome that tendency of the blood by causing to re-enter into it a little of its own morbid product, I am unable to understand.

The nature of tuberculosis, just explained, disposes of the theory advanced, that the lymph does not kill the bacilli, but causes the leucocytes to surround and imprison them (what they call a giant cell) and thus make them harmless. How the lymph will do this is not explained. But even granted, for argument's sake, that the lymph will act in this manner in regard to the then existing bacilli, we ask what becomes of the future crops of them, which increase so rapidly that they cannot be controlled.

Koch himself does not advance any theory. All he says is, he has noticed that some cases have improved after the injection, he hopes it will be permanent; he will experiment a little further. All the furor is made by his followers, disciples and others, perhaps with a desire for notoriety or gain. An explanation they have not given, a new law of cure they have not advanced. All depends, then, upon their experience. To be sure, there are things in nature which we cannot explain. Electricity, magnetism, gravitation, even the law of homœopathy belong to that class. Yet, a large experience has taught us that there *is* a law which governs them. According to these laws, certain results will always follow certain conditions, and as these never fail, we are convinced that the law is true, even if we cannot explain the why and wherefore. Should the application of Koch's lymph always cure, according to certain rules, we would be compelled to accept it as a truth, even if we could not explain it. It is, then, of

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the greatest importance to know what was and is the experience of Koch and the host of his followers in using the lymph. Let us see and analyze that carefully. Koch says it is threefold:

1st. The lymph, largely diluted, injected in the body of a perfect, healthy man, is harmless. There is no reaction This we understand very well. 2d. If given to another person, and it causes a violent reaction, it is a sure sign that this person has tuberculosis, although we had no suspicion of that fact; therefore, the lymph serves as a means of diagnosis. The first assertion may be very true If a man has consumption, but not pronounced, *so slight* that we could not detect it, the disease is held in abeyance, inasmuch as the vitality is yet great and powerful enough to resist the wasting process. In this case the introduction of the lymph will cause a violent reaction. No wonder! we have stirred up a hornet nest. We may consider ourselves lucky if his system rejects the intruder and leaves him just where he was before. As for the diagnosis . . . what will be the benefit of it if we are unable to combat the disease. 3d. If given to a case of advanced tuberculosis it is decidedly injurious; the results may be fatal (warning of Koch).

To be sure, we fully agree with Dr. Koch. If the vital powers are exhausted, the patient has to give up his lungs, piece by piece, to the cruel enemy; resistance against a renewed and much stronger attack could only be followed by total annihilation.

In cases of this last category it is seldom, if ever, tried. In cases of the second class, also in slight tuberculous affections, it has been extensively tried. What have been, so far, its results? Final cures can not be expected; time has been too short. A number of deaths, however, have already been recorded, here as well as elsewhere; even among those that were previously reported "remarkably improved." In one official report of 2,172 patients treated in Prussia, including a department under Dr. Koch himself, the following results are given: Of 1,061 patients suffering from slight internal tuberculosis, 13 were cured, 46 died, 586 were not improved, the balance more or less improved.

Of 708 patients with external tuberculosis, 15 were cured, 9 died. Comment is unnecessary.

The experience with the use of the lymph gives us thus little hope of a final success. In consequence of all these considerations, we come to the conclusion, 1st, that the use of Koch's lymph for the cure of tuberculosis is not homœopathy, (for it is not a similis) notwith-

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standing the expressed opinion of a few homœopathic physicians who all seem to be followers of Dr. Swan; 2d, that common sense, experiment and experience, pronounce it to be unreliable, highly injurious, extremely dangerous.

Several allopaths are even against it, Prof. Virchow and Dr. Bergman at the head of them. In some countries the government has forbidden importation or use of the lymph. Our American, or rather, a number of New York's, physicians of the allopathic school, however, are as yet loath to part with the lymph. Several of them have expressed as their opinion (*Herald*, April 7th) that it is too soon to condemn its use or its efficiency. (Notice well, they don't say it is too soon, or we have not proof enough to be convinced of its usefulness, but it is too soon to give it up.) It seems to me these doctors are like the savings banks, that are always ready and eager to accept money from whatever source it may come, without the least difficulty, but to give it up after they get once hold of it, is the hardest matter in the world. Yet their adhesion to it, not resting upon a sound theory, neither supported nor corroborated by a successful experience, does not amount to anything. Neither do the trials by a vast number of physicians, the alleged good results obtained, or marked improvements in some cases, as declared day by day in the newspapers, add any weight in its favor on the scales of evidence.

For the last twenty years, the history of so many new remedies and new cures have been uniformly the same, viz., *discovery, exaltation, decline, death.*

How long the Koch lymph craze will last, we are unable to say. Sooner or later, however, we will find its death notice announced in the medical journals, and hence in the newspapers. Dr. Koch himself is an honest and able worker; his motives are good, his aim is one anxiously sought for by every physician—a cure for consumption—his efforts deserve the highest praise. But his lymph *is*, and in my humble opinion always *will be*, a dead failure.

IRIDESCENT COOKED MEAT.—Mr. Hamilton, of Brighton, Eng., writes to *The Lancet*, April 18th, explaining the iridescence observed so frequently in cooked and salted meats, as ham, beef, mutton, veal, pork, etc., usually affecting only a part of the meat, as being associated with decomposition in another portion. This condition, he says, seems to precede rather than to accompany putrefaction; nevertheless, he considers iridescent meat as suspiciously doubtful, and especially inadvisable when any alimentary disturbance exists.

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ORIGINAL ARTICLES IN SURGERY.

INJURIES TO THE SKULL.*

By H. M. LEWIS, M.D.,

Brooklyn, N. Y.

IN response to a request from the Chairman of the Surgical Bureau, I herewith present the reports of several cases of fracture of the skull, which have been operated on by trephining. They are taken at random from the records of perhaps twenty such cases that have been treated within the past two years at the Brooklyn Homœopathic Hospital.

I am indebted to the courtesy of my friend, Dr. Schuppan, who kindly made these abstracts for me from the record book of the institution.

M. G., æt. 36, admitted to hospital Sept. 29, 1889. Was thrown from a horse, alighting on his head a little posterior to frontal eminence on right side. Scalp wound was produced, through which slight depression could be felt. But as patient exhibited no symptoms of compression of brain, the dent was supposed to be limited to the subcutaneous cellular tissue. An exploratory incision, however, revealed a circular fracture of the outer table, about the size of a silver dollar, in the region above mentioned A small button of bone was removed with trephine, when a stellate fracture of the inner table was discovered, the fragments impinging on cerebral tissue. The depressed bone was elevated, and wound packed with iodoform gauze. ℞ *arn.*

Sept. 30th. Passed comfortable night.

Oct. 3d. Became drowsy; breathing slightly stertorous; pupils contracted. ℞ *opium*, 3.

Oct. 5th. Some improvement; complains of headache; not so drowsy. ℞ *bell.*, 3.

Wound slowly healed by granulation and discharged recovered Nov. 1st.

Was seen March 10, 1890; could follow his daily occupation; complained of no unpleasant symptoms.

This case illustrates to my mind the necessity of careful examinations, and the fact that grave and fatal conditions may exist that outwardly give out slight evidence of their presence. I cannot but believe that even if a case of this kind should recover, the depressed

* Read before the Kings County Homœopathic Medical Society.

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fragments of the inner table pressing on the cerebral tissue would be a constant menace to the health of the patient. Numerous experiments have taught me that I, at least, am unable to certainly decide as to the existence of a fracture without uncovering the bone—a procedure which is not at all likely to do harm, and may, as in this case, save the patient's life. I believe, therefore, that a reasonable suspicion of fracture and depression not only justifies but demands an examination that will absolutely determine this point. Nor is it justifiable to delay the examination, waiting for symptoms. This has been done and the mistake discovered at the post-mortem. To illustrate: A man was brought to the hospital some years ago who had shot himself over the right eye. The ambulance surgeon found him lying on the grass in Prospect Park, the bullet hole over the supra-orbital ridge, and the bullet under the skin two inches to the right. This he at once removed and the man was brought to the institution. For three days he seemed to be without a symptom indicating grave trouble; then he began to show indications of a commencing meningitis. A careful examination discovered a minute opening in the skull, the inner table was found to be much more extensively fractured, and on lifting out a button of bone made with the trephine, we discovered that a small piece of the bullet had entered the brain. It, together with several fragments of bone, was found in an obscure cavity, immediately beneath the external wound. Their removal, however, failed to check the suppurative meningeal inflammation, and the man died. A prompt operation would no doubt have saved the patient's life.

M. M., æt. seven, admitted Feb. 11, 1889. Compound comminuted fracture of parietal bone. Trephine was applied and loose pieces removed, and depressed portion elevated. Irrigated and dressed with marine lint.

Feb. 12th. Restless during night; stomach retained nothing.

Feb. 13th. Vomited several times during night; temp., 100.6°; pulse, 115; resp., 25.

Feb. 14th. Wound looks clean, and scarcely any discharge; temp. normal.

Feb. 16th. Daily improved condition.

April 1st. Small piece of dead bone found and removed.

April 30th. Discharged recovered; 78 days in the hospital.

J. S., æt. twelve, admitted June 29, 1890. Was struck upon the head, receiving a compound fracture of the vault of the skull, midway between right parietal eminence and sagittal suture. When admitted, was in a semi-comatose condition and somewhat collapsed, but soon recovered to perfect consciousness. No symptoms of concussion, no

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paralysis, etc. Wound was enlarged, trephine applied, and depressed bone (a space circular about one inch in diameter) elevated. Wound covered loosely with iodoform gauze No unpleasant symptoms developed, and recovery was rapid and steady.

H. H., æt. eight, admitted Oct. 13, 1890 Was hit on the head with a brick. There were no symptoms of brain disturbance, and to all appearance the boy was perfectly well. There was a depressed fracture in the left parietal region about the size of a half dollar. Wound was enlarged, trephine applied, and depressed bone elevated. Wound dressed with bi-chloride gauze twice a day. Recovered promptly as in previous case.

A. K. was admitted April 30, 1889, with a compound fracture of parietal bone. Symptoms of compression marked. The trephine was applied, loose pieces of bone removed, and the depressed fragments elevated. The wound, after careful irrigation, was dressed with marine lint The next day the patient was semi-comatose, with a subnormal temperature; she continued so for two days, when she became exceedingly restless; this state continued for a short time, when it gave way to steady improvement, and she was discharged June 21st, well.

In May, of 1888, a lad named C—— æt. about ten years, was admitted to the hospital with a compound fracture of the vault of the skull. Workmen, in putting up a fire escape, had let a block fall some two or three stories, which struck the boy, fracturing the skull and driving a piece of his felt hat into the wound. The felt was so wedged into the skull that it broke off and could not be pulled out. The trephine was applied, the button of bone, some loose splinters and the piece of felt removed, and the boy made an uninterrupted recovery. In a subsequent suit for damages growing out of this accident, a physician who had never seen the boy until he had recovered swore that the inner table of the skull had not been injured. I was called as a witness for the complainant, and it was desired that I should testify that the boy had been permanently injured; that he was less likely to live to old age because of the accident; that probably his mental development would be retarded. I declined to do this because, I did not know.

J. R., æt. forty-five, admitted Oct. 26, 1890. Was struck in left temple by 32-calibre bullet, but no symptoms referable to brain followed. Patient placed under ether and external wound enlarged, and opening into skull was disclosed. Just within this opening half of the bullet was found. The opening was then enlarged and search made for the rest of the bullet; a probe was passed into the brain substance four inches, and by measurement it was believed that the bullet would be found at a point a little to the left, and just above the occipital protuberance. An opening was made at that point with the trephine. Under the dura at the point of operation a blood clot was discovered; it had

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apparently come from the deeper substance of the brain. Forceps were introduced through the canal so made, and these forceps came in contact with the probe introduced through the original wound. A large blood clot was removed, but the bullet was not found, though once it was thought to be felt. On introducing the little finger, I could feel the point of the probe. The end of this probe, guarded by the finger tip, was brought out through the posterior wound, a drainage tube was drawn through and several clots of blood washed out. At the termination of the operation it was thought the man was dying, but he soon recovered, and for three days had scarcely a symptom referable to the head. He was conscious, he talked, ate and slept, and passed urine voluntarily. The fourth day his temperature gradually began to rise, he became delirious, finally comatose, and death ensued on the eighth day. The following facts were discovered at the autopsy: A fragment of the ball pierced the squamous portion of the right temporal bone, passed obliquely backward through the first and second convolutions of the temporo-sphenoidal lobe, and lodged in the substance of the right occipital lobe of the cerebrum. There was a large quantity of pus in the subdural space, and the pia mater of right side was much inflamed. The wound through the brain tissue led to a cavity of the capacity of half an ounce, which was filled with pus, degenerated blood clots and broken-down tissue. The bullet, or fragment of it, was found in this cavity in the occipital lobe, nearly opposite the point of trephining. A fragment of bone was found on the great wing of the sphenoid, fully an inch in front and to the inner side of the bullet wound in the temporal bone.

Had we been successful in removing this piece of lead, would any antiseptic precautions have prevented the subsequent inflammation and pus production?

If the wound alone—not its sequelæ—had been the cause of death, he would have died at once. Could any possible action on the part of the surgeon have prevented those sequelæ?

The next case that I recite was never trephined, but still is of interest in this place.

L. McK., æt. fourteen, admitted May 8, 1889. Had been complaining about three weeks. Had an enlargement behind the ear, with a discharge from that organ. The enlargement was red and had a doughy feel. Diagnosed as caries of mastoid process.

An incision was made into mastoid cells and pus and dead bone found. The removal of one fragment of dead bone opened the cavity of the skull. The wound was irrigated and packed with lint. The discharge of pus from the ear continued, though gradually lessening, until the twenty-first day, when a dark-colored mass as large as a walnut protruded from the wound. It was not attached to the sides, but sprung from the bottom of the opening. Two days later the protruding mass was much larger, and the patient complained of headache. The ear, also, was discharging more profusely.

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On June 1st the case passed into my hands, and I attempted to constrict the base of the mass with a silver wire, without much success. On June 5th I dissected the mass out with a galvano-cautery knife, dressed the wound with iodoform, and applied a compress.

June 8th. Discovered a small mass again protruding, and removed this in the same manner. Patient seemed to be doing well until the latter part of the month, when the growth or protrusion began to recur and the cautery was again employed several times, at intervals of a day or two.

On July 9th there was severe pain in side of the head, with a semi-comatose condition.

July 10th. Throbbing in the wound, and the next day a profuse discharge of pus, after which she felt better. Probably a superficial abscess in the brain had been produced by injudicious use of cautery.

The case was beginning to assume a rather serious aspect, and I temporized along, not knowing what to do, until August 20th, when the wound was again completely filled with the protruding mass. By the use of scissors and knives it was thoroughly dissected out. (The mass the pathologist reported to be brain tissue.) The patient was put on her side and the wound filled with a creamy mixture of plaster of paris; this quickly set and made an obturator which exactly filled the wound. Three such plugs were made; they were carefully dried in the oven and coated with shellac. She wore one of these constantly until granulations from the sides covered the base of the wound and effectually closed the cavity in the skull. She was discharged well, Sept. 25th, after 142 days' treatment.

A few points with regard to the technique of this kind of surgery.

Shave the head of the patient over a wider space than seems necessary. Make your incision large enough to begin with, so that it will not have to be enlarged after you have used the trephine.

Increase the size of opening afterward, if necessary.

Make a clean job; trim off all projecting corners. Be sure you do not leave any detached fragments of bone loose on the dura.

In the case examined after death, a loose piece of bone was found an inch anterior to the wound; it had gone in a direction opposite to the course of the bullet; how, I do not know.

Bleeding from the dura can be stopped by light touches of the thermo-cautery. Bleeding from the veins of the diploe can be controlled by forcing a little wax into the open orifice. Do not lift the periosteum more than is absolutely necessary, lest you have a superficial necrosis. Dress the wound open with antiseptic gauze.

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A CASE OF CYSTIC DEGENERATION OF THE THYROID: SUCCESSFUL REMOVAL.*

By M. O. TERRY, M.D.,

Utica, N. Y.

ALTHOUGH I will not state that one life is more precious than another, yet one will have more anxiety when operating on an individual of prominence known by the best element in the community in which one lives than were the same procedure carried out on one obscure in life. Unquestionably, the dispensary is the mechanical workshop which gives experience and confidence to the surgeon, and at the same time is of great benefit to the poor. I often think it is a pity students in colleges do not avail themselves more regularly of the clinical advantages which are found in large cities.

In looking over the literature of operations on the thyroid, my conclusions would be, "Excuse me; let some one else do the operating." But we at times must shoulder almost any responsibility.

A case of cystic goitre came to me some time since. It was a woman whom I did not wish to kill, so I tried to convince her that an operation was dangerous She admitted that the only difficulty the tumor gave her was its "moving up and down when swallowing." For this reason, and for cosmetic reasons, she wished to have it extirpated, "danger or no danger."

The nerve of women is a continual source of surprise and admiration to me; that of man, a mortification.

With the words of Dr. Green profoundly impressed on my mind—"Accurate anatomical knowledge and perfect self-control under the most trying ordeals through which a surgeon can pass are indispensable to its performance," I had the patient placed under ether.

With one assistant, I began the dissection by a straight-line incision. After reaching the cyst it was seized with forceps and gently brought forward, the surface being separated from the closely surrounding tissues, by a snipping process with scissors. Small vessels were compressed, and ligatures were used when necessary.

The shock was all I had anticipated. For three days the patient was kept from impending collapse by stimulants, liquid foods, and quieting remedies. After this, recovery was quite rapid.

Injections into these cysts are said not to be free from danger and shock, while septicæmia and diffuse cellulitis have proved fatal after operations. Notwithstanding this formidable array of what might happen, it seems good surgery to undertake the operation when necessary.

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* Read before the Homœopathic Medical Society of the County of New York.

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THE PRACTICE OF EMBALMING.

THE undertaker, or "funeral director" as he delights to style himself, is becoming a personage of some note, from the scientific point of view. This is so, not only because of the important sanitary questions involved in the preparation for and disposal of the bodies of the dead in their final resting place, but because of the medico-legal complications that may result from the hasty and injudicious interference of the undertaker. It may be said that in recent years the practice of embalming has become almost an universal one. It is fashionable, and so finds favor with the public, and is expensive, and so is preferred by the undertakers. The proper use of ice will do all that is required of the embalming process in the generality of cases; but it is not as costly to the family. The modern so-called process of embalming is really not embalming at all, as the ancients understood it and practiced it. The process at present consists simply in puncturing the stomach and injecting a quantity of antiseptic fluid, generally

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containing arsenious acid, arsenite of potash, or corrosive sublimate. Subsequently the rectum, nose and mouth are flooded with the same fluid, then the body is said to be "embalmed." Now, there is no objection to embalmment in this manner, provided that justice is done both to the dead and the living, and crime is not protected and hidden. It can readily be seen that in cases of poisoning, where the drug employed as a criminal agent is the same as that found in the embalming fluid, that a judicial investigation might be obstructed, and a murderer saved from a just doom. Even if chemical analysis showed conclusively that arsenic was present in the stomach in sufficiently large amount to cause death, if the undertaker had introduced into the body an arsenical solution by way of embalming, no jury would convict. In other words, the embalmer defeats the ends of justice. A case where this occurred, was reported some months ago in the *Boston Medical and Surgical Journal.* A young woman, twenty-three years of age, without any previous sickness or mental depression, was taken, about 11.30 A.M., with severe colicky pains in the stomach, vomiting, and burning in the epigastrium. Shortly afterwards she had convulsions, and died about two hours from time of seizure. Dr. Durell, who had charge of the case, was convinced it was a case of poisoning, although no diagnosis was made, nor was the vomitus saved. Eight hours after death the authorities began an investigation, but the undertaker had already embalmed the body. The autopsy was held, however, the stomach and contents saved and given to an expert chemist for examination. He reported that . . . . "The analysis of the contents of the stomach discloses the presence of a relatively large amount of arsenic, in the form of arsenious acid. There are only two ways in which the embalming fluid could have reached the interior of the stomach in this case. 1. By diffusion through the walls of the stomach. 2. By direct introduction into the stomach. The amount of arsenic in the contents of the stomach is, in my opinion, much too large to be explained on the former supposition. To be explained by the second supposition, the contents of the stomach must necessarily contain *all* the ingredients of the embalming fluid. I have made a partial analysis of the embalming fluid and

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found that it contains arsenious acid and some compound of mercury, probably corrosive sublimate. The contents of the stomach, however, do not contain any mercury. Therefore, the embalming fluid could not have been introduced directly into the stomach. Taking these facts in connection with the symptoms, it is my opinion that the arsenic was taken into the stomach before death, and that death was due to poisoning by arsenic." The undertaker made the statement at the inquest that he had poured a pint of fluid into the mouth and nose. After this statement, it was deemed best to abandon the case. Now it seems that here was a clear miscarriage of justice through the embalming by the undertaker. It also seems clear that some legal restriction ought to be placed on embalmers, and that at least, as Dr. Durell suggests, that "no body shall be embalmed, nor shall any fluid (so-called embalming) be used in or about the body until the physician's certificate of the cause of death shall be obtained, and that certificate approved by the Board of Health."

THE INTERNATIONAL CONGRESS.

THE morning of June 16, 1891, should find at Atlantic City, N. J., a large and enthusiastic body of homœopathic physicians, prepared to take part in the opening session of the American Institute of Homœopathy. The International Congress of Homœopathy, which throws open its doors the succeeding day, should be, if possible, still better attended. The representation from abroad will for several reasons necessarily be limited in numbers, but will be representative in character and ability. Many foreign physicians unable to be present will forward valuable papers. So it will devolve primarily upon the American physicians to make the Congress first of all a success numerically speaking. The meeting this year, from many causes, is so important that it is almost a matter of necessity that there should be a large gathering. That this can be easily secured there can be no question, when the place of meeting, so conveniently accessible, and the large number of homœopathic doctors within a comparatively limited radius are considered, provided always that there is enough of

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professional pride and interest among the members of the new school to rouse to active participation. But mere attendance will not suffice, although mere presence is something. It is, however, or ought to be, but the first step towards contributing to the scientific part of the programme. Our brethren from abroad, who purpose to greet their friends at Atlantic City, will come with the definite intention of taking an active part in the proceedings of the congress. They have papers of value to present and will add interest to the discussions. The members of the institute should feel it a prime duty to contribute something in the way of scientific work, and they should be the more impressed with their responsibility in the matter when it is remembered that many a critical eye will be turned toward this meeting of homœopaths, to see if there be among them the learning and wisdom that so representative a body of so great a school of medicine should possess. There is a duty also that should be discharged in June by those homœopathic physicians, especially in the East, who are not yet members of the National Institute. The achievements of the institute in the past are matters of record and are known to all. Its power and influence have need of strengthening, if the work that the future has in store for it is to be efficiently performed. Every member of the school is benefited by the work of the Institute, yet but a very small percentage have joined and aided in its work. The membership list should be, and doubtless will be, largely increased next June. And the increase will be remarkable, if those members who propose to attend will make a little personal effort to persuade a few others to go also. A little missionary work would accomplish wonders. At present writing the omens are all favorable for a successful meeting. Everything indicates that this congress will be the most representative assembly in years. The place of meeting is too well known to require further mention. The time of the meeting—mark for reference and use—is June 16, 1891, when the American Institute of Homœopathy will convene at Atlantic City. The Congress will begin June 17th and close June 23d.

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COMMENTS.

THE LAW OF 1828.—Physicians resident in Erie County, N. Y., who have advanced their business interests by wholesale advertising, ignoring the medical societies, and snapping a contemptuous thumb and finger at their code of ethics, are exceedingly anxious to know whether the old Medical Act of 1828 is still in force. This law made it the imperative duty of every physician to become a member of the local medical society of his town. Now, a member of such a society, if the law of '28 be still in force, may be expelled for advertising in violation of the code, and when so expelled the diploma becomes null and void. The Erie County Medical Society has decided to test the law and enforce it if possible. Buffalo has long been known as a hotbed of medical advertising; evidence is plentiful and convincing, and the conviction of offenders certain. It is possible that if this effort is successful, other county societies in the State will follow suit. The plan of campaign is outlined by the chairman of the Board of Censors: "If the law of 1828 is still in force, we shall issue notices to all physicians practicing in this county who have not become members of this society, that it is their duty to do so, and we shall give them sixty days in which to comply. If, within that time, they fail to join, we shall so report to the society, which will then declare their diplomas null and void." The matter turns now on the point whether the law of 1890 supersedes the law of 1828. If the State Board of Examiners held that the law of 1828 is still of effect, action will be begun at once. In very many particulars the question is an important one and requires judicious handling. Any violent arbitrary action would not be sustained either by public opinion nor by the profession. While there are some hardened sinners, who fear neither God nor man, and to whom severe punishment should be meted out, there would arise other cases more complicated where the administration of the law in all its rigor would be unadvisable. Whether a man's license can rightfully be taken away because of his refusal to join a certain society, is a question that involves the constitutionality of the law. A test case will be watched with interest."

A LAY OPINION.—So long as our neighbor keeps his opinions regarding us in discreet seclusion, or expresses favorable and pleasing sentiments, we are satisfied that he is a man of undoubted sense. But when he has the temerity to investigate our affairs too closely and betrays a disposition to acidulous criticism, we are apt to deem our neighbor an ass. Yet he is of more value to us as a critic even if unfair, than as a flatterer. It is good to have the mirror held up, even if the image is distorted. Our neighbor this time is the *Chicago Herald*, which has its opinion of the manner in which medical colleges are conducted, and inferentially of the profession at large. The statements made are of value in spite of the partial falsity, intended distortion of half-truths, and evident misconception of the conditions.

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They are of value because they show that the public is interested in the kind of men that the colleges admit as students, and pretty thoroughly understand that farcical performance yclept entrance examination. Many colleges have entrance examinations in name; very few have one in fact. It is not necessary to take the Chicago schools as examples for criticism; medical colleges nearly a thousand miles east of the Prairie City afford better targets. Happily the Regents, Law insures a decent foundation of knowledge in this State. Says the peppery *Herald*: "The medical colleges of the city announce, without exception, a great increase in students this year; they are now all open. They have had prayer and speech in their inauguration ceremonies. They assume an air of dignity and gravity in beginning the year's work. It was said of old that two priests of pagan Rome could not meet without laughing in each other's face. The faculties of these medical colleges must be disposed to follow the pagan priests' example. But they probably do the laughing in private, for it is well known that they have received this year, as they have received every year, students who should not have been admitted to the study of medicine, or to the sham which the study of medicine amounts to, under the conditions tolerated in their colleges. They have now in their class-rooms illiterate men and women whose educational foundation would not fit them for good salesmen, or bookkeepers, or teachers of the elementary branches of the English language. The professors in these medical schools know this to be true. They are in a conventionalized conspiracy to keep up the fraud, solely for the fees, and, indirectly, for the imaginary fame individual colleges are supposed to possess. It is true that they all now go through the mock ceremony of requiring a certificate of academic education, or, in lieu of it, examination with satisfactory results. The *Herald* would be pleased to receive copies of the examination papers, made out by students before admission to any medical college in the city, or any authentic proof that a practical test of any nature whatever has been imposed upon applicants as an indispensable condition of matriculation."

Physical Training in Public Schools.—It has been only in recent years that a recognition of the importance of physical training has been secured. Not a full and complete realization of its value, perhaps, but still enough to urge to efforts to obtain the benefit that might be derived from it. The New York public schools do not seem to be aware of their responsibility in this matter. Certainly, the system of instruction does not provide anything like adequate instruction in this most vital and important branch of study. The New York schools no longer lead—they have fallen behind in the race, and are outstripped by the schools of other cities. It is unnecessary to repeat the arguments, unanswerable as they are, that demonstrate the necessity of proper physical development in children. They are known by all men and some educators in New York. But in Boston the knowledge has extended to the Board of Education and the teaching corps. An office of Director of Physical Training has been created, a salary

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of $3,000 attached, and a competent and thoroughly experienced man selected to fill it. The system adopted is the Swedish system modified. Its advantages are: "It is a system fully elaborated and tested by more than half a century; it is admirably progressive, both as regards the day's order and the needs of the various grades, from the lowest primary to the high school; it is designed to make healthy children and not athletes; it is well calculated to aid in discipline; the exercises are selected for beneficial ends, and not simply because they are pretty; cannot produce injurious effect; it is cheap and has a variety of exercises." A reform is needed in the New York schools, and in no particular so badly as in the physical training of the children.

BOOK REVIEWS

BŒNNINGHAUSEN'S THERAPEUTIC POCKET-BOOK, FOR HOMŒOPATHIC PHYSICIANS, TO USE AT THE BEDSIDE AND IN THE STUDY OF THE MATERIA MEDICA. A new American Edition by DR. TIMOTHY FIELD ALLEN. Philadelphia: Hahnemann Publishing House, 1891. 16mo. Pp. 484.

Up to the appearance of this last edition, Bœnninghausen's Pocket-Book has been so long out of press that Dr. Allen's book comes as one that it is almost new to the younger generation of homœopathic physicians. The aim of the original work was that of an abridged repertory of characteristic symptoms and their combinations, in which relative values, as tested by practice, were indicated by variations in type. It has been the purpose of the new American edition to amplify Bœnninghausen's own work by adding advances since Hahnemann's period, adhering closely to the original plan of the work. As before, drugs are divided into five ranks, and the repertory is arranged according to (1) Mind and Disposition, (2) Parts of the Body and Organs, (3) Sensations and Complaints, (4) Sleep and Dreams, (5) Fevers, (6) Modalities of Symptoms in Time and Circumstance, (7) Relationships of Remedies. The additions made by Dr. Allen surpass in number the remedies contained in the original, and are not excelled, he thinks, in importance by any of the older ones. In carrying on Bœnninghausen's work up to date, Dr. Allen has, in addition to his wide and accurate knowledge of the Materia Medica, brought long experience with the original work, which has been his favorite guide to the selection of a remedy on the three essential elements of a homœopathic prescription, viz.: locality, sensation, and conditions of the leading and individual symptoms of the case. In his preface, he expresses the expectation that the work will give an impetus to a closer study of symptomatology, from which alone, he believes, the most successful results at the bedside are to be obtained. But he also believes the work can, in no way, supersede the study of the Materia Medica, to which it only furnishes clues with which to search for the remedy in the individual case. The practical value of the original work has been well attested by the experience of the older homœopathists, who have

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valued it more than any other repertory; and it is to be hoped that this new and extended edition will receive the attention from the younger men that it evidently deserves.

The key to success in homœopathic prescription lies in individualization of the case through close analysis of symptoms; and for this work, such a repertory as this is indispensable. Dr. Allen's edition would, we believe, have commended itself more readily to attention if he had added to Bœnninghausen's preface some supplementary remarks on the art of using the repertory to the best advantage; for the original preface presupposes more knowledge on the part of the beginner than is calculated to entice to use. Until one has used the work for a considerable time, and so acquired a certain familiarity, it has a puzzling appearance, not promising easy and rapid reference and conclusions.

DIABETES: ITS CAUSES, SYMPTOMS AND TREATMENT. By CHARLES W. PURDY, M.D. Philadelphia and London: F. A. Davis, 1890. 16mo. Pp. 184.

This is a pleasantly written monograph—No. 8 of the Physician's and Student's Ready-Reference Series—not intended to be exhaustive, but fairly summarizing the knowledge of diabetes necessary for intelligent recognition and treatment. The chapter upon treatment will be found of special interest, as, in addition to rules of diet, there is a thorough consideration of beverages, in the use of which the author believes patients are usually permitted greater liberties than is good for them. He includes his own analysis of the percentage of sugar in the leading alcoholic beverages, native American and imported wines, spirits, beers, ales and porters. He concludes that Rhine and Moselle wines, the Chablis and Rislings of California, the Catawba of New York and Ohio, the Budai Imperial and Diatetischer Rothwein contain least sugar and agree best. Whiskey has no sugar. Most of the beers have from 4 to 5 grains to the ounce; of imported beers the Kaiser and Liebotschaner have 2 grains, Culmbacher having 6 grains in the fluid ounce.

FEVER: ITS PATHOLOGY AND TREATMENT BY ANTIPYRETICS. By HOBART AMORY HARE, M.D., B.Sc. Philadelphia and London: F. A. Davis, 1891. 16mo. Pp. 166.

This volume is No 10 of the Physician's and Student's Ready-Reference Series, and is the essay to which the Boylston prize was awarded at Harvard University, 1890. It is a thoroughly digested study, and from its point of view is admirable for its scientific method and succinct style. The conclusions of the writer are that antipyrine ranks first, antifebrin second, phenacetin third, and thallin fourth, as antipyretics; while, as analgesics, antipyrin is first, phenacetin and antifebrin are about equal, though the former is safer, while thallin has hardly any such power. For wide-spread application, to be put in the hands of the inexperienced, to be efficacious and yet quite harm-

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less, cold sponging is the antipyretic remedy *par excellence;* but even this must be used carefully and with intelligent ideas of its objects and results. As a general rule, marked depression and adynamia contraindicate the use of antipyretic drugs. The author believes that, although the greatest enemies of antipyretic treatment are its friends, there can be no doubt but that antipyresis is an addition to remedial measures of vast value and relief to the suffering. Although his conclusions may be doubted, the author's essay is of great interest, and presents much valuable information.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

Tellurium in Lumbago.—From J. T. O'Connor, M.D. Patient, male, æt. forty-nine, recovering from slight attack of the *grippe*, which left him with a cough, especially annoying in the morning, with somewhat profuse expectoration, for expulsion of which deep coughing was necessary. During an attack of coughing, when he was otherwise feeling very well, there was a sudden feeling as if something gave way in the lumbar vertebræ. The pain was agonizing and prevented motion to such a degree that he was hardly able to sink into a chair which was close by. On account of this feature *bryonia* was given for some hours with not the slightest effect. Then, without any special indications except what appeared to be an aggravation, being absolutely still for a considerable time, *rhus* was prescribed, but with no result. The cough had not relieved him in the morning of the accumulated muco-pus, and the irritation caused by it was evident in the involuntary efforts at coughing, but every effort of this kind, even the slightest, produced intense pain in the lumbar spine. On the second day this special aggravation led to the choice of *tellurium*, which was given in the 200th, with immediate relief and rapid cure. A remarkable feature of the action of the drug in this case was the apparent influence of it upon the bronchial condition, the need for coughing almost ceasing at once, the secretions being brought

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up with very slight effort, and in twenty-four hours disappearing entirely.

Benzoic Acid in Enuresis.—From Dr. Clarence N. Payne, Bridgeport, Conn. Walter F., æt. six years, incontinence of urine both day and night; urine very offensive. *Benzoic acid* 30 cured; only remedy given.

Staphisagria in Ill-Effects of Indignation.—From Helen Cox O'Connor, M.D., New York. Miss ——, medical student, was much tired after attending a confinement case, December, 1889, over which she had been greatly worried, and "harassed and imposed upon by physicians who had been called in." She became filled with indignation. Within some hours she felt physically bad, and within a day or so had sensation of soreness over whole right side of face, with congested feeling over region of right eye, which was particularly painful. Throat felt as though closing. Many sudden chills followed by heat. Weak all over. Two bad nights. The *grippe* was prevalent at the time, several cases being in the house in which she lived. On account of the primary cause, indignation, etc., gave *Staphisagria* 12, Dec. 23d, two powders, which cured entirely in one day; improvement began with the first dose.

Belladonna in Nocturnal Enuresis.—From Dr. Clarence N. Payne, Bridgeport, Conn. Helen A., æt. about ten years, much troubled with incontinence of urine during sleep, several times in one night. Benzoic acid failed, although urine was offensive. *Puls.*, *caust.* and *nux vom.* all failed to help her also. Cured by *bell.* 3.

Speedy Cure of a Case of Lumbago with Rhus Tox. 3x.—From D. H. Dean, M.D., Columbus, Ind. Patient, a lady æt. fifty-five, had been suffering severely with lumbago for a week, when she sent to my office for medicine. Prominent symptoms were these: Inability to stand erect, moving about in stooped position; at times pain remits, suddenly coming on in great severity; caused by slight twist of back; *great pain on beginning to move and slightly better on continued motion.* Here was the key-note for the choice of the remedy. She reports that after the first dose she was appreciably better, and in less than three days entirely relieved. I have been practicing medicine less than a year and made my "discovery" of the therapeutic action of this drug from the homœopathic Materia Medica—just where Dr. Aulde made his "discovery." Had he thrown away prejudice long ago and gone to making such "discoveries," no doubt many a poor mortal would have been saved much suffering. But the thievery goes on and homœopathy gets no credit.

Æsculus in Lumbago.—From Dr. R. Boocock, Flatbush, N. Y. An old lady, ninety-four years of age, has suffered several times during the last two years with lumbago, which has been promptly cured by the first dilution (decimal) of *Æsculus hippocastanum.* It has cured many

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cases of lame back, not severe enough to be called lumbago. Also for dysuria, straining to urinate a long time before the water comes, and then flows without any force, but keeps flowing, not dribbling. *Æsculus* 3 and 6 dec. dilution is my remedy for these two last-named difficulties.

From Foreign Exchanges.—Cases from Practice. By Dr. Hesse, of Hamburg, *Allg. Hom. Zeit.*, 15 and 16, 1891.

Sepia in Headache.—Mrs. N., æt. fifty-eight, has had a cough for years causing such severe pain in the occiput that she must hold the latter with the hands. *Heaviness in the occiput as if she must sink backward. Vertigo on lying down.* Sleepy in day time; thirst; poor appetite. *Ascending heat;* cold feet. *Ill-smelling axillary sweat. Aggravation in the forenoon, with improvement towards evening.* Spasmodic drawing of the limbs when lying, *better when moving.* Legs get a "sleepy" feeling when walking. Prescribed, Sept. 26, 1889, five powders of *sepia* 200, a powder to be taken every evening. On Oct. 11th she reported considerable improvement. Cough, pain in the occiput, vertigo, jerkings of the legs have disappeared. Appetite very good. Sleepiness in daytime still present to some extent. She received sac. lac. and did not return.

The feeling of heaviness in the occiput, as if the weight would draw him backward is, as far as I know, to be found under *silicea*, *sepia*, and *carbo veg.* But under *silicea* the bad-smelling sweat of the axillæ is absent, and on closer consideration of the two remaining remedies, the vertigo on lying down, ascending heat, amelioration on motion, and the absence of characteristic symptoms for *carbo veg.* made the choice of *sepia* necessary.

Mrs. A., æt. twenty-six, on a sea voyage four days ago spent the night upon deck and since then has suffered from violent tearing pains in the forehead and temples. The pains are generally *lessened by sleep* and *rapid motion;* only when they are very violent is some relief found by lying with the head held.

A draught upon the head and *bad air* in the *room* cannot be tolerated; *nauseous aversion to fatty food; profuse sweat in the axillæ.* She had suffered formerly from headaches that began in the nape of the neck and extended upwards and forwards over the head. She received, June 20, 1889, *silicea* 10, in water, and in four days reported no change. She then got *sepia* 10, and did not return until May 8, 1890, when she appeared on account of another trouble, and stated that after the second powder of *sepia* all the pain disappeared. The basis for choice of the remedy in this case was the improvement on rapid motion, or running, under which rubric, Bönninghausen gives to *sepia* the first rank, and this remedy has all the other symptoms. I hesitated at first between *silicea* and *sepia*, and gave the former chiefly because of the previous headaches beginning at the nape, and the improvement by covering the head.

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REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

MARCH 12, 1891.—The regular monthly meeting was called to order by President J. T. O'Connor in the usual place. Seven of the delegate members of the State Society resigned on account of having become permanent members, and one (J. J. Sutton) because of removal to Brooklyn. The following were elected to fill the vacancies thus caused: O. G. Hunt, W. H. Jones, Louise Lannin, W. S. Pearsall, F. E. Rabe, F. P. Sheldon, G. A. Shepard and Chas. Ver Nooy. It was voted as a standing resolution, "That hereafter appointment as delegate to the State Society be declared vacant upon the election of such delegate to permanent membership of said Society, and that such vacancies be filled at the meeting following."

The Committee on Diseases of the Throat and Chest presented three papers: "The Respiratory Function of the Throat and Nose," by W. Y. Cowl; "The Local Use of Menthol in the Throat and Nose," by Malcolm Leal; and "A Case of Cystic Degeneration of the Thyroid Successfully Removed," by M. O. Terry of Utica.

Discussing Dr. Terry's paper, G. W. Roberts described the English method of treatment with chromic acid: Under antiseptic precautions, after tapping with a canula, a cotton holder saturated with the acid is introduced for the purpose of causing the lining membrane to slough. There is no shock. Ranula has also been thus treated with success. In ophthalmic goitre removal of part of the thyroid body has been followed by improvement of the exophthalmos and of the cardiac symptoms.

J. M. Schley—discussing Dr. Leal's paper—said that menthol was used a great deal in such cases five years ago, Rosenberg preferring it to lactic acid for laryngeal phthisis. The effects of volatile oils, oil of peppermint, etc., are very transient. Relief is afforded in subacute cases, but relapses are frequent in chronic cases with infiltration. The speaker has been most successful with such indicated remedies as hydrastis, calendula and kali bichr. In laryngeal phthisis with ulcerations in the throat, mouth and nose, menthol has proven painful, irritating and not so effective as lactic acid. This last remedy in 20 to 70 per cent. solutions destroys the tubercle bacilli, and should therefore be tried in tuberculosis of the joints.

C. E. Teets has had more satisfactory results from lactic acid than from menthol, perhaps because he used the latter in weak solutions, 15 or 20 per cent. Lactic acid was applied first in a 40 per cent. solution, then 60 per cent., and, finally, the crude acid. This treatment recently healed an ulcer of the pharynx and epiglottis in about three weeks. Menthol, in his hands, never healed an ulceration. The effects of cocaine last longer from a 2 or 5 per cent. than from a 10 per cent. solution. The doctor reported good results from the application of 2 per cent. solution of yellow pyoktanin.

Dr. Schley doubted the non-recurrence of laryngeal phthisis, and quoted a case from Virchow's Archives supposed to have been cured by Krause, of Berlin, with lactic acid. A necropsy, six weeks later, revealed ulcerations below the cords and in the upper part of the trachea; the old ulcerations were superficially cicatrized.

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A. B. Norton reported healing up in a week a supposed lupus of the ear (bacilli were not found) with pyoktanin 8 grains to the ounce. Pyoktanin has acted well on the eye, especially in ulceration of the cornea; a crescentic ulcer which had extended almost entirely around the corneal was healed in two weeks with blue pyoktanin 1 to 2000.

Chas. Deady testified to the good effects of pyoktanin in corneal ulcers. It benefited a case of caries of the orbit for ten days, when the trouble relapsed. The speaker had noticed a fungoid growth on the cork of his pyoktanin bottle; this would seem to cast doubt on the germicidal effects of this drug.

Lugol's solution is H. W. Paige's favorite application in chronic pharyngitis; menthol has done nicely in some cases where the former failed. Cocaine has a more lasting effect when applied in an oily solution. In the engorgement of acute rhinitis the doctor relieves the obstruction and headache by spraying the nose with an oily solution of menthol after first applying cocaine.

Dr. Leal wished it understood that he claims no more for menthol in laryngeal phthisis than that it is a palliative and that its effects last longer if applied in an oily solution. Discussing Dr. Cowl's paper, he indorsed and emphasized the writer's statement that the nares are not intended to be free channels; when made too direct by operations, dry catarrh has resulted.

APRIL 16TH, 1891.—Vice-President Norton called the regular meeting to order in the usual place, the reception-room of the New York Ophthalmic Hospital.

A. R. McMichael, Chairman of the Committee on Materia Medica, read a paper entitled "A Practical Materia Medica," illustrated with charts.

M. Deschere.—Dr. McMichael's efforts are praiseworthy, but I would like to speak a word of caution. There is a growing tendency on the part of some societies to make the materia medica scientific by leaving out all unverified symptoms. By doing so, some of the most valuable symptoms may be dropped. The same symptoms may have been verified but, through the carelessness of the physician, never reported. I would like to cite a case to more clearly define my position. Recently I have treated a case of pneumonia following the grip. It was the fourth attack the gentleman had had in the lower lobe of the right lung. His temperature ranged from 103.5° to 105°. Phos. seemed to be indicated pathologically, but it was of no service. Two characteristic symptoms he had were constant drowsiness and profuse perspiration, which led to the use of opium, but no results followed. Finally a little eruption appeared on the wing of the nose, which the nurse wanted to suppress with a zinc ointment. On looking it up I found silicia had this symptom as well as the drowsiness and profuse perspiration. Its use was followed by a prompt recovery. These apparently insignificant symptoms often guide us to the proper drug. Haphazard abbreviations are not wise. Symptoms may be left out of small works of reference, but they must not be destroyed.

Dr. McMichael.—What Dr. Deschere says is true, but in arranging a practical work only verified symptoms should be given and with a relative standard of value. My idea is not to discard anything from our materia medica, but simply to publish in this work symptoms which have been abundantly tested and are characteristic.

Dr. Deschere.—What are characteristics? They are not derived from the provings alone, but from verifications at the bedside. It is owing

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to the indifference of physicians that we have so few verifications. Why don't the members tell of theirs? If every member handed verifications to the committee, we would be able to verify thousands of symptoms which are now considered unverified. Let us do all that we can, and have a better materia medica.

RECORD OF MEDICAL PROGRESS.

PATHOLOGY OF GRIEF.—That severe mental distress or fright sometimes produces physical disease and occasionally even death, is an admitted fact. . . . Dr. Bassi has made observations on animals which apparently died in consequence of capture. Birds, moles, and a dog which had succumbed to conditions believed to resemble those known among human beings as acute nostalgia and "a broken heart," were examined *post-mortem*. Generally, there was hyperæmia, sometimes associated with capillary hæmorrhages of the abdominal organs, more especially of the liver, also, fatty and granular degeneration of their elements, and sometimes bile was found in the stomach, with or without a catarrhal condition. The clinical symptoms were first those of excitement, especially in the birds, these being followed by depression and persistent anorexia. The theory suggested by Dr. Bassi is, that the nervous disturbance interferes with the due nutrition of the tissues in such a way as to give rise to the formation of toxic substances—probably ptomaines—which then set up acute degeneration of the parenchymatous elements, similar to that which occurs in consequence of the action of certain poisonous substances, such as phosphorus, or to that met with in some infectious diseases.—*The Lancet*, March 21, 1891.

BIOLOGICAL ACTION OF IRON AND MANGANESE.—Dr. Faggioli, in *La Riforma Medica*, has published notes on the physiological behavior of iron. From these it would appear that iron sets up mitosis or nuclear change and cellular increase, especially in cultures of unicellular organisms. Under the same circumstances manganese will act in the same way. Dr. Faggioli was unable to find that any other metal could do so. —*The Lancet.*

KOCH'S TREATMENT.—Dr. Anderson, in *The Lancet*, March 21st, concludes an article under above title, by saying: "With regard to tuberculin, whatever the ultimate verdict of the profession may be with regard to the scope of its utility in diagnosis and treatment, it is possessed of most remarkable and unique properties, and no one who has had much practical experience with it can grudge the encomiums and the honors which have been showered upon its discoverer."

PROGNOSIS IN CROUPOUS PNEUMONIA.—Dr. Drummond, in *The Lancet* of March 21st, sums up his remarks on the above subject as follows: "A prognosis can only be attempted, save on general grounds, when the lung mischief is approaching its acme—after the fifth day." The general condition, pulse, and amount of albumin as indices of circulation, and the limits of lesion are the principal factors.

GONORRHŒA AND PELVIC INFLAMMATION.—Dr. G. G. Bantock concludes an article in *The Brit. Med. Jour.*, April 4th, with these words:

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"My opinion, then—an opinion founded on my own observation and on a study of the literature of the subject—is that 'the importance of gonorrhœa as a cause of pelvic inflammation' consists in the fact that in a few or limited number of cases it seems to be capable of producing most serious symptoms, rarely, however, terminating in death, and that this importance is diminished by the fact that these cases are comparatively very rare."

TAPPING THE CEREBRAL VENTRICLES.—Dr. Illingworth reports, in *The Brit. Med. Jour.* of April 4th, the case of a boy æt. three, where the head had a circumference of twenty-four inches, and the anterior fontanelle was enlarged and pulsating. Permission was finally secured to tap the ventricles; a Southey's trocar was passed through the anterior and outer corner of the anterior fontanelle, downward and inward deeply. "On reaching the ventricle a jet of clear, serous fluid spouted fully two feet from the canula." Two ounces of fluid were withdrawn; drainage secured. "The child recovered without a bad symptom."

A NEW TEST FOR ALBUMIN AND OTHER PROTEIDS.—Dr. Jno. A. MacWilliam, in *The Brit. Med. Jour.*, April 18th, gives his results with a saturated aqueous solution of salicyl-sulphuric acid. Several drops of the solution are to be added to 20–30 minims of the solution to be tested and if a proteid is present, an opalescence results when the mixture is complete.

OPERATIVE TREATMENT OF GOITRE.—M. Reverdin, of Geneva, has performed thyroidectomy in fourteen cases, with only one death. Ten cases were females. He insists that only the diseased portion of the gland should be removed, and that each vessel should be ligated immediately. He advises prolonged treatment by internal administration of iodoform before resorting to operation.—Paris letter to *The Lancet.*

PRIMARY MUMPS OF THE TESTICLE.—In *The Lancet*, April 18th, Mr. Raven reports a case of swelling of left testis, on March 31st, after exposure to mumps. On April 4th both parotid glands began to swell; the affection of the testicle, which was not severe, subsided rapidly, and was gone by April 7th. The patient had had an orchitis some months before, which may have explained the vulnerability.

ARTIFICIAL QUININE.—In the Paris letter to *The Lancet*, April 25th, is announced the discovery by MM. Grimaux and Arnaud of a method of preparing quinine from cuprein, a base contained in the shrub *Remijia pedunculata*, growing in Brazil. This is treated with sodium, but the description is rather hazy, for the writer says that chloride of methyl is produced, and then after a period says: "The product is quinine, absolutely identical with the substance with which we are familiar."

PREVENTION OF OPHTHALMIA NEONATORUM.—Mr. Simeon Snell, in *The Lancet*, April 25th, in an article on the above subject describes a card which is presented by the Sheffield General Infirmary to every one bringing an infant suffering from ophthalmia neonatorum, with the request that it be preserved and shown to friends. It reads: "*Important:* If baby's eyes run with matter, and look red a few days after birth, take it at *once* to a doctor. *Delay* is dangerous, and one or both eyes may be destroyed if *not treated* immediately." The words in italics are printed red.

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THE ANILINE DYES AS ANTISEPTICS.--Dr. J.Stilling's article on the above subject has been translated and condensed in *The Lancet*, April 18th, by Mr. Edgar Stevenson, and the following preparations are recommended. 1. *Pure methyl violet*, used powdered for large wounds and ulcers. 2. *Large pencils*, for small wounds, burns, etc. For purulent cases, the blue pencil is better than the yellow, because of its greater antiseptic power [the "yellow" is auramin]. 3. *Small pencils*, for application to corneal ulcers, etc. 4. *Powders*, of 1 in 1,000 for mild cases of conjunctivitis, and 2 in 100 for blenorrhœa, etc. [These powders are also used as snuffs in certain nasal affections.] 5. *Ointments*, varying from 2 per cent. to 10 per cent. 6. *Solutions*, 1 in 1,000 to 1 per cent. . . . In non-purulent cases, the auramin may be used. The solutions should be filtered; kept in dark glass bottles, and changed every eight days. In conclusion, the need for absolute purity of the dyes is insisted on.

MUSK AND MALIGNANT ŒDEMA.—Dr. Van Cott, jr., *Centralb. f. Bakt. u. Parasitenk.*, ix., 9, 1891, says that, in view of the fact that certain patients have developed malignant œdema after subcutaneous injections of tincture of musk, he has examined both the tincture furnished by the apothecaries and the musk from the musk sacks of the muskrats, with the view of determining presence of specific organisms. In two cases, where the musk sacs had been removed with a proportion (*sic*) of skin attached, he found the œdema bacillus, together with numerous other organisms. From the tr. of musk obtained from the apothecaries he was unable to obtain the bacilli.—Abstract from the *Suppl. to the Brit. Med. Jour.*

TUBERCULOSIS OF A TENDON SHEATH.—Well authenticated cases of tubercular inoculation in the human subject are exceedingly rare, and for this reason every case tending to demonstrate the possibility of local inoculation possesses great interest. Mr. E. C. Stabb, reports in *The Lancet*, April 11th, a case of suspected inoculation followed by tuberculosis of a tendon sheath. The patient was a widow, æt. sixty-six; had always been strong and healthy, having no disease of the lungs or other organs, and no family history of phthisis. Two years ago she ran a fork so deeply into the palmar surface of the left middle finger, that when the hand was held up the fork still hung and had to be pulled out. There was no bleeding, but the fingers were stiff and painful for several days, during which time poultices were applied. Two months later a small lump appeared at the right of puncture, followed shortly by others, which gradually coalesced, rendering the finger stiff and useless. She was treated for seven months for compound ganglion. A small incision was made, and a number of semi-gelatinous melon-seed bodies were expressed on two occasions. Later, the wound filled up with granulation tissue, and in February, 1891, the finger was amputated at the metacarpo-phalangeal joint. Examination revealed a normal condition of the bones and joints, but all the soft parts had become a gelatinous mass, in which the tendons could not be distinguished. One small cavity was filled with caseous material, which, on microscopical examination, proved to be tubercular.

This case, while it suggests tubercular inoculation, is by no means conclusive. The important questions which present themselves are: 1. Did the inoculation take place at the point of puncture, or did this traumatism only serve to *locate* a lesion which might otherwise have taken place in some other portion of the body, or have been overcome by tissues of normal vitality? 2. Whence came the inoculated material? Was it on the fork, or did it subsequently find access to the wound?

G. W. R.

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SUTURE OF TENDONS ELEVEN WEEKS AFTER DIVISION.—Reported by T. P. Gostling, in *The Brit. Med. Jour.*, April 11, 1891. Eleven weeks previous to operation, the patient had accidentally severed the extensor primi internodii pollicis and extensor ossis metacarpi pollicis, inflicting a wound an inch long, which had been allowed to heal by granulation. The thumb was flexed into the palm and adducted. Passive movement was possible, but the only active movement which remained was extension of the terminal phalanx. The ends of the tendons could be indistinctly made out five inches apart. The Esmarch's bandage having been applied, an incision was made from the proximal to the distal ends of the severed tendons. The cicatricial tissue, which blocked the synovial sheath three-quarters of an inch at the site of the scar, was severed. It was found impossible to bring the ends nearer together than three-quarters of an inch. However, they were pared and stitched together with two catgut sutures. The wound was closed with silk sutures without drainage and a splint applied to keep the thumb extended. The wound healed by first intention and all the active movements of the thumb were perfectly restored. G. W. R.

INCISION AND EVACUATION OF HYDATID CYSTS WITHOUT DRAINAGE.—C. J. Bond, F.R.C.S., reports in *The Lancet*, April 11th, a case from which he draws the conclusion that drainage is unnecessary after the evacuation of live and growing hydatid cysts. The case was that of a healthy young butcher, who had a hydatid cyst lying between the bladder and rectum, and reaching to within two inches of the umbilicus. This cyst had been aspirated with a sterilized needle three weeks before. When incised, the elastic cyst proper "had separated from the outer cyst-wall, and lay curled up loose in the cavity, together with much pus and a quantity of smaller daughter cysts." The cavity was sponged out and a large drainage tube inserted. A small *growing* cyst, the size of a Tangerine orange, was found in the right iliac fossa, and as it could not be drained, the elastic membrane and clear fluid were evacuated, the incision closed, and the cyst returned to the peritoneal cavity. The patient recovered well and gained in weight; five months later the abdomen was reopened for the evacuation of other cysts. One, the size of a fœtal head, lay beneath the transverse colon and omentum; one in the left renal region, and one in the lower part of the omentum. The upper cyst was tapped with a fine trocar and canula and most of the clear fluid drawn off. The outer wall was then freely incised and the white elastic cyst proper, which had shrunk away from the walls of the ectocyst, was easily withdrawn with ring forceps. The cavity was then wiped out with sponges, and drained for sixteen hours only, after which the abdominal incision was allowed to close throughout. During the second operation the cyst which was originally in the right iliac fossa was found to have entirely disappeared.

The author concludes that "certain abdominal hydatid cysts in which there is difficulty in bringing the cyst-wall up to the surface of the body can be well treated by incision and replacement of the cyst, provided that due care be taken to evacuate the cavity of all its fluid and elastic solid contents, and to suture the inverted edges afterward." He sees no reason why we should not deal with cysts of the liver and other organs in the same way, provided no suppuration had occurred, and that sufficient length of incision can be made to allow of complete evacuation. G. W. R.

OPERATION FOR OBSTRUCTION CAUSED BY ORGANIC DISEASE OF THE CÆCUM.—In *The Lancet* Jan. 3, 1891, Thomas Bryant, President of the

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Royal College of Surgeons, proposes an operation somewhat in advance of Nélaton's operation of enterotomy. He also reports a case in which the operation was successfully performed for relief of obstruction due to carcinoma of the cæcum. This operation bears the same relation to intestinal obstruction at the cæcum that left lumbar colotomy bears to obstruction at the sigmoid flexure or rectum. It is performed by making an incision two inches in length in the right linea semilunaris, the centre of which incision corresponds with a line drawn from one anterior superior spinous process of the ilium to the other. The layers were divided *seriatim* down to the peritoneum, after which all hæmorrhage was arrested by hot sponges and torsion. The peritoneum was then carefully divided. At this point the operation diverges from that known as enterotomy, in that, instead of using the first distended coil of intestine as a site for puncture, as laid down by Nélaton, the finger is carried into the abdominal cavity in the direction of the right iliac fossa and the ileum is hooked up as near as possible to the ileo-cæcal valve. The peritoneal and muscular coats of this coil of the ileum are stitched to the parietal angles of the wound, are then brought together by sutures and two silk loops are passed through the two outer layers of the intestine to serve as landmarks. If the case is urgent an opening into the intestine one-fourth of an inch long may be made at once, otherwise the wound is dressed antiseptically and allowed to remain till the third day, when, guided by the silk loops, the puncture is made. These loops are very important for the reason that the wound rapidly fills with granulations and all landmarks are lost. This operation is very properly called "ileostomy" and has the advantage over Nélaton's operation that the punctured coil of intestine is sure to be low enough in the intestinal tract so that the patient will have absorbed from the food the larger portion of its nutriment before it has reached the artificial anus. If at any time during the operation it is found to be impracticable to open the ileum so low down, the operation may be transformed into enterostomy by simply choosing for puncture the presenting coil of distended intestine. G. W. R.

INCREASED EXCRETION OF INDICAN AFTER LARGE DOSES OF THYMOL.—By Dr. K. Bohland. A patient suffering from anæmia and anchylostomiasis, was treated with thymol, receiving on one day 60 grains and after several days 90 grains, the bowels having been previously emptied by castor oil. The remedy was given in tablets, in half-hourly doses of 15 grains. He was soon freed from the parasite. It was noticed, however, that the urine after each dose had some peculiar properties. After a few hours its color was bright yellow with a greater or less brownish tint. After standing two hours it became deep reddish-brown, rarely black-brown, and the reaction remained strongly acid. Further examination showed the urine to be extremely rich in indican. Similar results were noted in another patient receiving thymol, and in both cases the urine before ingestion of the drug gave only a trace of indican.—*Deutsch. med. Wochensch.*, No. 46, 1890. O'C.

CYST OF THE PANCREAS.—In the *Boston Medical and Surgical Journal*, January 29, Maurice H. Richardson reports this interesting case: D. L., æt. fifty, weight two hundred and ten pounds, healthy up to five years ago, when, while lifting heavy weight, he felt something give way in the epigastric region, followed by faintness. Shortly after this he had a fall which "knocked his breath out." Three or four months

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later he had attacks of pain in the epigastrium. This pain was relieved by mustard poultices, but in May, 1889, he had a severe attack accompanied by vomiting. During the next nine weeks he had an attack every week. In January, 1890, an attack lasted three days and was accompanied by vomiting and jaundice. From this time to his admission, October 10, 1890, his symptoms varied; prostration, dizziness, sensation of constriction of abdomen, light-colored stools, loss of flesh (53 lbs.), etc.

Physical examination revealed a mass the size of a child's head in the epigastrium. By distending the colon with air, then with water, the tumor was found to lie behind it. The same procedure with the stomach demonstrated the tumor to be situated behind it also.

Diagnosis (by Dr. Cutler)—Pancreatic cyst. An exploratory laparotomy was advised and made. The omentum was torn through and the cyst wall punctured with an aspirator needle, the opening enlarged and a quantity of straw-colored fluid escaped. The edges of the cyst were sfitched to the abdominal incision and good drainage established. Wound sutured with silk and a dry dressing applied. Recovery rapid and uneventful. Discharge contained pancreatic fluid. G. W. R.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THE BINGHAMTON ACADEMY.—At the last meeting of the Academy of Medicine of the flourishing city of Binghamton, Dr. Ross, the Vice-President of the body, offered the following resolution : *Resolved*, That Dr. Theo. S. Armstrong, who had been made an honorary member of this society at a previous meeting, held at the asylum, be notified that it is the request of the society that he withdraw his name from the honorary membership roll, as it was in direct violation of the constitution and by-laws of this society that any member of a homœopathic school should be thus recognized. It is possible that the very bad grammar of the resolution had something to do with its rejection; but it is more probable that a growing conviction of the untenableness of the position taken by the constitution of the academy exercised the determining influence. So grieved was Dr. Ross at the decent attitude maintained by his society, that he immediately resigned. Dr. Armstrong is the able superintendent of the Binghamton Insane Asylum.

CIVIL SERVICE EXAMINATION.—An open competitive examination of candidates for junior assistants and female physicians in the State hospitals for the insane will be held by the State Civil Service Commission at the Capitol in Albany, June 11th. Candidates must be residents of the State and have had one year's hospital experience,or three years' experience in the general practice of medicine.

COMMENCEMENT EXERCISES.—The Commencement exercises of the Cleveland Homœopathic Hospital College took place on the evening of March 24, 1891. A meeting of the Alumni Association had preceded the evening exercises. The evening was concluded by a banquet at the "Hollenden." From the report received, it seems evident that the occasion was an eminently successful one, and that the old college has entered upon a new era of prosperity.

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OHIO SOCIETY.—The Homœopathic Medical Society of the State of Ohio met at Findlay, May 12th–16th, under the direction of President E. R. Eggleston, M.D. A large number were in attendance and the proceedings were of unusual interest.

RHODE ISLAND'S INVITATION.—The genial treasurer of the Rhode Island Homœopathic State Medical Society, Dr. Geo. B. Peck, writes that at the April meeting of the society it was unanimously voted to invite the American Institute of Homœopathy to hold the session of 1891 within the boundaries of that State. It is understood, accidents excepted, that the particular place will be the Ocean House, Newport, and the time the fourth week in June.

WOMEN'S COLLEGE.—The twenty-eighth annual Commencement of the New York Medical College for Women was held in Association Hall, April 21, 1891. After some remarks by the Dean of the college, the Hippocratic Oath was administered to the graduates by Dr. M. Belle Brown. The degrees were conferred by the President of the Board of Trustees, Rev. N. S. Day. The valedictory on the part of the class was by Mrs. L. H. Muncie, and the valedictory for the faculty by Prof. H. M. Dearborn.

A PYHSICIAN'S SUICIDE.—Dr. Arthur Vokes, a prominent physician of Chicago, recently committed suicide with morphine. His ambition had been to discover a specific for Bright's disease, and after years of unremitting effort he believed he had succeeded. When he was undeceived, however, the disappointment appears to have been more than he could bear.

A GOOD POLICY.—Homœopathy has not yet reached the age and stature when it would be wise to ignore all attacks. It is a good policy to notice occasionally the attacks made in the public prints by allopathic intolerants, ignorant of the subject they profess to discuss. Dr. Clarke, of Indianapolis, has just replied to a Dr. Redpath by an open letter to the press. He has completely demolished Dr. Redpath, as might be expected. It is sometimes a sensible proceeding to hit back, to hit hard —so hard that but one blow is required.

A DRUGGIST ON HOMŒOPATHY.—A St. Louis druggist, in the *Globe-Democrat*, says: "The extension of the practice of homœopathy has had an effect on the allopathic school which few of its most ardent advocates realize, but with which every druggist is familiar. Wherever homœopathy gets a foothold, then the size of the doses administered by allopathic physicians is seen to diminish. The same prescriptions are given, but the size of the doses is much less. Allopathists are in the habit of saying that homœopathy has nothing to do with this, the reason being that the use of the essential elements of drugs has become prevalent, and such large doses as were formerly given are not requisite. But that the diminution is due to homœopathy and nothing else is proved by the fact, well known to all druggists, that where homœopathy does not flourish, the allopaths give the old-fashioned draughts and pills, not only in different cities, but in different parts of the same city.

MRS. FOGG'S BEQUEST.—The New York Homœopathic Medical College and nine other institutions are entitled by the terms of a codicil to Mrs. Fogg's will to share equally the sum of $100,000.

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A NEW JOURNAL.—The latest aspirant for favor comes from Baltimore, and is entitled *The Homœopathic Advocate and Health Journal.* It is established in the interests of the new college and hospital.

THE NEBRASKA MEDICAL BILL.—The *Medical and Surgical Record* reports that the representative schools of medicine have united on a broad and liberal basis, and are unanimous in favor of a measure which was proposed by the old school. It provides for the creation of a State Board of Health, the workings of which shall be under the control of three representative physicians—one each from the allopathic, homœopathic and eclectic schools. The details of the bill are not given, but as equal representation is secured, the measure is probably a fair one.

"THE NEW OXFORD MOVEMENT."—The results that may be attained by the dissemination among the general public of correct information regarding homœopathy and the benefits to be derived from its methods of treatment are signally illustrated by a public meeting held at Oxford, England, recently, for the purpose of organizing and promoting the interests of homœopathy. This meeting, reported in the *Homœopathic World*, was, without doubt, in part the result of the quiet and effective work done by the League Tracts, which are widely known. The value of such literature has been under-estimated. The people are the ones to appeal to and are ready and anxious to learn. There should be an American series of tracts on homœopathy.

UNIQUE TREATMENT.—Dr. Tyson records, says the *Boston Medical and Surgical Journal*, a unique and successful treatment for hysterical vomiting. A young girl, fourteen years of age, insisted that she vomited everything she swallowed, even water. Her statements were found to be true. She had every manner of treatment employed, but to no purpose. She was blistered, and received strong currents of electricity to no effect, and was finally discharged. She returned a few days afterwards, claiming to be as bad as ever. The resident physician, knowing that all else had been tried, told her emphatically that whatever she vomited she must immediately swallow. To the surprise of all, her vomiting ceased, and since the order was given has had no further trouble.

HYDROGEN DIOXIDE.—Altehöfer has written, in the *Centralblatt fur Bakteriologie und Parasitenkunde*, for July, that he has found hydrogen dioxide a valuable disinfectant of drinking water. One part of the dioxide to 1,000 parts of ordinary potable water, or to water containing sewage, or to that having the typhoid and cholera bacilli, is quite competent to destroy the various saprophytic and pathogenic organisms contained under these conditions, if the drug is added while fresh and kept in good condition, and if it is allowed to act for a period of twenty-four hours. The dioxide is exceptionally applicable to the disinfection of drinking water, since by its addition, in the proportion named, it affects neither the color nor the taste of the water, and is absolutely innocuous within the animal economy. As to the cost, the author makes an estimate that for five cents per diem ten litres of water may be sterilized—an amount that will suffice for the average small family.

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North American Journal of Homœopathy.

ORIGINAL ARTICLES IN MEDICINE.

HIGHER MEDICAL EDUCATION.*

By EDWIN H. WOLCOTT, M.D.,
Rochester, N. Y.

NO subject is attracting more attention at the present time, or is worthy of more consideration from our profession, than that of Higher Medical Education. For many years previous to 1884 little if any advancement was made in the State of New York in this direction, except in a general way through agitation and discussion by the medical press, medical societies and medical colleges. Before that time, any person could enter a medical college without special qualification, not even an ordinary common school education being required, and begin the study of medicine. The colleges imposed no restriction whatever, except a formal compliance with the then existing law, which required a medical student to be registered with some legally qualified physician for three years, and the further requirement, that he should attend two full courses of lectures prescribed by some legally incorporated medical college. As a result of this easy-going method, a large number of persons took up the study and practice of medicine and surgery who were totally unfitted, either by way of natural ability, or by a preliminary education, to discharge the varied and complex duties of the profession. Realizing that the

* Presidential address, at the annual dinner of the Homœopathic Medical Society of Western New York, held in Rochester, April 10, 1891.

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time had come when students should be better qualified to enter upon the study of medicine, and that the public had a right to demand a higher standard of medical education, the New York Homœopathic Medical College in October, 1884, made the requirement of a rigid examination in the following studies a prerequisite to the study of medicine in that college: "English grammar, rhetoric, spelling, arithmetic, geography, elementary physics, or natural philosophy, as given in Professor Balfour Stewart's Science Primer." Any student who could present "a diploma of graduation from a reputable literary and scientific college or high school, or a first grade teacher's certificate, or a certificate of having passed the entrance examination for either Harvard University or Yale College," was excused from the entrance examination.

It has been claimed by the Faculty of this college that they were the first among the colleges of this country to institute such preliminary examinations, and, so far as I know, this claim is correct. Other homœopathic colleges soon followed with similar requirements, and in June, 1888, the Inter-Collegiate Committee of the American Institute of Homœopathy, representing the Homœopathic Medical Colleges of the United States, then thirteen in number, unanimously recommended the following resolution, which was subsequently endorsed by the Institute as a condition of membership: "*Resolved*, That after the Sessions of 1890 and 1891, all graduates from medical colleges shall be required to pursue at least three years of medical study, including three full courses of Didactic and Clinical instruction of at least six months each."

This resolution placed the American Institute of Homœopathy in advance of all National Medical Bodies of the United States, in favoring a more thorough and efficient course of medical study. But in June, 1890, the Institute raised the standard still higher, by again endorsing the recommendation of the Inter-Collegiate Committee which required that, "on and after the Fall of 1892, in all colleges represented in the Inter-Collegiate Committee of the American Institute of Homœopathy, the term of study necessary for graduation shall be at least four years, which shall include attendance upon not less than three terms of lectures of six months each; and no person, unless he present a diploma from an academy, high school or college, or a teacher's certificate which shall be approved by the Faculty as equivalent to the examination required, shall be admitted to the second year of study and the first course of lectures, in any of the colleges represented in this Committee, without having passed a

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written examination upon the following studies: arithmetic, grammar, etc."

The adoption of this resolution again placed the American Institute of Homœopathy in advance of all colleges and national medical societies in this country. Many European universities require four years of medical study, but none in the United States, with which I am familiar, with the possible exception of the Homœopathic College of Boston (Boston University), as yet make this requirement. The medical department of Harvard recommends a four years' course, but does not make it compulsory.

The American Medical Association, at its last session, held at Nashville, Tennessee, May 21, 1890, organized a "National Association of Medical Colleges," for the purpose of united action in raising the standard of requirements, and adopted a series of propositions in effect quite similar to the resolution endorsed by the Institute two years before, viz.: "That the colleges represented in this Association after the sessions of 1892–93, adopt three grade courses, of not less than six months each, no two grades to be given in the same year; that both oral and written examinations be required of all students; that laboratory instruction in chemistry, histology and pathology be required; and that an entrance examination be demanded of all applicants, college graduates, etc., excepted."

This action by the Association was timely if not tardy; as the laws in several States are now such that a diploma from colleges not complying with these requirements will not be honored by these States.

As a result of this agitation and insistence on the part of the profession, the Legislature of this State has, by enactments from June, 1889, to the present time, passed various laws, which have had a tendency more effectually to advance the cause of "higher medical education." In 1889, the Legislature of this State passed an Act, which was the first of its kind, "requiring of all persons not college graduates that, prior to entering upon the prescribed three years' study of medicine, they pass an examination, conducted under the authority and in accordance with the rules of the Regents of the University of the State of New York, in arithmetic, etc."; but on June 4, 1890, this act was modified, and changes made that are open to serious objection and criticism. The amended law reads, "that during or prior to the first year of his medical study he pass an examination," etc.

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When this amendment was before the Legislature, it was warmly supported by one or two old school colleges of New York City. These colleges were well aware that were rigid entrance examinations enforced, as a condition of admission to the college, they would lose a large number of students, who would seek their medical education in States where this rule was not operative. The action of these colleges was universally criticised, and the bill characterized by a number of leading old school journals as a "retrograde movement in medical education in the State of New York."

The Homœopathic school of the State vigorously opposed the amended bill, and was quite content that it should remain as passed in 1889, and this for the very good reason that the Homœopathic Medical Colleges in the State had anticipated this act of the Legislature by five years in requiring the entrance examination, to which I have already referred.

It is hoped that the objectionable features of this amended law will soon be removed, now that both schools of medicine, through their national societies, have made a uniform requirement for admission to all colleges represented in their respective organizations. The defects of the amended law were clearly indicated by the Inter-Collegiate Committee of the Homœopathic Institute, at its last session, calling attention to the fact that "a student unfit to begin the study of medicine, and who should consequently require, a longer, instead of a shorter, term of medical study, may use one of his three years to make up his deficiencies."

In this connection it will be interesting to note, by way of comparison, what has been done to elevate the standards in the professions of law and theology. The rule of the Court of Appeals, May 4, 1882, required, "that any person, before he shall enter upon his clerkship, or substituted course of study, or within three months thereafter (practically the beginning), shall, if not a graduate, pass a Regents' examination in arithmetic, grammar, geography, etc., and shall spend one year in the office of a practicing attorney." And the rule of March 20th of the present year requires, "that before any person shall enter upon his clerkship, or substituted course of study, hereinafter provided, or in one year thereafter, he shall, if not a graduate of a college or university, pass an examination conducted by the Regents, in English composition, first year Latin, arithmetic, geometry, and English and United States history, or in their substantial equivalents," etc.

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By a careful examination of these two rules, it will be noticed that a change has been made similar to that to which exception has already been taken in the requirements for admission to medical colleges; and the same objections would obtain here were it not for the fact that several additional and more advanced studies have been added, and the further fact, that college graduates are required to study law only two years, while non-graduates must pursue a three years' course.

The new rule has given the three years' student of law the privilege of passing his entrance examination at any time within one year after filing his certificate. It is therefore evident that the Court of Appeals will not be disappointed if the whole of the first year be spent in preparatory education. This is unobjectionable, if at the end of the year this student has attained a standard equal to that of the graduate. But has he? If not, then it also is evident that more time should have been devoted to strictly preliminary training, for it is fair to assume, other things being equal, that a non-graduate, in law, as in medicine, will require a longer rather than a shorter time for his substituted course of professional study.

In regard to our schools of theology, it is cause for congratulation that any of them have already raised the standard of admission to that of a college diploma or its equivalent. And in this connection, I am glad to mention the theological seminary at Rochester, N. Y., which last year abolished "its English course," and will henceforth require preparation in Greek as a prerequisite to the study of theology. And if Dr. Strong, the president of that seminary, is quoted correctly, "in due time it is intended to add the requisition of a college diploma or its equivalent; then compulsory Hebrew in addition to compulsory Greek; and, finally, Hebrew preparation for admission to the seminary." Imagine some of our medical students, fresh from the farm or the workshop, confronted with the requirement of a college diploma, and a knowledge of three dead languages, before they can enjoy the pleasures of the dissecting-room, or join in the grand stampede and chorus intended to cheer the heart of the profession, or raise the roof of the amphitheatre.

Thus while our medical student is mourning the deficit of three years of Homer and Virgil, he is congratulating himself that, should he escape the "pluck" of the Medical Faculty, he will be remembered by the "Board of Medical Examiners" which has recently been created for his special benefit.

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This last and most significant act of the Legislature, relating to the subject of medical proficiency, is the bill of June 5, 1890, to establish "Boards of Medical Examiners" of the State of New York, for the examination and licensing of practitioners of medicine and surgery. This act provides, that there shall be, and continue to be, three separate boards of medical examiners for the State of New York, representing the State societies of the three schools of medicine. "The several boards of medical examiners shall submit to the Board of Regents' lists of examination questions for thorough examination in the different branches of medicine; from the lists of questions so submitted, the Board of Regents shall select the questions for each examination, and present the same to the candidates at each examination, by an examiner appointed by the Board of Regents, and such questions for examination shall be so selected as to require the same standard of excellence, from all candidates, except that in the department of therapeutics, practice and materia medica, the questions shall be in harmony with the tenets of the school selected by the candidate," etc.

So much has been said and written concerning this bill, which has cost the homœopathic school years of agitation and unremitting labor, that little, if anything, remains to be added.

Suffice it to say, however, that a large majority of our profession, consider it a very just and comprehensive law, and agree that it will exert a powerful influence in raising the standard of medical knowledge to a uniform degree of requirement, and prevent the promiscuous graduation of incompetent practitioners from our medical colleges. But while it is generally admitted that the creation of this board will have a tendency to elevate the standard of medical education, it has also been suggested that until we can have the ideal standard of a college diploma or its equivalent, as a prerequisite to the study of medicine, a plan for a more uniform and rigid preliminary examination of candidates for admission to our medical colleges would do more to protect the public from uneducated and incompetent physicians than the State examination of matriculates. It is matter for congratulation, therefore, that the preliminary examinations required by the amended laws of the State of New York (and which are, by the terms of the law, "conducted under the authority of the Regents of the University of the State of New York, *or by the faculty of a medical school or college,* entitled to confer the degree of Doctor of Medicine, in accordance with the standards and rules of said regents"), are, in point of fact, definitely prescribed by the Board of

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Regents, and personally conducted by an officer of that board, while their results are tested by its official Board of Examiners.† Since medical law now provides that all practitioners of medicine must pass through the same gateway into their chosen profession, it seems fitting that it should impose the same requirements upon all those who are about to begin the study of medicine. Our best medical colleges which do not feel the necessity of humoring the deficiencies of ill-prepared students, are of course willing that entrance examinations should be conducted by another board, and thus be free from the pecuniary suspicion that has attached to so many of our colleges. If objection to the extended scope of these State examinations exists in any quarter, it would be natural to conclude that good reason existed, why, not only the graduates, but the matriculates of the objecting body should be thoroughly scrutinized by a disinterested board of examiners.

It was thought at one time that the organization of medical departments in connection with universities under the support and patronage of the State, as in Michigan, Iowa, Nebraska and other States, would have a tendency to elevate the standard of medical education and remove many evils connected with institutions whose government was directly interested in the accumulation of students' fees as their only means of support. But so far as my observation has extended, it does not appear that these institutions have done work superior to several that are not under State control. There are difficulties in the way of the perfect success of institutions governed by State authority, the discussion of which would lead me beyond the scope of this address. It is desirable, however, that the State should manifest a deep and abiding interest in "higher medical education," for in no other way are the masses more directly benefited, or their best interests more effectually subserved, than through the influence and usefulness of a liberally educated physician.

In this connection it is gratifying to state that a bill is now before our Legislature, which ought to receive the unanimous and hearty

† A letter from the chief examiner of the Board of Regents, says: "These examinations have never yet been entrusted to the colleges themselves. The law says that they may be conducted by the faculties of colleges, provided they are conducted in accordance with the standard and rules of the Regents. One of the rules of the Regents concerning the conduct of all their examinations is, that all question papers used in their examinations must come from the Regents' office; and another rule of importance is, that *all examinations must be conducted in the presence of a special officer sent from the Regents' office;* and a third rule is, that all answer papers must be reviewed in the Regents' office by our special examiners."

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approval of this body, appropriating ten thousand dollars, with an additional annual appropriation of five thousand dollars to provide suitable rooms in connection with the State Library, to receive the gift of the Albany Medical Library, and such other medical books and pamphlets as shall be donated or purchased from time to time, for the benefit of any citizen, and especially of physicians residing in any part of the State, who shall conform to the rules and regulations of the Regents for borrowing the same.

Another similar advantage, it seems to me, could be secured by petitioning the Board of Directors of the "University Extension Movement," which has been recently organized in this country, and which has been so successfully operated in England in connection with the universities of Oxford and Cambridge, to incorporate topics relating to medical subjects in their schedule of lectures. No doubt many physicians who have not had the benefit of college training, and who otherwise might not choose to attend, would be induced, under these circumstances, to take the whole course of lectures.

While speaking of Oxford and Cambridge, it is desirable to call your special attention to a system of these institutions for post-graduate education, which has features superior to even our best regulated polyclinics. These features in many instances might be combined with our medical colleges and post-graduate schools of medicine, and this to their great advantage. Reference is particularly made to the conferring of degrees and certificates for special qualification and proficiency in certain lines of study.

Oxford requires two examinations for the degree of Bachelor of Medicine. Three years must then elapse before an examination can be taken for the degree of Doctor of Medicine. This institution also confers a certificate for proficiency in preventive medicine and measures promotive of public health. Cambridge requires four examinations for the degree of Bachelor of Medicine, and three for Master in Surgery, while in London University, the degree of Bachelor of Surgery is only conferred on Bachelors of Medicine; and the degree of Master of Surgery only upon Bachelors of Surgery two years after taking the previous degree.

It will at once appear that this system very nearly corresponds to the prevailing custom of most of our own literary colleges, which confer different degrees from time to time when merited by proficiency in special studies.

It is generally admitted that the system is a good one, when careful distinction is made and the design of honor is not perverted. It

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Acidity of stomach when walking and when lying on back. Carbo V. 1.

Aching in teeth, aggravated by chewing, eating sour things, and putting cold things into mouth, with grumbling and digging, especially in lower teeth. Arg. Nit. 5.

Aching of teeth on taking anything warm into mouth. Bry. 5.

Aching in teeth. Arn. 5.

Aching in posterior part of palate. Carbo V. 5.

Across. Pressure in pit of stomach, as if a lump were in it, after a moderate supper, transversely across. Calc. C. 1.

After. Vomiting every time after drinking. Ars. 6.

After. Nausea after each meal, worse ing and after dinner, with trou- e effort to vomit. Arg. N. 6.

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would offer a powerful incentive to special study in medicine, were it possible to receive a degree indicating that the possessor has spent two or three years in hard study after graduation, in order that he might be specially qualified for special medical work. But when it is remembered that in this country there are one hundred and twenty-eight so-called medical colleges "scrambling" for students every year, and that many of them are not only without endowments with which to broaden their field of study, but, on the other hand, are struggling hard for self-support or a mere existence, it will appear that before we can hope to perfect and extend medical proficiency to that degree which we so much desire, it will be necessary to lessen the number of these "medical centres" and at the same time raise the standard of the American Medical College.

THE GRIPPE SYMPTOMS OF GELSEMIUM.*

By CHARLES W. SMITH, M.D.,

Brooklyn, N. Y.

THE therapeutic sphere of "*gelsemium*" is fairly wide. It may be the remedy in a large number of cases of ordinary illness which the physician meets from day to day. But in the following short paper it is the intention of the writer to confine its application to a disease which has been called by various names, and which has been the subject of much discussion, and is commonly known as grip, or La Grippe. Although catarrhal fever, or influenza, as we know it, and as it is described in the books, may not be identical with this disease, so called, it is very similar to a large number of cases of illness of an epidemic character which have been classed under the above heading. In its physiological action, *gels.* presents a picture which is clear cut and easily remembered. Clinically, the picture is equally well marked and readily recognized. *Gels.* affects markedly the motor nervous system, acting as a cerebro-spinal depressant. Its toxic effects embrace all gradations of depression, from a slight mental sluggishness and general feeling of malaise, to complete unconsciousness, motor paralysis, and finally death from paralysis of the heart muscle.

Through the vaso-motor system the circulation is increased, the blood-vessels are dilated, the brain and spinal cord, together with all

* Read before the Kings County Homœopathic Medical Society, May 12, 1891.

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parts of the body, are in a state of passive congestion. The mucous membranes are irritated and in a state of catarrhal inflammation. An asthenic fever is present which may be intermittent, remittent, or even typhoid in character.

Such is a brief outline of the action of *gels.* Let us review its symptomatology more in detail, or, better still, look at a typical clinical case such as has been many times presented to the writer during the past winter.

The patient lies with closed eyes; his face bears a besotted expression, is dark red and hot. When he opens his eyes you see that they are suffused, the balls congested, and he says they burn and pain when he moves them. His head aches, and the pains may be either occipital or frontal, or a feeling of fullness and stupefaction, and, characteristically, a sensation of a hand around the forehead. He answers your questions apathetically, and you see it rather annoys him to be questioned. With the apathy and depression there is considerable erethism; he turns frequently and impatiently, because he is tired all through and aches in every muscle and cannot get into a comfortable, restful position. He is pains and aches all over, but complains most of his back and head. Chills run up and down his back, and are followed by flashes of heat which cause the head and trunk to fairly burn while the extremities are so cold that artificial heat may have to be applied to the feet.

The skin is hot to the touch, the pulse full and flowing and accelerated, but not in proportion to the increase in temperature, which may be from 102° to 104°; but with the high temperature there is no thirst. If the patient drinks at all it is only a swallow to relieve a subjective dryness of the mouth and throat, for the mouth is really not very dry, and not from a demand for water on the part of the system; usually he does not wish water at all.

There may be, but not always or necessarily, acute catarrhal inflammation of the nasal, faucial and bronchial mucous membranes, with watery coryza and cough, and the cough hurts from the throat down to the larger bronchi. There is also a profuse secretion of watery urine, and finally a complete relaxation of the whole muscular system, so that the patient wonders what can have made him so weak in such a short time; he cannot stand on his feet.

With these symptoms present I have never known *gels.* to fail to give marked relief within twenty-four hours. And indeed why should it fail? Are they not the symptoms of *gels.* more than of any other remedy? And, I may ask, are these not the symptoms presented by

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a large number of cases which every physician has met during the winter just past?

A writer in an old-school medical journal, among some others, gives these as the symptoms of a typical case of "grip:" Low pulse rate with high temperature, tongue coated and moist, *absence of thirst,* chilliness alternating with flashes of heat, nervousness, headache, pains in limbs and back, loss of memory, dullness of the sensorium, and almost complete loss of ambition, muscular weakness of the upper or lower limbs, even to paralysis, and finally, in some cases, death from heart failure.

Grip is said to attack first the central nervous system, and through it affects the entire organism; *gels.* does the same thing. Grip acts as a depressant on the nervous system; *gels.* has a similar action. If we concede that in order to be the similimum in any given case of illness, a remedy must agree in its pathology as well as in its symptomatology, then *gels.* is a classic remedy for the acute stage of grip. *Gels.* is not proposed as a specific for the disease. It can only be the remedy when the symptoms indicate it, but in the comparatively limited experience of the writer it has been the indicated remedy more frequently than any other. Taking the leading symptoms of the drug, burning without thirst, nervous depression, as exhibited in drowsiness, languor, muscular relaxation, sluggish circulation with dilated vessels and passive congestion of various parts of the body, *gels.* has few, if any, analogues. Symptomatically, a number of remedies are related to it.

Bry. agrees in many of its symptoms. It has mental and physical apathy, muscular pains and soreness, fever, red, hot face, burning and soreness of the eyeballs. But *bry.* has thirst for large draughts of water as a prominent symptom. The pulse is tense and hard, not soft like *gels.*, and the muscular soreness under *bry.* is due to inflammation of the muscle substance. If you press the flesh of the *bry.* patient it causes pain; *gels.* has more of a dull aching. In doubtful cases the presence of thirst has been to me a certain contra-indication to the exhibition of *gels.*

Actæ rac. has been lauded as a princely remedy for the severe muscular pains of "grip." It has "excessive muscular soreness" and a "bruised feeling of the whole body." *Actæ* has also claim to consideration from being a cerebro-spinal remedy, "a depressing irritant," but it has much more erethism than *gels.* and should not be confounded with it. *Arnica* has for its most characteristic symptom a bruised, sore feeling, but its totality is not like *gels.*

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Caust., according to Farrington, is suited to influenza, with aching all over the body. But *caust.* has more burning and rawness in the trachea and bronchi. *Caust.* also acts upon the motor nervous system, producing paralytic weakness of various parts of the body; the remedy, however, lacks the mental and circulatory condition of *gels.*

Mercurius is suited to epidemic catarrhs. It has a head symptom similar to *gels.*, "sensation of a band around the head," also alternations of chills and heat, weakness and weariness of the limbs; but it has thirst, and the secretions of the mucous membranes are much increased. *Merc.* has frequently followed *gels.*, especially in cases where throat symptoms have been prominent.

Numerous other remedies are useful in the treatment of grip, as *nux vom.*, *ars.*, *rhus tox.*, *eupat. perf.*, which, while they agree in many of their symptoms, are not sufficiently similar to *gels.* to admit of a comparison, and therefore it is not within the province of this paper to discuss them.

HEADACHE AND EYE-STRAIN.*

By THOS. M. STEWART. M.D., O. ET A. CHIR.,

Cincinnati, O.

THAT headache is of great frequency, and that a large proportion of those employing the skill of a physician do so for the relief of headache in some one of its many forms, none will deny.

Devoid of danger as this disorder may be, its seriousness is by no means to be underrated. Probably more hours of suffering are annually caused by headache than by any other painful affection, and the inconvenience it causes often necessitates a temporary retirement from occupation, or involves much loss of time. Therefore it has seemed to me that a discussion of the relation of eye-strain to headache can hardly be in the nature of useless repetition.

Headache is generally conceded to be due to some special source of irritation in the stomach, uterus, eye, nose, or elsewhere in the system. Independent of this peripheral irritation, we often have to contend with a neurotic element and with heredity as causes of some predisposing condition. The periodically returning headache is in the nature of a nerve-storm, the general nervous system being overpowered, and the patient succumbing to the attack. These headaches

* Read before the Hômœopathic Medical Society of Ohio, at Findlay, May 14, 1891.

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vary in frequency from only a few attacks in the course of a year to one or two a week. This difference we attribute to the health of the patient. Close questioning often reveals the history of daily attacks which have become so common that the patient endures the torture philosophically. The pains during an attack extend across the brows, temples, back or top of the head, and even extending down into the back of the neck. Close work is almost certain to produce a headache; so is shopping, watching a play or an opera, looking out of more or less rapidly moving car or carriage window; and if the headache does not come on immediately, it will the next morning. I have known patients who could not look at a floor of square tiles or figures in wall decorations without it being the direct cause of headache.

That the foregoing causes are amply sufficient to produce headache, at times even amounting to migraine, is apparent upon acquaintance with some general points in the physiology of vision. During waking hours the eyes are *never* at rest. The muscles of the eyeball and crystalline lens demand innervation sixteen hours daily. The slightest inequality of tension of the muscles governing the motions of the eye-balls produces marked discomfort. If the unequal tension endures for any length of time, double vision, vertigo and headache are the result. In the normal eye, only parallel rays of light, those coming from a distance of about twenty feet or more, are focused on the retina. All clearer vision of nearer objects is the result of a greater or less amount of accommodative effort. But in viewing such near objects the visual axes sustain a definite relation to the amount of accommodation required for the given distance. An object at one foot requires a certain amount of effort of the ciliary muscle, and a corresponding amount of effort of the internal recti muscles. At two feet both are changed in degree, but the same relation still exists. Nowhere else in the body is such exact muscular effort and such delicate adjustment required.

Binocular vision is a very complex performance, demanding for its accomplishment the harmonious coöperation of several cerebral centres. The second, third, fourth and sixth cranial and sympathetic nerves are called upon to furnish the nervous force for this important organ. Now, if one or more parts of this system be defective, an extra strain is thrown upon the others. The organ of vision is the only organ in nature where perfect functional activity depends upon exact form; this is by reason of its dependence upon the laws of the refraction of light. An eye that is longer than the focal length of its refractive media is

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near-sighted. When too short, or when the refractive power is too weak, the retina is in front of the natural focus, and the accommodative apparatus is put to an effort to bring the focus forward, so that it shall be upon the retina. This is *hyperopia*. When the object is near, as in reading or writing, there is need of still greater refractive power. This is because rays from near objects are more divergent than from more distant ones. Hence the greater strain, in this condition, from near work. Even when viewing a distant object the hyperopic eye demands an effort of the ciliary muscle, where physiologically no effort should be demanded.

Suppose, now, the cornea be unsymmetrical, that is, curved unequally like the bowl of a spoon; here the rays of light entering the more curved meridian will be brought to a focus more quickly than the rays entering the less curved meridian, the effect is to produce a blurred image on the retina. This is *astigmatism*, and it may complicate either myopia or hyperopia. The greatest strain is produced if it co-exist with hyperopia. The ciliary muscle is a sphincter muscle, normally acting equally on all sides. In astigmatism, this muscle seeks to neutralize the irregular curvature of the cornea by unequal contraction, the action of the ciliary muscle is entirely unphysiological, and, as readily seen, productive of much irritation.

In consideration of the foregoing remarks, I wish to state here that eye-strain is a very frequent and unsuspected source of non-ocular disease, in the diagnosis of which I purpose speaking directly from my own experience. No more frequent or bitter mistake is made than allowing eye-strain to go undetected and unrelieved. So then, to avoid mistake, it is necessary to understand first, the meaning and application of the term eye-strain; and second, the causes, the diagnosis, and the effects of it. We have already shown, to some degree, that strain of the eye is consequent upon some fault in its optical form, which leads to incoördinations and abnormal exertions of the ocular muscles in the endeavor to obtain a perfect image of the object looked at. Abusive use of the perfect eye does not come under this application of the term eye-strain. Following this effort for clear definition on the retina, we have mental, cerebral and other reflexes, and it is these reflex symptoms that often take predominance over the ocular symptoms. The ciliary muscle, if any, would certainly be the first to show the effects of eye-strain, but in spite of its often being very much overworked, as in hyperopia, it does not inflame, weaken, or become paralyzed. In fact, it actually develops a new set of fibres, called the Müller ring muscle. It is this newly developed muscle that leads to

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much of the disturbance in accommodation and convergence, which in turn is oftentimes the direct occasion of the so-called muscular insufficiencies. From the fact of the cerebral and mental reflexes, and the disturbance of accommodation and convergence, I am inclined to the opinion that eye-strain is largely nervous, and not muscular.

The refractive conditions which induce this nervous strain are almost entirely limited to hypermetropia and astigmatism. Simple myopia, unless greatly differing in degree in the two eyes, produces no eye-strain. For other reasons it may be necessary to correct simple myopia. If you are simply trying to make a differential *diagnosis*, you may be sure that a moderate degree of myopia entails no reflex neurosis. But in this connection, myopia must not be mistaken for spasm of the accommodation, astigmatism, or even a high degree of hypermetropia. This easy and terrible blunder is made almost every day by opticians and jewelers having optical goods to dispose of. In order then to avoid such grave errors, it is necessary that the *existence* of hypermetropia or astigmatism be diagnosed.

With every patient complaining of chronic headache, facial neuralgia, or of nervous or choreic symptoms, the eyes should not be overlooked in the examination. Not that every headache of the recurrent and chronic type is directly due to some fault in the eye, but in view of the fact that the eye is often one of the causes of this affliction, no thorough physician can afford to be indifferent to it. So then I would urge that in these cases each eye should be tested separately by means of Snellen's test-letters placed in a good light some fifteen or twenty feet from the patient. Keep a record of the line read by each eye; then paralyze the accommodation with a four or six grain solution of homœopathic *atropine*; it is best that the drops be used every hour for a day. When the patient returns on the next day, if the headache has *disappeared*, or is much better, you may be pretty sure that an eye-strain is the cause of the reflex trouble. This is the simplest and the best method of differentiating headache due to eye strain and headache due from other causes. This second test under the influence of a mydriatic should be with a different set of test-letters to avoid the error from a possible remembrance of the letters first used. This plan is simple and easy of application. It is absolutely reliable, requires no costly instruments, and it tells you exactly what you want to know, viz., if the acuteness of vision at this second test is much less, hyperopia is probably present. If the letters are miscalled, and the patient twists the head to look out of the corner of the eye, astig-

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matism is probably a complication. This test is simply to determine the *existence* of a refractive error and the fact as to whether the headache is ocular or not. The *amount* of the defect can only be accurately ascertained by a careful test with trial lenses, the ophthalmometer of Javal, and the ophthalmoscope.

POISONING BY ANTIFEBRINE.*

By O. STEWART BAMBER, M.D.,

Rochester, N. Y.

MR. T., æt. fifty-two, had been suffering from rheumatic pains in his feet for several weeks, and one evening while visiting a relative here, had a particularly severe attack; on mentioning the fact, he was given some *antifebrine* by his host and an ounce box, from which about one drachm had been used, was afterward handed to him with the assurance that he might take enough to stop the pain without fear of danger, as the host's medical adviser had recommended it as harmless.

With this assurance, coupled with the fact that the first dose seemed to afford some relief, Mr. T. continued to take the medicine (?) for about three hours, and as he is one of those men who do not do a thing by halves, he took a liberal dose each time by pouring the crystals from the box into the hollow of his hand, then tossing them into his mouth, taking something over half an ounce in the three hours. He retired about 10 P.M. and rested well until between 3 and 4 A.M., when he awoke with a feeling of pressure around the heart accompanied by palpitation, slight pain and some difficulty in breathing. His feet also pained him, showing that the analgesic effect of the drug was exhausted. The sensations around the heart remained until he arose about seven o'clock, when they had almost entirely subsided. On attempting to urinate at this time he could not, although the bladder seemed very full, but he soon felt an inclination to go to stool, and this time voided a large quantity of dark urine; the stool was watery and also dark, with a few clay-colored lumps in it. When he went down stairs he felt weak, and his wife noticed that his face looked blue; this was also seen by his host's family, and some one of them noticed that his hands looked blue also, and the nails as if the blood had settled under them; also that his lips were dark purple.

* Read before the Monroe County Homœopathic Medical Society, April 21, 1891.

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He did not care for any breakfast, but drank a cup of strong *coffee* and later, on account of feeling so weak, took two drinks of *whiskey* and two of *ale*, followed still later by a glass of sour *wine* with a raw egg in it.

His face became darker until he was, as they termed it, "black in the face," and the hands (usually very "white") became black; this condition was accompanied with increasing general weakness and a nervous trembling of the hands. About this time his host bethought him of the *antifebrine*, and on looking in the box was astonished to find only about one-third of its contents remaining. Immediately he connected his guest's condition with the large quantity of the drug he had taken, but the assurances of his medical adviser coming to his mind, he tried to dismiss the thought, but in vain, and as Mr. T. continued to grow weaker, he asked him if he should call a physician, and, on the other members of the family urging it, Mr. T. consented, and the host went for his family physician. She not being at home, and believing the case to be an urgent one, I was called on, and after hearing his statement went with him at once.

When I arrived, Mr. T. was at stool for the second time. Later I learned that it and the one previous were of a like character. When Mr. T. returned to the room, I saw that his condition was very serious, and not knowing any antidote, I questioned him to get the indications for some remedy that would cover the case.

Pulse 130, full and hard, respiration 34, lips blue, tongue dark blue-black in color, full feeling in head, general weakness and general cyanosis, better while in reclining position.

On these indications I gave *secale cor.*, twenty drops of Boericke and Tafel's tincture in one-half glass of water, teaspoonful every half hour.

It was about 10.30 A.M. at this time, and telling the family I would return in the afternoon, I left, after directing that the furnace heat be shut off and that the patient should have plenty of fresh air, also a cup of strong *coffee* at once and a teaspoonful of *brandy* every hour.

Believing that the case required oxygen, stimulants and the similar remedy, I consulted my Materia Medica with the result of deciding to exhibit *Ammonium carb.*, 1 dec. I then procured some of Marchand's peroxide of hydrogen to use experimentally, and soon after dinner called again.

My patient had been perspiring freely and had been to stool again, discharging a large quantity of watery, dark urine and black fæcal matter. He thought he noted some improvement, but I could not,

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and, as he was a man of strong nerve, I explained his condition to him, informing him that I thought it critical and that I would like counsel. He agreed readily to this and selected Dr. Graham of this city.

At this time I gave a hypodermatic injection of *Peroxide of hydrogen* (thirty minims full strength) which cleared up the tissues for a space three inches square, but whether it had any constitutional effect or not I am unable to state.

I now insisted that he should go to bed, and with the assistance of his host he got up stairs. This exhausted him and made the great weakness apparent to all. He was soon undressed and got into bed, but was thankful for the bottle of *aromatic spirits* of *ammonia* I held under his nose most of the time while he removed his clothes.

Giving a powder of *Amm. carb.* and a dose of *brandy*, and telling them to give a powder every half-hour and *brandy* every hour, alternately, I went for Dr. Graham. Luckily finding him at home, I explained the case while he prepared to go with me.

In addition to what had been done the doctor suggested *sulphuric ether*, subcutaneously; so we took a phial of this with us.

After Dr. Graham had examined the patient, he agreed with me in diagnosis and treatment. We gave one injection of about five drops of *sulphuric ether* in fifteen of water, hypodermatically, and the doctor suggested that *aromatic spirits* of ammonia be substituted occasionally for the *brandy*, advising me to remain with the patient until I saw a marked change for the better.

I stayed and gave the *Amm. carb.* and stimulants every half hour in alternation until 6 P M. During this period the patient drank about a pint of milk and a cup of strong *coffee* and voided at one time nearly a quart of dark reddish-black urine; he also passed a quantity of dark liquid from bowels; the room was quite cool, but he perspired freely most of the time.

When I left, the pulse was 110, full and strong; respiration 28; but the "all gone feeling," as he described it, and the cyanotic appearance were still markedly present. After office hours in the evening I called again, and noted a slight improvement in color of hands, scalp and forehead, and considerable in pulse and character of respiration; pulse 96, even and strong, respiration 26; more urine and fæcal matter of the same character as previous evacuations had been passed.

I remained with him until 10.30 P.M., when it seemed safe to leave him for the night; directed that he should receive powders every two hours if not asleep, and two doses each of *aromatic spirits* of *amm.* and *brandy* during the night.

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Calling about nine the next morning I found a decided improvement in color of extremities; face and lips began to look natural and tongue had changed to bluish red; pulse 84, regular and good volume; respiration 24, nearly normal; contents of bowels and bladder had both passed off color about the same; felt like taking some sleep; had rested fairly well during night and taken a good-sized cupful of wheat gruel and a cup of *coffee* for breakfast. Advising that he be given any reasonable food he called for, and continuing the *Amm. carb.* at intervals of two hours, also *brandy* every three hours, I ordered a quart of *ale* to be given during the day. The latter I used instead of water to flush the system, at the same time having in mind its mild stimulating effect.

Promising to call in twenty-four hours and inform him as to whether or not he could go home, which he was very anxious to do, I left feeling quite easy in regard to him. At the appointed time I called, and had not removed my overcoat when Mr. T. came from an inner room to greet me, and I was much pleased to note that he did not look like the same man I had been called to attend two days before.

His color was normal, and barring some weakness and slight pressure back of eyes, he said he felt all right.

I gave him a phial of *gels.* 3 x on disks, dose two every two hours, and informed him that in my opinion he was able to undertake the journey home.

There is a sequel to this case. Just one month from the time I dismissed the case I read in a paper of the gentleman's death, and about a week later I wrote the attending physician, Dr. J. C. McPherson, of Lyons, N. Y., for the particulars of the case after it came into his hands. I received an interesting letter, which I append, merely suppressing names:

"Yours at hand to-day, and in regard to Mr. T., will say that he died of congestion of the lungs.

"For about a week previous to death the heart's action had been remarkable; pulsations averaged 145 per minute for about four or five days, and were so strong that the pulsations could be seen as he was sitting in his chair.

"His lungs were more or less congested during this time, as blood was pumped into lungs so much faster than it could get out.

"For two days previous to death his mind wandered, and on the day previous to his death he took to his bed for the first time, as he had had clothes on every day and was about the house, and on the Monday previous to death (he died on Sunday) was at his place

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of business. At six o'clock in the morning of the day of death he seemed very much exhausted and mucus began to collect in his throat.

"They sent for me, and I found him in the condition that I had expected. He remained thus, only that his pulse was smaller and weaker, until the time of his death, when he sat up in bed to sign his will and expired before he could be let down.

"His temperature did not vary a degree from normal during this period. No post-mortem examination was held. This man had been a constant drinker of spirituous *liquors* for years, but not to intoxication. The case was rather a strange one; nervous system worn out and heart got away from its control and this I believe was the cause of death."

This case certainly carries a moral, if nothing else, but when will old-school physicians begin to profit by such lessons and not recommend such drugs as family medicines, of whose action they know practically little. From my observation of the case I would recommend compound *oxygen* by inhalation in a like emergency, and had I known of the relapse in this case in time, should most certainly have advised a trial of it.

ENDOCARDITIS INFECTIOSA AND ITS HOMŒOPATHIC TREATMENT.

By S. LILIENTHAL, M.D.,
San Francisco, Cal.

A WOMAN complained for a week of debility and general malaise, when one night she vomited a great quantity of blood, which made her enter the hospital. The patient told that the blood came up without cough and that the following day she had copious, blackish, very fetid stools. She looked pale, cachectic and on some parts of her face she had an eruption simulating confluent herpes. The alæ nasi, the upper lip and the left cheek were occupied by red papules, slightly elevated, but the coloration did not disappear under the finger and had appeared after the vomiting of the blood, without œdema or any other concomitant symptom. The other part of the face was free from any eruption. On the lower extremities there were only here and there some papules, but they were small, non-symmetric, and did not show the characters of classic purpura, the mucous membranes were intact, she had no epistaxis, no purpuric symptoms in the conjunctivæ, mouth, palate or gums, which were

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neither swollen nor fungous. It is more than probable that the stomach and intestinal canal furnished the hæmatemesis and the melœna. When she entered the hospital, the lungs were touched, for she expectorated sputa colored with blood, tenacious, non-aerated and resembled more that coming from an haemoptoe due to infarctus. These sputa have now a purulent character, as though she had a cavity in the lung. The physical examination only reveals a tendency to broncho-pneumonia. Urine clear, no sign of blood or albumin, the spleen perhaps somewhat enlarged. But her general state was miserable, and she fainted on the slightest occasion, which hinted at a septic conditon. No fever, never above 39° and sometimes as low as 37.5°, but pulse over 120, small, unequal. The smallness of the pulse and the tendency to fainting might make one think of acute anæmia from loss of blood, but then the pulse would be regular, not unequal and tumultuous. In this case the heart is affected, hence the beats precipitated and irregular, and the murmur hints to a valvular lesion. Should we diagnose the case as purpura hæmorrhaga infectiosa or a purpura rheumatica, or as Morbus Westhofii? But purpura simplex is afebrile and appears symmetrical after some prodromal symptoms, as œdema, tingling, etc. In Westhoff's disease the mucous membranes are always attacked and the eruption is spread all over the body, so that spots and ecchymoses can be seen everywhere, and epistaxes as well as hæmaturia are quite frequent; while in our patient the spots are scarce and limited to particular regions, they are not mere maculæ, but papules, and the mucosæ remain intact.

Precordial dulness is not very extended, and it is difficult to hear the apex beat; the heart's sounds are weak, and if the hæmorrhage is the cause of that weakness, she would have died long ago, and we must fall back on endocarditis infectiosa as our diagnosis. Kirke (1858) was the first who showed a new affection, characterized by typhoid or pyæmic symptoms accompanying a cardiac lesion, considering it an acute primary affection of the heart diffusing itself through the organism, carrying into the circulation valvular débris, bloody concretions, septic emboli, causing infarcts and their consequences in the organs. Lancereaux demonstrated the reality of these septic emboli, disseminated from the heart, and these papules are only small, septic, cutaneous emboli, blocking up a small capillary, surrounded by a trifling bloody extravasation. Inflammation and tumefaction follow, hence a papule, which is never seen in true purpura. Similar infarcts are witnessed in the internal organs; thus in our case the symptoms of apoplexy of the lungs. In common aseptic pulmonary

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apoplexy the manifestations reach their maximum the first day, and the blood changes its taint while the cure progresses; in our case the sputa showed the first days hardly any blood, and dyspnœa was still moderate and the following congestion or broncho-pneumonia was due to septic emboli, and now both legs are equally affected. Often emboli in the spleen are found. The hæmatemesis was probably the consequence of an obliteration of blood-vessels in the stomach or of the arteria mesenterica superior, which may cause a copious intestinal hæmorrhage. In other cases an embolus may lodge itself in the arteries of nerve centres and cause a hæmiplegia.

In infectious endocarditis the secondary effects are more easily shown than the disease itself. In some cases one might detect a mitral or aortic murmur, but this a symptom preceding rather our infectious endocarditis in some cases, while in many cases it is the primary disease of the heart, and its pathological anatomy varies; the endocardium may be ulcerated, the valves perforated or covered with vegetations, while in other cases the valves still appear sound and only covered by exudations. The heart thus plays a considerable pathogenic part, but it does not create the disease. In fact, in the fibrinous deposits, in the embolus, in the ulcerations, one always meets micro-organisms and the infection must come from outside, enters the circulation and infects the heart. Such an infection may come from different sources. In puerperal infectious endocarditis its port of entry is the vagina and uterus, or during a pneumonia it may spread from the lungs, or the abdominal organs may be blamed for it, but in these happily rare cases the endocarditis is followed by an infectious amygdalitis. In most cases it is hardly possible to detect the cause, and it makes very little difference which micrococcus may be found, and it is a good thing that infectious endocarditis is such a rare disease, and in most cases it is a sequel of some anterior disease, as rheumatism, typhoid or puerperal fever, la grippe, misery, inanition, bad hygienic conditions, etc. Prognosis is very bad. The therapeutic indication is to destroy the infectious agent, but we have not the means to do it. Quinine seems to destroy the agent of intermittent fever, and by analogy we give it, but with little confidence. Astringents for the hæmorrhagic tendency and injections of caffeine for the collapse and stimulants internally; dry cupping to diminish the dyspnœa. In order to calm the cardiac erethism and anguish, small doses of morphine are given, though they will only act palliatively, without doing anything for curing the case.—(Clinical Lecture by Prof. M. Yendu, Paris, *Bull. Méd.*, 15, 1891.)

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For pathological studies and to erect monuments of diagnostic skill, give me the learned teachers of the old school. Here they are great and deserve all the encomiums of every follower of Æsculapius, but when it comes to cure a case, I would rather trust a true disciple of Hahnemann. The homœopathic physician is often called a symptom hunter, and many so-called homœopaths are rather ashamed of this designation, but just look at the hodge-podge of Prof. Yendu, who gives a different remedy for each symptom, *quinine* to kill the microbes, *sulphuric acid* to astringe the blood-vessels, hypodermics of *caffeine* for collapse, *morphine* to strengthen the heart, and *dry cupping* to diminish the pulmonary dyspnœa. Yet what is done all this time for the totality of the symptoms as found in the patient? Nobody decries pathological studies, but they must never become the ignis-fatuus to lead us astray from the chief and only duty of the physician, to restore health to the afflicted. We fully agree with a remark of the late Dr. Bayes, of England, to study up every case with all the lights which pathology offers, render the diagnosis if such is requested, then put all these preliminary studies aside and begin anew to ferret out the peculiar symptoms of the patient and the totality of all his deviations from the normal state. Some may call this homœopathy; (would it not be better to drop the name, and call it common-sense treatment?) and all the rules which Hahnemann laid down become only natural sequences to any one who has common sense enough to see the truth of this proposition. A remedy for each special symptom! What nonsense! And failures must follow, and it is only a wonder that so few of these wise and erudite men did not come long ago to the same conclusion! If Pasteur cures Lyssa with *lyssin*, if Koch cures Tuberculosis with *tuberculinum*, why not cure septic states with remedies, which cause sepsis? And every tyro in homœopathy will think of some of our Ophidians, which in infinitesimal doses have rescued many a patient from the grave, though even to-day yet some adherents of our school deny the powers of the snake poisons. But how peculiar to each is its action! and *crotalus*, *lachesis*, *naja* or *vipera* cannot be interchanged or given indiscriminately; and it takes constant study to detet these differences, though Hering, Hayward and others have done a great deal to facilitate our labors.

Bacteriology has already done a great deal to clear up the ætiology of many diseases; and not only we do not doubt that it will lead yet to greater results, but we also hope that it will be the entering wedge on the old school which will lead them to the study of the principles and practice underlying homœopathy. Just as the great shock of

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septic germs throws itself at first on the nervous system, evincing itself by general malaise, fainting, collapse, so also do we meet the first effects of snake poisons in the nervous system, and the purpuric and hæmorrhagic symptoms are only secondary to the nervous symptoms, showing extensive disorganization of the blood.

Of *crotalus horridus* Hering says in his classical guiding symptoms: It acts primarily upon cerebro-spinal nerve-centres, producing secondarily decomposition of blood and destruction of blood fibrin, hæmorrhages, ecchymosis, and especially characteristic are evidences of cardiac debility, feeble pulse, sluggish circulation, bluish skin, faintness, general debility. While in *crotalus* finally the deterioration of the blood takes pre-eminence, we find under *lachesis* the poisoning of the nervous system from beginning to end takes front rank, and it may be a question whether the germ of the one does not differ materially from the other. Under *lachesis* we meet dulness of cerebral functions, nervous irritability and restlessness, convulsions and tetanus and paralysis, while among the cardiac symptoms we read of constant dyspnœa, of sense of suffocation in chest and cardiac region, pulse 160, feeble, small and occasionally intermittent, and heart's action the same; weariness and languor, sinking of all forces, and finally hæmorrhages of dark, non-coagulating blood. Sepsis does undermine the whole nervous system.

Naja tripudians is also more and primarily a nerve poison, affecting especially the pneumogastric and glossopharyngeal nerve, with a feeling of depression and lowness about heart, fluttering of a weak, dilated heart, but *naja* has no symptom of sepsis, and can therefore be excluded.

Crotalus takes, therefore, first rank in infectious endocarditis whether it is a primary or secondary disease, but it needs close comparison with *phosphorus*, the great tonic of the heart, and the trifling symptom "small wounds bleed much" becomes of great significance. With oversensitiveness of all senses, we have simultaneously excessive debility and tendency to fainting, emaciation steadily progressing, and the nervous debility may go from simple weakness to complete paralysis; feeling of suffocation, though able to take a deep breath; lungs feel clogged, with troublesome dyspnœa; heart trouble with weak, frequent, irregular pulse; hæmorrhages and purpura hæmorrhagica. But after all it seems to be more indicated in purpura simplex and endocarditis rheumatica or from venous stagnation, while in *crotalus* sepsis with all its consequences prevails, and it becomes therefore a simillimum in endocarditis infectiosa.

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We often find *secale cornutum* indicated in diseases of putrescence, with weakening collapse; emaciation and debility prevails; circulation may be interrupted by embolism here and there, leading to gangrene, even in internal organs, cold extremities and collapse. Sudden violent vomiting of blood, with cold sweat, uterine hæmorrhage, thin, black, often fetid; dark venous hæmoptoe; anguish and dyspnœa, internal heat so that he does not remain covered; pulse small, contracted, irregular and intermittent. By violently and persistently contracting the arterioles, it might dislodge the emboli and thus clear the way in suitable cases to another remedy.

Jousset in his Leçons Médicales, vol. ii., p. 225, has an article on endocarditis maligna, as he calls it, and he pointedly hints to it, that there may happen many cases of endocarditis, where the endocardium neither presents ulceration nor fibrinous degeneration, or there may be ulceration with softening, destruction and gangrene of the valves found at the autopsy, and still during life not a symptom of infectious endocarditis. Most of such cases mentioned belong to rheumatic endocarditis, and have nothing in common with Yendu's case, which all acknowledge is happily rare.

E. M. Hale has in Arndt's Encyclopædia, I. 348, an article on acute ulcerative endocarditis, a primary or secondary disease manifesting itself by ulcerative and diphtheritic exudations which develop micrococci. Hale truly remarks that in all cases of ulcerative endocarditis the symptoms of the heart are generally subordinated to the general or systemic symptoms; but for that very reason we greatly doubt that the cardiac remedies mentioned by this eminent author are ever of benefit in infectious endocarditis, as they lack the prodromal symptoms of nervous debility which characterize this disease. Nor do I consider *arsenicum* or *cyan. mercury* so closely analogous to the disease as *crotalus* and *lachesis*. At any rate, while giving all praise to the old school for their bacteriological researches, let us allow the bacilli to rest in peace, and let us try by pure homœopathy to do, what the old school has tried for two thousand years and failed, to remove diseased states by substituting for them a healthy state. All hail to pathological researches ! but three cheers for similia similibus curantur, the only shibboleth in drug-therapia !

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SPONGIA OFFICINALIS AND SPONGIA PALUSTRIS (BADIAGA) COMPARED.*

By JACOB L. CARDOZO, M.D.,

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WHILE our well-known Spongia Usta is either an animal or vegetable growing in the sea, the spongia palustris is found in fresh or river water; mostly, however in stagnant water. It grows in Germany, but is more abundant in Russia, where it received the name of Badiaga, under which name we will consider it in this paper.

It appears in branching ramifications like stag horns, with rounded corners and roundish ends, from the thickness of a quill to that of a finger. Its texture is very similar to the sea sponge, which is the drug used among the homœopaths, and is simply called spongia. In a general way we may say that—

Spongia affects chiefly the larynx, trachea, thyroid gland, testicles and heart. It produces irritation, inflammation, swelling, enlargement and sometimes even fibrinous exudation. In the heart it promotes organic affections or lesions.

Badiaga, on the other hand, is an antipsoric. It acts on the blood, producing symptoms analogous to the results of scrofula.

Spongia contains, among other things, iodine, hence its action resembles somewhat that drug. *Badiaga* does not contain iodine, but alumina, hence one of the causes that the two spongias differ so much. Both spongias contain, though in different proportions, lime and silica, which accounts for so many points of analogy in their symptoms.

After this general analysis let us compare the symptoms in particular. The head symptoms of *sp.* are very forcibly pronounced. A dull headache in right side of the brain on coming into a warm room from open air. Congestion of blood to the head.

Badiaga has a *very severe* headache from 2 to 7 P.M. mostly *on top of* head, with pain in both eyeballs and temples; worse, however, on left side. It has also an excessive dandruff or dry tetter-like appearance of scalp and forehead, with slight itching or soreness.

Eyes and ears are not affected by *sp.* Very much so by *bad.*, as bluish-purple margin of eyelids, scrofular inflammation, with hardening of meibomian glands. Left eyeball quite sore and very painful.

* Read before the Homœopathic Medical Society of the County of Kings, May 12, 1891.

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Slight shocks heard in ear, especially in the afternoon, as of very distant artillery.

Both spongias have sneezing or coryza; in *spongia* it is more often dry, even nose stopped up; in *bad.* always fluent and very profuse, mostly from the *left* nostril. The difference in the symptoms of the face are very marked. In *spongia* we find a *bloated, red* or *bluish* face, denoting some heart trouble and bad circulation; in *badiaga* we have a *pale, ashy* or *lead* color, as we expect to see in scrofulous subjects, accompanied by tettery eruption and stiffening of the maxillary joints. In *spong.* the sub-maxillary glands are swollen. In *bad.* the mouth and breath are hot and feverish, with a bryonia-thirst.

The throat symptoms of *bad.* are fully pronounced. The throat is inflamed and sore, and solid lumps of bloody mucus are hawked up in the morning. In *spong.* the thyroid gland is swollen and hard, with suffocating attacks at night, which at once reminds us of goitre.

Bad. does not act on the sexual organs. *Spong.*, on the other hand, has pinching, bruised, squeezing pain in the testicles; also spermatic cord and testicles swollen and very painful.

Under the abdominal symptoms of *bad.* we find hæmorrhoids, indurated inguinal glands and syphilitic buboes. *Spongia* has no abdominal symptoms whatever.

The action upon the respiratory organs is quite different in the two drugs. *Bad.* has occasional severe paroxysms of spasmodic cough, ejecting viscid mucus from the bronchial tubes, which at times comes forcibly out of the mouth. Also pains, sharp, lancinating, in right side, upper part of right chest and in right supra-clavicular region. *Spong.*, on the other hand, has pain in larynx when touching it; sensation of obstruction as from a plug, even impeding respiration. Cough dry, barking, hollow, croupy, or wheezing and asthmatic. Hoarseness and dyspnœa, awaking from sleep with suffocating sensation. Burning sore pain in chest and bronchi. Cough worse from lying with head low; from too warm a room; from dry, cold winds. Better after eating and drinking. We notice here the underlying principle. The *bad.* cough is from weakness, scrofulous diathesis, poverty or impurity of blood. The *spongia* cough is produced by inflammation, even exudation.

The expectoration of *bad.* is *forcibly* thrown out of the mouth, that of spong. is *yellow, tenacious*, hard or slimy, tasting salty. The pains in the chest of *bad.* are of a sharp, lancinating character (as in pleurisy); those of *spong.* are of a *burning* nature.

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Heart.—Both drugs have palpitation of that organ. But in *bad.* it is functional, in *spongia* mostly organic. Hence in *bad.* we have severe, vibrating, tremulous palpitation, while sitting or lying, especially upon any sudden elating thought or emotion of the mind (which proves it to be of a functional character—an oversensitiveness of the nervous system).

Spong. has violent palpitation with pain and gasping respiration, awakens after midnight (when the nervous system is at rest) with suffocation, great alarm and anxiety.

Neck.—A painful stiffness of muscles of neck and throat is noticed in both drugs. This however, is all that *spong.* produces. In *bad.* we expect to find here a loud expression of the scrofula element; and we are not disappointed. *Bad.* has scrofular swelling of glands, on the *left* side of the *face*, throat and neck, often the size of a hen's egg; some hard, some suppurating. Here we have a rival of *calc.*, *ars.*, *silic.* and others.

No effect on the extremities is noticed under *spong.* *Bad.* has a few symptoms well worthy to be remembered, viz.: Several hard, small lumps along the shin bone. Hard cellular swelling of the legs. Anterior muscles of right leg sore, as if beaten. At night violent lancinating pains in limbs—palms of hand hot and dry.

Generalities.—*Spong.* has extreme exhaustion and heaviness of the body, after slight exertion; with great anxiety, nausea, pale face and difficult breathing. *Bad.* has great soreness of muscles and integuments of whole body. Flesh sore to the touch, even of clothes, sore as if beaten (analogous to *arnica* and *ruta*).

The *badiaga* patient experiences no aggravation or amelioration from heat or cold, bad or good weather; day or night, rest or motion. His disease is slow in development and none the less in its cure.

The *spong.* patient is always worse at night; lying with head low; in the room; when ascending. He feels better when descending, and especially his cough is relieved after eating or drinking.

Carefully considering the symptoms of the two drugs, it is easy to conceive in which disease or complaints each of the two is principally indicated or to be thought of as a curative agent.

Spongia in goitre, croup, laryngitis, bronchitis, orchitis, painful swelling of spermatic cord. Organic affections of the heart. Rheumatic endocarditis. valvular insufficiency. Aneurism of aorta.

Badiaga is useful in tetter-like eruption on scalp and forehead. Scrofulous diseases, particularly swollen glands. Bruised spots from

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falls, or from being beaten. Scrof. inflamation of eyes, coryza. Syphilitic buboes; pleurisy, palpitation of the heart, hæmorrhoids.

I have used *badiaga* a few times in scrofulous affections, with very good results. Still it seems to me that the profession has not given the remedy a fair show, that is, an extensive trial. We meet daily with a large number of scrofulous affection, especially among the poor. Why not give it a fair trial at the dispensaries and see what it will accomplish? Perhaps this paper may induce some of us to try it and let us know the results.

THE DANGER OF MISTAKING GLAUCOMA FOR IRITIS.

By CHAS. C. BOYLE, M.D.,

New York City.

THE following is interesting, inasmuch as it shows the danger of treating eye diseases when one does not thoroughly understand them, mistaking one disease for another, and pursuing a course of treatment which would be proper if diagnosis were correct, but just the reverse if it be not.

A month ago I was called in consultation to see a patient suffering from severe pain in eye and corresponding side of head; the eye was inflamed, pupil dilated, cornea hazy, and sight was reduced to perception of light; tension of eyeball very much increased, feeling as hard as a stone. I diagnosticated an acute inflammatory glaucoma, and advised immediate operation, that of iridectomy, as being the only course to pursue in a case of this nature. The prognosis was unfavorable on account of the severity of the symptoms and the great loss of sight. Consent being given, I operated without delay, having brought my instruments, as I suspected from history given me before seeing the patient what would have to be dealt with. Prompt relief from pain immediately followed the operation. The next day sight commenced to return, and at the end of a couple of weeks vision was $\frac{1}{8}$, nearly half of normal sight. Instillations of a solution of eserine sulphate, 1 to 200 were used three or four times a day, for some little time after the operation.

Now, the case was diagnosed as iritis by the attending physician, who had followed the proper treatment for that disease; that is, the instillation of atropia sulphate solution, three or four times a day; but unfortunately for the patient it was a case of glaucoma, and the use

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of atropine was the worst remedy that could have been employed, as it not only aggravates this trouble, but often precipitates an attack of threatening glaucoma. Glaucoma is that disease of the eye that is indicated by an increase in tension of the eyeball, accompanied by dilatation of the pupil, haziness of the cornea and of the media of the eye, and failure of sight. It seldom appears in persons under fifty years of age, unless secondary to some other disease; therefore we should be careful in the use of atropine in patients reaching this age, because it will often cause an attack of glaucoma where there is a tendency that way. I have very little doubt that, if the true nature of the trouble had been recognized at first, and if it had been treated by instillation of a solution of eserine sulphate, 1 to 200, instead of atropine, and *gelsemium* given internally, the patient would not have lost as much sight, and it probably would not have been necessary to have performed iridectomy, as from history given, it was not of a severe inflammatory form at first. Eserine in these cases acts the reverse of atropine; the latter dilating the pupil, folding the iris back on itself at the iritic angle, where the seat of the trouble is. The action of eserine is the opposite, contracting the pupil, drawing the folds of iris away from the iritic angle, thereby permitting a freer exit of fluids from the eye, thus diminishing the increased tension, and by so doing relieving the optic nerve and retina from the resulting pressure which causes the loss of vision.

THE BACK SYMPTOMS OF KALI CARBONICUM.

By JOHN L. MOFFAT, M.D.,

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THE characteristic striking pains of this drug are also found in the middle and upper portions of the back, frequently extending into the chest. There are tearing pains in and above the lumbar region, and drawing pains in either scapula and the small of the back. Pressure or heaviness is marked in almost all parts of the back, and we note the bruised sensation in the loins and also between or in the scapulæ; the back generally, but especially the small of the back, is stiff, lame, or feels as if broken. Burning extends down the right side of the spine, is located in the region of the right kidney, or is ascribed to the back indefinitely.

As Hahnemann's "Chronic Diseases" is about the only source of our symptomatology, we must rely upon clinical experience and the

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so-called physiological action of the remedy to interpret and associate the various symptoms.

When taken in large doses, potassium carbonate is speedily eliminated as such through the kidneys; if taken in small doses it is absorbed as a chloride. Venous injection of this latter salt kills small animals, by directly paralyzing the cardiac muscle—whether or no the vagi have been cut—as is shown by the fact that the electric excitability of the heart is destroyed.

In the urine the carbonate causes an increased amount of phosphates and an excess of urates; evidences of tissue waste and a greater or less degree of nervous and muscular exhaustion.

The number of red corpuscles in the blood is diminished, and the blood pressure is lowered; the pulse is always weak, rapid, irregular, or intermittent, and there is bodily exhaustion, the voluntary muscles as well as the heart being weakened.

The spinal cord is depressed—possibly because of the increased elimination of phosphoric acid; most of its symptoms being attributable to irritation of the posterior roots. "Spinal irritation" will therefore explain the majority of the back symptoms; the burning, gnawing, pressive, heaviness, jerking and drawing pains.

Allen records the symptom "pressure in the spine on swallowing," without any indication of its having been verified; but this enabled Farrington to cure a nervous woman with dyspepsia, who complained of "most intense pain in the back for half an hour after each meal," and Dr. Chas. W. Smith to relieve (in a young lady) a persistent, almost constant, dull, tired, sickening backache, "as if it would break," referred to the lower lumbar and sacral regions, worse after eating.

The other modalities are: Recurrence of the pains at about 3 A.M. Pains are worse at night than during the day when moving. Pulsating, drawing backache, better when the patient lies down. But there is also a bruised pain in the back during rest, and one or two pains that come on when quiet, and disappear on motion.

Perhaps the most marked, if not the most characteristic backache, is that of fatigue or exhaustion, as in anæmia or after labor. The patient when walking wants to give up and lie down. Night sweats are marked, and Farrington says that no other remedy presents the triad of backache, weakness and sweat.

The anæmia and poverty of the blood accounts for the pulsations, local congestions, some of the weariness and part of the spinal irritation.

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The lumbago is characterized by sharp, sticking or shooting pains, but there is also much lameness, stiffness and bruised, sprained aching in the small of the back, as if it would break.

Kali carb. may possibly be of service in nephritis when the urine is scanty, loaded with urates and phosphates; there is pain, pressure, burning, tearing or sticking in the region of the kidneys, especially in the right; puffiness in or over the upper eyelid, mental dullness or nervousness, startled and trembling upon a sudden noise; the patient is peevish, sensitive to cold air, very prone to catarrhal inflammations, and is apt to be pale, fat and sluggish.

This remedy is frequently called for in phthisis, and sometimes in pneumonia or bronchitis. Among the other indications there may be: Sticking between the shoulders, almost only when sitting, with oppression and anxiety in the chest. Sticking, bruised pain in the right scapula on motion, extending into the chest. Sticking, as from a sprain, in the left scapula, extending into the chest. Tensive pain behind the left scapula on breathing.

In amenorrhœa, *kali carb.* has brought on the flow when *natr. mur.*, though indicated, had failed.

COMPARISONS.

Mentally, the patient is too exhausted to talk, or even to arrange his thoughts clearly enough to answer questions reliably. The *phos. acid* apathy is sensorial.

Perspiration, weakness and pallor, remind us of *psorinum* and *calc. hypo.* Our remedy has also backache; the *psorin.* patient with the pallor and weakness of convalescence, sweats profusely, but is hopeless of recovery.

Excess of urates suggests *causticum* and *senna.* Our patient is also losing too much phosphoric acid in the urine, which is scanty and turbid; but the *caust.* patient, who has probably a sallow, sickly complexion, with possibly gouty concretions in the joints, is passing copious, clear urine, which soon becomes turbid on standing. *Senna* may be given if there be no other indications than exhaustion and excessive nitrogenous waste.

The *backache* is similar to those of *sepia, cocculus, pulsatilla, natrum mur.* and *cimicifuga.*

Sepia has many back symptoms like *kali carb.*, but is readily differentiated by the concomitants, the two remedies being so unlike in the main. There is a tired feeling, with pain in the small of the back, and on sitting down he had to sit very straight. Sudden sticking in

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the lumbar region when lifting, he had to walk bent forward, and had stitches if his foot struck against anything.

Coccul. ind. has a paralytic backache; she feels as if she could scarcely walk, and the abdomen feels hollow.

Puls. has pains in the sacral region, worse on sitting and when bending backward. The small of the back feels tightly bandaged. This is similar to the *kali carb.* symptom: In the morning, feeling as if the small of the back were pressed inward from both sides.

The *natr. mur.* patient is chlorotic, worse in the morning, sad and tearful, but resents condolence; the backache, due to spinal irritation, is relieved by lying flat on the back with firm pressure.

Cimic. covers irritable weakness, muscular rheumatism, myalgia, spinal irritation—usually reflex from the uterus or ovary—hyperæmia, and even inflammation of the cervical and dorsal spine. It affects the anterior more than the posterior spinal roots. Many of the pains dart violently, like lightning. There is a drawing, tensive pain in the morning on bending the neck forward; under *kali carb.* the neck and back are worse by bending backward, and there is a cramp-like tearing between the shoulders, followed by stiffness in the nape of the neck; on attempting to move the head it several times jerks backward.

A REMARKABLE RECORD.

By NATHAN NUTTING, M.D.,

Mt. Vernon, N. Y.

ON January 1, 1891, I finished a service of six and one half years in the "Wartburg Orphans' Farm School." This institution is located about two miles from Mount Vernon, N. Y., and is situated on very high ground, in one of the healthiest portions of Westchester County.

The "school" was instituted twenty-five years ago, and the "farm" at that time contained eighty acres. Recently, forty acres were added. The site of the main building, a noble structure of stone, is on the highest point, and near by is the school-room and chapel, and a building, erected last year, for the use of the kindergarten.

This was organized, and is still maintained, as a non-sectarian institution, admitting both sexes irrespective of belief or non-belief of the parents. Applicants are received without regard to nationality. It is supported entirely by voluntary contributions, from the beginning having declined public aid.

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The present director is a minister of the Evangelican Lutheran Church, and a large proportion of the inmates are Germans or of German parentage. The Board of Directors is composed largely of gentlemen of the same nationality.

While in the beginning the number of inmates was small, being about twenty, the number has steadily increased until now there are ninety-six at the school. Since my service began, July 1, 1884, the average has been about eighty.

When we consider that nearly all of the children are the offspring of phthisical parents, that they are all subject to diseases incident to childhood, that prior to their entrance to the "school" their homes were homes of misery and want, that they were subjects of neglect and abuse, that while roaming about the farm or assisting those in charge of machinery, they were liable to meet with accidents, we might reasonably infer that the mortality would far exceed the average. But such is not the fact. Accidents have happened, and epidemics have occurred, and yet the mortality rate has been exceedingly low.

Last year, my friend Dr. A. B. Norton, when compiling his "Directory of Homœopathic Physicians of New York and Vicinity," sent me the following clipping marked "Please correct and return."

HOMŒOPATHIC INSTITUTIONS.

WARTBURG ORPHANS' FARM SCHOOL.

MOUNT VERNON, N. Y.

[OPENED IN 1866.]

An Institution of the Evangelical Lutheran Church, into which, orphan children of both sexes are received without reference to the nationality or creed of their parents, and in which they find a Christian home.

Number of inmates, 87. In six years there has been but one death, which occurred before the physician reached the school.

Attending Physician, Dr. Nathan Nutting, Mt. Vernon.

I wrote the doctor that the clipping was correct and I find it in the directory of 1890. This year I received the same clipping with a like request. As no death had occurred during the year 1890, I made the correction and returned it to the doctor. Such a record is certainly remarkable, if not without a parallel. While it can be claimed, I think, without egotism, that the application of the law of *similia* has been the most potent factor in securing such unusual results, a healthy location, strict cleanliness, a bountiful supply of plain, nutritious food,

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the improved home life, a rigid scrutiny as regards the habits of the inmates, together with unrestricted exercise in the open air, have, without doubt, contributed in no small degree.

For many years prior to my connection with the institution (indeed, I do not know but it was from the beginning) the institution had been under the care of my predecessor, Dr. Jones. Remarkable as has been the record during my connection with the institution, the record during its entire history is scarcely less so. *During the quarter of a century of its existence but five deaths have occurred.* Can such a record be paralleled?

THE PREMONITORY SYMPTOMS OF PHTHISIS PULMONALIS IN CHILDREN.

By H. E. RUSSELL, M.D.,

New York City.

DR. OLIVER WENDELL HOLMES, when asked if every patient could not be cured if seen early enough, said: "Yes; but early enough often means one hundred years before birth." So in consumption, "early enough" may mean months and even years before the real disease has made its appearance. There is a long train of premonitory symptoms of phthisis pulmonalis, the most characteristic of which is a *slight rise of temperature every afternoon* with a corresponding fall in the early morning. Sometimes this will last for months without attracting attention, the child, in the meantime, feeling comparatively well. If at this period the patient should be stripped and carefully weighed from time to time, we would find, in all probability, that he was slowly losing flesh. If the temperature were taken, the thermometer would register about $99^1/_2$–100 in the afternoon, and 97–$97^1/_2$ upon first awaking in the morning. After a time the little patient complains of being "tired all the time." His appetite is not quite as good as usual. He may have a peculiar "all gone" feeling at the pit of the stomach, and is evidently slowly but surely losing strength. He is pale in the forenoon and slightly flushed in the afternoon. He is apt to get easily excited. He is irritable without knowing why. If the lungs were examined at this time, no lesion whatever would be found. It is still too early for any of the characteristic chest symptoms of consumption to manifest themselves. During this stage there is usually no cough, or only a slight one, due apparently to a cold. If we examine into the family history of the case,

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the chances are about equal whether we will find any indications of phthisis or not. These symptoms frequently pass for "malaria," "growing too fast," "general debility," etc., and thus parents and friends deceive themselves until emaciation, night sweats, and the whole sad train of symptoms of this dread disease has made its appearance, when it may be too late to arrest its progress. At this early stage consumption can certainly be cured, or prevented.

The first thing to do when some or all of the aforesaid symptoms have presented themselves, is to remove the child from school or other regular work. He should spend a large portion of his time in the fresh air on all pleasant days, between 9 A.M. and 4 or 5 P.M. (never later), and, if possible, should be removed to a dry. elevated climate. The word "consumption" should not be mentioned in his presence. Keep his time pleasantly occupied. Let him eat plenty of nourishing food. The diet should consist of beef tea, soups (unstrained), beef, or mutton, raw oysters, eggs beaten raw with whiskey and sugar, soft boiled eggs, plenty of milk, cream and butter; whiskey and hot milk (one tablespoonful to the cup, slightly sweetened). This is best given at 11 A.M. and upon retiring at night. Let the patient drink a cup of hot water an hour before meals.

The child should be fed five or six times a day. He should never be forced to take anything against his will, but should be surprised with acceptable and unexpected dishes. If he does not dislike it, give him Scott's or Phillips' emulsion of cod liver oil, one teaspoonful one hour after each meal. If, on the other hand, these preparations are unpleasant or nauseating, they will do more harm than good. In this case give the child a half pint of pure cream each morning at 11 A.M. (or in divided doses during the day), in place of the oil, with the hypophosphites of lime and soda, one or two teaspoonfuls in a wineglass-full of water, immediately after breakfast. The following homœopathic drugs will also be found very useful:

Iodine 3x, afternoon fever, loss of appetite, gradual loss of flesh and strength, and night sweats.

Bryonia θ, dry, bronchial cough; pleuritic complications.

Stannum 3x, sense of weakness in the chest, "all gone" feeling at pit of stomach, loss of flesh and hectic fever.

Phosphorus 3x, afternoon rise of temperature, dry cough; worse in the evenings; gradual loss of flesh; pain in the stomach after meals.

Digitalis θ, weak, compressible pulse; "all gone" feeling at pit of stomach; palpitation of the heart from slight exertion or from going up stairs.

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In addition to the above measures, great benefit may be derived from the use of Walton's oxygen compound by inhalation. This remedy compels the child to breathe deeply, which is something that most patients of this class are absolutely unable to do. It also seems to improve the general health to a remarkable degree, soon removing the tendency to afternoon rise of temperature, etc.

The method of administering the gas is important. The child should be directed to expel as much air from the lungs as possible; then let him take in a deep inhalation of oxygen. This should be held a few moments, when it may be slowly expelled through the nose.

Oxygen is a remedy which is very much neglected by the profession; yet it is the positive opinion of the writer, after several years' experience with the agent, that it will do as much for cases of incipient phthisis as it is claimed can be accomplished by the noted "lymph" of Dr. Koch.

ORIGINAL ARTICLES IN SURGERY

DEDUCTIONS FROM FORTY-SEVEN LAPAROTOMIES.

PERFORMED BETWEEN OCTOBER 4th, 1889, AND OCTOBER 7th, 1890.*

By J. M. LEE, M.D.,

Rochester, N. Y.

AS a rule the preparatory treatment began the night before the operation. Only in complicated cases, where careful and repeated examinations were necessary for diagnostic purposes, or in those in which appropriate treatment seemed likely to improve their chances of recovery, was the operation delayed beyond the second day.

In selecting the time for laparotomies, no attention was paid to extremes in temperature or barometric changes. A large majority of the ovariotomies for cysts were made three or four days after the menstrual flow ceased; but some of the operations were performed about a week before the catamenia, and in two emergency cases I was obliged to operate while the flow was yet on. They both recovered promptly. The first one occurred two or three years ago, in the practice of Dr. H. S. Hutchins, of Batavia, and was in a most desperate

* Read before the New York State Homœopathic Medical Society, Feb., 1891.

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condition. The patient came into his hands from a physician of the "old school," who had treated her for ascites until the chance to save her life by operation had nearly passed. Her abdomen was distended beyond description, apparently by some form of cystic tumor. The respiratory murmurs of the right lung were deficient and the percussion note was dull over the greater portion of its area. The feet, legs and abdominal walls were badly swollen and œdematous, which was due to pressure. She was so weak that she could not turn over in bed, and the pulse was 125, and respirations 40 per minute. As she was well nigh moribund, we tapped her, that we might relieve her temporarily, and gain time to prepare for the operation. When we returned forty-two hours later, we found that the abdomen had refilled, and that her condition was even more critical, if possible, than before. With all the other discouraging features, her menses made their appearance, and her chance of recovery was almost at zero. Preparations for the operation were made in the adjoining room and the patient placed upon the table. As the knife passed through the œdematous tissue, serum followed it, a stream at every stroke. On opening the abdomen, several gallons of fluid were discharged, then a large multilocular ovarian cyst, with one of its sections ruptured, was exposed. The ruptured cyst was black and atrophied, which, with the greatly thickened and inflamed peritoneum, indicated that the rent in the sac had occurred a long time before. This corresponded to the history, which showed that three months previous to the operation she suffered sudden, sharp pain, and collapse. This was followed by rapid abdominal enlargement and progressive illness, which advanced until appropriate surgical treatment was adopted.

Although her general condition was the most unfavorable of any patient I had ever seen, and the catamenia was on at the time of the operation, she made a good recovery. Theoretically, it is bad practice to perform laparotomies while the menses are on; or when they are liable to make their appearance during the first week; but my experience has been that it makes but little difference. I would not, however, be understood as advocating the performance of laparotomy at this period. We cannot carry out asepsis as readily and there are other serious objections; but in selecting the time for operation, too much importance need not be attached to this point. Neither do I believe the preparatory treatment need to extend over more than twelve hours, except in complicated cases. The night before the operation, an ounce of castor oil may be administered, to clear the bowels. It is better to avoid the use of injections, as water and fæcal

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matter may be retained; then, when the anæsthetic is given and the sphincter relaxed, the contents of the rectum will be expelled, especially if the patient coughs or vomits. This renders the asepsis ineffective and proves a source of great annoyance. A cup of beef tea is given the morning of the operation, the entire body thoroughly bathed, and clean, well-aired clothing put on.

As a rule, private patients are anæsthetized in their room, then wheeled into the operating-room. The site of the operation is thoroughly shaved, scrubbed with soap and hot water, then washed off with ether to remove the oil of the skin. The night dress is rolled back and covered with oilcloths, which, as well as the sides of the abdomen, are completely overspread with aseptic towels, and the preparation for the incision is complete.

Occasionally, during cloudy weather, we are obliged to resort to artificial light, when we are reminded that chloroform vapors when brought in contact with gaslight, generate noxious gases, which excite incessant coughing of both the patient and attendants. This feature of chloroform renders its use at such times exceedingly troublesome, and perhaps adds to its danger unless the air of the room can be frequently changed. However, in the comparative merits of the two anæsthetics, chloroform and ether, my experience tends to show that the latter agent is much overrated by American surgeons, especially in the East. In my practice, up to October, 1890, ether was in use as the general anæsthetic, and chloroform was employed only where especially indicated by albuminuria, sensitive bronchi, etc., or some idiosyncrasy of the patient.

It was while using Simpson's anæsthetic in this class of cases that I was convinced that the safety of ether narcosis was much overdrawn. Even if we admit that it does not cause death on the table as frequently as chloroform, its after effects upon the kidneys are such that this alone more than counterbalances its other virtues. Our European brethren are united in the advocacy and use of chloroform as the general anæsthetic, and I firmly believe that if we would pay less attention to laboratory experiments on frogs, to sphygmographic tracings and blood pressure, and give more attention to the technique of its administration, as well as to the after effects of ether, we, too, would be in favor of a more extensive use of chloroform. If surgeons would always examine the urine of their patients at suitable intervals after they have taken ether, they would find that many of the complications, which previously they had attributed to other causes, were really due to nephritis induced by this anæsthetic. At any rate, this

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has been my experience. I never give ether without first ascertaining, so far as is possible, the condition of the kidneys; if doubt of their soundness exists, my invariable rule is to give chloroform. Even with this care, I have had twenty-five cases of albuminuria which apparently resulted from ether. Of this number, about one-quarter registered high temperatures and excreted scanty urine, which contained albumen, blood, and tube casts. In one case, the right kidney gradually enlarged with the invasion of the disease, and as resolution took place the swelling became less prominent, and disappeared altogether within two weeks. Two other patients developed anasarca, and although eight months have elapsed, one has not fully recovered.

One might believe that these cases of nephritis developed as a result of surgical fever or sepsis. This could not have been the case, for as a rule, there was no fever to speak of until it was caused by the lesion of the kidneys. And this disease developed several times after the wounds had completely healed; and in two instances after the patients had left the hospital.

If this mischief had been due to surgical fever, one would have expected its appearance in cases which took chloroform, and this was never observed.

If my observations on the action of ether on the kidneys are correct, it does not seem wise to use the A. C. E. mixture or ether only as especially indicated. There is no doubt in my mind but that the final results would be better if chloroform were in general use. Neither do I believe it is good practice to resort to hypodermic injections of morphia and atropia to promote quiet before the inhalation of any anæsthetic. This plan has been tried, but it does not impress one as the better course, since it is impossible to know whether the effect will be helpful or otherwise. As to stimulation, it is safer to wait until the emergency arises; then use brandy hypodermically and whiskey by the rectum, or both. Digitalis, strychnia, ammonia and other restoratives should be at hand and in readiness for instant use. Morphine does the least harm just before or immediately after the operation, and if it must be used, a single dose may be given at these times. But we must remember that it checks the peristaltic action of the intestines, and even when given as above, may relieve pain at the expense of the patient's recovery. There is no complication which gives the laparotomist greater anxiety than torpidity of the bowels, and for this reason nothing should be done which can possibly increase the difficulty. When a patient presents whose system has been saturated with this drug, it is safer to wait until its dangerous effect, at least on

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the stomach and bowels, is removed. Bromism is even a more dangerous condition, as it tends to cause unmanageable shock.

Pain is the symptom for which morphine is usually administered, but in ninety-five cases out of one hundred it can be removed more effectually without the narcotic than with it, if enemata are properly given. It should be the rule after laparotomy to give eight ounces of warm water per rectum every four hours, to relieve thirst; if gas accumulate, severe pain will surely follow; then give copious injections until the gas is expelled. This will relieve pain better than anodynes, and may save an otherwise unsuccessful case. Nothing should be given by the mouth for the first forty-eight hours, or until the gas starts, except a little water or bland fluid to moisten the lips.

Thus far you will notice that the preparatory treatment of these cases is plain and exceedingly easy to execute. The operations and after treatment are as simple as sound surgical principles will admit.

As is generally known, I am strongly opposed to the so-called antiseptic method of wound treatment; but as I had never given it a trial, some of my friends believed I was not in a position to judge fairly as to its merits. Therefore, on opening our hospital, all wounds were treated with the full antiseptic apparatus. Bi-chloride, carbolic acid, and Tiersch solutions were used in the irrigators, while sublimate and iodoform gauze, with protectives, were employed as dressings. This treatment was faithfully applied until March 18, 1890, a period of six months. During this time, about 150 wounds were treated, and the final results were remarkably good; still, there was more suppuration, sloughing and high temperatures than I had ever before seen in my practice. I then went back to the aseptic methods and used plenty of hot water, soap, and pure air. Now, it is my practice, eight minutes before an operation begins, to have all assistants except the anæsthetizer and his associate assemble in the operating-room, and for five minutes engage in scrubbing their forearms, hands, and especially finger nails, in hot water, with soap and brush. Rings and bracelets are always removed. Absolute cleanliness of everybody and everything connected with an operation is strenuously insisted upon. No person is allowed in the operating room during an operation who is not provided with a gown. Each assistant is supplied with a towel, to use if it should become necessary, to take hold of any objectionable thing, such as a chair, table, window, or anything else which has not been rendered aseptic. Whenever any one of those engaged in an operation touches an object which is not clean in the scientific sense, hands a chair, opens the window or door, helps the anæsthetizer

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during a vomiting spell of the patient, scratches his face or wipes his nose, it is absolutely necessary that his hands be scrubbed.

The above principles are no more important than the care of the instruments. When forceps or anything else accidentally drop on the floor, they are left untouched, unless needed; then they are prepared as for an operation. Indeed, to tolerate the slightest departure from absolute cleanliness anywhere is to spoil the whole process and hazard the success of the operation. Both the surgeon and his patient are at the mercy of those whose duty it is to perform this all-important service. It is said that the nurse seconds the efforts of the physician; but she does more than this for the surgeon. She might almost be called the alpha and omega of his success. If she is in any doubt whether an instrument or appliance is clean or not, it is always her duty to give the surgeon and his patient the benefit of the doubt. Before any operation, however trivial, the instruments to be used should first be washed with warm water and soap, which is kept for this purpose alone.

Take great care to thoroughly brush all cerations and joints, and that no infectious matter is left in the eyes of needles. As fast as the instruments are washed, wipe them and lay them in a dry pan. Artery forceps and all jointed instruments should be left unclasped. Now pour boiling water over them, re-wipe, place them on a clean towel, cover with another, and they are ready for use.

During the last six years I have been the only member of this society who has advocated and defended this aseptic principle, to the exclusion of the antiseptic practice turned loose upon the profession by Prof. Lister. Not infrequently I have been accused, on this floor, of criminal culpability for not using the recognized antiseptics which were so fashionable a few years ago. Highly esteemed members held that abdominal section was not a test of aseptic surgery, and defied me to open the knee-joint, or amputate the breast and clear the axillary space without suppuration, extensive sloughing, or sepsis. When they learned that I had already performed these operations several times, they concluded that I might possibly succeed in private practice, but in hospital atmosphere, merc. bi-chloride and carbolic acid were prerequisite to success. The munificence of some of Rochester's royal citizens now enables me to discuss the matter from a hospital standpoint. From October 4, 1889, to October 7, 1890, in hospital and private practice, I have performed about 300 operations; of this number there were 47 miscellaneous laparotomies, including 4 hysterectomies, with but 1 death; 12 amputations of the breast with

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no deaths; and all of the wounds healed by the first intention, except one, which was infected by acupuncture before admission. A very large proportion of the balance of the operations are classed as capital, and cover pretty well the field of surgery. The wounds healed by the primary intention, and the results are such as will vindicate our method of practice.

CONGENITAL DEFECTS OF THE FALLOPIAN TUBES THAT REQUIRE THEIR REMOVAL.*

By HOMER I. OSTROM, M.D.,

Visiting Surgeon to Ward's Island Hospital and to the Hahnemann Hospital, New York.

THE study of diseases of the Fallopian tubes and their relations to pelvic pathology has until recently been quite neglected. Clinically, diseases of the ovaries and tubes have been classed together, and the diagnostic points between them have not been made clear.

But with the great advances in abdominal surgery that the present decade has witnessed, we are able to differentiate between the diseases of these entirely separate organs. It is not now sufficient to say that a swelling at the side of or behind the uterus is ovarian, for we well know that it may be tubal; and our fingers must learn, in connection with the symptoms of the case, to distinguish between them. Even more than this, we should be able to make out pretty clearly the nature, as well as the structure of the part diseased.

I have not now, however, to discuss tubal diseases generally, or their diagnosis, but I desire to call your attention to some of the congenital defects of the uterine ducts that may require surgical interference. These defects will, in the majority of instances, be found to be a persistence of embryonic, or ante-pubescent, conditions; not necessarily arrests of development. This may proceed without interruption, but the form necessary for perfect functional activity is never acquired.

To make this clearer, let us glance at the development of the reproductive organs.

You will recall the part the Müllerian ducts play in the development of the genital passages of the female: that where they join to-

* Read before the Homœopathic Medical Society of the County of New York, June 11, 1891.

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gether, the cervix and part of the uterine body originate, and that that portion of the duct on each side which remains after the formation of the upper part of the uterus, becomes the Fallopian tube. The duct thus formed, which really constitutes a part of the uterus, as it descends into the pelvis, acquires certain spiral twists, probably passing from before backward, that remain with more or less persistence and definiteness until puberty, when the tubes become straight, thus making it possible for the ova to be conveyed from the ovary, through them, to the uterus. The tubes at the same time become active; that is, they begin apparently independent movements, that are probably essential to the process of impregnation.

The cases of congenital defect of the Fallopian tubes that I have removed by laparotomy have, without exception, been instances of a persistence of the spiral form that is normal before puberty. The tube is perfectly developed, so far as its size is concerned, indeed, I have found it abnormally long in two cases, its abnormality consisting wholly in not having been untwisted.

This condition necessarily involves occlusion, and hence sterility.

The symptoms of occlusion are those that first direct attention to the tubes as the seat of disease, and that call for treatment. These symptoms will usually, if not always, precede the menstrual flow, and may thus be distinguished from ovarian or uterine dysmenorrhœa. But the most trustworthy diagnosis is reached by a physical examination. Here, however, it will, in the majority of instances, be impossible to make out more than tubal occlusion, with possible distention. Only once have I suspected before removal the congenital origin of the disease. In this case the convolutions of the tube could be well defined. But I look upon it as rather unusual; certainly it has been so in my experience, for in the five cases of spiral tubes that I have operated upon, with this single exception, the true nature of the trouble was not discovered until the examination of the organ through the abdominal opening.

The finer points of diagnosis, by digital examination, of diseases of the Fallopian tubes accompanied with occlusion and dilatation, are at the best obscure. The tumor usually lies behind and on one side of the uterus, and is more or less irregular in outline. These irregularities may well be mistaken for convolutions, and in truth they are such; but they are convolutions that have been formed by the accumulation of fluid, and are not congenital peculiarities. A small convoluted tube, not greatly dislocated, with symptoms of obstruction that have existed from the beginning of menstruation, would favor a

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diagnosis of congenital defect. If to this is added entirely negative results from examination of the ovaries and uterus, such a conclusion would be strengthened.

Another condition I have found that resembled persistence of the spiral Fallopian tube—varicocele of the broad ligament. The latter condition, however, is associated with pain not dependent upon menstruation; and may develop suddenly at almost any time, but especially after a severe strain. The tumor formed by the varicocele is more irregular in outline than a spiral tube, and unless the latter is distended with fluid, the vein, or veins, offer less resistance to the finger.

You will pardon me for diverging from our subject to speak more fully of varicocele of the broad ligament. While not strictly a disease of the uterine appendages, the two conditions none the less run in parallel lines, and may complicate each other in diagnosis, symptomatology and treatment.

From my own observation, I am inclined to believe that this accident—for it is usually the result of some mechanical force—is of quite frequent occurrence. The ovarian vein, like the spermatic vein in the male, lies loosely, and is subject to the same pressure from above that that blood-vessel is. I have several times before opening the abdomen been able to diagnose this abnormality, and it has not been an infrequent accompaniment of damaged ovaries and tubes, only discovered after opening the abdomen for the removal of such diseases.

The prominent, and, so far as I know, the only symptom of the disease, is the dull suffering to which the distended veins give rise. It certainly cannot be looked upon as a serious condition, and still it is conceivable that the nourishment of the ovary could thus become interfered with.

If the enlarged vessels require treatment, I think I would prefer to remove the appendage rather than to apply a ligature, either through the abdomen, or from the vagina, but I have never operated upon a case in which varicocele was the sole, or even the principal, trouble.

The spiral Fallopian tubes that I have thus far removed, five in all,—not one case has been double, three were on the left side, and two on the right,—have presented strikingly uniform appearances. The tube seems to be well formed, but too long for the border of the broad ligament, so that it is gathered upon that structure, sometimes being almost doubled upon itself. An examination of the walls of the tube show a spiral direction of its fibres. The effect of this twisting upon

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its long axis, joined with the serpentine position in which it is held by the broad ligament, combine to make it so impinge upon the calibre of the tube so as to close it. There is here a first step towards occlusion, which easily follows after any slight inflammation, or even catarrhal secretion—two conditions that occur frequently from insignificant causes, and as frequently pass away without leaving their marks behind if the tubes are healthy.

From occlusion, the stages to dilatation, with either pus or serum, according to the morbid processes which control the formation of the fluid, are easy. We therefore find in this congenital defect of the Fallopian tubes almost certainly sterility, and a predisposing cause of pyosalpinx, and hydrosalpinx, and it is because of this, as well as the accompanying suffering, that the condition is brought to the surgeon's notice.

If a congenitally spiral Fallopian tube requires treatment, I can conceive of no other than operative measures that would be discussed; for at the time that treatment is called for, the tube is occluded, and possibly contains pus. Neither of these conditions do I think is amenable to medicine, local or general, or to electricity.

Laparotomy, as in other ovarian and tubal diseases, offers a safe and, I think, certain means of cure. The tube is diseased beyond repair, and may result in conditions dangerous to life. Its presence, therefore, can be of no service, and with our present extremely low mortality, may be removed with every assurance of safety and cure.

RESULTS OF THE INJECTION OF KOCH'S LYMPH IN SURGICAL CASES.*

By SIDNEY F. WILCOX, M.D.,

New York.

DURING the early period of the lymph excitement, I became very much interested in the subject, and suggested to Mr. Warren Delano, jr., one of the trustees of the Laura Franklin Free Hospital for Children, that as we had a number of cases of tuberculous bone and joint disease, it would be a good opportunity to test the efficacy of this remedy, and asked him if he could procure a quantity of it for use in the hospital.

Mr. Delano immediately conferred with other members of the board, and through their kindness a phial of the lymph came to my

* Read before the Homœopathic Medical Society of the County of New York.

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hand the latter part of January, and the first injections were made on the 28th of that month in the presence of several physicians, and have been kept up until within about three weeks.

The first few injections were made by myself, but most of them were made by Dr. Geo. W. Roberts, assistant surgeon to the hospital.

This list comprises 3 cases of Pott's disease of the spine, 5 of hip-joint disease, 2 of the knee-joint, 1 of the tarsal bones, 1 of the bones of the forearm, 1 of both hip-joint disease and Pott's combined, and 1 case of lupus which was sent to me by Prof. Wm. Tod Helmuth. Very careful records were kept of the cases, giving temperature, pulse, respiration, condition of the bowels and urine. Any abnormal condition arising during the course of the treatment was carefully chronicled.

I will dispose of the lupus case first, and then confine myself entirely to the cases of bone and joint disease. This lupus is one involving a very large area. There was a dispute between Professor Helmuth and some old-school physicians regarding the diagnosis, they maintaining that it was not lupus, while he claimed that it was, and substantiating his diagnosis by microscopical examinations of portions of the granulations which had been clipped off, and also by the very violent reactions following the injection of the lymph. The results in this case have not been brilliant. In fact, I cannot say that there has been any noticeable improvement. This may possibly be due to the fact that on account of the violent reactions following each injection, they were made quite a time apart, and thus what little may have been gained was lost before the next injection.

I report the following cases from the hospital records:

Case I.—Eugene McC., æt. ten years. Tubercular disease of knee-joint with enlarged condyles; contracted tendons. The ham-string tendons had been cut a few weeks before, the leg straightened, and an incision made into the joint, but as there was as yet no suppuration, it was allowed to heal up, and limb kept in a plaster splint.

His general condition was bad; he was very thin and pale, with a hacking cough, and physical examination by Dr. Schley revealed dulness at the apex of the left lung. First injection, ¼ milligramme, given Jan. 28, 1891. Had nine injections in all, a little over a week apart on an average, and as his susceptibility to the lymph diminished, the amount was gradually increased to 1½ milligrammes, when the reaction was no greater than after the first injection of ¼ milligramme.

The improvement in this case was marked from the first, and within two weeks from the first injection the change in his general appearance was remarkable.

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Now he looks well, is fat, and his eyes are clear; has no pain, and can walk without a crutch. Phys. exam. to-day by Dr. Dearborn: Prolonged expiration at right apex.

CASE II.—John S., æt. seven. Pott's disease of spine and hip-joint disease. Nine months before had resected the hip joint, with the result of greatly benefiting him, but the benefit was not permanent, as the suppuration was very profuse, the child was emaciated, and there was slight dulness over apex of the left lung in front.

First injection, Jan. 28, 1891, $^1/_4$ milligramme. He received in all eight or nine injections at about same interval as Case I.: the largest amount injected at one time was $^4/_5$ milligramme. The improvement in this case was only transient. A large abscess formed in the lumbar region, which discharges a great amount of pus. His general condition is unfavorable and he suffers from pain in the right side. Phys. exam. to-day by Dr. Dearborn: Prolonged expiration at right apex, with slight dulness; respiration, 35; pulse, 140.

CASE. III.—Mary McG., æt. about seven. Hip-joint disease. Case of Dr. Wm. Tod Helmuth, jr., who had operated on the hip. Physical examination revealed slight dulness at left suprascapular region.

This patient was much emaciated, was discharging an immense quantity of pus, and suffered from daily rise of temperature, often going to 104°. She received injections from Feb. 4th to March 26th, about twice a week.

Although another abscess developed, and her condition seemed unfavorable, her improvement was remarkable, so that at the time when she was removed from the hospital by her parents, contrary to advice, the discharge was very slight and her temperature remained about normal. We were very much disinclined to have her go at this time, but could not persuade the parents to leave her.

CASE IV.—Bertha P., æt. thirteen. Had been in the hospital for over a year for Pott's disease of the spine, from which she had nearly recovered. Hips all scarred up with cicatrices of old sinuses. One or two small sinuses remained, which discharged a small amount of pus. Physical examination of lungs negative.

Injections of from 1 milligramme upwards were given on the same days as Cases I. and II., and were followed by profound reactions at first, but very slight towards the last.

Her general condition is now good. She is fat, and has hardly any discharge. Physical examination to-day by Dr. Dearborn: Slightly prolonged expiration in supra-scapular region, and slight dulness on percussion.

CASE V.—Theodore K., æt. nine years. Hip-joint disease. I had resected the joint about two years previously, but the sinuses had broken out again. He had slight dulness over left apex. He was injected regularly with the others with about 1 milligramme at a dose. The reactions were severe at first, but later they were slight.

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He left the hospital about the 1st of March, much better in general health and with the sinuses all but healed.

CASE VI.—Edward P., æt. about ten. Tubercular disease of bones of forearm. Excision of the entire radius and one-half of the ulna had been performed, with general improvement. Physical examination: Slight dulness in supra scapular region right, a few coarse râles, diminished vesicular murmur on inspiration. Open sores on posterior surface of wrist discharging pus; also, a small abscess on the same arm; surface red and tender.

Feb. 4th, 1891. Injected with 1 milligramme of lymph, and thereafter on same days with other cases.

The reactions were marked. On April 2d the amount of lymph was increased to 1½ milligrammes, with good reaction, but for some reason the dose was diminished to 1 milligramme, which was followed by only slight reactions.

His general condition is much improved, is fat, sleeps and eats well. Sinus nearly healed. Physical examination to-day by Dr. Dearborn: Diminished inspiratory murmur in front of right lung; respirations, 24.

CASE VII.—Eddie J., three and one-half years old. Caries of tarsal bones, probably *not* tubercular. General condition good. Physical examination negative. Injections at first, 1 milligramme; later, 1½ milligrammes, with slight reaction. In this case there was no improvement.

CASE VIII.—Willie P., æt. about four. Pott's disease; first stage. Physical examination negative. Began March 14th with ¼ milligramme, with little or no reaction; increased to ⅘ milligramme, gave fair reaction.

At present looks well and is doing well, though the evidence as to the effects of the lymph is rather negative.

CASE IX.—Arthur O., æt. about eight. Has had Pott's disease, which was spontaneously cured. Two years ago I resected right hip, and wound was entirely healed within a month. He returned last fall to the hospital with the disease in the left hip, first stage. Much pain at night; limbs emaciated. Physical examination: Dulness at both apices, expiration prolonged, mucous râles back and front. First injection, ¼ milligramme, Feb. 4th. On 28th of Feb. increased to ½ milligramme; March 14th, ⅘ milligramme. April 16th increased to 1 milligramme. Each injection was followed by fair reaction.

During this time an abscess has developed and the patient's condition has not improved. Physical examination to-day by Dr. Dearborn: Mucous râles in right side; sub-crepitant râles and dulness in left axillary space.

CASE X.—Jothan S., æt. about ten. Hip joint previously resected by W. T. Helmuth, jr.; old sinus unhealed. First injection March

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16th, $^2/_5$ milligramme; this was increased to 1 milligramme. The reactions were slight; results, improvement in sinus; patient discharged.

Case XI.—Chester P. Hip joint disease, third stage; began injections April 3d with $^1/_2$ milligramme, followed by no reaction. On April 16th, with $1^1/_2$ milligrammes, had fair reaction.

He has improved, but is still thin and pale. There is much less discharge and he eats and sleeps well.

Case XII.—Isabella J.. colored, æt. about seven. Pott's disease, third stage, with abscesses. First injection April 2d, $^1/_4$ milligramme, with slight reaction; the discharges were much diminished after first injection, but increased again. The largest amount given was $^4/_5$ milligramme. At present she is generally much better and the abscesses are nearly healed.

Case XIII.—Lizzie E., æt. ten. Disease of knee joint; dates from an injury; parents both living and apparently well. Much thickening in condyles; cries and screams with pain. I drilled into the condyle femur last fall, and the sinus was open at time of first injection on March 14th. Has had ice bag on the joint night and day for months. Physical examination, negative. First injection, $^3/_5$ milligramme, slight reaction; second, $^3/_5$ milligramme, little or no reaction. On April 16th, 1 milligramme was given and no reaction. Although the reactions in this case have been slight, the improvement has been remarkable and rapid.

Her condition is now one of almost complete cure. The sinus is healed, she has limited motion at the joint, is well and fat; appetite good and sleeps well.

The summary of these thirteen cases, which are probably a fair average of the class as found in charity hospitals, is: eight cases improved and five not improved. The improvement was frequently the most marked in those cases which received small doses and had light reactions.

Small doses were the rule, and given at considerable intervals.

It was impossible to say why one case improved and another did not. To all appearances, it would seem that Cases II. and IX. were the ones especially calling for the treatment, and yet they were worse, or not better, at the end than at the beginning. On the other hand, in Case XIII., in which the disease dated from an injury, and with no signs of tubercular trouble elsewhere, was one of the best results obtained.

The reactions varied in degree. There was usually a fever, accompanied with flushed face, and a dull, stupid condition, the patient being inclined to sleep heavily, and also a general feeling of illness

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with aching in the muscles. The urine was generally diminished, while the condition of the bowels varied, sometimes being constipated and sometimes loose.

Occasionally the reaction did not come on until the second day.

The injections were given in the back, between the shoulder blades. These places were usually very sore for a few days afterwards, but never suppurated.

In conclusion, I would give it as my opinion, that in this substance known as tuberculin, or more commonly as Koch's lymph, we have a very useful remedy for a certain class of cases. It is difficult yet to draw the line and state definitely where and how it will best act.

I believe that the violent reaction of opinion among our old-school brethren is due to their sledge-hammer methods of using an unproved agent. Proceeding on the opinion that if a little was good, a great deal was better, they did violence to nature instead of helping her. Time and experience will settle the question. The remedy is a powerful one, and one to be used with caution.

CHIEF CLINICAL SIGNS OF ABSINTHISM.—Magnan, after experimental researches on dogs, considers (in opposition to Cadeac and Meunier) that the chief injurious ingredient in the absinthe liquor is not the essence of anise, or of hyssop, fennel, etc., but the absinthe essence itself. The amount of hyssop essence in absinthe liquor is very small, and although in dogs it causes epileptic attacks, yet it is four or five times less injurious than the absinthe.

A characteristic sign of absinthe intoxication is the sudden and rapid appearance of attacks of vertigo, epileptic spasms, hallucinatory delirium, epileptoid conditions, loss of consciousness and blank remembrance after the attack. Chief and most frequent are these, appearing together or in succession: vertiginous and epileptic attacks during hallucinatory delirium. These disturbances follow often immediately after abuse of absinthe, while alcohol causes such results only after weeks, months or even years of preparation. The hallucinations are similar to those of alcohol delirium, and often affect all the senses alike. During the periods of loss of consciousness the most outrageous actions, even suicide, may be carried out. Spells of vertigo in some cases precede the outbreak of epileptic attacks during several years. Lancereaux observed in four cases of absinthism that the attacks were more hysteriform than epileptic; but Magnan rarely observed any hysterical symptoms in connection with absinthe epilepsy, hysterical manifestations being not at all rare in alcoholics. In the latter, who at the same time are addicted to absinthe, epileptic attacks are often added to the usual phenomena of alcoholism.—*Neurolog. Centralbl.*, 8, 1891. O'C.

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Contributors are respectfully requested to send manuscripts and communicate respecting them directly with the Editors, according to subject, as follows: *Concerning Medicine, News, Personals, and Correspondence, 181 West 73d Street; concerning Surgery, 256 West 57th Street; concerning Societies and Hospitals, 17 Schermerhorn Street, Brooklyn, N. Y.; concerning Therapeutic Notes, 51 W. 47th Street.*

Communications to the Editor-in-Chief, *Exchanges* and *New Books* for notice should be addressed to *102 West 43d Street.*

THE QUESTION OF HYPERPYREXIA.

THE range of temperature in the human subject is well marked. The extreme limit, 92° F. below and 107° F. above normal, are seldom exceeded. Wunderlich's case of tetanus with a temperature of 112.55° long remained the highest on record. In 1875, however, there was reported in *Clin. Trans.* the remarkable case of a young lady whose bodily heat was so great that ordinary thermometers failed to register it. She was the victim of an accident and suffered the fracture of several ribs and subsequent tenderness over the dorsal vertebræ. Two months later her temperature rose to 110°, and four times the mercury rose the extreme length of an instrument registering 122° F. This temperature was recorded as obtained in the rectum, axillæ and between the thighs. In 1879, in *Brit. Med. Jour.*, Dr. Durkin detailed the case of a man suffering from enteric fever whose temperature rose to 111.6° F. with very rapid changes. The same year one of the physicians of Guy's Hospital, London, narrated a singular case of abnormal temperature, where the thermometer registered 102° F. in one

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axilla and 114° F. in the other, and 107° in the mouth at the same time. This case was characterized by the same rapid changes as the preceding one. So singular were the fluctuations of temperature, and so marked the differences in various parts of the body, that fraud was suspected, although the deception, if any existed, was never discovered. Coming to a more recent date, a still higher temperature than any yet recorded was reported by Dr. Galbraith in the *Journal of the American Medical Association* for March 1, 1891. The patient had peritonitis, and the temperature is said to have risen to 152° F. But perhaps the most remarkable case of all comes from Memphis, Tenn. We will allow our correspondent to state it in his own language. Dr. Lippincott, who writes, says: "I send by same mail as this a marked copy of Memphis *Commercial* of May 9th. The facts as stated are true although indefinite. The case will probably be reported in June or July in the *Memphis Medical Monthly* of this city. For a parallel case of hyperpyrexia I refer you to the *Journal of the Am. Med. Association*, March 1, 1891, page 407, where Dr. W. G. Galbraith, of Omaha, Neb., reports 'A Remarkable Case." "I have seen 18 broken thermometers, and one of them registered 160° F. All broken in mouth, axilla or rectum. Read it, comment on it, and give us some light on it."

From the paper forwarded it appears that the patient is a young girl who was at first attacked by tonsillitis. Following this a fever set in, and the temperature on the second day rose to the comfortable height of 118° F. Such a heat as that broke all the thermometers that were used. At last one was procured from Chicago capable of registering 160°. It rose rapidly when tried to 120°, 130°, 140°, and lastly to 158°. The thermometer then collapsed, and the attendants went away in a dazed condition. The fever is intermittent and there are rapid changes in the temperature. Our informant evidently writes in good faith, and while there is the probability of error or even of deception on the part of the patient, it will not do to dismiss this case as impossible. The strangest thing about the case is that the girl is expected to recover. To explain satisfactorily such high temperatures as has been mentioned is not possible in the present state of our knowledge. The most that can be said is that the heat-regulating centre has been dis-

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turbed in such a way that it has let loose a tremendous amount of its thermogenic force. And one of these higher centres is warrantably believed to reside in the Pons Varolii. But this explanation does not explain. It resembles the explanation given by eminent allopaths to account for the action of drugs. The definition of "physiological action" hides but does not define. Yet if a person can be possessed of such an extreme temperature and survive, there are certain things that require consideration. One hundred and eighty degrees F., the estimated temperature, is not far from the boiling point. Could these few intervening degrees be safely added, the economic value of Prof. Edward Atkinson's oven would be severely impaired. For every man's stomach would then be his oven, where the most economical cooking could be done at all times. The possibilities are bewildering. Secondly, in conclusion, it is to be hoped that a full and complete report of this case will be published, so that the matter may be fully understood. And we regret, while thanking our correspondent for his information, that no more light is available. A more detailed account will perhaps afford better basis for conclusions, and afford a chance for the discovery of probable error.

A SINGULAR OVERSIGHT.

UNDER "Correspondence" our readers will find two letters which will interest those who have followed medical legislation in New York State. They call attention to postponement of practical operation of the Examiners' Bill of 1890 until 1893, and announce that all students who have matriculated in any medical college previous to June 5, 1890, may become exempt from examination by the State Board, by filing certificate of the fact with the Secretary of the Board of Regents, on or before August 4, 1891. Although the Governor, in his memorandum of approval, states that he has followed the precedent established in legislation for admission to the bar, yet friends of the State Examination movement will regret that further time has been thus afforded for efforts to nullify the law before it has had a fair opportunity to prove its efficiency. The amendment was passed notwithstanding the fact that both the Homœopathic Med-

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ical and the Medical Societies of the State had instructed their legislative committees respectively to oppose any and every proposed amendment to the laws of 1890. It is well known that the committee of the old-school society did vigorously oppose the amendment, and remark in the letter from the Chairman of the Homœopathic Legislative Committee, which we print, leads to the inference that it did not have the sanction of his committee. Taken in connection with the explanations in the other letter, our readers can form their own opinions as to where the onus for lack of opposition upon the part of our own school should practically rest.

Dr. Paine's reply to the strictures of the *Medical Record* offers occasion for comment. While the *Record's* charges are shown by our correspondent to be offensively intemperate, it still remains a matter for wonder that "the Regents" should have committed such a blunder as to appoint no representative upon the old-school board from the city of New York. Several such nominees were presented by the State Medical Society, and in no case was the nominee connected with any teaching body having the power of license. Our correspondent rather stretches argument when he would make his principle of divorcing the teaching from the licensing power so arbitrary as to exclude every teacher in institutions of a purely post-graduate character; for it is generally believed that teachers, as a rule, are the best examiners when the presumption is fair that they are not open to interested motives. In the cases in point there has appeared no good reason for the constructive discrimination against the city of New York, and the oversight very naturally furnished just ground for some of the ire of our contemporary. If it be true that New York City graduates four-fifths of the medical students, contains more than two-thirds of the physicians, and has about one-third of the population of the State, was it not an error in the appointing policy to ignore these facts? It would certainly seem so, unless it should be believed that acres should count for more than noses in representative appointment. This view is somewhat illuminated by reference to the nominations of the Homœopathic Medical Society of the State, to which our correspondent makes no allusion. Out of the fourteen nominees, five were elected from

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the city of New York, and three from the city of Brooklyn, yet one was appointed from the city of New York, and one from Brooklyn. The other appointments clearly indicate a geographical or acreage principle of selection. Taking the two cases together, our correspondent seems to overlook, like "the Regents," the kernel of the grievance. The point which interests the profession, and which is entirely aside from the rather reckless raving of the wrathful *Record*, is: Upon what principles does the appointing power proceed in apportioning appointments to the several sections of the State? As the medical societies have the power to remedy in future, this question has an abiding interest to the whole profession of New York State.

It is a pleasure to note our correspondent's exoneration of Secretary Dewey from meddling with appointments, which is no doubt deserved. But it is matter for regret that, although Dr. Paine appears to speak with intimate knowledge, he sheds no light upon the methods of "the Regents." It is legitimate subject for concern to all who wish to see the reform wisely founded on a permanent basis that the Regents, as a body, should devote uncommon care to act deliberately and maturely, especially in the initiative period of their very responsible duty to the public and the profession. If, perchance, the occasion for recent criticism may have arisen from a committee upon which, as sometimes happens, one member may in the course of long-established machinery—not yet adapted to new conditions—have exercised substantially the functions of the whole board, it might be advisable for the Regents to provide in future against accusations of stupidity and weakness, by either proclaiming the member or member upon whom they devolve their responsibility, or by showing that they deliberate as a body in such a way as to exclude every suspicion of being managed by medical politicians, college or otherwise, inside or outside of their own board. At this early stage of operation of the law, or, better stated, lack of operation of the law, when the enemies of the reform will snatch every pretext wherewith to abrogate it, neither the medical societies, nor the examiners, nor the Board of Regents can afford to be chargeable with serious oversights. And while there is no question but that the examiners appointed will prove competent, there

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is yet room to explain why the great centre of the medical profession and population of the State should have been so strangely overlooked.

ANNOUNCEMENT.

AFTER the present number, Dr. Henry M. Dearborn retires from our editorial staff, with the sincere regrets of his associates, and, we believe, with the regret of our readers. He feels that his health does not permit further occupation of leisure with journal work, and his resignation in consequence has been reluctantly accepted. We would express our unqualified appreciation of the fidelity and ability of his editorial services, the evidence of which stands in high character upon our pages devoted to "Original Papers in Medicine."

Contributors will, however, find that Dr. Dearborn's good work will be continued by Dr. E. H. Porter, who has been connected with the NORTH AMERICAN since the present series began—now through five volumes. Dr. Porter has demonstrated his capacity by conduct of our department of "Comments" and "News," and numerous contributions to our editorial pages We would ask for him the same confidence generously granted his predecessors.

With the last number, Dr. A. B. Norton also voluntarily severed his connection as Business Manager, from press of other work. The directors of the Publishing Club would express their recognition of the zeal and gratifying success with which he has managed the Publishers' Department. Our subscribers and advertisers may look to his successor, Dr. Irving Townsend, for the same prompt and careful attention to their interests.

In all respects the NORTH AMERICAN will endeavor to maintain and advance its former standard. Its pages, from cover to cover, have been designed to contain matter which cannot be found in any of our American contemporaries; and, moreover, all matter has appeared in type that is a comfort to read. The same liberal policy will be continued as in the past.

Contributors will oblige by sending manuscripts to, and by communicating concerning them with, Dr. E. H. Porter, 181 West 73d street, to which address should also be sent items of news desired to be noticed.

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COMMENTS.

THE DUTY TO ANSWER CALLS.—It is understood that this journal is not responsible for the opinions of its contributors, and by the same token it reserves the right of commenting upon the articles appearing in its columns whenever it seems expedient to do so. A portion of an article entitled "Medicine and the Law," which appeared in the May number of this journal, is so far from denoting the considerate judgment of the medical profession at large and offers such a serious reflection without just grounds upon professional philanthropy, that it requires a brief notice. Mr. Henry A. Riley, our esteemed contributor, must certainly have forgotten, in his zeal to mitigate the sufferings of the public, at the physician's expense, the laws that govern and establish the value of testimony. Under the sub-caption "The Duty to Answer Calls," and calling as the only witness for the people a sensational article in an Omaha daily newspaper, which narrates in a soul-harrowing fashion the alleged sufferings of an old man whom no physician could be found to attend, he proceeds to close the case without reference to the defence, and in his judgment, by strong implication at least, declares that the medical profession habitually turns a deaf ear to suffering humanity and is actuated only by a desire for gain. But this is not all that Mr. Riley says and implies. He instances a case in New Haven, where it is reported that a doctor who failed to respond to an "urgent" call was fined $10 by the court, and suggests this may be an efficacious remedy to apply to obdurate practitioners in other places. Now it is a well-known fact that no profession does so much charitable work of a personal kind as the medical. Too much is done rather than too little. And what does Mr. Riley mean, or think he means, by the phrase "urgent call"? Were he a physician, he would know that nearly all the calls he would receive might be termed "urgent," in the estimation of those who desired the doctor's services. Physicians know how few calls are really "urgent." And they know, also, how few calls are left unanswered, whether rich or poor, "urgent" or not. But Mr. Riley's advocacy of a custom that shall render mandatory the attendance of the physician at every case where his presence may be desired, is most indefensible. In such a case, the physician would be at the mercy of every medical tramp and "dead beat" that chose to call upon him. It is impossible that such a custom could obtain.

SOME QUESTIONS FOR THE CONGRESS.—There is, perhaps, no question that may more justly claim the attention of the International Homœopathic Congress than the subject of the revision, re-arrangement, and re-adjustment of our Materia Medica. So much educational progress has been made that the homœopathic school as a body is convinced that something must be done to render the Materia Medica more accurate, more practical, and, if possible, less voluminous. There is, too, an agreement on general principles. The revised Materia Medica must be composed of symptoms positively known to be the products of drug action; it must be in this respect scientifically accurate. It must not

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arbitrarily reject any symptom now on record, but must prove all and hold fast to all that are verified. Finally, it is possible that a new scheme of arrangement of symptoms will be of service. The public opinion of the homœopathic profession demands the revision of the homœopathic Materia Medica, and it does so because it is clearly perceived that in this direction lies the salvation and ultimate victory of the homœopathic cause. But before any advancement can be made some plan of action must be decided and agreed upon. The sporadic efforts of individuals in Baltimore or Boston or New York will accomplish little. But united effort will do the work. It must be done by the entire profession and not by a few. But how to do this work—that's the rub! Several plans have been proposed, but none have as yet met with general acceptance. To devise a plan that shall be scholarly, practical and satisfactory to the profession, is one of the duties of the Congress. The plan presented by Dr. A. R. McMichael in the May issue of the *North American* is interesting, and has some good features. But its fatal defect is that it begins at the wrong end. The arrangement of symptoms is the last thing to be done, and not the first. It is putting the roof on before the foundation is laid. The doctor, it is true, argues in favor of revision and verification, but he does not state how this is to be done, nor who shall have authority to do it. It remains for the Congress to settle this matter, or at least to carefully consider it. Another question that merits discussion is the teaching in homœopathic colleges. There are some topics of prime importance that are neglected in favor of others of less merit. An expression from the Congress would be of value.

THE "PHYSIOLOGICAL ACTION" OF DRUGS.—"How do your medicines act?" was long one of the favorite questions of the scoffing allopath when discussing the merits of homœopathy. If the process by which disease was cured could be shown and explained, then there would appear a reasonableness in the system, and not till then. In vain it was pointed out that as much was known concerning the action of drugs in curing disease in the homœopathic school as was known in its allopathic rival; that neither knew how a medicine did its work, but that the results obtained were all that could be known. Yet the allopaths have claimed these many years that these secrets of drug action were known to them, and every text book in Materia Medica has a portion devoted to the "physiological action" of drugs. But under these headings is to be found only the coarse objective symptoms produced by the drugs when given to animals. And these symptoms are of little value to the therapeutist, for the same drug produces very different symptoms when administered to men than those remarked when given to animals, and it will not produce the same symptoms in different animals. So "physiological action" is nothing but results crude and uncertain many times, and in no way explaining the action of drugs. In the *Homœopathic World* of May 1, 1891, there is a report of some definitions given by Dr. Meymott Tidy in a recent lecture on "Poisons." He defined a poison as "any substance which otherwise

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than by the aid of heat or electricity is capable of destroying life by chemical action on the tissues, or by physiological action on the tissues of the body." "And what do I mean," he said, "by physiological action? I mean just simply that I don't know what I mean. Not knowing how it (strychnine) acts, I use the phrase 'physiological action' to conceal my ignorance. It would never do to say we do not know how a drug acts, so we say it is a 'physiological action.'" Besides this, it is well to remember what Prof. Huxley said of "physiological action," in the *London Times*, Nov. 18, 1889. In allusion to a practitioner "who should treat his patients by deduction from physiological principles," which means drugs' effects on animals, he says: "Well, all I can reply is, heaven forbid that I should ever fall into that practitioners hands; and if I thought any writings of mine could afford the smallest pretext for the amount of manslaughter of which that man would be guilty, I should be grieved indeed." When our allopathic friends hereafter want to know the "physiological action" of homœopathic remedies, we may take the liberty with the *World* of referring them to Dr. Tidy and Prof. Huxley.

BOOK REVIEWS.

POPULAR GUIDE TO HOMŒOPATHY. By JOHN DRUMMOND, Licentiate Royal College of Physicians, Edin., etc. Eighth edition. Revised and enlarged. London: Leath & Ross. Pp. 364.

This little work is as good as the average work of its kind. It treats of the subjects in plain and homely fashion, and will be of a certain benefit in certain contingencies. But of the value of domestic works on medicine we entertain grave doubts. The average citizen has much to learn of sanitary science and hygiene, not only their valuable general laws, but also their practical special application. However, those fond of dosing themselves in homœopathic fashion will find directions how to do it in this book. P.

THE DAUGHTER: HER HEALTH, EDUCATION AND WEDLOCK. By WILLIAM M. CAPP, M.D. Philadelphia and London: F. A. Davis, 1891. Pp. 144.

Although not intended to be in any sense exhaustive in its treatment of the subjects considered, this book contains more information than many pretentious works. It is full of timely suggestions both to mothers and daughters, and gives precisely the instruction that daughters should have received elsewhere, but seldom do. It deserves a wide circulation. P.

A TREATISE ON DISEASES OF THE EYE; FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS. By HENRY C. ANGELL, M.D., Professor of Ophthalmology in the Boston University School of Medicine. Seventh edition. Rewritten and illustrated. Boston: Otis Clapp & Son, 1891. Pp. 357.

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That this treatise on the eye is appreciated by the profession is evidenced by the fact that this is the seventh edition. While mostly rewritten, it still remains a work intended for the special use of the general practitioner. It has the advantage of compactness, and gives more attention to details when considering the more common diseases of the eye—those most likely to be encountered by the family doctor. It is to be regretted, however, that the plan of the book did not permit a more extended reference to homœopathic treatment of the eye by means of internal remedies. The book is well printed and bound. P.

TEXT-BOOK OF HYGIENE. A COMPREHENSIVE TREATISE ON THE PRINCIPLES AND PRACTICE OF PREVENTIVE MEDICINE FROM AN AMERICAN STANDPOINT. By GEORGE H. ROHÉ, M.D., Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons, Baltimore, etc., etc. Second edition. Philadelphia and London: F. A. Davis, Publisher, 1890. Pp. 421.

Preventive medicine has made such rapid advance in the past few decades that text-books like Dr. Rohé's have become necessary. It is quite among the possibilities that the medicine of the future will devote more time to the study of works similar to this than to the subjects that attract the greatest attention now. The book is a valuable one, and might be read and studied with profit by medical men, and, indeed, by any one. The subjects of it include air, water, food, soil, sewage, construction of habitations and hospitals, hygiene of schools and prisons, clothing, disposal of the dead, contagion and infection, and quarantine. The type is excellent and the book is well bound. P.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1890, VOLUME XXV.

State society reports are sometimes held in light esteem and relegated to the lumber-room, and it too often happens with reason. But volume XXV of the Reports of the New York State Homœopathic Medical Society will be valued as it deserves, and will be accorded a place on convenient bookshelves. The semi-annual meeting at Brooklyn was remarkable, not only in the large attendance and interest manifested, but in the unusual weight and worth of the papers presented. The publication of such a volume shows that the society has experienced a most prosperous year, and that its officers have been alert and efficient. In the latter part of the volume is to be found a full report of the Committee on Medical Legislation. We would respectfully suggest to the painstaking secretary that it would not lessen the interest of readers of the transactions if there was a table of contents following the title page. P.

ORIFICIAL SURGERY AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. PRATT, A.M., M.D., LL.D. Chicago: Halsey Brothers, 1890. Pp. 164.

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This second edition comes to us after several years' added experience, not only by the author himself, but also on the part of his many disciples. That "orificial surgery" has its place among the departments of surgery is settled beyond a doubt, whether we recognize it under this peculiar and distinctive title, or allow it to be distributed among the various heads of gynæcological, rectal, and genito-urinary specialties. The author's enthusiasm and evident honesty of opinion command respect and attention, even though we may not go his length or accept all his theories. The usual tendency of all enthusiastic specialists to believe that in their department is found the most universal panacea for human ills, is not absent here.

The work is one which repays careful reading and study, for, while the author does not claim originality for all his ideas and methods, yet his forcible way of elucidating certain facts which heretofore have not been brought so prominently into the foreground, sets the reader thinking, and points to a solution of some very puzzling problems. The practical part of the work is entirely surgical, ordinary therapeutic means being left for other authors. The parts dealt with are the lower orifices of the body, but the rectum receives the most attention. There is no doubt but the author's own operation, or as he prefers it to be known, the "American operation," is the best and most satisfactory one for hæmorrhoidal troubles. It is somewhat a modification of Whitehead's operation, but superior to it in technique and results. Other operations of the anal and other orifices are also described in detail and many of them illustrated by photographs.

The illustrations constitute the only objectionable part of the work. Photographs of surgical operations are like paintings of certain impressionists. They are blurred, and often convey to the eye but an indistinct and puzzling picture of what it is meant to represent. Clear and well-drawn drawings answer the purpose much better as a rule. We recommend Dr. Pratt's book to our readers. W.

CORRESPONDENCE.

IMPORTANT NOTICE.

To the Editor of THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY:

Permit me to draw your attention to the passage of an amendment to the medical law passed in 1890. Through your journal the fact may reach many students directly interested in its enforcement. This amendment provides that those who claim exemption from the *State* examinations must file a certificate or certificates of his or her matriculation before June 5, 1890. This certificate must be put on file on or before *August* 4, 1891, in the Regents' Office in Albany.

The Governor signed this bill on the 4th of May and those who permit the 4th of August, 1891 to pass *without* filing their certificate will, on completion of their medical studies, have to go before the State Board of Medical Examiners before they can practice medicine in this State.

The amendment to Chapter 507 of the Medical Laws of New Y 1890, runs as follows:

"This act shall not apply to any student who duly matriculate some legally incorporated medical college of the *State* of *New York* fore the 5th day of June, 1890, provided that such student shall file the Secretary of the Board of Regents of the University of the Sta New York a certificate setting forth the fact of such matriculation, ified by the applicant and signed by the Secretary of the Faculty of college at which he matriculated."

The following is the form of the certificate:

It is hereby certified that was on 18 registered on its official records as a fully matriculated medical stu in

Signed, ————,
Secretary of the Facul

State of New York
City of } *ss.*
County of

being duly sworn says that he is the identical person referred to in above certificate, and that all the statements therein set forth are tr Sworn to before me
this day of 1891.

————,
Notary Public.

The Legislative Committee of the State Homœopathic Medical ciety intend to see that no applicant shall be exempted without a ce cate, and they furthermore propose to scrutinize all communicat forwarded as such.

The New York County Society drew up and passed resolutions a regular monthly meeting in January, 1891, *vigorously opposing* amendment.

It is to be regretted that any change or modifcation of the Me laws as passed in 1890 should not have been more *strenuously fougl* members of *our* own school as well as the old school. Hoping you find space in your *June* number for this,

I am respectfully yours,
J. MONTFORT SCHLEY, M.D.
Chairman Committee on Legislation of the New York State Hom pathic Medical Society.

THE MEDICAL RECORD AND THE BOARD OF REGENTS

To the Editor of THE NORTH AMERICAN JOURNAL OF HOMŒOPATH

An editorial in the *Medical Record* of May 9th, p. 537, embodies statements of fact and unfounded charges of incapacity on the pa

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the Board of Regents that merit an earnest and unanimous protest from the whole medical profession of this State.

The article pointedly illustrates the questionable methods so often resorted to in a heated political canvass, when the merest rumors, without regard to the truthfulness thereof, are made to subserve party purposes, the wholesome and restraining influences of editorial *liberty* being set aside, temporarily at least, by the pernicious exercise of editorial *license.*

It is not at all probable that the Regents were possessed with an overpowering desire to act in the capacity required by the law of 1890. The Regents, however, having accepted the trust, are entitled to the cordial and united support of the whole body of the profession in this State.

The law imposes upon the Regents certain duties, and if these have not been executed exactly to the liking of the editor of the *Record*, it is scarcely a matter of surprise.

Greater familiarity with the provisions of the law on the part of the Regents, and a better understanding of the important principles the law is designed to establish, will doubtless, in a little time, with less and less friction, lead to more satisfactory and enduring results.

The severity of these criticisms strongly indicate, inferentially at least, that the editor was disappointed at being left out, his name being one of the *three* from New York City presented by the society to the Regents; and it would certainly appear that if he is possessed of a spirit of carping censoriousness, such as this article exhibits, the omission on the part of the Regents will be almost universally approved.

And, doubtless, if the subject is investigated without prejudice, and with a desire to promote instead of hinder a needed reform, it will be found that this attack upon the Regents is not well founded, and is, to state the case mildly, fraught with more harm than good.

If, therefore, the members of the society from New York City feel that intentionally, or through an oversight, they have not been favored in the appointments, they have only to furnish additional names from year to year. The remedy is at hand. Let them use it at the proper time, and in a proper manner.

The State Medical Society, by its failure to nominate more than *three* out of fourteen names, plainly indicated to the Regents that appointments from other parts of the State would be satisfactory, if not, indeed, preferable.

If the society had nominated one-half the full number, or even a larger proportion, as it might and perhaps ought to have done, and then nominees from other parts of the State had been singled out by the Regents, there would have been more reason for censuring them; as it is, there are no real or imaginary grounds for criticism.

Instead of uselessly flinging carping criticisms at the Regents, and instead of making an unbecoming exhibition of ill-temper, how much

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better it would have been for the editor of the *Record* to have patiently waited until after the next annual meeting for a selection by the State Medical Society of a larger number of New York nominees, since neither of the boards will, even for a year after that, be called on for the full exercise of their special functions.

Moreover, it is well known that jealousies and antagonisms exist between the two principal departments of instruction; hence it is quite probable that the editor of the *Record* has heard only one side—and that the *off* side—of a statement, the origin of which is traceable only to motives of a personal nature, having no relevancy whatever to ends and measures looking solely to the promotion of public interests; motives too, the fostering of which will only increase unseemly wrangling for the gratification and furtherance of purely personal interests.

In the absence of any reasons growing out of favoritism or partisanship, would it not be advisable and courteous to a corps of distinguished and honorable educators, to look for causes other than "stupidity or weakness;" more particularly on account of the fact that the law was purposely constructed so as to enable the profession, through the State medical societies, to make needed changes in the membership of the examining boards from year to year?

The entire membership of each board can be changed every three years, if the State medical societies so decide.

The statement that Secretary Dewey is in any way chargeable with the selections made by the Regents is pure assumption, and wholly without the least foundation in fact, as the editor of the *Record* can easily inform himself if so disposed. His work is wholly administrative, and it is the steadfast belief, by those personally acquainted with him and his work, that he has adhered strictly thereto, and has wisely and prudently maintained entire neutrality in the management of the affairs of his office.

The animus of this fault-finding editorial, however, is strikingly brought out by the statement to the effect that the appointments made by the Regents are defective in very inadequately representing the profession of the State, and not representing the city of New York at all, where the *chief part of our medical education is done.*

In these words the impression is evidently intended to be made, that *because* a larger proportion of medical students are educated in the city of New York than elsewhere in the State, *therefore*, the number of New York members of the examining boards should be proportionately greater.

This frank announcement is grossly inaccurate, and glaringly misleading. There is not, at least, ought not to exist, an association or relationship between the teaching and licensing interests such as is fairly implied by this statement.

It is held by the profession that the functions of these two teaching and licensing bodies shall be distinct and separated one from the other.

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The main object designed to be secured by the law of 1890, in view of good and wise reasons, is that of providing a *licensing* body entirely independent of, dissociated from, and *uncontrolled* by teaching medical faculties and interests, embracing, in a broad application, even post-graduate courses of instruction.

At the informal meeting of representatives of boards of medical examiners held at Washington, May 6th, Prof. P. H. Millard, of Minnesota, although dean of a medical college, expressed most emphatic declarations in favor of entire separation of the teaching from the licensing interests.

Dr. Millard had taken this position, and had framed the Minnesota law, by which the *license* is made the standard test instead of the *diploma*, and by doing so had practically, to use his own words, "legislated himself out of office."

In all reason, therefore, why should New York City have a representation in the board of examiners *proportionate with the number of students graduated* in that city, unless this reason and this statement reveal ulterior motive?

The assertion, in effect, that the amendment releasing the senior classes of 1892 from the provisions of the Three-board Examiners' Act of 1890 was made because of the "unpopularity" thereof, is also wholly misleading and far from truthful.

The law was not intended to be retroactive. It was intentionally designed to take effect eighteen months after its passage, so that its provisions would not be considered a hardship by students who had already entered upon the usual three years' course of study.

Representatives of the classes of 1892, however, on showing that the law would be made retroactive, as applied to themselves, and on showing also, that at least two classes of law students had, under similar conditions, asked and secured similar exemption, the friends of the law, being unwilling to become parties to an act of seeming injustice, withdrew opposition thereto, and permitted the amendment to acquire legal effect.

This action grew out of no antagonism to the law. Its accomplishment was secured, not on account of any evidences of unpopularity, but wholly as a simple matter of justice to those who began the study of medicine prior to its enactment.

For these reasons, and these *only*, the bill to amend the law met "lukewarm opposition." Had the bill embodied provisions for nullifying instead of simply postponing the application of the essential principles of the Act of 1890, the evidences of antagonism thereto could not and would not have been classed as "lukewarm."

The statement that "the profession in general ought to and will feel strongly indignant at the stupidity and weakness of the Board of Regents," is one so inappropriate, uncalled for, and discourteous, as, in an

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eminent degree to illustrate a condition of illiberal partisanship wholly unbecoming an honorable and fair-minded representative of impartial medical journalism.

The statement "that the Board of Regents was very neatly handled by certain gentlemen," and that it has been "made a catspaw of by the astute politicians who run our medical colleges," embody sentiments so absolutely irreconcilable with truthfulness that any journal having ordinary self-respect could never permit such absurd and unfounded charges to tarnish its pages.

And here again the position of the medical colleges is associated with the matter of membership in the examining boards; as if there was and ought to be a closeness of relation one to the other.

The writer seems to be singularly unfortunate in the presentation of reasons for the non-appointment of New York members in the board of examiners; and, those who are honestly endeavoring to promote higher and more uniform educational standards, have reason for thankfulness that his sinister purposes have miscarried.

For the credit of the medical profession in general, it is to be hoped that the *Medical Record* is not lost to all sense of decency, self-respect and gentlemanly manners.

H. M. PAINE.

Albany, N. Y., May 15, 1891.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

Dioscorea for Lightning Pains.—From Dr. John L. Moffat, Brooklyn. A middle-aged lady, long blind from cerebral tumor (?) and presenting some symptoms of posterior spinal sclerosis, complained for two weeks of sudden, momentarily sharp pains in the abdomen, which made her start and cry out; the pains in the right hypochondrium darted toward the back. R. Diosc. θ on pellets in a glass of water, two teaspoonfuls hourly; the pain ceased with the second dose (five days ago).

Colocynth for Gastro-Intestinal Symptoms.—From Dr. Clarence N. Payne, Bridgeport, Conn. Mrs. G., seen Sept. 24, 1889, at 3 P.M. Bowels

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loose for several days. Much worse to-day. Found patient on knees in bed pressing on stomach, which relieved her some. Had severe, *sickening* pain in bowels (not sharp pain). Been vomiting all forenoon. Pain in rectum and tenesmus. R. Colocynth 3, dose every 10 min. for a few doses, then every half hour. At 6.30 P.M. husband telephoned, "Pain all gone and no vomiting since first dose of medicine."

From Foreign Exchanges:

Graphites in Deafness.—By Dr. Hesse, of Hamburg. Olga S., æt. 8, has been so deaf for eight days that she could not understand ordinary conversation. Examination of the ears showed nothing abnormal. Appetite good. Special longing for fat; she can take butter by the tablespoonful. She cannot eat much, else a slight nausea comes on. Cold, sweaty feet. *Sepia* 200 was given because it was the constitutional remedy for the child's mother; no effect following, she received, Dec. 8, 1888, a powder of *nitric acid*, 200. Dec. 15.—Condition the same. *During a drive she hears best*, and the better, the more the wagon rumbles. *Graph.*, 200, one powder. Dec. 21.—She heard yesterday quite well for some hours. Placebo. Dec. 29.—On the 23d she heard again for some hours and for two days now the hearing has remained.

Nitric acid was prescribed on account of the remarkable desire for fat, *graphites* on account of the repeatedly confirmed characteristic symptom, "the deaf hear better while driving in a wagon."

Calcarea in Rheumatism.—Ilse Sch., æt. 16, blonde, with large pupils, had suffered during the past year with articular rheumatism for four weeks. At present she has, and also for the last four months has had, rheumatic pains, especially in the left knee-joint, which prevents her from walking. These pains are *worse on motion, upon exertion, in wet weather. She can lie only on the back, sweats profusely on the head* and has a slight coryza and stoppage of the nose. May 19, 1889, she received *calcarea carb.* x, a powder every week. June 17.—Reports that she can walk as well as any one. As she exhibited a dry eruption on the left elbow, the prescription was repeated; she has not returned since.

Lycopodium in Constipation.—Mrs. M., æt. 43, complains of constipation that has troubled her for years. *She dares not eat enough, else she has eructations and headache.* Cold feet. *Feeling as if the hair was pulled.* Feels worse in the evening. From Jan. 27 till May 29, 1890, she received nux vomica in different potencies; on the latter date *lycopodium* x was ordered, a powder every fourth evening. On July 31st, she reported that she was not in need of further treatment.

Nux vomica acted only as palliative, *lycopodium* curative. Aggravation from eating enough and the feeling as if the hair was pulled, are found under *lycopodium* and *Baryta carb.*

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Natrum mur. in Coryza Neurotica.—Miss St., æt. 48, has suffered since an accident ten years ago with a coryza that has some peculiarities. It comes twice a week, lasts for one or two days, begins with a cold trickling over the back, and thirst. The worst time is from 10 to 12 in the morning. The secretion is watery and so enormous in amount that towels have to be used instead of handkerchiefs. *Anything cool ameliorates*, but she is made *worse by wet or foggy weather, wet feet, warmth and warm room.* A sneeze accompanies the attack, so violent that it can be heard all through the house. Oct. 29, 1889, *Natrum mur.* x, five powders, one to be taken every third evening. Nov. 5. Reports much better, the attacks lasting only an hour. Same remedy, to be taken once a week. Jan. 15, 1890.—Has not been so well during the last ten years as during the past ten weeks, there having been no sign of the trouble till yesterday, when getting chilled brought it back, although in a slight degree. Prescription renewed.

The periodical recurrence, aggravation in the forenoon from 10 to 12, the beginning of the attack with thirst and trickling along the back, and the watery secretion, were the indications for *natrum mur.*

Bryonia in Gastric Affection.—R., a countryman, æt. 67, has suffered for six months from watery and mucous vomiting. *Food tastes bitter.* Remarkable desire for milk, which did not exist before this trouble; he has never drunk so much milk as now. *Motion aggravates. Diarrhœa immediately after getting up.* Sept. 22, 1888.—Bryonia x, 5 powders, one to be taken every evening. Oct. 5.—Reports improvement; remedy repeated, dose every fourth day.

Kali Carbonicum in Pleuro-pneumonia.—In the beginning of this year, I saw in consultation a usually well young mother whose menses were suppressed two weeks before through her getting up at night in a cold room to attend to her baby. Instead of a normal flow there came on a foul smelling discharge, with fever, pain in the back and cough. The fever (without chill or sweat) reached 104° F., and continued daily from about noon till 6 P.M. Cheeks alternately red and pale. Patient can only lie on the back, lying on the side causing increase of pain. Stitches in the shoulder blades. Coughs through the day and regularly at 3 A.M. Cold feet, no appetite, no thirst, no sweat. Frequent urging to urinate; urine turbid. Physical examination showed in the lower and posterior portion of right lung some dulling of the percussion note and signs of a pleuro-pneumonia. *Kali carb.*, 30, twice a day. In four days the fever had gone, and rapid convalescence followed. The menstrual flow did not, as I had fully expected, reappear as an immediate result of the remedy.—*Allg. Hom. Zeit.*, 17 and 18, 1891.

Stannum in Supra-orbital Neuralgia.—By Dr. Mossa, of Stuttgart. A 20-year old girl, of nervous-sensitive nature, serious and scrupulous,

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and subject to palpitation and sleeplessness. At the end of March, last year, being exposed one day too long to cold wind, facial neuralgia came on, and for eight days has returned with typical periodicity. She wakes in the morning without pain, but it begins about 9 A.M. as a slight, pressing, beating pain in the right temple, gradually extending to forehead and top of head in one direction, and ear, nape of neck in the other. As the pain increases the right eye becomes red and painful, with lachrymation. The pain reaches its acme about 12 M., and then begins to lessen; by 2 P.M., or 3 at the farthest, it is all gone. During the attack every noise makes aggravation. After it she is able to get up, has a good appetite and feels well, except that she is conscious that the head has been affected. Several years before, she had such a neuralgia, and that time, under allopathic treatment, it lasted many weeks.

The side involved and the beating pain led to the choice of *belladonna.* but after three days she was no better except that the attack came later, I now gave one dose of *stannum* 30, and although she waited in bed for the expected attack, it never came.

The characteristic of the *stannum* neuralgia is the gradual increase and then gradual decrease of the pain.—*Allg. Hom. Zeit.*, 19 and 20, 1891.

REPORTS OF SOCIETIES AND INSTITUTIONS.

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE 264th regular meeting was called to order Tuesday, April 14th, 1891, by President Schenck, in the rooms of the Franklin Literary Society, 44 Court Street, Brooklyn.

Resolutions were adopted requesting the District Messenger Companies to make some arrangement with their subscribers differentiating between an ordinary and urgent doctor's call.

The Bureau of General Medicine presented three papers: "A Case of Cancer of the Stomach," by E. W. Avery; "Dr. Koch's Lymph Cure of Tuberculosis considered from a Homœopathic Standpoint," by J. L. Cardozo, and "Acute Alcoholism," by W. M. Butler. The last two appeared in the May number of the JOURNAL.

J. L. Moffat asked if any of the members have observed any ratio between the extent of the adhesions and the amount of pain in cases of intestinal or gastric cancer.

In response to a query, Dr. Butler stated that he has found also in his private practice that the homœopathically indicated remedy is sufficient in cases of acute alcoholism without recourse to soporifics or opiates.

May 12th, 1891.—265th regular meeting, President Schenck in the chair. The Bureau of Materia Medica presented three papers: "Spongia Officinalis and Spongia Palustris (Badiaga) Compared," by J. L. Cardozo; "The Back Symptoms of Kali Carbonicum," by John L. Moffat, and "The Grip Symptoms of Gelsemium," by Chas. W. Smith.

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J. L. Moffat has used Ferr. phos., Bell., Eupat. perf., but not Gels. Antipyrine 3x relieved a few cases characterized by predominance of nose and eye symptoms, with neuralgia and weakness.

R. K. Valentine has observed a number of cases with severe throat symptoms even simulating diphtheria.

B. L., B. Baylies used Nux more than any other one remedy. "There is no specific." One patient went into collapse in the first stage of the grip. The remedies were Verat. A. followed by Nux.

In response to an inquiry, W. B. Winchell stated that he had lost one patient with the grip; she was seventy-five years old, and died of weakness.

N. Robinson cited a case of acute glaucoma following the grip and evidently caused by it. E. Chapin has noticed in two or three cases a spasmodic cough which would last for two or three hours; Senega proved beneficial.

In response to a request for the potencies, Dr. Chapin said he used Senega in the first and third. J. L. Moffat, Ferr. phos. vi, Eupat. θ on pellets, Bell. 3 and Bry. 3.

Chas. W. Smith: Gels. failed in the potencies but worked satisfactorily when several drops of the tincture were placed in a tumbler of water.

RECORD OF MEDICAL PROGRESS.

DIPHTHERIA OF THE VULVA.—Dr. Coldstream writes to the *Brit. Med. Jour.*, May 8, that on the 15th of December last he saw a girl of 12 who complained of headache and *malaise*. Temperature 102°, pulse 136 in forenoon. Next morning's temperature was 103° and afternoon's 105°. No sore throat nor other local affection apparent. Her only complaint was soreness of genitals, and examination showed both labia majora swollen and painful, and a slight mucous discharge from vulva [*sic*]. On morning of third day temperature was 103.6°; "on separating labia, three distinct ash-colored membranous patches were seen on the mucous surface of the labia." The largest patch was removed with forceps on the fourth day,and the base bled profusely. The other patches separated naturally about the sixth day. There was no re-formation of membrane, and the ulcers healed slowly. Fever lasted for eleven days—with exception that overexertion in the third week sent the temperature up to 102.4° and a slight afternoon pyrexia lasted for some days. No paresis resulted, but the cardiac action was weak for some time. The appetite was good throughout, there was no involvement of throat nor albuminuria.

CAMPHORIC ACID IN THE SWEATING OF PHTHISIS AND IN CYSTITIS.—This drug, introduced by Fürbringer, has been the subject of new investigation by Bohland at the Bonn Clinic. In accord with Fürbringer, Leu and others, he finds that the remedy taken internally prevents to a marked degree the sweating of phthisis, but to a much less extent the sweating in other diseases. Camphoric acid acts in phthisical cases much more promptly than atropine does. The rapid excretion of camphoric acid by the urine, which Bohland has shown to exist, explains the formerly observed failures when the dose was distributed through the day. B. therefore advises that the dose (15 to 75 grains) be given at one dose and in the evening, not longer than two hours before the usual time for the appearance of the sweat.

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In cystitis, Bohland is able to confirm the claim of Fürbringer that camphoric acid (15 grains, in tablets, 3 or 4 times a day) removes the ammoniacal decomposition of the urine, and also found that it influences favorably the inflammatory process itself, especially in old cases due to spinal cord disease, these being cured very rapidly. In acute cystitis the remedy is not to be recommended.

In the diarrhœa of phthisis B. has observed good results from the drug. Not only the number of the stools, but also the abdominal pain lessened.—*Berlin. klin. Wochensch.*, 13, 1891. O'C.

LYSOL: A NEW ANTISEPTIC.—Michelsen recommends this new antiseptic especially in obstetrical and gynæcological operations. Lysol is a coal-tar derivative, obtained through saponification of cresol (a higher homologue of carbolic acid). Carbolic acid is present in it, but only in traces. The chief advantage that lysol has over creolin is its complete and ready solubility in water. Concerning its bactericidal properties, Schottelius has shown that some germs of weak vitality, like the cholera bacillus and staphylococcus aureus, were destroyed in a short time by a ½ per cent. solution of lysol.

For instruments, washing the hands and cleansing the outer skin, a 2 per cent. solution is used, and the same strength is employed in washing out the uterus, and so far without any evidences of poisoning. Catgut kept for two hours in a 5 per cent. solution is completely sterilized and its outer surface is not affected. The saponaceous properties of solutions of lysol render soap superfluous, and in washing out the vagina with it the walls become so slippery that sounds, etc., need not be lubricated with vaseline. The same slipperiness communicated to instruments and sutures is somewhat of a disadvantage, especially when a 5 per cent. solution is used, as they are then more difficult to handle, and a further objection is the marked anæsthetic action upon the ends of the fingers after prolonged immersion in the solution.—*Berlin klin. Wochensch.*, *No.* 13, 1891. O'C.

TREATMENT OF BURNS BY IODOFORM.—Sonnenburg's method of treating burns by iodoform has received strong support from the experience of Dr. Rottenberg, of Krompach, Hungary, who has used it during two years in more than 600 cases, chiefly in foundrymen, two of the cases having a third of the body involved. R. uses the following procedure: The blisters are not removed, being simply opened and a sublimated silk thread carried through each. Next the whole burnt surface, whether raw or not, is covered with a layer (as thick as a knife blade) of 10 per cent. iodoform vaseline and outside of all rubber tissue or silk. The salve is renewed daily. No previous method has given R. such good results, suppuration to any considerable extent being the exception.—*Therap. Monatshefte*, *March*, 1891. O'C.

HERPES ZOSTER RESULTING FROM THE USE OF ARSENIC.—In the arsenical treatment of different skin diseases the appearance of herpes zoster has been observed, behaving just as this trouble usually does, and after disappearance not returning even under continued use of arsenic. Whether or not there is any causal connection between the two is a matter of dispute. From an examination of the records of the Commune Hospital, Copenhagen, Dr. Nielsen, comes to the conclusion that there exists a relation between the use of arsenic and the occurrence of zoster; that the latter is under these circumstances to be considered an arsenic exanthem; and that this relationship does not militate against the infectious theory for other cases.—*Therap. Monatshefte*, *March*, 1891. O'C.

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TRIGEMINAL NEURALGIA IN ACUTE IODISM.—Dr. S. Ehrmann reports, 1. The case of a man æt. 35, with gummata of the skin, who after taking iodine to the amount of 15 grains had frightful pains in forehead, face and teeth. The branches of the trigeminus were sensitive to pressure. Quinine relieved the pains, and afterwards potassium iodide was used without recurrence of the neuralgia. 2. Man æt. 42, with gummata on the legs. After 30 grains of potassium iodide, there appeared œdema of eyelids, pain in forehead and upper jaw, single branches of the nerve being tender to pressure. 3. Woman æt. 28, with syphilitic eruption on trunk and nape of neck, and periostitis of tibiæ. After taking 15 grains of iodide of potassium she was attacked by violent pains in the distribution of the trigeminus. Cure in half an hour after use of 7 1-2 grains of quinine. 4. Seamstress æt. 25, with rupia pustules on face and extremities, had after 230 grains of the remedy severe pains in face. In all these cases there were at the same time œdema of the lids, conjunctival hyperæmia and lachrymation.—*Wien. Med. Blatter*, 44, 1890. O'C.

THE ACTION OF SALTS OF CANTHARIDINIC ACID IN LARYNGEAL TUBERCULOSIS.—Prof. Liebreich offers a new theoretical cure for tuberlosis. The fatal action of cantharidine has until now been referred chiefly to an induced nephritis, although the influence of the drug upon the respiration has not been overlooked; but experiments have shown that when death has been occasioned by a dosage just sufficient to cause acute poisoning, the findings in the kidneys were not sufficient to account for death. Rabbits are seen to die of dyspnœa after some hours, the autopsy showing no hyperæmia of the kidneys and the lungs having only a light rose-tinted appearance. The consistency of the latter was somewhat increased, and microscopic examination proved that this was not due to œdema, but to an exudation practically free from cellular elements and having no tendency to spontaneous coagulation. This exudation, unlike that produced by the drug upon the skin, is not preceded by hyperæmia, and it may be assumed, although without direct experimental proof, that cantharides has a specific action upon the capillaries. The exudation, except under the influence of large doses, is cell-free, and this action is very likely greater when the capillaries are no longer in a normal state. As the serum of the blood has been proved to have bactericidal properties, the process thus aroused is directly inimical to bacilli that may be present. Therapeutical tests have been made by a number of prominent hospital physicians, cantharidinate of potassium being used, subcutaneously in the back, $^1/_{50}$ of a milligram being the dose first employed; .6 of a milligram has been the largest while .1 to .2 mg. has been the ordinary dose. No general reaction has been noted, while local irritation has been slight and evanescent. In a few cases a mild dysuria was caused, in others a slight diarrhœa.—*Therap. Monatshefte, March*, 1891.

In a later communication (*ibid, April*, 1891,) Dr. Lublinski, of Berlin, reports his treatment of twenty-six patients with the remedy, and he finds the application to be extremely painful, even when the milder cantharidinate of sodium is used, in some cases a degree of painful burning lasting till the next day. In tubercular laryngitis the results have been remarkable. Granulation, redness and infiltration all disappeared, ulcers (on vocal cords) cleaned off and cicatrized. L. states that while in no case yet has the remedy brought about a complete cure, still the results so far support the view that it has a favorable influence upon diseased mucous membrane of pharynx, larynx and lungs; that infiltrations and slight ulcerations in tuberculous patients yield to the remedy, but

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that deep-lying processes do not; and further, that non-tubercular processes are influenced more quickly and intensely than the tuberculous. He concludes that it is no specific, but that the serous saturation of the tissues gives a better nutrition to the cells and thus favors retrogression of the morbid process. O'C.

URETHAN IN TRAUMATIC TETANUS.—Maresti (*Raccoglitore Med.*, Sept. 1890,) reports a case in which in spite of large doses of chloral the trismus did not yield. Urethan was then given, the day's dosage being from 30 to 45 grains, in watery solution. In a few days all the symptoms had disappeared completely. O'C.

CORROSIVE ACTION OF CALOMEL UPON THE CONJUNCTIVA DURING INTERNAL USE OF POTASSIUM IODIDE.—It is well known that insufflation of calomel into the eye should not be done while the patient is under the influence of iodide of potassium, or else strong irritation occurs. The tears holding iodine in solution decompose the calomel and form there mercuric and mercurous iodides that have a caustic action upon the mucous membrane. White precipitate is decomposed in the same way.—*Therap. Monatshefte, April*, 1891. O'C.

THE SCRUB TICK.—Dr. Bancroft, of Melbourne, Australia, gives some interesting information on the above subject. This tick is poisonous, but a certain amount of time after the tick attaches itself appears to be necessary for the development of the poison. A solution made of eight ticks in a few drops of water injected under the skin of a dog produced no effect, but the same dog afterwards succumbed to the bites of two ticks. Most mammals are susceptible to the attacks of the scrub ticks; even horses have been killed by it. Human beings would succumb to it were not the ticks, by reason of the irritation they produce, discovered and removed a few hours after they attack man. The native Australian animals appear to be tick-proof by heredity. Dogs influenced by tick poison generally show signs of paralysis by the sixth day, and die about the seventh or eighth. Dogs that recover become "tick-proof." Providing the tick be removed before the fourth day, no symptoms will arise. To make a dog tick-proof, a slight cut, not sufficient to bring blood, is made behind the ear, and the snout of a tick is gently pressed into the wound; generally it will bite and hold on. Two ticks are placed on the dog, and are removed after two days. After a week has passed the operation is repeated, the ticks being left on three days. After another week has elapsed, two more ticks are applied and removed before the fifth day. After this the dog will be "tick-proof." [It is interesting to note the relation of the above facts to contagion and vaccination.—ED.]

A CASE OF POISONING BY CAMPHOR.—Mr. Sidney E. Atkins was called to see a child of five who had swallowed some spirit of camphor. He found the child deeply convulsed, lying on the sofa; pupils widely dilated, pulse 120, very weak and small, extremities very cold and face livid. About two and a half to three drams had been taken—representing about fifteen to eighteen grains of the drug. By use of emesis and catharsis recovery was induced, though for several days the patient complained of nausea and epigastric pain, and was unable to retain other food than beef tea or soda and milk.—Letter to *The Lancet*, May 16, 1891.

SPURIOUS PAREGORIC.—*The Brit. Med. Jour.* calls attention to the fact that out of thirty-five samples of paregoric examined, only fifteen were genuine and fourteen were almost entirely destitute of opium.

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The danger pointed out in connection with this is, that a person having taken the spurious paregoric without effect, then obtaining the officinal preparation, may develop symptoms of poisoning by overdosing.

A TEST FOR ACETONE IN EXPIRED AIR.—Prof. De Renzi in *Riforma Medica* gives a method for detection and approximate estimation of the acetone contained in the condensed moisture of expired air. A small, thin-walled flask is fitted with a rubber stopper through which pass two tubes. This flask is placed in a freezing mixture and the expired air is passed through one tube, when in a few minutes sufficient liquid is obtained for the examination. To this liquid Lieben's test is applied. This consists in the formation of iodoform, by treating the liquid with caustic potash and a solution of iodine in potassium iodide. If the solution containing iodoform be heated in a water bath, the iodoform will be deposited on the cool parts of the apparatus. A solution which contains oniy 0.01 milligr. of acetone will give the precipitate of iodoform in from one to three minutes. The author claims that acetone may be found in the breath when it cannot be detected in the urine.

PROGNOSIS OF TINNITUS AURIUM.—Dr. Macnaughton Jones, in *The Lancet* of May 16th, thus summarizes a paper on the diagnosis and and prognosis of tinnitus auriùm. As regards prognosis, after excluding from the list of curable cases tinnitus from cerebral tumors and lesions, his second head is: atrophy sclerosis and traumatic lesions of auditory nerves. 3. Rigidity of the membrane of the wound and fixation of straps against the oval openings. 4. Extravasation in labyrinth 5. Organized effusion in the labyrinth. 6. Traumatism of the labyrinth. 7. Rheumatic, gouty and syphilitic degeneration of the walls and vessels of the labyrinth. 8. Organic changes in the periphery of the auditory nerves. 9. Certain chronic and irremediable conditions of the intra-tympanic muscles, leading to atrophy, rigidity or spastic contractions. 10. Many cases of chronic catarrhal inflammation, with corresponding and evident changes in the tympanum, in which a considerable degree of deafness attends on the tinnitus, and in which there is a history of progressive deafness extending over a considerable time, with possibly hereditary deafness. 11. Occlusion of eustachian tube. 12. Many cases of Menière's disease, where after the more acute symptoms have subsided, there still persists deafness, occasional attacks of migraine and tinnitus. 13. Tinnitus consequent on aneurism conditions of the auditory arteries. . . . 14. Tumors of the mastoid cells . . . or disease of the petrous portion of the temporal bone consequent upon chronic suppuration of tympanum. 15. Distinct aural hallucinations attendant upon or following gross changes in the middle ear or labyrinth.

The cases which may be ameliorated if not cured, may be classified as follows: 1. Tinnitus arising from any reflected local or systemic irritations of the auditory centre or nerve due to deficient or morbid blood supply, or vaso-motor disturbances in the auditory areas. 2. Tinnitus from simple primary hyperæmia of the labyrinth or a secondary hyperæmia. 3. Tinnitus consequent upon temporary alterations of the labyrinthine equilibration, whether due to altered conditions of tension of the fenestræ or increase or diminution of blood pressure: and frequently associated with cardiac functional disorders; simple hyperæthesia acoustica. 4. Tinnitus which has its origin in rheumatic, gouty or syphilitic conditions, . . . 5. Tinnitus due to abnormal states of the intra-tympanic muscles. . . . 6. Tinnitus from enervation of the Eustachian tubal muscles; collapse and closure of the walls of the tubes;

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temporary obstruction. . . . 7. Tinnitus from irritation in the external ear. 8. Tinnitus from therapeutical causes. 9. Aural hallucinations associated with visceral pelvic neuroses.

DEATH FROM ACID NITRATE OF MERCURY.—An interesting case is reported by Dr. John Phillips to the Obstetrical Society of London, on May 6th, an abstract of which is published in *The Brit. Med. Jour.*, May 16th. A woman of 25, with the idea of securing abortion, injected about a tablespoonful of acid nitrate of mercury into the vagina. That same evening vomiting set in and intense pain, for which morphine and cocaine were given. The face was pinched and of a remarkably abdominal type. Temperature 102 and pulse 112, wiry, but regular. The stools became frequent and blood-stained. The urine was scanty and passed involuntarily. The vagina was in a sloughy condition. . . . A *post-mortem* examination showed that the bladder contained bloody urine, the blood being derived from the kidneys. . . . The mucous membrane of the whole large intestine and the lower part of the small was blackened, and in a state of superficial slough. Peritonitis had begun. The gastric mucous membrane was healthy. The peritonitis was said to be due to absorption from the sloughy mucose condition of the vagina. There was no fetor of breath, no sponginess of gums nor enlargement of cervical glands.

CONCURRENCE OF MEASLES AND SCARLATINA.—Dr. MacFarlane reports in *The Lancet* of May 16th the following interesting cases: A child, four and a half years of age, was suddenly taken ill at school on Dec. 5th; when seen the next day the sickness had abated, but temperature was 104°, pulse 130, skin dry and pungent. Tongue covered with a white fur, and he complained of headache and sore throat. No rash appeared until the next day, when the characteristic scarlatinal rash appeared and increased in intensity till the following day, when the skin was well covered. On the evening of the 8th he began to cough and there was coryza and suffusion of conjunctivæ. On the 10th the rash began to fade, but on the following day the skin presented an unusual appearance. The red points of the scarlatinal rash were still visible, but there was likewise a purple papular eruption which presented all the characteristics of that of measles. On the 15th the scarlatinal rash had disappeared, but that of measles persisted for several days and after desquamation had begun. Beyond a slight swelling of cervical glands, and suppuration in right middle ear, which retarded convalescence, he made a good recovery. A brother, æt. three years, was taken with sickness, sore throat and pain in head on the 23d. On the 25th there was well-marked scarlatinal rash, followed in three days by that of measles. He did well until the 31st, when cervical and submaxillary glandular swelling became marked. The throat and mucosa of nose became greatly inflamed and patches of pseudo-membrane developed. He became gradually worse; convulsions supervened and he died on Jan. 4th. Another brother, one and a half years old, was seized on the 27th of December in the same way. The scarlatinal rash appearing four days prior to that of measles. Both ran their course without any untoward symptoms until Jan. 12th, when his neck became much swollen and inflamed. Suppuration and sloughing ensued and he died exhausted on the 19th.

ETHYL BROMIDE AS AN ANÆSTHETIC IN SURGICAL PRACTICE.—Th. Köllıker considers this agent of great value in minor surgery and in short operations where chloroform is contraindicated. The preparation is about the same as for chloroform narcosis; the patient having been

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subjected to an examination of the circulatory apparatus, constricting clothes removed from neck, chest and abdomen, is allowed to assume the recumbent position. The dose which is 5 to 10 gme. for children and 10 to 15 gme. for adults, is to be administered as follows: A few drops of the anæsthetic is allowed to trickle on a flannel-covered mask which is held near the patient's nose. In a few seconds the entire quantity is poured on and the mask applied to the patient's face so as to exclude air. The pulse is to be observed and an assistant, watch in hand, notes the expiration of the 30th and 50th seconds. In from 50 to 60 seconds the patient's uplifted arm will fall, complete relaxation and insensibility being produced. This narcosis lasts from one to three minutes. No accidents, however, attended the use of ethyl bromide employed in the above manner. There are no unpleasant after effects, and the patient feels as well as before taking the anæsthetic. In one case, after the completion of an operation, application of the thermo-cautery to a chancroid, some excitation was present for a short time. Ethyl bromide narcosis is particularly applicable to such operations as incisions of all kinds of abscesses, tenotomies, application of thermo-cautery (angiomata, phagadenic ulcers), sequestrotomy, bone syphilis, removal of tuberculous glands and small lupoid spots.—*Centralblat fur Chirurgie, No.* 20. W. F. HONAN.

A NEW OPERATION FOR PROSTATIC HYPERTROPHY.—At the Congress of the German Surgical Society at Berlin, Küster-Morburg demonstrated a new operation for hypertrophy of the prostate. He considers the old operations inadequate for the relief of urinary difficulties in patients suffering from prostatic hypertrophy. They either remain slaves to the catheter or have suprapubic fistulæ. Suprapubic section, and direct operation on the prostate after the method of Rümmell does not always afford relief, and the procedure is sometimes followed by extravasation of urine. Dittel believes that it is enlargement, not of the middle, but of the lateral lobes of the gland which is productive of the annoying complications of hypertrophy of the prostate. Rüchter, from extensive researches on the cadaver, concurs in that opinion. Dittel advises lateral prostatectomy, the perinæum is split in the median line, and the incision carried backwards and then slightly to the left. The rectum is separated and loosened as high as possible. The lateral lobes of the prostate are then excised, great care being exercised to avoid wounding the urethra. This accident is, however, sometimes inevitable. Küster, who has successfully performed this operation three times, considers that it offers less danger and better results than any other, and with a more accomplished *technique*, injury to the urethra will be avoided. On account of the violent hæmorrhage which sometimes occurs, the high position of the pelvis in a Trendelenburg chair is recommended. The patients operated on by Küster made good recoveries from the immediate effects of the operation, and were entirely relieved of their urinary difficulties.—*Berlin klin. Wochenschrift, No.* 18, 1891. W. F. H.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

It is sometimes a cause of complaint by various organizations that notices and reports of their meetings and proceedings do not appear in this journal. We can assure the plaintiffs in the case that it is no fault

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of ours. We are as anxious to procure and publish the news as they can possibly be to have us. If all matter relating to "News" is forwarded to Dr. E. H. Porter, and addressed as stated at the head of this column, there will be no trouble.

NEW YORK STATE SOCIETY.—In deference to the earnest request of the Erie County and the Western New York Homœopathic Societies, the Executive Board announces, through Secretary Moffat, that the next semi-annual meeting of the State Society will be held September 15th and 16th, in Buffalo instead of Elmira.

SANITARY CONVENTION.—The Fifth State Sanitary Convention of Pennsylvania, was held at Altoona, May 15th and 16th. The meetings are of popular interest, and are intended to spread the results of scientific research.

NEW YORK HOMŒOPATHIC COLLEGE FACULTY CHANGES.—Some important changes in the Faculty will be announced in the forthcoming catalogue of the New York Homœopathic College and Hospital. Dr. J. Montfort Schley has been appointed to the Chair of Clinical Medicine, Dr. Malcolm Leal to the Chair of Sanitary Science and Hygiene, L. H. Friedburg, Ph.D., to the Chair of General Chemistry, Dr. Eugene H. Porter to the Chair of Medical Chemistry, and Dr. A. R. Morgan has been associated with the Chair of Theory and Practice of Medicine.

NEW JERSEY STATE SOCIETY.—The Thirty-seventh Annual Meeting of the New Jersey State Homœopathic Medical Society was held at Newark, Tuesday, May 5th. The session was one of interest, the papers being good and practical and the discussions free. The coming congress at Atlantic City occupied a great deal of attention, and a subscription was started for the entertainment of foreign delegates and for other uses that the Local Committee of Arrangements may designate. About $1,200 is needed by this committee, and Drs. Howard, of Camden, and Church, of Passaic, were appointed to increase the subscriptions. The following papers were read: "Some Comparisons of the Natrums," W. McGeorge, M.D., Woodbury; "The Study of Our Materia Medica," F. H. Williams, M.D., Trenton; "The Relations which Force Sustains to Matter in the Treatment of Disease," John Younglove, Elizabeth; "The Mind and Nervous System," J. N. Love, M.D., Milford; "High Temperatures After Delivery without Septic Infection," F. P. McKinstry, M.D., Washington; "How Shall Our Babies be Clothed?" Anna E. Griffith, M.D., Camden; and "Circumcision," by B. H'B. Sleight, M.D., Newark. The following officers were elected for the ensuing year: President, F. A. Gile, M.D., East Orange; 1st Vice-President, M. D. Youngman, M.D., Atlantic City; 2nd Vice-President, P. A. Banker, M.D., Elizabeth; 3d Vice President, C. B. Holmes, M.D., Rahway; Treasurer, T. G. Applegate, M.D., New Brunswick; Secretary, A. W. Bailey, M.D., Atlantic City; Corresponding Secretary, W. McGeorge, M.D., Woodbury. Adjourned to meet in New Brunswick, October 6, 1891.

MAY MEETINGS.—The Minnesota State Institute held its Twenty-fifth Annual Session at St. Paul, May 19th, 20th and 21st. The Connecticut State Society had its Twenty-seventh Annual Meeting at New Haven, May 19th, and the Vermont Homœopathic Medical Society, met in its Fifty-first Annual Session, May 27th and 28th.

THE MISSOURI INSTITUTE.—The Missouri Institute met at Kansas City, April 21st, 22nd and 23d. An unusual interest was taken in the session this year and the attendance was large, the papers were above

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the average and the discussions were entertaining and of value. The Institute unanimously agreed to request the State Board of Health that the three term requirement with four years study, as required by the American Institute, be adopted, and that every school thereafter failing to conform to such requirement be considered not in good standing, and its diplomas not entitled to recognition. The following officers were elected: President, A. Cuvier Jones, M.D., of Holden; 1st Vice-President, T. N. Hudson, M.D., Kansas City; 2nd Vice-President, H. W. Westover, M.D., St. Joseph; Secretary, W. P. Cutler, M.D., Kansas City; Recording Secretary, M. T. Runnels, M.D., Kansas City; Treasurer, W. B. Morgan, M.D., St. Louis. Next year's session will be held at St. Louis.

BELLEVUE BEATEN.—The decision of the General Term will oblige Bellevue Medical College to examine Thomas Cecil, a student who has attended the college for three years, but was arbitrarily refused the final examinations. No reason whatever was given for this decision of the college. Judge Van Brunt says: "An institution cannot take the money of a student, allow him to remain and lose his time, and then arbitrarily refuse to confer on him the degree which they have promised. While the Court cannot review the discretion of a college in refusing for a definite reason to allow a student to be examined and receive a degree, yet in case of an arbitrary refusal there is no exercise of discretion at all, but simply a willful violation of duty."

THE ONLY DOCTOR OF COLOR.—Brooklyn may rejoice in her colored woman doctor. She filed her certificate in the County Clerk's Office last month, is twenty-eight years of age, and is a graduate of the Women's Medical College of Pennsylvania.

THE STATE CARE LAW.—The validity of the State law providing for the care of indigent insane in the State hospitals will be soon tested. In compliance with the law, Dr. T. S. Armstrong, Superintendent of the Binghamton State Asylum, directed Mr. Johnson, Superintendent of the Poor of Tioga County, to remove fifteen male patients to the asylum. This Mr. Johnson refused to do, claiming the law is unconstitutional and that the State has no right to remove such patients from the county asylum. The citizens of the county are strongly opposed to the law, and are disposed to test the matter in the courts. Dr. Armstrong has called upon the Sheriff of Tioga County and will press the affair to an issue.

THE MEDICAL ASSOCIATION.—The American Medical Association (Allopathic) ended its annual session at Washington on May 8th. The meeting attracted but little attention, very brief notices being accorded it by the press. The association has not lost its appetite for State medicine. A committee was appointed to memorialize Congress to provide for a cabinet officer to be called the Medical Secretary of Public Health. Our friends were too modest. They should have prefixed the word Allopathic to the desired title.

MEDICAL EXAMINATIONS.—The Governor has signed the bill exempting from examination by the State Medical Boards those students who had duly matriculated at one medical college prior to the passage of the act. He cites as precedents the action taken by the Legislature in regard to law students.

IT is reported that the statistics of suicide in the United States for the year 1890, reveal the curious fact that doctors commit suicide far more

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frequently than members of any other profession. Even the clergyman, who is so often required to read over his own old sermons, commits suicide only half as often as the medical man.

THE VALUE OF AN IMAGINARY HAND.—The Court of Appeals has recently decided a case that presents some unique points of interest to medical men as well as to those who may be afflicted in the manner described. A man while boarding a train, was thrown to the ground by the abrupt starting of the engine, and so injured that his arm was amputated near the shoulder. On the trial he testified experiencing great pain seemingly in his amputated arm and hand. The plaintiff recovered in the trial the large sum of $25,000 on account of his injuries and, it is fair to infer, the pain in the imaginary arm and hand. On appeal the railroad claimed that the pain was a delusion and not a direct result of the accident. But the Court ruled unanimously that if the plaintiff's "statement was true the sensation was that of pain and the result of injury, his bodily pain resulting from which was properly the subject of proof and consideration."

VITAL STATISTICS OF THE JEWS.—The *Brooklyn Medical Journal*, after comparing the statistics published some years ago by Dr. Richardson regarding the Jews in Germany with those obtained by the United States census of 1890, comes to the conclusion that "the general deduction to be made from their statistics would seem to be that residence in the United States is exerting an unfavorable influence on this people, and that unless increased immigration shall make up the deficiency, the time will come when the 500,000 in this country will be reduced to an insignificant number and perhaps disappear as a separate people."

SAN FRANCISCO HOSPITAL.—The Board of Trustees of Hahnemann Hospital has been presented with a gift of $7,000 by Moses Hopkins, which is to be applied toward the purchase of a lot on which a suitable building will be erected. This gift renders possible the completion of the hospital in the near future, and it may be hoped that other friends may be roused to action by the munificence of Mr. Hopkins.

THE Chicago *Times* and the Chicago *Tribune* most heartily advocate the establishment of an homœopathic insane asylum in Illinois. It looks now as though the Legislature would take favorable action if the homœopathic profession bestirs itself and makes its wants known.

THE DECLINE OF HOMŒOPATHY.—It is well known among our allopathic brethren that homœopathy has been rapidly dying out for twenty years. It was said twenty years ago, that in 1890, homœopathy would be dead. The statistics collected by the Bureau of Organization of the Illinois Society may be of interest. The population of Illinois has increased in the past twenty years 51 per cent.; the number of homœopathic practitioners has increased 93.5 per cent. In Iowa the population increased less than 60 per cent., while homœopathic doctors grew 160 per cent. In California the inhabitants augmented 115 per cent. and the number of homœopaths 1,655 per cent. In Minnesota the profession shows a growth of 288 per cent.; in Missouri of 250 per cent. against a 55 per cent. growth in the population. In Kansas, while the population grew 290 per cent. homœopathic doctors increased at the rate of 837 per cent. Returns from nearly every State tell the same story. If homœopathy keeps on dying at this rate, in another twenty years it will outnumber the allopathic sect.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

THE ETHICAL BASIS OF THE SEPARATE EXISTENCE OF THE HOMŒOPATHIC SCHOOL.*

By ASA S. COUCH, M.D.,

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TO treat this subject satisfactorily, two things are primarily requisite:

The one is, a definition of ethics and how its rules may be justly administered; the other, a comparison of our own with the drug therapeutics of the dominant school in medicine.

The last requires a reiteration which may weary you and perhaps provoke criticism; but simply to affirm that medication by one is better than that by another school is an insufficient premise for reaching the conviction hoped for from this discussion.

An eminent lexicographer has defined ethics to be "the science of human duty." Hence, who would administer thereupon must himself be ethical. He should not only be emancipated from conscious personality, but from all rancor, jealousy and vindictiveness. What is true of individuals is equally true of societies and schools. A school which should formulate decisions within the science of human duty while uncertain of its own position, or when inspired with passions and prejudices, would place itself in an unfortunate position before the world, and one likely to end in embarrassment, if not humiliation.

* Read before the International Homœopathic Medical Congress, at Atlantic City, June, 1891.

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Assuming that the members of this convention are in an opposite frame of mind, attention is solicited to a brief consideration of the origin and present status of the dominant school in medicine.

It is important here to direct your attention to the precise language employed, and the necessity for not permitting the mind to substitute others in the further consideration of the subject.

The words used are the "drug therapeutics of the dominant school;" not its therapeutical measures as derived from the elements or through adjuvants, for these belong equally to all schools.

You will also bear in mind that no comparison is intended or can be made between schools in dietetics or the collateral branches of medicine, for these are the common heritage of all.

It must be strictly confined to the internal administration of toxicological agents for the cure of disease; and in order to develop the subject sufficiently for judgment in ethics, a brief reference to contrasts in such administrations is indispensable.

The mere physical consciousness of some of the plants and lower animals dictates an escape from contact or the solution of continuity. The added consciousness of primitive man endowed him with an ability to seek means and adopt measures for the avoidance of unnecessary suffering and, if possible, of premature death.

What time in prehistoric age elapsed before he sought these means in toxical vegetables and minerals will, of course, remain unknown; but when he did employ them, that it was in the most crude, fanciful and experimental way, there can be no doubt.

As he multiplied in numbers, ills accumulated and experiment naturally increased. Some of these survived in tradition, and were afterwards recorded in history. This was the beginning—the origin of "regular" medicine.

On this line of accumulating experiences and observations it proceeded until modified by Galen's enunciation of the doctrine of contraries. From his time, it has, within itself, developed no rule, or law, providing for any certainty in medicine.

Empirical practice is and must remain the same, yesterday, to-day and forever. That of the nineteenth century is not in advance of that of pre-historic man.

Whether success or failure, life or death, follow the experimental adminstration of drugs, no logical inference can ensue, for they must follow each other in sequence and lap each other as results.

"Contraria, contraris, curantur," does not come to help the matter. It only adds to the uncertainty of experiment the certainty of failure,

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except rescued by the "vis-medicatrix," or the accident of striking the homœopathic law. To increase peristalsis when deficient, or to arrest it by drug poisoning when in excess; to force or diminish secretions; to accelerate or retard the circulation; to stop all voluntary and many involuntary activities and demand that it be called sensible or scientific doctoring, is a travesty upon logic and a caricature of common sense.

In a large majority of instances such practice aborts the very processes by which nature would cure; in all cases it handicaps her by adding to her burdens and diminishing her power of resistance. Its futility is recognized by sufficiently intelligent and honest authors of the old school. In fact, its own writers have been its most severe and unsparing critics, and their denunciations stand unchallenged and unrefuted before the world. Their "Text-Books on Practice" show the reason why.

Opening at random "Reynolds' System of Medicine,"—a pretentious work in three volumes, published in 1880—I find the following under the "Treatment of Croupous Bronchitis":

"Various remedies have been recommended, but apparently their use has not been followed with much success. During the paroxysm venesection has been practiced; sinapisms and blisters applied to the chest, and various other drugs administered, viz.: the different sedatives, *tartar emetic*, *ipecacuanha*, *calomel* and *opium*, *alkalies* and *salines*. Inhalations might be of use. In the intervals, Fuller has occasionally seen benefit from the use of *tartar emetic*, in moderate doses, for several weeks. *Iodide of potassium* and *iodine* have been employed with success. The *alkalies* and their *carbonates* have also been recommended. The health must be maintained and tonics given if necessary, especially if there is any sign of tuberculosis. *Quinine*, *iron*, and *cod liver oil* are often called for."

Now suppose a practitioner called upon to treat a case under these directions. He may or may not bleed, may or may not blister, may or may not employ *tartar emetic*, *ipecacuanha*, *calomel* and *opium*, may or may not follow Fuller in exhibiting *tartar emetic* in moderate doses for several weeks, may or may not give *iodide of potassium*, *iodine*, *quinine*, *iron*, and *cod liver oil*; but if he decides to act, he can only do so because certain courses "have been tried," or that other remedies "may be of use;" that others "have been recommended;" that others "may be called for," or because "Fuller has occasionally seen benefit from one in moderate doses for several weeks." Whichever he decides upon, or if all in turn, it will be "secundum artem;"

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but suppose he meets with failure, what next? He has been reminded that "the health must" at all hazard "be maintained and tonics given if necessary." This, then, appears to be his only alternative.

Speaking of the treatment of pneumonia, the same work says: "There is, perhaps, no subject in modern medicine which has been more earnestly discussed of late than the treatment of pneumonia. It has been the *champ de bataille* between the advocates on the one side of heroic measures, and the supporters of a rational or expectant treatment on the other." Now, if one of these fighting hosts represents a practice which is "rational" the other must as between the two stand for that which is irrational or insane. But unless by "rational" is meant the abandonment of drug medication, the distinction is too broad, for the principles of administration remaining the same with both, the just classification on their own inference should be, dangerously irrational and less dangerously irrational, and there can be no doubt that the difference justifies contention if not acrimonious battle.

Remarks on the treatment of pleurisy in the same work embody the following: "The homœopathists have made their fortunes in no small degree by their treatment of pleurisy, which has had the one sole merit of being purely negative and avoiding all destructive agencies." This is a broad and frank admission that patronage turned from the "regular" to the homœopathic school, and that success waited upon its treatment simply because of "an avoidance of the destructive agencies" employed by allopathic physicians. It was because of the necessity for such unholy admissions that another writer, in the intensity of disgust, declared: "The science of medicine is a barbarous jargon—it has done little more than to multiply diseases and increase their mortality."

Now the embarrassment of the situation, to such of our old-school brethren as can be embarrassed, comes from the fact that they have no law by which to proceed in the prescription of remedies, and hence no more actual science than the Indian medicine man who essays to cure by blowing feathers and beating tom-toms. It may, by some, be thought that this expression is too radical, on the ground that old-school practice has greatly improved within the last twenty years. Issue is joined upon any such declaration if it involves claim for change in or advance in its theory.

Whatever improvement may have obtained in old-school practice within two decades has been purely and altogether negative. Through the evolution of mind and the embarrassment of marked contrasts it has increased its conservatism; and as the result of a kind of intellec-

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tual osmosis imbibed from the doctrines, practice and results of a school founded by an inhibited Saxon, it has lessened its doses and diminished its polypharmacy, but in its principle or doctrine of medication it remains absolutely unchanged. Even the purloinings from homœopathy as embodied in the works of Ringer, Phillips and others, have not greatly modified its practice. First, because a large majority of its practitioners have no recourse to these works; and second, because, in so far as they have been successfully adopted it is not their legitimate *practice;* it is that of a slip-shod and very crude homœopathy.

But suggestions thus obtained have in most instances not been permanently relied upon because these plagiarists have assigned no sufficient reason for them. To do so would be to discover their origin. They have, therefore, been set down to be followed in the old empirical way, and when so administered upon, results are not satisfactory. To treat all, or two-thirds of a given number of cases of nausea with *ipecac*, of colic with *colocynth*, or of dysentery with *corrosive sublimate* would be absurd, and the cultured homœopathist knows why. Failures would result and the student of a sound materia medica appreciates and understands the cause of the failures. An old-school physician has no such knowledge, and he debars himself from obtaining it. Hence, failure with him is of the same kind as that following all of his empirical work, and he drops back upon the routine treatment with *bismuth, physic, laudanum and starch.*

Now, it is here repeated—not in the spirit of partisanship, but for a purpose, and without fear of successful contradiction from any quarter whatsoever—that the principle of honest allopathic practice today is not one whit in advance of that of pre-historic man, nor in any way changed except by the unfortunate doctrine of the illustrious Galen. It is without any law whatever, and consequently the application of the term "science" in relation to it is a misnomer and a dishonor to the word. Yet consider the amount of drugs that is being poured into mankind and reflect upon the endorsement it receives.

During the last customs year there were imported at New York "for medicinal use, of the aqueous extract, tincture and other liquid preparations of *opium*, 29 pounds; of *morphia* and all salts thereof, 16,629 ounces, and of crude *opium* containing nine per centum and over of *morphia*, 233,655 pounds." This is only one port of the United States, and contemplating its vast periphery, with Portland, Boston, Philadelphia, Baltimore, New Orleans, San Francisco, Portland, Ore., and intermediate cities unconsidered, what must have been the aggregate

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cast upon our shores? Time will not permit a sufficient analysis of this matter; but I may ask you who know what its curative application is, and in what doses it is effected, to consider—except in proper palliation or by those who have acquired a horrible habit through its abuse as a medicine—how the rest of the vast amount has been or will be employed.

Man is but a system of reflexes.

All his physical and mental being lies between sensation and motion. Either in health or disease, to embargo the one is to arrest the other. And this, except under law to cure, is what by "scientific" (?) application this *opium* (or its salts) has been or will be doing throughout the land; masking disease, lessening healthful resistance and deceiving the unfortunates who have trusted themselves to the tender mercies of an arrogant and self-sufficient school. And still is it believed that the practice by this school has been greatly modified and improved? Look at its contrast with that of another in a recent epidemic. During a given time, the present Spring, the Registrar of Vital Statistics in the city of Buffalo recorded the certificates of death from pneumonia, bronchitis and la grippe as numbering 70. Of these, 63 were from allopathic and 2 from homœopathic physicians. Of the old school there are 300, and of the new school 60 physicians in that city. Multiplying the number of deaths under homœopathic treatment by five to keep the proportion just, and the result is as 10 to 63.

Inquiry since made at that office develops the fact that extending the time for comparison would bring out a contrast even more startling and suggestive. A similar discrepancy in epidemics in dysentery, cholera, yellow fever and other disease has been shown all along the line since Hahnemann's time, and what does it prove, and what does it not prove? If, as the writer in Reynolds' "System of Medicine" would have it, homœopathy only represents the negation of "avoiding the use of destructive agencies," it proves that ignorance alone can be protested from their further employment and prevent that from being termed calamity which otherwise should be called a crime.

Gentlemen, one hundred years ago there was born into the world one who afterwards became a scholar, physician, logician and philosopher. He had character enough to scrutinize and analyze that which he was commanded to do with poisonous drugs, and sense sufficient to hesitate before doing it. Here was an intellectual soil from which was to burst the flower of hope for suffering man. Accident sowed the seed and a cerebrum of quality nourished its growth until it developed into the fact that, in medicine, as everywhere else

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in nature, like forces properly adjusted in opposition will destroy each other, and this fact developed into a practice which to-day, properly or improperly, you represent as the "New School in Medicine."

I am not weak enough to stand here and declare that this school embodies an absolute science in therapeutics. No school which ever may or can be founded will do this. And why? Because intellectual consciousness places man beyond the reach of mathematical exactness. His activities result from sensations impinged upon brains of all qualities and powers, diverted and revised by all manner of pre-existing molecular records. Hence no two persons will move in exactly the same way or stop at exactly the same point. But they can develop a chart of drug action upon the healthy and apply it on behalf of the sick, under Hahnemann's law, which in a majority of instances will amount to certainty of cure, and in all with the assurance of doing no harm, because poisoning is insured against by the methods of practice under that law.

The fully prepared practitioner in this school does not guess; he does not experiment; he does not deliberately set to work to make his sick client sicker. The law under which he shall proceed is one in nature, and results obtained, in exact application, will be unequivocal and absolute.

When an epidemic appears, he does not grope in the dark and try experiments unto the death of thousands. Given the symptoms in advance, he can ever foretell the remedies which will successfully grapple with a coming scourge.

Here, then, I rest. I have, perhaps, with insufficient elaboration, contrasted the two schools in medicine, and find the therapeutic methods of one devoid of danger to the sick and adapted to comparative certainty in the application; those of the other, without law, and consequently fraught with menace to mankind. On the showing, can there remain any doubt as to the ethical basis of the separate existence of the homœopathic school? In the administration by its followers upon the science of human duty, have they any alternative but to strengthen, develop and advance it in all proper and legal ways?

In my judgment, it shall not be enough to neutralize the assumptions and object to the aggressions of the old school; not enough simply to declare that it shall not hide or destroy the magnificent contrasts of our public institutions; not enough to resist its insolent attemps to take the management of our affairs into its own hands. Will some one tell me by virtue of what right or justice the homœopathic school

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submits to the imposition of many insurance companies in the exclusive appointment of examiners from the old school? The same as to pension examiners, in relation to whose appointment the government is almost equally, if not more, exclusive. Does the new school, by its quiet submission in this matter, admit, by implication, that only old-school physicians are qualified for examiners? It has that appearance before the world. And since the general government has been referred to, will some one explain by virtue of what right or justice homœopathic physicians are rigidly excluded from the army or navy? If there is a favorable contrast in medication affecting the schools, should the soldiers and sailors, especially if they have homœopathic proclivities, by law and the insufferable arrogance of the medical corps of those two departments, be denied the benefit of it? Here, as everywhere else, "possession is nine points in law," and this possession practically gives the appointment of every commission, the power to fill every vacancy and every new position of trust in the medical enginery of government. Even now that school is seeking to enter the Cabinet. It has moved in national convention for a national "Secretary of Health," and it will exert all its arts and all of its power to secure it. No matter if the homœopathists, as a matter of propriety, would consider such a result a *non sequitur*. A representative of those who give "soporifics," antipyretics and "anodynes" "in the arrest of that vital play whereby nature battles against disease" will, if the old school can accomplish it, be placed in that position, while those who have a law of cure will be still more certainly and contemptuously relegated to uninfluential obscurity.

Again, will some one enlighten me why, in the strong homœopathic States of Pennsylvania and Ohio and Illinois, homœopathists have no greater participation in institutions supported by public charity? Immense wealth in each and every one of these States is represented by those who employ our system, and yet the old school, in the most serene and confident manner, as though it had a lien upon them somewhat after the divine right of kings, gathers in and controls these charitable trusts. *The homœopathic profession appears to be insensible to the fact that every assumed superiority unprotested, and every important position appropriated by the old school, holds prestige for that school and casts the shadow of unequal value upon its own.*

Because of this, its members, if they are honest seekers for place in the science of human duty, should traverse the line of indifference or resistance and enter upon that of aggression. Not because they want place; not because they love power; not because they seek aggrandise-

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ment; but because to a world unwittingly submitting itself to false medication they have been intrusted with a mission, and should act becomingly as embassadors representing so important a trust. It is a question of truth against error, right against wrong; justice against injustice. To rest upon the abstract impregnability of position is not enough. Without working representatives, those having the courage of their convictions to wrestle with the ignorance which it succeeds, no evolution would advance. * * *

It would topple on the crested wave of cowardice and in dishonor die.

Shall it be said that the old school is too strongly intrenched, and that the people of the land are not sufficiently developed to receive the gospel of truth. Even if the fact remains, such a declaration would be effeminate, as it would cover a surrender that would be puerile. If severe homœopathists and honest men shall adopt for their platform the science of human duty, what though they may be driven back once, twice, thrice, upon the battle line? Every contest will be a school, each engagement an education of the masses. Look at a few of the instances of justice and valor rewarded. A charity hospital was asked for in the city of New York, and refused on the ground that the school did not represent sufficient taxable property. It was demonstrated from the tax roll of that city that more than one-half of the taxable property of Manhattan Island was represented by those employing the system, and the result was secured, coupled with the statement to the Speaker, by Commissioner Cox, that "the board were afraid more would be demanded."

A similar experience was had in relation to the asylum at Middletown, now conceded on all hands to be the best in the State, if not in the world.

Under President Grant, a sturdy allopath, the old-school Commissioner of Pensions began discharging examiners who had the courage to affirm their belief in and practice of homœopathy. The matter, on its merits, was brought before the General, and the next head that went into the basket was that of the Commissioner M.D.

During the war, the examining board in the State of New York would recommend for commission none but allopathic surgeons. Dr. Hill, of Utica—and of blessed memory—passed the board and received his certificate, but when he presented his diploma from the Homœopathic College of Pennsylvania, it refused him an appointment. Backed by members of the State Society, he referred the matter to Governor Morgan, upon whose order he was immediately com-

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missioned, to avoid an uncomfortable alternative. Witness the persistent and heroic struggle for position in the University of Michigan. Under the unequaled leadership of the indefatigable Sawyer, the battle was finally won, and now for many years the school has stood equal before the law in that great institution of learning. Nourishment for the dissemination of its principles and the maintenance of its cause has been drawn from the State—as by right it should be in all the States—and largely owing to the example, it now has departments in two other State universities.

It took seven years to achieve the victory over the old school won last year in the State of New York. In six legislatures it had sought to wrest from homœopathists their civil and vested rights, and to take into its own keeping the management of their affairs. When the seventh convened, the new school turned from resistance to aggression, and out of a total vote in both branches, it won by 150 to 10. Do not for one moment suppose that this represented the proclivities of members, or that the immense discrepancy, and the approval of the executive, were owing to our political influence. One moment's reflection upon the difference in numbers of the two schools, and the positions of power and emolument held by them, will convince the most skeptical to the contrary. Backed by the generosity of the State Society, it was because of the justice of our cause, presented through imperturbable, diplomatic and unflinching fidelity, that this great example was wrested from the Philistines to cheer the hearts and strengthen the hands everywhere of those who shall embark upon and assist in developing the science of human duty.

And now, standing in the presence of the sacred duty devolved upon us, and of the encouraging examples just rehearsed, what is the decision? What the resolve? If against wealth, numbers, position, influence, we have in almost every instance when we have joined issue with the old school come off victorious, can there remain a question as to the duty of every honest homœopathist in the land? When the American colonies, for principle's sake, were struggling against the greatest power in Europe, their embassador to the French Republic emitted the epigrammatic declaration, "Millions for defence—not one cent for tribute."

The homœopathic school should adopt a more radical rule. It is not enough that it establish its independence; it ought, because of the divinity of its mission, to capture the world. It would be puerile to believe that this could be accomplished by an abandonment of title and a repudiation of creed. It would simply amount to being sub-

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merged without recompense, and to sacrificing identity without reward. Those—if any there be—who are unwilling to wear the badge of a better dispensation; who are lusting after the prestige of the old school; are of doubtful regeneracy, and ashamed disciples have no place in the camp of reform.

All just homœopathic physicians recognize and declare their duty at the bedside of the sick to be that of conscientiously ruling according to the highest culture and intelligence, without passion or prejudice. But they fail to perceive how a concession to arrogant demands, in order that the lion and the lamb may lie down together, to the mitigation of the ferocity and the nourishment of the lion, will benefit mankind. In the light of its onerous but honorable duty, the homœopathic school cannot see profit in making obeisance to calamities.

If not for its simple confession of weakness, to entertain the subject of union with the old school while it has not yet officially recognized the law of similars; while it still refuses to acknowledge homœopathic physicians as preceptors in medicine or the tickets of such colleges as the equivalent of a course of lectures, to falter in or abandon our position when that school is seeking legislation in every State under the public declarations of its leaders that, once secured, "sects in medicine will be destroyed," would be not only to surrender every element of respectable manhood, but to indecently disavow what we have professed as believers in the law of Hahnemann.

That the world to-day is in the hands of the old school none will deny; that its millions are paying a penalty for it, none can disprove. The one should not discourage, the other should inspire sincere followers of Hahnemann. If, at this time, that school should disappear from the world, giving its inhabitants the alternative of medication under his law, would there not be less sickness and mortality than now prevail? This is the question to be answered by every homœopathist. He has nothing to do, as between good and evil, with the intricacies of evolution. If his answer shall be affirmative, there can be but one course before him as a benevolent and honest man. With the world against him, with expatriation as a result, Hahnemann did not falter, and what is the fruition of his example? That example should be the scripture of our adoption, that fruition, of which this international convention is a part, but on account of numbers, of footholds obtained, of advantages secured, capable of being increased a thousand fold, should embody a commandment not to be disobeyed. Duty, duty, duty should be inscribed all over the simple creed:

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"SIMILIA, SIMILIBUS, CURANTUR."

Duty to organize and to maintain organizations in instant readiness for resistance or proper aggression; duty to subordinate modesty and profit when public positions may be secured which shall conserve the interests of the school; duty to abate the advocacy of personal views against the will of earnest and honest majorities, that influence may not be impaired by exhibitions of internecine strife; duty to repress conflicting personal interests and ambitions as unworthy, and interior political methods as unwise; duty to educate the public mind against empirical practice and the masking of disease through the physiological power of drugs; duty to patronize and pay for the journals of the school, that their influence may be extended and their ability to assist in reciprocal development increased; duty to support its colleges and other institutions, that they may be assisted and encouraged to do increasingly better work.

An earnest attention to these and many more we owe to ourselves *in vindication of our character*, and, if called upon, that we may produce the sponsors of our baptism and confirmation in the new faith; we owe it to each other that in the sacrament of communion individuals may be strengthened for priceless work; we owe it to outstanding commonwealths where disciples are few, that they may point to results in enlightened and more favored States; we owe it to our brethren in foreign lands, where conservatism almost amounts to fossilization, that, by observation and contrast delaying evolution may there be reinvigorated and advanced; above all, we owe a thorough discharge of these duties to mankind, that it may receive the benefits to be derived for sterilizing error and an abundant procreation of the truths of health-giving law.

To do this most effectively, we must, as individuals, purge from our lives all taint of personality, affectation of superiority and uncharitableness.

We must be thoroughly imbued with the high importance of our mission and pursue it only in the spirit of justice and benevolence.

Standing before the world on this wise,—exalted in the forceful and honorable character thus derived,—we shall occupy a position like that commanded by Him whose inculcations of love and mercy are blessing the world,—"let your light so shine before men" that others seeing your good works may follow them.

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LANOLIN AND AGNINE—IN AFFECTIONS OF THE SKIN.*

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LANOLIN was brought to the attention of the medical profession in 1886 by Prof. Liebreich, who gave it (when purified) the name "*lanolinum purissimum anhydricum.*" He appears to have been investigating the nature and sources of *cholesterine* when he determined the presence of an analogous substance in keratinous tissue and termed it *lanolin.*

This experimenter was not the first, however, to introduce *lanolin,* or a similar substance, into medicine. In a less pure form, probably, it was known to the Greeks as "æsypum." Dr. Wulfsberg, in the "British Medical Journal," gave a historical sketch of this substance and quoted from the classical writings of Dioscorides, Celsus and Galen regarding it.

Lewin in 1876 announced that he had demonstrated the presence of *cholesterine* in the granular layer of the epidermis and in the sweating ducts. The truth of this statement was denied by Santi and other observers as late as 1889.

Lanolin contains largely *cholesterine,* and there is no doubt at this time that *lanolin* exists in human epidermis, animal hair, horn, hoof, etc., being most abundant in sheep's wool.

Besides *cholesterine* crude *lanolin* contains isocholesterine combined with fatty acids, glycerides of the lower fatty acids, cerylcerotate and homologous compounds and the volatile capric and caproic acids. In the process of purification the free fatty acids are eliminated.

The details of manufacture are not fully known, but are believed to include saponifying the free fatty acids of crude *lanolin* (obtained from wool washings) with alkaline solutions; with the soap thus formed and the alkaline solution, the cholesterine fats form an emulsion which by churning separates into a cream on the top of a watery soap. The emulsion is then further purified by driving out the remaining fatty acids and alkalies by heating on a water bath. The product is an anhydrous fat or *lanolin,* which is completely soluble in *ether, benzol* and *chloroform,* sparingly soluble in *alcohol* and insolu-

*Presented at the International Congress of Homœopathy at Atlantic City, June, 1891.

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ble in water. But it has a remarkable power of absorbing water—more than its equivalent—without any marked diminution of its consistence; water does not, however, unite chemically with it, and is easily separated by heat. This quality of *lanolin* is very apparent when compared with the power of absorbing water possessed by other fatty bases, as shown in the following table by Dieterich:

100	parts	of	vaseline	absorb	4	parts of	water
100	"	"	lard	"	15	"	"
100	"	"	" (benzoated)	"	17	"	"
100	"	"	cod liver oil 70, white wax 30	"	32	"	"
100	"	"	olive oil 70, white wax 30	"	60	"	"
100	"	"	lanolin	"	105	"	"

The high rate of water absorption of *lanolin* renders it of special value as a vehicle for watery solution of some drugs intended for local or systemic effect.

Unlike the true fats, *lanolin* has no tendency to become rancid and therefore is not liable to chemical changes with substances mixed with it, and hence always remains unirritating as an application to the dermal or mucous surfaces alone or as a holder of medicaments. According to Gottstein and Frankel, it resists the action of bacteria, and, like the oil of the human skin, affords a protection against them.

While *lanolin* is more readily and freely absorbed by the skin than ordinary fats, its absorption into the system is less free than the latter, and from Monks† experiments in the Pharmacological Institute at Berlin, it would appear that it is not absorbed by the intestinal tract at all. To some degree this is due to the fact that *lanolin* only begins to melt at 122° F. and does not become entirely liquid under 132° F., while physiological experiments show that absorbable fats melt at or below 123° F. The exceedingly free absorption by the skin of a fat which does not become liquid under about thirty degrees higher temperature than that of the normal is only explained by the fact that it (wool fat) is derived from horny tissue, and therefore is readily taken into the epidermis and gland follicles as a natural constituent or nutrient. When medicated with aqueous solutions, it is probable that absorption not only *into* but *beyond* the skin, into the system, is greater than with any other base, from the larger amount of water carried and from the readiness with which it is yielded up. For the introduction

† Annual Universal Medical Sciences, 1889, b. 18.

of medicine generally into the system through the skin, other ointment bases are to be preferred to *lanolin*; indeed, the experiments of Guttmann prove this, though Liebriech denies that this is true of the later preparations of purified *lanolin*, which he claims are free from unfusable cholesterine ethers.

The later importations of *lanolin* are nearly white in color, of rather tenacious consistence and for medicinal use contain about 30 per cent. of water. I believe, however, that anhydrous *lanolin* can be obtained and also compounded with other substances.

In this country purified wool fat is made by Messrs. Theo. Metcalf & Co., of Boston, under the name of *agnine*. The earlier preparation was dark brown in color, of soft and adhesive consistence, and when applied to the skin with moderate friction was freely absorbed. The later production is light brown in color, of dryer consistence, and requires considerable friction or the use of gentle heat to be readily absorbed. It is claimed for *agnine* that it melts at a comparatively low point (100° to 125° F.), is free from odor and free from water.

The purity of *lanolin* or *agnine* may be determined by the following simple tests :

1. A small quantity, on being heated in water over a water bath, must show the absence of glycerine. 2. If a solution of caustic soda be added, ammonia must not be developed. 3. If a small amount be heated with water on a water bath, the fat must separate in oily drops without producing an emulsion. 4. With litmus paper the reaction must not be acid. 5. When well mixed with water upon a ground-glass plate with an iron spatula, the product must contain over 100 per cent. of water; and the mass be sticky and paste-like, adhering to the spatula; if impure, the mass will have a soap-like smoothness, from which the spatula readily glides. 6. On exposure, the surface of *lanolin* and *lanolin* salves becomes darkened, owing to the escape of water, not to decomposition. 7. It never becomes rancid and its odor should remind one of wool.‡

I have experimented with the purified wool fat for the past four years, mainly in a clinical way. I have, however, tested its temporary and prolonged action on the healthy human skin repeatedly, and have noted the following effects :

Rubbed into healthy human skin for two to five minutes and then wiping off the surplus with a soft cloth leaves the surface of the skin more soft and elastic without being oily. This effect is perceptible to

‡ United States Dispensatory, 1888, p. 1839.

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the touch for ten to thirty hours subsequently. If the skin be normally wrinkled, *moderate* applications every one to three days renders the wrinkles less apparent and the skin retains increased softness. Applied to the hairy parts of the skin, moderately and infrequently increased growth of hair is occasionally observed. Free and frequent applications to the scalp causes in many cases loss of hair, and on both the hairy and non-hairy parts when used in this manner it finally induces dryness of the surface with more or less flaking of whitish scales resembling somewhat a moderate seborrhœa.

It is in the early stages of seborrhœa that I have found applications of unmedicated but diluted wool fat of the most service; it will frequently effect a cure without other treatment. In mild infantile eczema capitis, often arising primarily from seborrhœa, it is an almost certain remedy. In such cases it has the additional advantage of being a perfectly safe local application in contrast with the great liability to disastrous results from the employment of astringent or repressing applications, and examples of which have been reported by physicians of both schools.

Premature thinning of the hair, especially when due to seborrhœa of the scalp, can be arrested by moderate daily inunctions of dilute *agnine* or *lanolin*, and in favorable cases the growth of hair restored. Most cases of partial baldness, however, require more energetic treatment by the use of anti-pariciticides or other stimulating local means in conjunction with the wool fat, as well as dietetic regulation and internal medication to effect a restoration of the hair.

In suitable cases of this nature wool ointment acts not alone to relieve the primary seborrhœa, but also as a direct nutrient to the structures of the skin. The latter effect is well shown in senile atrophy of the skin or changes accompanied with troublesome pruritus, the relief of the latter symptom corresponding with the improved appearance of the skin from applications of the unmedicated wool fat. Its nutrient action on the hair follicles can be witnessed sometimes in a marked degree when employed for temporary loss of hair from constitutional syphilis, promptly diminishing the shedding of the hair and promoting its renewal.

The ready absorption of wool fat by the follicular structures of the skin renders it of special value as a vehicle in the treatment of parasitic disorders which invade those parts, such as favus and tricophytosis. A less quantity of the paraciticide is required to effect a cure, owing to this property of the ointment base. This is particularly true of substances which are freely soluble in water and which are incon-

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porated in such solution with the *lanolin* or *agnine*. The experiments made by Prof. Unna prove that the more water a fat is capable of absorbing the more freely is that fat absorbed by the skin. Some experiments by Gottstein§ with solution of *corrosive sublimate* in *lanolin* are of interest in this direction. He found that 1–5000 to 1000 mixture of *bichloride* of *mercury* prevented the formation of anthrax bacilli or vegetable fungi. Hence he believes that this preparation is actively disinfectant, and has great advantages over solutions for wounds for continuous use from the greatly lessened danger of poisoning, owing to the minute quantity actually in contact with the tissues. It is estimated that for effective irrigation of a wounded surface it would require a thousand times as much *bichloride* in solution as the quantity necessary in the *lanolin* preparation.

Purified wool fat makes a superior ointment base for many purposes and for quite a large number of remedies. Notably so with *metallic mercury*, *oleates* of *mercury* and *copper*, *ichthyol*, *boric acid*, *naphthol*, *resorcin*, *salicylic acid*, *pyrogallic acid*, *aristol* and *chrysarobin*. In all of these a less quantity is required to produce a given local effect than with any other base, due probably to the more free and uniform entrance into the skin. This I have demonstrated to my own satisfaction in a variety of skin affections, especially in psoriasis, dry eczemas, parasitic diseases (animal or vegetable) and the more pronounced syphilides.

Caution should be exercised in the prolonged use of wool fat preparations on the face or neck of women or children, or on the non-hairy features of men, from the possible effect they might have in stimulating the vigor or growth of rudimentary hairs. They should not be used, moreover, in acute inflammations of the skin or in conditions of pronounced hypernutrition until the active stage is passed.

Lanolin is the more elegant product of wool fat—*agnine* I believe to be equally useful. It is to be remembered that *agnine* is anhydrous and needs to have water or some fixed oil added (when used unmedicated) to render it of softer consistence. An "*agnine soap*" is made by Messrs. Metcalf & Co., which I have prescribed with much satisfaction as a substitute for toilet soap for people troubled with abnormally dry or chapped hands.

To sum up briefly, we have in *lanolin* or *agnine*—

1. A purified cholesterine fat which is readily and freely absorbed *into* rather than through the skin.

2. It is non-irritating and aseptic.

§ Annual Universal Medical Sciences, 1890, a 86.

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3. It will absorb water or watery solutions largely in excess of any other known ointment base.

4. Applied freely and repeatedly to healthy skin, it seems to derange the secreting function of that organ probably by inducing hypernutrition and ending in ultimate dryness of the cutaneous surface.

5. Unmedicated, it is curative applied to the skin in very moderate quantity in affections of the skin attended with derangement of the protective secretions and resulting in dryness or hardness and irritation of the epidermis; and apparently its action in such cases can be classed as homœopathic.

6. In senile atrophy of the skin accompanied with painful sensations, applications of purified wool fat give relief probably as a direct nutrient to the parts.

7. The peculiar, penetrative power of this substance to all parts of the skin permit the use of the least possible quantity of a drug incorporated with it to produce any obtainable local effect.

8. It is probably unsuited as an application in the early stages of acute inflammations of the skin.

9. Used intelligently in the local treatment of cutaneous affections, it has many advantages over any other unmedicated substance, and as a vehicle for the application of many single drugs for their local effect, it is unsurpassed.

10. Its unfavorable quality of stickiness may in a great measure be overcome by mixing it with oil of *sweet almonds* or liquid *paraffin.*

HOW TO CURE BACKACHE.*

By EDWARD BLAKE, M.D.,

London, Eng.

MR. PRESIDENT, LADIES AND GENTLEMEN:

By deputy I make my appearance before this imposing assembly in response to the courteous invitation of the Chairman of the Committee of Arrangements. I have thought it well to make my contribution to the general store consist of a piece of purely clinical work, rather than of medico-political or of polemic material.

Those who might possibly expect the attempted solution of some profound pathological problem will, I fear, be destined to disappoint-

* Presented at the International Congress of Homœopathy at Atlantic City, June, 1891.

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ment on this occasion. I have selected a subject that has at least the merit of modesty: it is the ordinary treatment of ordinary backache. It is not a deeply interesting subject to those who do not possess the complaint, nathless uncured backache is the much-neglected cause of a vast amount of misery in those domestic martyrs whose life is an unwritten tragedy.

When a case of "backache" presents itself for treatment, it is of prime importance to make out its precise nature.

1. Is it the result of local functional change?
2. Is it due to local organic disease?
3. Is it a topical expression of a general diathesis?
4. Is it a reflex merely, from a distinct disorder in another part?

Let me begin by saying that I do not propose to take up rare and recondite disorders on this occasion. I do not intend to do more than casually notice organic disease at all, because that is the subject of classic treatises with which you are all familiar. They are within the reach of all; they form an integral part of every man's professional training. I mean to devote myself to the consideration of very common, and at the same time of intractable ailments.

First, with regard to the question of diagnosis. The anamnesis or voluntary statement of the patient is always to be courteously listened to and then totally disregarded as any essential weight. We should never attempt to diagnose in a hurry. I will dare to warn my younger hearers never to hazard a guess. The chances are infinite that it will be hopelessly wrong. It is always a dignified course to suspend one's judgment. It is terribly undignified to err. A homœopathic physician should never make a mistake. His critics are too numerous and too keen to allow of indulgence with impunity in such a luxury.

Now the question naturally arises, how can we best avoid this element of error which tends to taint every effort of man?

We will consider the practical methods by which not only mistakes may be shunned, but also those conditions may be secured which conduce to that absolute accuracy towards which we are all of us ever striving.

Let us imagine a high, flat, padded table, standing in a well-lighted room of suitable temperature. On this the patient lies prone. A sponge is at hand wrung out of hot water. This being drawn down the back, forms in itself a valuable factor in the diagnosis. If special sensitiveness be elicited, we note the point, and we observe if it lie over periosteum, muscle, nerve or nerve-sheath.

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The surgeon now draws his index finger, followed by an aniline pencil, slowly from occiput to coccyx, along the tips of the spinous processes. Should the patient be observed to shrink when a given point is reached, we proceed to try and discover the reason. If a smart tap be borne better than a light touch, and if the skin on being pinched is exceedingly tender, we suspect local or general hyperæsthesia; possibly, but not necessarily, of functional character. I will not say "hysterical," because, while without doubt that is a most convenient term, it is at the same time a highly objectionable one. If we can now make out the particular tissue involved, the battle is nearly won; but there is no royal road to success; neither will that amusing pastime "subjective symptom-hunting" avail us much here.

In order to test if the tender area be certainly subcutaneous, we note the precise site and then proceed to draw the skin to and fro from the sore point, observing if the same spot be equally sore on pressure. If so, we pause to ask what kinds of tissue have we underlying this particular part. Is there a nerve trunk? Are there lymphatic vessels or glands, veins, arteries, muscle, bone, periosteum, or any heteroplastic deposits? Osteo-arthritic, rachitic and syphilitic neoplasms are especially to be borne in mind. If tenderness come over a nerve-course, it is more suggestive of perineuritis than of inflammation of the actual nerve substance. The latter, of course, would be associated with grave peripheral disturbances of function. We should be careful not to diagnose disease of the spinal cord below the level of the first lumbar vertebra during adult life, nor below the level of the third in infancy. Neither should we expose ourselves to well-merited ridicule by ignoring such homely causes of pseudo-spinal disease as a twisted whalebone or the buttons of a skirt. To obviate this, each skirt, of course, should be supported by an attached body. This plan is better than the use of straps or of braces, both of which tend to induce a round-shouldered figure, and a general habit of stooping.

When we have decided on the special tissue which forms the seat of pain, we confirm the diagnosis by studying the effect of appropriate movements.

We also seek for any habit, tendency or diathesis that will throw a side light on the case. The occupation often supplies the cause. A great number of the pains which appear to be muscular, are really periosteal, and a more precise and careful examination will show that the pain is elicited by the movement not so much of the muscle itself as because during its contraction it necessarily drags at the periosteal

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point of insertion. When in doubt as to whether a case be organic or only functional, a very useful manœuvre is to request the patient to arch the back. If this can be done, we know that it is not organic.

If, however, the patient does not comply with our request, it is not of necessity organic; it may be a *histrionic* disease; it may be a case of profound debility. A faradic shock administered unexpectedly above the posterior portion of the ilium will cause opisthotonos by surprise and help us in forming a just opinion.

Having now carefully ascertained and entered in our note-book the history of the pain and its precise pathology, both absolute and relative, we request the patient to sit with the back in a good light. The seat must be quite level, and we should make sure that the clothing under the body is equal on both sides, and that the hands rest symmetrically on the thighs. We note if the blue line drawn down the spine be quite vertical; if the shoulders be level, and on looking down on them we make sure that one is not in front of the other.

As some spinal curves do not reveal themselves in an upright posture, we should cause the spine to be slowly flexed, when the morbid deviation is at once brought to light.

For convenience sake we shall now consider backache as it occurs in the two sexes considered apart from each other.

Backache in Women.—Every gynæcologist knows that there are two vulnerable points in the spine of a woman.

These two points are the cervical and the lumbo-sacral regions.

We know that, alas! when we have removed the pelvic cause of these pains, the pains themselves have a sad habit of persisting.

Here treatment by suggestion ought to be able to help us, and so no doubt it may, but a residuum—a kind of submerged tenth—will remain to mock our efforts.

Like a certain distinguished general, with that submerged tenth I now propose to deal.

We will first consider

Sacral and Loin Pains.—If there be acute sensitivenes to touch, we may have the condition described by Braxton Hicks where the terminal fibrils of cutaneous nerves are enlarged and hyperæmic—a condition of passive peripheral neuritis. High dilutions of *belladonna*, or massive doses of *antipyrin* given internally, afford some solace. I have seen the best effects from gentle upward electro-massage with the continuous current 1 to 3 milliampères, with a vaseline of *belladonna* as a lubricating agent.

Some cases are more quickly relieved by *aconite*.

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Pain in the erector spinæ—actual myalgia—yields to *actæa racemosa.* I employ a tincture of *cimicifuga* to which a few grains of *macrotin* may be added with some suitable vehicle, as soap liniment without *camphor.*

It is best applied with a vibratile movement or by *tapotement,* using first the voltaic current and then a combined stream of galvano-faradism at a later stage.

If the periosteum alone be tender, or localized œdema be present, I employ a mild *mercurial ointment,* such as the *oleate* five per cent., one drachm, to *olive oil* and *lard* of each one ounce, this rubbed upward with steadily increasing vigor, after applying acupuncture round the affected part.

If severe œdema exist, I prefer *apis mellifica* followed by *sulphur.*

The *mercurial* treatment is often followed by the use of *rhus* inside and out.

Icthyol as a liniment has succeeded when other things have failed.

These indications all apply to the disease when found in the cervical region.

I have been surprised at the number of cases in which strictly localized œdema of the sacrum is present in old-standing backaches. Until the œdema is removed by physical means, there is little chance of curing the backache.

Having emptied the cellular tissue of the contained fluid, when we are dealing with the neck—and the rubbing should always be very slow at the commencement, so that the delicate meshes of the connective tissues be not torn—we proceed to flex, rotate and circumduct the head; we shall often detect little points of adhesion between the vertebræ which should be vigorously broken down.

By way of stimulating nutrition, the galvanic current can be combined with all the forms of massage.

The most convenient method is to apply a flat electrode, representing the positive pole, to the nape of the patient's neck. The negative pole is fastened to the arm of the attendant by means of a broad elastic band stitched to the electrode.

The nurse should learn by heart the following convenient *memoria technica* in order to avoid injuring the skin of the patient, and it must be remembered that some patients slough with less than one milliampère of negative electricity :

"The positive pole to the patient,
The negative pole to the nurse."

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If more stimulation or nutrition be thought advisable, the physician, by means of a gentle use of the commutator, may occasionally reverse the currents, frequency of reversals bearing opposite relation to thickness and toughness of skin.

If muscular paresis form an element in the case, then the interrupted or faradic current may be used with or without the voltaic stream.

Interruptions to bear an inverse relation of frequency to the gravity of the palsy. That is to say, old cases of established paralysis demand a powerful faradic current, conveyed through a coil of copper wire two millimetres in diameter, with very rare interruptions. On the other hand, recent and mild pareses are better treated with frequent vibrations conveyed through a coil of finer wire.

So much for the lumbo-sacral region, and now for the dorso-cervical portion of the spine.

Dorsal and Neck Pains.—Though far less common, cause more distress because of the greater mobility of the cervical portion of the spine.

These are usually osteo-arthritic in character.

With the incoördination of the pharynx and the recurrent lichen or else urticaria, and the anæmia which so often accompany them, they are probably autotoxæmic.

The débris of pus from an uncured cervicitis or some other pyogenic process, is absorbed and acting on nutrition possibly by paralyzing certain nerve centres, produces these trophic changes in the cartilages and surrounding tissues known as "rheumatic gout." The symmetry of these changes, and the nerve symptoms which precede them, seem to put .their neurotic origin beyond cavil. This is the opinion, too, as I have personally ascertained, of some of our first British neurologists.

Personally I attach very great importance to the removal of the œdema which so often accompanies the established cases. We have seen that it is often impossible to cure the patient without removing the local dropsy of the cellular tissue. Though the appropriate remedies, *mercurius corrosivus*, *apis* and *arsenicum*, lend a valuable aid, they are rarely sufficient unless reinforced by mechanical measures. Here electro-massage works wonders. We use by preference the trophic current; that is voltaism, galvanism, or continuous electricity. Some endeavor to frighten away the symptoms by the use of faradism, and they occasionally succeed. More frequently the symptoms are aggravated, and the alarmed patient is prone "to seek further advice."

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Where it is feasible, of course, it is better to use locally, as a lubricating agent, the same remedy that we administer internally. Should this not be practicable, for œdema the mild *mercurial ointment* is excellent. For the dull and wearisome pain which makes sewing and writing a torment, *actæa* acts admirably as a liniment.

As we have seen, there is usually some osteo-arthritis present in the cervical cases. It is probably due to trophic changes set up in the cartilage and periosteum as a result of nerve-centre poisoning by pus débris absorbed from the genital passages. It bears a relation to the toxæmia of gonorrhœa in males. Other remedies are *sulphur, caulophyllum, rhus toxicodendron pulsatilla* and *staphisagria.*

Case I.—*Myalgia of Quadratus Lumborum.*—Mrs. ——, æt. sixty, has resided chiefly in the northern or warmer part of Australia. She has been salivated. She has suffered greatly from the effects of hyperlactation. For many years she has had uratosis, and during that time has had a pain "in the right kidney." This pain has been very naturally attributed to the lithiasis by herself and by her physicians. It turned out that they were not necessarily connected.

On removing the clothes, the loins were found to be asymmetrical —the right side bulging much more than the left. The innervation of the obliqui and the transversalis abdominis on the right side was very defective. The pain, on careful examination, was found to correspond precisely with the area of the quadratus muscle.

On pressing the kidney itself no tenderness was elicited, but in sharply squeezing the fibres of the quadratus between the finger and thumb, considerable discomfort was experienced by the patient.

The diagnosis was further confirmed by requesting the patient to stoop and pick a pin from the floor with the left hand, which, throwing the right quadratus into contraction, at once induced the pain.

The Treatment.—This consisted in

1st. Acupuncture with a fasciculus of thirty needles by means of the well-known apparatus of Baunscheidt.

2d. The inunction of *actea* with vaseline.

3d. Vibratile movements with the continuous current.

The pain disappeared after the third application to return no more.

Case II.—*Chronic Nape Aching.*—Mrs. ——, æt. thirty-eight, is an American; consulted me on December 31, 1890. Has been delicate from childhood; worse during the past six years. Prone to urticaria (recurrent septicæmia or auto-toxæmia), osteo-arthritis, dreaming, lassitude in the morning, low spirits. Frequent vertigo; occasional black spots before the eyes; asthenopic astigmatism. Frequent chorea of the facial muscles. Much flatus in abdomen and stomach. Pale and frequent urine, in which albumen has been found. Leaves bed two or three times during the night to micturate. Dyspnœa during exertion, slight cough with yellow expectoration.

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The period is irregular, lasting about five days; the discharge is either green in color or dark and coagulated. During the menstrual epoch the breasts are swollen and tender. It is followed by a dark yellow leucorrhœa, which causes itching of the pudendum.

She had Bright's disease with her first baby, fifteen years ago.

Was treated for erosion in 1888, and two years ago had trachelorrhaphy successfully performed by a lady doctor.

Last year she passed a tapeworm.

DIAGNOSIS.—The pelvic organs were as follows: Right appendages normal; left broad ligament tender; left ovary tender and fixed.

The uterus was a good example of the type known as "succulent." The cervix was large and doughy. It was purple in color and easily bled when touched.

The liver was normal; the spleen large and tender. *Cocculus indicus*, first centesimal, followed by *belladonna* 6, relieved the menstrual troubles. The endometrium was swabbed with *iodized phenol* and the vagina next packed with tampons of saturated *anhydrous glycerole* of *hamamelis*.

Long-sustained vaginal douches of water were ordered, not very hot, as there was a suspicion of the presence of Neisser's diplococcus.

The remedies, *bryonia* 12x, then 1x, *hepar sulphuris* 3x, *nux vomica* 30x, *actea racemosa* 3x, and *hamamelis* 3x, were all selected in turn on purely symptomatic grounds.

The pelvic symptoms soon showed signs of improvement and after four weeks' treatment she ceased to feel any inconvenience from them.

Still the aching and rigidity of the nape, though evidently a result of the abdominal disease, persisted, as they so often do, after the removal of their cause.

The pain and the doughy swelling round the vertebra prominens showed no sign of improvement till electro-massage was applied. This consisted of deep upward rubbing with *mercurial ointment*—the combined current passing at the same time through the operator's hand.

It was always followed up by active, passive and resistant movements of the head.

A few days' persistence in these manœuvres succeeded in effecting a complete cure.

COMMENTARY.

We have here an interesting example of osteo-arthritis or rheumatic gout of the upper vertebra resulting from autosepsis. The débris of pus corpuscles was for some time slowly absorbed. This had certainly taken place during fifteen years at least. This organic poison acts powerfully on the medulla oblongata. It increases the cardiac inhibition leading to general innutrition from imperfect heart action. Occasionally we have the reverse result seen in the overaction, in some cases simulating the cardiac hypertrophy of pregnancy.

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The trophic joint centres are often specially selected for interference. This action is usually so symmetrical that we cannot doubt its centric origin. Sometimes both knees alone suffer. Occasionally the two olecranons. A very common site is the joint between the first and second phalanges of the ring finger, the metacarpo-phalangeal joint is rarely invaded, probably because it is better protected, better supplied with blood and more mobile. It must be remarked as interesting that the ring finger is sometimes the only one to suffer. Formed for prehension in the arboreal age, it has little independent action of extension.

So symmetrical is this disorder at times that I have seen the two internal trochlear surfaces of the two thumbs picked out while all the other joints escaped.

Backache in Men.—There is nothing very distinctive in the backache in men.

Nephralgia appears to be more common, and because it is associated with uratosis, we are not to consider that it is dependent entirely on the presence of lithic acid in the urine.

Case III.—*Nephralgia.*—A middle-aged dyspeptic consulted me for persistent pain along one ureter.

He had passed free uric acid as long as he could remember.

There was no stone in the bladder. No hydrocephrosis. No pyuria.

I passed a stream of continuous electricity along the ureter—five milliampères—using voltaic alternatives, during three séances of fifteen minutes each. This was followed by an entire disappearance of the pain.

Three years have elapsed, and there is no recurrence yet.

Case IV.—*Periosteal Rheumatism.*—Military man, æt. thirty-five. Six years before, while on duty at Gibraltar, he was seized with a pain in the loins, for which he could obtain no relief from his army-surgeon.

This pain he took with him up the Nile, where he formed one of Lord Wolseley's famous water-party dispatched for the relief of the ill-fated Gordon.

Here matters were not much improved, for the practice of standing for some hours of each day in the River Nile and allowing his clothes to dry on his person, together with anxiety and irregular rations, combined to accentuate rather than to soothe his sufferings.

The subject was placed flat on his face in a bright light. The points of pain and of tenderness were then patiently sought for.

These were found to correspond with the upper edges of the posterior portion of the iliac spine on either side.

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The tips of the transverse processes of the fourth lumbar vertebra were also found to be tender on deep pressure. This military officer had the acupunture in circles round the painful parts. *Opodeldoc of rhus toxicodendron* was rubbed in by an attendant, and the second application was followed by a permanent cure.

In this instance the diagnosis of rheumatism was confirmed by crepitant knees and by aggravation of the loin pain on being told to rise from the dorsal decubitus with folded arms.

For the guidance of those who employ the Baunscheidmus, I may observe here that I never puncture over the site of the actual pain but around it.

CAMPHOR BROMIDE.*

By ROBERT T. COOPER, M.D.,

Physician Diseases of the Ear, London Homœopathic Hospital.

Thirty days hath September,
April, June and November,
February hath but twenty-eight alone,
While all the rest have thirty-one.

WHEN receiving a standard work on poetry, a philosophical critic declared that it is a question whether any poem that has ever been written has proved of such undoubted utility to mankind—at all events to the Anglo-Saxon race—as these mongrel doggerel lines. With variations, these lines are to be found in the mouths of some millions of the earth's inhabitants; inhabitants, too, many of whom would find it impossible to repeat from beginning to end any one poem by a standard author. Utility has enchiselled these words upon the adamantine tablets of countless crania, to the undoubted amelioration of myriads of misfortunes—Laudate Domine!

It is entirely in a spirit of utility that I take pen in hand to write on the subject of *camphor bromide*, entirely from a conviction that my intended remarks are of practical utility, well knowing that they fall short of the scientific standards required by authorities, as do the lines above given of correct metrical versification.

Some fifteen years ago my attention was first drawn to *camphor bromide* when attending a little baby boy who was sleepless, and to whom a well-known homœopathic practitioner had given grain doses of first decimal trituration of *camphor bromide* for sleeplessness.

* Presented at the International Congress of Homœopathy at Atlantic City, June, 1891.

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The prescription at the time seemed to me a most unwise one, and subsequent experience with this powerful agent amply confirms this view. I therefore changed the prescription to *mercurius sol.* 3d dec., a powder of which, given every night for some few nights, had the desired effect, and the child ceased to be troubled with sleeplessness.

Attention having been called to the drug, I began prescribing it rather frequently, and soon found that it produced so many symptoms when gone on with, and these of a very varied and distressing nature, that I was perforce obliged to limit my employment of it. I need hardly say the doses employed were extremely minute; generally the third or the sixth decimal triturations were selected. But while I found it so generally set up new symptoms, I also found that it very often subdued or took away the old or original symptoms. Thus that colds, slight feverish attacks of children, coughs, various forms of restlessness were often at once subdued by it, while where the remedy persevered, the almost invariable result was that the patient became in one way or other more than ever complaining.

In one case, in a young girl who suffered from persistent hay-fever symptoms at all seasons of the year, and whose case had baffled some of our most prominent practitioners, grain doses of *camphor bromide*, third dec., gave the most welcome relief, so much so that I allowed her to have a bottle of it in her own keeping. I shall never do this again. Without my knowing it, the patient developed a craving for the *camphor bromide*, and on the slightest excuse used to fly to the bottle. Together with a number of other contributing circumstances, this had a most prejudicial effect upon her brain, melancholia of a most distressing form set in, accompanied by menstrual suppression; the patient remained silent and refused food for weeks together, until at a happy moment I ordered her five-drop doses of *avena sativa* tincture every fourth hour. This seemed literally to lift her out of her state; a cloud, as she expressed it, seemed to rise up from her and gradually her reason became quite restored. But it was a warning never to allow even a dilution of *camphor bromide* to be placed in a patient's hand without very precise and limited directions. Hence it will be seen why the repetition of a drug like *camphor bromide* in infancy is to be severely reprehended. Noticing the remarkable property possessed by *camphor bromide* of subduing all kinds of excitement, all kinds of cell irritability, I added it to my pocket-case remedies, and although my present special practice does not call for such frequent prescription of it, it still remains an indispensable polychrest.

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And it is here that the *raison d'être* of the quotation at the outset of this paper comes in; if I could give any very precise indications for its prescription, an explanation of or an apology for these remarks would not be required. But there's the rub; my indications for the prescription of *camphor bromide* in the way in which I have been in the habit of prescribing it are to a certain extent wide and indefinite. To go on with the narrative, *camphor bromide*, third dec. found a place in my pocket case, and no remedy ever smoothed the rough and thorny path of my general practice as this did, and I object to satisfying scientific requirements when my experience does not permit me to do so. As stated, utility is my watchword while writing.

You all know how in the midst of trivial ailments trivial because easily dispersed by means of our *aconites*, *belladonnas*, *mercuriuses*, etc.,—we find cropping up every now and then, as if a warning to us to be careful, suddenly developing but obstinate symptoms, such as neuralgia, coughs, and various spasmodic affections, and which the repertorian will tell us to study carefully by means of a ponderous volume, but in which opportunities may not be afforded by proceeding in this desirable Hahnemannic method.

It is in this undoubtedly extensive group of diseases—a group that has as yet received no more definite nomenclature than that comprehended under the most imperfect term of reflex disturbances—that *camphor bromide* does so much to assuage the distresses of both patient and practitioner.

Let me call to mind a few instances of its action. I was called up at night many years ago to an urgent case; it was that of a clergyman's wife, æt. about fifty, who had been suddenly seized with a paroxysm of dyspnœa, accompanied by the most agonizing pains in the back between the shoulders, with inability to lie down. I took it that she was suffering from a sudden seizure of spasm in the larger bronchial tubes. I placed a couple of grains of *camphor bromide*, third dec., on the tongue, mixed a little as well in a tumbler, and proceeded to leave the house. Her husband stopped me on leaving to know if there was the slightest chance of her recovery, so certain were all in the house that she was on the point of death. The faith I had in *camphor bromide* enabled me to assure him very positively that in a few minutes all the distress would have vanished, and on calling the next day I had the satisfaction of learning that within ten minutes of having placed the powder on her tongue she had lain down flat on her back and had gone quietly to sleep for the remainder of the night.

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Take another instance: I was called to see a rather stoutish woman, the mother of a family, æt. some forty years, for the most violently painful irritation over the entire body, accompanied by small eczematous spots, as if threatening general eczema; she had not slept for three nights, and the irritation went on day and night till she was almost driven mad.

Instead of pursuing elaborate investigations in order to elicit the key-note or the similimum, I simply placed my *suggestion specific* upon her tongue, with the result that, as she afterward told me, in ten minutes the irritation left her and she was free from intolerable torture for the first time for three whole days and nights. After this the eruption soon disappeared under, I believe, *mercurius iodatus*.

Take another case: I was attending the wife of a gentleman who had little faith in homœopathy, and heard from her that he was suffering from intolerable toothache. Presently he entered the room, stating that a paroxysm had just terminated. The pains were coming on, he said, with terrific violence every fifteen minutes, in a molar tooth of the lower jaw, which had already been condemned, and the worst of it was, said he, "My dentist is out of town 'till Monday;" it was then early Saturday afternoon. As was natural, I recommended him to see another practitioner of the dental art, but "Oh, no; my dentist," he replied, "is an American, and on no account would I allow any but an American dentist to examine my mouth; there is nothing for it, doctor, but to wait till Monday, unless some of your little things will relieve me." Thus challenged, I put a few of my little things, in the shape of a few grains of *camphor bromide*, third dec., on his tongue and resumed inquiry as to his wife's symptoms. A few minutes passed and he exclaimed, "Why, doctor, the pains are not coming on this time!" And he remained perfectly free from them until midnight, when they again threatened, but on taking a dose of the *camphor bromide*, all pain again ceased and remained away until the tooth was extracted on Monday. The tooth was found to be carious at the root and the nerve itself was being pressed upon; so much so that the dentist remarked, "What frightful agony he must have suffered with it!"

These were some of my triumphs with camphor bromide; another was that of a patient dying of malignant disease of the bladder. He was evidently in great pain and his features much distorted, although at the time under the influence of opium. His wife implored me to try and relieve him, and at once the *camphor bromide* was called into requisition as in the other cases. This was toward evening, and on

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calling next morning was met by the query, "Are you justified in giving such strong medicine?" He had not had it five minutes when his entire countenance changed from a pained and drawn aspect to one of peacefulness and calmness, and looked in every way natural, until death released him, as it soon afterward did, of his sufferings.

These cases, I think, illustrate very fairly the pocket-case employment of *camphor bromide*. They are not intended to illustrate anything beyond this, as remarked at the outset. I have noticed widespread and diverse symptoms to follow upon the administration of this *bromide*, but this paper does not aim at describing these, or at giving any definite indications for its prescription.

Camphor bromide is a singularly useful remedy for a pocket-case, as it relieves states of high tension in either the entire system or in portions of it in an amazingly short time, and the gain of possessing such a remedy when going our rounds is very great. It is true that it sometimes fails, ignominously fails; but then this is to be determined within ten minutes of its administration; so that as a rule the practitioner can advise as to its effects during a short visit.

Then my impression is that the *camphor bromide* renders the patient more sensitive to the remedies that are to follow; for I must strongly insist upon it that for the purpose of relieving any great distress of the system, the *bromide* ought to be placed—three grains of the third decimal—directly on the tongue, and as a rule ought not to be left mixed in a tumbler, as is so usual with other remedies. It, in fact, seems to clear the way for selections that are to follow. Then another necessary rule to make in regard to the *bromide* is, on no account to keep repeating it; if it fails, it fails, and there is an end to it; no gain is secured by a continuance of it.

In one case of frightful ovarian neuralgia, it gave prompt relief when I was first called in, but when next day the attack returned it absolutely failed, and from this and other cases my inference is that it is useless to push it; and besides, even in the third decimal, I have shown its power for evil if improperly handled is very great.

After slight operations on the throat, etc., where the patient is more alarmed than hurt, or where, when hurt, the pain is likely to persist some hours, I have found very satisfactory results to follow from the *camphor bromide*.

This, then, ends my contribution to the International Homœopathic Congress at Atlantic City. No doubt, could I but keep into the midst of you, my exclamation would be that of the describer of a vision: "Which when I had seen, I wished myself among them."

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HOMŒOPATHY VERSUS EMPIRICISM.*

By CHAS. S. MACK, M.D.,

Ann Arbor, Mich.

THE point of which I would speak is so very simple, and has been so urged by Hahnemann (though perhaps not always consistently), and by various of his followers, that some of my hearers will feel that enough has been said of it, and that there is no occasion for again bringing it to the front and making it the subject of even a very short paper. To me it seems that there still is occasion for urging this point, and will be until there is, by all physicians, a practical recognition of it. The point, concisely stated, is: In practicing homœopathy, *give the remedy indicated.*

We all know that some of our records of a drug's pathogenesy have been more or less vitiated by the introduction, as drug-effects, of symptoms which are not effects induced by the drug taken in health, but are disease-effects from which a patient has recovered while under treatment with the drug. So far as in prescribing one is led by such a symptom, his practice is purely empirical. I have no objection to an empirical practice as a last resort, when it seems the most promising for good to a patient; but I most cordially join with those who are protesting against the vitiation of our records of Materia Medica Pura in the way just cited. These records should be kept pure, and no symptom should be admitted into them on any ground other than that it has been observed as a pathogenetic effect. If results of practice are to be admitted (unspecified) into the same records with the results of scientific investigation in the field of drug pathogenesy, it will be merely a question of time when in these records the facts of science and the notions of empiricists will constitute a conglomeration from which it will be impossible to obtain any accurate scientific knowledge; and without accurate scientific knowledge of drug pathogenesy it is impossible to practice homœopathy scientifically, *i.e.*, *with the indicated remedy.*

The practice of homœopathy is an *art*, and the perfecting of it, must be preceded by a perfecting of the *sciences* on which it is based. One of those sciences is drug pathogenesy, and this science we should develop in a purely scientific spirit, as eager to discover errors as to discover truths in its records. We should by no means distort or wrench

* Presented to the Minnesota Institute of Homœopathy, May, 1891.

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in any particular the facts of pathogenesy to make them harmonize with what an empirical practice might lead us to suppose would be pathogenetic effects of a drug.

One thing which the foregoing opposes is any attempt to determine characteristics or key-notes in homœopathy from practice.

HOMŒOPATHIC MEDICINES AS PROPHYLACTICS AND HOMŒOPATHIC CONSTITUTIONAL TREATMENT.*

By P. DIEDERICH, M.D.,

Kansas City, Kas.

THE first paragraph of Hahnemann's Organon, "The physician's highest and only duty is to restore health to the sick, which is called healing," is rather too limited in our present time and should be amended as follows: The physician's highest duties are, first, to prevent all preventable diseases; and second, to restore health to the sick.

The prevention of diseases is a science equally important, if not more so, than the curing of the sick. Millions of young and adult lives are lost annually, falling the victims of preventable diseases, and hence anything aiding State boards of health and sanitarians in their continuous warfare against these human foes is valuable and worthy of consideration. Acknowledging the great good already accomplished in that line, I believe far more can be done if we understand better the law of similimum. Homœopathy as a preventive system is no less powerful than homœopathy as a healing art. The whole realm of preventable diseases comes within its range. Not only one or a few morbid conditions, but all preventable diseases can be successfully averted by this system. Like cures like is true, and like prevents like equally so. Both are reliable principles, and failures occurring either in curing or preventing, the fault is not with the principle, but with the practitioner. When the essentials of homœopathy are ignored, a satisfactory result cannot be expected and failures are due entirely to ignorance or carelessness.

In the following a few hints are given as to the rules to be observed in the application of the homœopathic principle "Like prevents like." First of all, a close observation and careful study of the disease in question is necessary in order to select an effective preventive medi-

* Presented at the International Congress of Homœopathy at Atlantic City, June, 1891.

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cine. It is well known that diseases vary, assuming different forms according to the prevailing *genius epidemicus*. The simple diagnosis of a case as scarlatina is not sufficient to justify the administration of *bell.*, either as a curative or prophylactic remedy. If *belladonna* symptoms are predominantly present, then we are right in prescribing it, but otherwise no good results will follow its use. And so in cholera Asiatica. It may be a case of *camphora*, but it is not invariably so. Sometimes the principal symptoms indicate *cuprum*, or *arsen.*, or *verat. alb.*, etc., and in these cases *camphora* is worthless, either as a curative, or preventive agent. Diphtheria also presents itself in various forms. *Mercuri binjodat.* in my hands has proved to be very efficacious, yet it is far from being a specific, and to administer it, or *apis*, or *phytol.*, or any other medicine without special indications will have no salutary effect. But how is it in variola, where we invariably use the same method as a preventive? Does variola never change? Is vaccination a preventive in every epidemic? A successful vaccination with cow-pox virus is, in my opinion, the best preventive, but whenever variola changes essentially in its manifestations, then according to the principle "Like prevents like," vaccination with cow-pox virus ceases to be a preventive. To meet the changed form of the malady another method than vaccination must be used in order to be preventive. *Sulphate of quinia*, in many parts of this country is used extensively as a preventive of malarial fevers. It does prevent, but only in certain well-defined conditions. The indications of the drug are clear cases of intermittent fever, paroxysms with chill, fever, sweat and apyrexia. In this form of intermittents *quinia* cures, or prevents, as the case may be. Typhoid fever, can it be cured? Are medicines of any value in this fever? If they are effective as curative agents, then they are valuable as prophylactics too. When many cases of typhoid exhibit a marked delirious stupor, confusion, scattered feeling, face dark red, besotted expression, tongue thick, fœtid odor from mouth, prostration, etc. I am sure *bapt.* θ is *the* remedy, not merely as a curative to the sick, but also as a prophylactic to the healthy.

I advocate this principle of homœopathic prophylactics as a general law, applicable to all preventable diseases, contagious and epidemical. And more than that, it can be used in all intermediate, that is, sub-contagious and sub-epidemical diseases too. This latter class of morbid conditions is frequently met with. Their character is doubtful and a correct diagnosis is difficult to arrive at. Are they contagious, epidemical, endemical, or merely sporadic cases? A correct answer to this may be almost impossible. But never mind the name,

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or classification; treat them always according to the signs and symptoms, and if a prophylactic is required, the principle "Like prevents like" shall form the basis for the selection of the remedy.

A point of difficulty may arise in such cases, where many remedies have been administered during the course of a preventable disease. Which one of these remedies shall be given as a prophylactic? Usually it is no hard task to decide this question. The intercurrent remedies are easily recognized from those having a great general pathogenetic similarity to the diseases and the latter always are the true preventive remedies. An intercurrent remedy should never be given as a prophylactic.

To be effective, preventive medicines should be given low, and repeated as often as necessary to produce a decided impression upon the healthy system. A high potency and a single dose may have some virtue in a very few cases, but in the large majority I believe it would be a preventive without prevention. I use the mother tincture up to the 3d x potency, or the crude drug up to the 3d x trit., as the case may be; repeated from one to six hours, until some effects of the drug are perceived in the person.

I have practiced this system satisfactorily in

Scarlatina, *bell.* 1 or 2x.
Measles, *bry.* 1 or 2x.
Whooping-cough, *dros.* 1x.
Diphtheria, *apis mel.* 1x, or *merc. binj.* 2.3x fr.
Cholera Asiatica, *camphora θ.*
Typhoid fever, *bapt. θ.*
Intermittent fever, *quinia* gr. j. or ij.
Malarial remittent, *gels. θ* or 1x.
Epidemical dysentery, *merc. corr.* 3x fr.
Epidemical ophthalmia, *euph.* 1x.

I would not hesitate a moment to recommend and employ this system in yellow fever, typhus, epidemical cerebro-spinal meningitis, etc., and in every instance where a preventive medicine may be required.

Finally, I wish to state that the administration of homœopathic prophylactics does not exclude, but goes hand in hand with all other well known sanitary, hygienic and dietetic rules and regulations.

HOMŒOPATHIC CONSTITUTIONAL TREATMENT.

The preventive system embraces still another class of diseases. Our physically deteriorated race begets countless numbers of children

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annually, in whom a predisposition to constitutional diseases gradually develops. Can anything be done to correct this hereditary evil? Is there no help for these poor innocent ones, suffering for the sins of their ancestors? I believe there is help. A homœopathic constitutional treatment will do wonders for these unfortunates. The antipsoric remedies, *i.e.*, the constitutional homœopathic medicines, are most powerful in their effect upon the young. Under their action the abnormal condition of the tissues is revolutionized and a great change in the system takes place. In the innermost recesses of life, in the minute cells where microbes, bacteria and bacilli, ptomaines and leueomaines abide, fiercely attacking each other and fighting for supremacy, there enters also the subtle, dynamic power of the constitutional homœopathic remedies, and gradually but irresistibly the evil doers in the cell commonwealth are conquered and eliminated from the system. The following remedies are of superior value as constitutional remedies: *Sulph., calc. carb., calc. phosph., hep. sulph., cal. silic., phosph., iod., arsen., con., aur. met., baryta carb., thuja occ., mercury, nitric, sulphuric,* and *phosphoric acids*, etc. These few may suffice to show the class of remedies considered by me preëminently constitutional medicines.

The principle and rules governing a homœopathic constitutional treatment are as follows: The law is: "Like prevents like." For a practical application of the law, two pictures are required. One, a family group of the ancestors and parents as complete as possible as to their particular constitutions, habits, etc., and another one of the child receiving the treatment. With these two pictures in mind and a thorough acquaintance with the homœopathic materia medica, it will be in most cases an easy matter to decide as to the proper similimum for the case in question. Sometimes it may be well to commence treatment of an unborn child. Of course in those cases the family group picture—that is, the history of the ancestors, parents and older children—is the only guide to the selection of the remedy. The necessity of such a treatment in numerous cases is obvious. Think of hydrocephalus acutus in infants, etc.

In regard to the dose, it is almost unanimously conceded that high potencies should be administered. Under high potency I understand the 20th to the 200th decimal. A repetition of the dose should take place only at long intervals, say, once daily, weekly, monthly, biannually, annually, or indefinitely postponed, as the case may indicate. The proper dose and repetition should receive careful consideration, as the good effect of the treatment depends largely upon them.

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This treatment in connection with modern sanitation, hygiene and dietetics will prove to be truly a preventive of the development of a predisposition to all constitutional and sub-constitutional diseases. Health and happiness will reign supreme when homœopathy becomes generally known and intelligently practiced to the full extent of its curative and preventive principles.

ORIGINAL ARTICLES IN SURGERY.

SARCOMA AND CARCINOMA.*

By WM. TOD HELMUTH, M.D.,

New York.

THE subject of Carcinoma and Sarcoma, taken collectively, would, in the light of present scientific discovery, cover an almost endless field. In fact, it would be impossible to collect and refer to the varied essays, investigations and experiments which have been made regarding the true pathology of these tumors and their varieties. I have entered upon the subject with the idea of perhaps throwing some light upon the diagnosis and treatment of these peculiar and interesting neoplasms, having based these observations on the treatment of 100 cases of the disease. There can be no doubt that until the last quarter of a century the true distinction between sarcoma and carcinoma was unknown. The term sarcoma meant a fleshy tumor situated in any part of the body,† and was probably applied to that variety of myofibroma in which the blood-vessels were numerous, and which contained a certain amount of unstriped muscular fibre. When Abernethy attempted his classification, he arranged most of the innocent growths under the term sarcoma, excepting the cystic and bony tumors, and it is probably that what we now term sarcoma were grouped under the head of cancer. Since the introduction of the microscope, although the classification of tumors has received much attention, there is still great diversity of opinion regarding their origin, formation and life history. It is generally maintained that the growths called sarcomatous are of connective-tissue origin, and that

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* Read before the International Congress of Homœopathy, June, 1891.

† Sed si magni tumores oriunter qui ut massæ carneæ supra reliquam cutem dependent sarcomata vocavi confueverunt. Heister, vol. i. p. 477, Institutiones Chirurgicæ.

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the carcinomatous formations arise from epithelial structure. As connective tissue in turn arises from the mesoblast, and the epithelial structures are produced from the epiblast, it may be, that if remedies acting upon the structures in the body which arise from these layers of the blastodermic membrane can be discovered, perhaps a step forward may be taken toward the medical treatment of these growths, which, it must be admitted, is now unsatisfactory and meagre. Whatever remarks I may make regarding the *clinical manifestations* of these tumors have, as I have already remarked, been the result of considerable experience with them during the last twenty years, and I confess that a more perplexing study cannot be well imagined. In the first place, it used to be thought that a malignant growth was malignant from the beginning to the end. For instance, Bryant writes: "Tumors never change their original nature, nor pass nor degenerate into others of a different kind. A simple tumor remains so to the end; a cancerous tumor is cancerous from the beginning." This apprehension I taught myself for many years, until a larger and wider experience and study proved the doctrinc to be incorrect. I may state here, *en passant*, that I know that typical (innocent) tumors and intensely atypical (malignant) growths can exist together and grow in juxtaposition; this is especially true in malignant diseases of the upper jaw. I have removed the superior maxillary over a dozen times for malignant disease, and can remember in several of these cases, after the bone had been turned out there appeared attached to the turbinated bones, and in one case to the anterior portion of the basilar process of the occipital, several polypi, true myxomatous tumors, smooth, soft and elastic.

Again, in the classification of sarcomas into the different varieties it must be remembered that such a tumor may present a myeloid appearance (Paget) (giant-celled sarcoma at one point), the manifestations of a recurrent fibroid condition (spindle cells) at another point, and round cells at another, and a still more important fact may be stated that a truly benign growth may show typical innocent cells at one part of its substance, and truly atypical malignant cells at another. This seems to be almost a paradox, yet my experience, I think, backed by the testimony of the most experienced professional microscopists, bear out the assertions.

Nearly three years ago I removed the left superior maxillary bone for a rather peculiar tumor which had existed for several years. A preliminary tracheotomy was necessary and the actual cautery required. The specimen was peculiar, and was sent to a professed and

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skilled microscopist, who, in the conclusion of his report, says: "The main lobulated, smooth, firm tumors are made up of dense, firm, fibrous connective tissue, in which there are imbedded rather numerous acinous (mucous) glands." *This type is certainly benign.* The bases of the tumors and softer fragments adhering to the periosteum show a transition to an epithelial structure by a gradual increase in the size and number of the glandular formations, and a decrease in the bulk of the fibrous connective tissue. The softer portions exhibit lobules with numerous alveola lined by epithelia, and holding star-shaped mucous shreds so *characteristic of colloid or adenoid cancer.* Diagnosis: Fibro-adenoma *changing* to adenoid cancer.

It must be remembered also, in this connection, that these conclusions have been arrived at out from the examination of my own specimens, tumors that I have removed myself, and of which I have the clinical history, both before and after operation, which conditions I claim to be of great import, and entitled to some weight.

Again, with all these differences it has been found necessary for a proper treatment of these growths to understand that those which infest certain tissues are materially different from those in other localities; that for instance a carcinoma, or a sarcoma of the testicle, has a different life history and course from such growth in the larynx, and steps are now being taken by distinguished pathologists here and abroad, to classify these growths in order to arrange a scheme for their treatment, both medical and operative.

It may be asked in this connection, why it happens that sarcomas arising from connective-tissue, become malignant, recur and produce death with secondary deposits in the internal organs, and that truly innocent tumors derived from exactly the same substance, and also classed as connective-tissue tumors, are never of themselves productive of dissolution. The explanation may be based upon one fact, and that is, that in every case the nearer the cell elements resemble those found in healthy adult formations, bone, muscle, fibrous tissue, fat and nerve formations, the more innocent is the growth, and on the other hand the more nearly these elements resemble embryonic cell-formations the more malignant are the growths. A tumor arising from connective tissue may grow steadily into healthy tissue, or may retrograde or remain embryonic. In the one case we have an innocent growth, in the other we have a sarcoma. The main difference between embryonic and adult connective tissue, histologically speaking, consists in the increased number of cells in the former, and to the arrangement of the intercellular substance. The more nearly the

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histological elements resemble *early* embryonic tissue, the more malignant is the tumor. While this definition holds good so far as the healthy adult structures are concerned (and I lay especial stress on the word *adult*), I think I may assert that there are found in the adult *pathological formations* which are nearly, if not quite, identical with that found in true sarcomas. This is especially true in the so-called granulation tissue, which we find in the healing of ulcers and wounds. That soft, readily compressible and spongy, almost fungoid-formation, which can readily be scraped away, bears a close resemblance to embryonic cell tissue, and as this varies somewhat in different parts of the body, so do the sarcomas present the shades of difference which have been already alluded to.

Another difficulty in the classification arises in the fact that certain pathologists, Virchow among them, declare that parts of a tumor may be sarcomatous and other portions carcinomatous. When this combination of atypical cell element was first presented to my mind, I wrote to a very distinguished microscopist concerning the fact, and studied myself the subject closely, for I could not quite understand why this could be the case, that is, if we acknowledged the epithelial origin of the one and the connective-tissue origin of the other. An explanation has been attempted by Virchow (who has named these tumors *Sarcoma, Carcinomatosum*), in that the two varieties may develop at the same time from the different tissues; but I think that the condition is one more of resemblance than identity, and arises chiefly in the arrangement of the cells in the one case (carcinoma), the stroma resembling a sarcoma, and in the other (sarcoma) with alveoli, resembling carcinoma. Both these tumors are atypical, neither resembling fully the developed tissues which are said to spring from either the epithelial or the connective tissues.

Such a mixed form of growth might be found in the upper jaw. For here we have in the cavity of Highmore a complete mucous surface, from which true carcinoma may develop, while a sarcoma might arise from the bony connective tissue. This combination I have seen in more than one instance. There are certain clinical signs by which these growths may in some cases be recognized before an operation is performed, but in the majority of cases the matter is guess work. It is very difficult, and in some cases utterly impossible, for any surgeon to say what variety of sarcoma he has to deal with; indeed, in very many cases he (at least I) cannot say whether I have a carcinoma or a sarcoma or a chondroma before me. Take, for instance, an alveolar sarcoma (which word is in itself a misnomer) and an en-

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cephaloid cancer in their first stages, a chondroma and sarcoma or an adenoma and a carcinoma, and I do not think it possible to diagnose them, the one from the other:—I mean while they rest in the human body. It may be quite easy when the reports on the prepared section comes from the microscopist, but the microscopist himself may be very much mistaken indeed—unless he has had sections given him from *every portion of the tumor.*

A typical variety of sarcoma is very rare. In most of these tumors the cell elements are mixed, and thus receive names which only add to the confusion of classification. The most pronounced varieties are the spindle-celled, the giant-celled and the round-celled; the most of the others are mixed. Thus the alveolar sarcoma is a round-celled growth with an alveolar structure resembling carcinoma. The terms lympho-sarcoma, myxo-sarcoma, angio-sarcoma, etc., are used to represent varied forms of the neoplasm. With the carcinomas there is more tendency to real typical classification, and we are more familiar with the (epithelioma), squamous-celled carcinoma; the spheroidal-celled) (scirrhus), when there is a quantity of interspersed fibrous tissue, and medullary or encephaloid, which contain a greater proportion of cells; melanotic carcinoma and melanotic sarcoma are recognized by their pigment, and both are extremely fatal. It is difficult even for the microscopist to diagnose between them.

It would be very satisfactory if the surgeon, when called upon to diagnose a tumor in its earlier stages, could recognize a sarcoma from a carcinoma. The more precise classification may be reserved for further study and investigation. There are certain clinical signs which may assist us to a correct appreciation of the character of a growth, while it yet lies in the body, and be of a service in regard to prognosis. I have here tried to give a few of these occurring in my own investigation.

1. If when a patient presents with a smooth, somewhat elastic tumor of the bones (excepting those of the upper jaw), the growth will generally be found to be sarcomatous, either subperiosteal or central, because there is no epithelial structure found in the bone.

2. When a tumor is firm, round and hard, growing with rapidity, easily movable and occasioned by a traumatism, it is generally a sarcoma (of course setting aside inflammatory formations).

3. When a tumor infiltrates the surrounding tissue, it is generally carcinomatous.

4. When there are secondary glandular enlargements it is generally carcinomatous.

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5. When diffuse infiltration results, the disease is carcinomatous.

6. When a tumor grows rapidly, does not present the infiltration of carcinoma, and still shows some of the peculiar fungoid and bleeding formations of the old encephaloid cancer, the growth may be fairly designated a round-celled sarcoma.

7. When a tumor grows from the jaw bones, and presents the appearance of marrow, does not bleed easily, resembling often in its earlier stages a true epulis, it may be considered a giant-celled sarcoma, or myeloid tumor.

8. When a tumor is hard but fibrous growing in the neck or groin, is smooth and exists for some time with neither infiltration nor secondary deposits, it may be pronounced a recurrent fibroid,—a spindle-celled sarcoma.

9. When a tumor is hard, nodulated, with sharp, stinging pain, with a tendency to contract all the tissues in which it is imbedded, and finally to ulcerate and to infiltrate, but without fungoid growth, it may be stated to be scirrhus cancer;—spheroidal-celled carcinoma with much fibrous tissue.

10. When a tumor is elastic, soft, with enlarged veins running over the surface, with early glandular enlargement and rapid infiltration with tendency to ulceration, from which a fungoid growth rises, with loss of strength; it is a soft or encephaloid cancer;—a spheroidal-celled carcinoma with great quantities of atypical cells.

11. When a tumor springs from a crack, a wart or a small nodule in the mucous surfaces, presents to the naked eye a rough and strawberry-like appearance, with tendency to ulceration and bleeding when touched, an epithelioma—squamous-celled carcinoma—may be diagnosed.

12. When a tumor grows rapidly, bleeds upon the slightest touch, is purplish in color, composed of a friable and crumbling mass, irregular of outline and bluish in color, an angio-sarcoma may be diagnosed.

13. Cachexia belongs to carcinoma.

14. When a tumor has existed a long time and still is uncircumscribed, and presents excavations without infiltration and no cachexia, it is sarcomatous.

15. Pain is excessive in carcinoma; is bearable in sarcoma.

16. The sarcoma is encapsuled, especially during its innocent period. A carcinoma is not.

17. A tumor with a long, benign life is generally sarcomatous, and I am persuaded that what in the olden times we used to designate as

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withering scirrhus, often found in the breast of aged women, was a true sarcoma existing in its benign form throughout life.

The medical treatment of tumors is in many cases very difficult, simply because in the majority of cases tumors have no symptoms. I mean, of course, to exclude pressure symptoms; even certain forms of carcinoma exist in the system for years without producing any sensations; indeed, it is my experience that many carcinomas are first discovered by accident after having attained considerable growth, the patient being unaware that such a neoplasm existed.

How many women discover a lump in the breast while washing, or in being fitted by a dressmaker! And how many persons, knowing that they have some sort of growth upon their person, have allowed it to remain in the body for years without even mention being made to the members of their own families! There are, however, certain medicines which appear to me to be curative of certain varieties of sarcoma, and to exercise a beneficent action upon carcinoma. I am extremely skeptical regarding the cure of any malignant tumors, and although I have read of many, I am disposed to believe the diseases reported were not truly malignant, and that the naked-eye appearances, which are very deceptive in certain forms of tumor, were relied upon in passing judgment upon its character.

In the treatment of certain malignant growths, the first medicine is arsenic. My experience in its use has been large, and I have found great good from its administration; but I have never known of its being of the slightest service in sarcoma. Its range of action appears to be adapted to both the early and late stages of carcinoma.

Dr. J. S. Mitchell, of Chicago, has lately advised not only the internal administration of the drug, but also its topical application. This medicine is probably adapted to more cases of cancer than any other, and together with the chloride of zinc is the basis of most all the cancer pastes. In my report to the World's Homœopathic Convention held in 1876 at Philadelphia I gave a somewhat complete record of the varied medicines which have been employed successfully in cases of carcinoma. This was afterwards transferred to the fifth edition of my work on Surgery, to either of which volumes the reader is referred for more complete details; and as Dr. Hall's paper, which follows this, is to bear directly upon this portion of the subject, I omit further details. I, however, desire to draw one or two practical conclusions from the use of hydrastis, of thuja, of calcarea and of hemlock, together with the hypodermatic use of nascent phenic acid in the treatment of these affections. I premise these remarks by

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asserting that in all cases the topical application of the medicine appears materially to assist the internal exhibition of the drug. Dr. Mitchell has already proven this with regard to arsenic, and we know that the results from the applications of the varied arsenical pastes are often surprising.‡

It will be remembered that in the remarkable cure of Field Marshal Radetskey, Dr. Hartung applied the tinc. of thuja in water to the fungus, and also a solution of carbo-amimalis, "burnt chops," as it was ironically called by Dr. Flaser. It was really from this fact, and the lessons taught by a gradually increasing experience, strengthened finally by the report of Dr. Mitchell's cases, that I have arrived at the conclusion that to obtain the fullest effect of medicine upon tumors, topical applications are necessary.

As Butlin also has informed us that in order fully to understand the different varieties of sarcoma and carcinoma those growing in different localities should be studied separately, so it is with the treatment of these neoplasms. It is my experience from a clinical study of many cases that arsenic is much better adapted to cancers of the face than to those appearing in any other portions of the body. While hydrastis is better adapted to carcinomas of the cervix uteri. I cannot either agree with Dr. Bayes, who considers this medicine especially effective in scirrhus. I have tried it repeatedly without good results, but have found it most serviceable in squamous-celled carcinoma (epithelioma). I administer the tincture or first dilution internally three times a day, and apply the pure tincture or powdered hydrastis twice during the twenty-four hours to the part. The curative action of Marsden and McLimont's paste, which is very effectual in certain forms of epithelioma, is due in my judgment to the presence of the submuriate of hydrastin. The medicine for scirrhus is conium internally given with either the tincture applied by means of compresses to the part or a conium plaster, such as now made by Johnson & Johnson of this city, used in the same manner. While arsenic seems adapted better to the face and hydrastis to the cervix, conium has an affinity for the female breast, and is especially active in the early stage of the disease. These indications are given from a clinical and pathological standpoint, and during the treatment other intercurrent remedies will always be necessary. With regard to the medical treatment of sarcoma, I have had more good results from thuja than of all other medicines

‡ Being a series of letters which appeared in the *Homœopathische Zeitung*, July, 1841; also *British Journal of Homœopathy*, vol. I. p. 147.

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combined. I can not be precise enough to say to what variety of sarcoma it is especially applicable; for as a rule the variety can only be determined when the tumor has been taken out of the body, or the patient is dead; but I have had cases of undoubted sarcoma, one beneath the left ear, one on the back of the shoulder, one of the testicle (which ought to be spindle-celled if Butlin's remarks are true,) which I have cured with thuja occ. I would not have arrived at the conclusions relating to these medicines if the patients had consented to operation, for if I have a sarcoma, especially in its early stages, I always recommend its immediate extirpation, for the earlier this is done the less likely is the neoplasm to return. In these cases, all of them, the medicine was thuja tablets (a drop of the tincture to the tablet); one of these taken three times a day for ten days; then allow an interval of two days to elapse without any medicine, and resume for ten days, taking as before. During all this period the tincture of thuja is brushed plentifully over the growth. The carbolic acid treatment of these tumors-sarcomas was a long while ago introduced to the profession by my old friend Dr. Geo. D. Beebe (one of the most brilliant surgeons in this country, who made his operation for intestinal anastomosis after resection of four feet of intestine, long before the present furore for intestinal surgery had begun), and I think has been also used by his brother Dr. A. G. Beebe.

The method I employ is Déclat's; I inject every three or four days somewhere in the vicinity of the tumor, 80 minims of Déclat's nascent phenic acid. Sometimes giving also internally the Déclat's syrup of the iodo-phenique, and sometimes not. The secret of success in this treatment is persistency. In some cases I have given from 100 to 200 injections, and allowed the treatment to continue over two or three years. I have never known any unpleasant effects to arise when the needle was properly inserted, and the chief inconvenience is the temporary pain occasioned by injecting so large a quantity into the cellular tissue.

Even in cases that have been hopeless so far as any operation was concerned, I have known the treatment to arrest the rapid progress of the disease and give the patient a much more quiet life.

The question of operation in carcinoma and sarcoma has been so thoroughly discussed the world over that it is not necessary to revert to it here. Every man must form his own opinion in these matters. My own opinion is that always in the earlier (the earlier the better) stages of both carcinoma and sarcoma, the knife should be freely employed, and while I do not advise the indiscriminate cutting that has

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been recommended within the past few years, and regarding which so much discussion has taken place, I do say that careful and complete removal of diseased and suspicious masses should be always attempted; nay, further, I hold that a surgical operation should be performed, if the patient can be relieved of suffering, even without hope of cure.

Those who reason in the abstract against operative interference in advanced malignant disease I do not think can be aware of the terrible suffering that continues day after day, in these cases, only partially smothered by massive doses of morphia, which, by its reactionary effects, only increases the misery of the patient by adding to his already broken-down body many distressing symptoms of gastric and intestinal disturbance. In these times of comparatively painless operating, when a single dressing suffices for many days, when the patient is not disturbed by frequent examinations or distressed with offensive odors, when the gentle manipulation taught by professional nurse-training takes the place of the supposed-to-be-necessary rough handling and brusque manner of the nurses of a quarter of a century ago, surgical operations are deprived of their terror; the traditional horrors of the knife and the surgeon are lost. These moral considerations themselves, often the most forcible arguments urged against the performance of operations, being combated, the patient will often beg to be given the opportunity for relief, and the surgeon will be led to acquiesce in the proposal.

I have often asked myself, when called to decide as to operative measures in a distressing case, "What would I have done to myself under similar circumstances?" and knowing what I do, and seeing what I have, I candidly say that I would far rather take the chances of death within a day or two than to continue living in pain for a few months longer, with my body loaded with narcotics and painfully dying by inches. It seems to me that humanity itself demands surgical interference in such cases.

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NEW REMEDIES AND THERAPEUTIC COMMITTEES.

IN an address upon "Remedies New and Old, Errors and Fallacies, with Suggestions for the Improvement of Therapeutic Methods,"* W. T. Gairdner, M.D., LL.D., Professor of Medicine in the University of Glasgow, delivered many sober reflections upon the enormous difficulties which beset the progress of empirical therapeutics. "One has only to recall," he says, "such instances as blood-letting, mercury, quinine, arsenic, opium, alcohol—all of them valuable, some of them invaluable, remedies; but can we honestly affirm that we all, or even a practical majority of us, are quite agreed about the therapeutic uses of any one out of this list? . . . Can we shut our eyes to the fact that in the case of venesection, once reported the greatest of all remedies, advocated and practiced with almost entire unanimity by whole nations of men under the advice of the most cultured physi-

* British Med. Jour., May 2, 1891.

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cians for several thousand years, since the times of Hippocrates and Galen, we have not been saved by all our medical experience in innumerable different times and places from what may well now be called a species of idolatry; that is, from a state of mind not resting upon solid fact, but upon extremely insecure and unstable prepossessions—a state of mind, therefore, not accessible to reason and experience in many respects, but on this very account prone to revolutions and counter revolutions; the last of which, tending in the direction of the entire dethronement of the idol, has occurred within the memory of some of us?" Following with the history of mercury, he said: "In order to reach even a moderately safe, not to say efficient or stable, position in the therapeutic employment of this one powerful drug, we have been obliged to sacrifice upon the altar of 'individual effort' hecatombs of victims, and to stumble along painfully through centuries of delusions and mischievous blunders, not to say quackeries, in the search for only a few grains of solid truth." After remarking the dethronement of antimony, he evolved the following pregnant conclusion: "It would seem from these instances among the older remedies that to establish fairly the position of even any one drug having a powerful action on the human frame by the way of individual effort, or, as it is called, practical use and experiment, is by no means a very easy or a very safe process; that it may, or perhaps must, lead to violent extremes or alternations of opinions extending, in some cases, over many years, or even centuries; and may thus involve all but unavoidably, to judge from past experience, the most deplorable excesses and fanaticisms as a part of the necessary search after truth."

Advancing from his study of the history of the older drugs, the learned and sagacious professor then turned his attention to the methods of modern pharmacology, or "the scientific and exact investigation of the properties and physiological action of remedies which, as we all know, is a science comparatively of yesterday, and yet one having the closest possible relation to therapeutical inquiries." He expressed the opinion that the increasing crowd of new remedies which pharmacology is bringing to light from the abounding wealth of new chemical combinations, is rather adding to than diminishing the

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difficulties. "I appeal to you, gentlemen, as men actively engaged in practice, when I say that we cannot possibly overtake the flow of new remedies, or subject even a fractional proportion of them to what we should consider a fair therapeutic trial. Some consideration is due to our patients, and if we should ever attempt to make them the subjects of hasty and ill-advised experiments, we should condemn ourselves, and in the end, I believe, do far more harm than good." As his most serious object lesson in reference to the claims of pharmacological research as a guide to treatment, he reviewed the Koch experience, ending his remarks upon it as follows: "We seem to have already passed—whether as regards the public expectations or the attitude of the profession at large—through as great a range of extremes during these few months as was developed in relation to the mercurial treatment of syphilis in four or five hundred years. From the wild rush at Christmas, and for some time thereafter, in search of immediate salvation at Berlin, to the contemplative, profoundly skeptical, and even pitiful state of discouragement in which we find ourselves in April is a long stride in the way 'reaction,' and we can only hope that something of more or less permanent value may survive the discomfiture." In the final conclusions of his address, he remarked: "When one surveys the immense and ever-increasing list of new remedial agents, one is overwhelmed, not alone with the sense of a science advancing by leaps and bounds, but with an equally profound and overmastering sense of individual helplessness, in the midst of this *embarras de richesses*. For the average man, anxious only to do his duty by his individual patient, or by his dispensary, or hospital, the dilemma as regards many of these new remedies (of which he often knows, and can know, nothing save by vague and possibly misleading reports) is a serious one. Shall he (as I must confess I too often do) shut his ear to the voice of the charmer (in the very human shape, occasionally, of the commercial agent) and leave the new remedy severely alone, till (perhaps) it blows over in a few months, or years, as the case may be? Or shall he, on the other hand, strive to extract the greatest possible amount of benefit, or of credit, or of guineas, out of every new remedy in its turn, by using it *pendant*

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qu'il guerit, as the shrewd old Montpellier doctor said, that is, as long as the fashion lasts, and as long as some personal credit can be got for, or from, the individual drug. Either way (or perhaps both by turns) is not uncommon among us; but we must confess that either way is somewhat ignoble, to say the least of it." Our running selection of quotations fairly pictures the state of mind of the conservative Scotch physician as he reads the future of empirical medicine in the light of past experience. As remedies multiply and pharmacology develops, the change of therapeutic fashions becomes the faster, and the race for the guinea while the fashion lasts makes experiment more reckless. The piles of discarded idols grow higher and higher; individual experience runs the more swiftly contradictory as time goes on, new remedies but slay each other while the tower of modern empiricism rises upon the accumulated rubbish, called the experience of the profession. Dr. Gairdner's remedy to provide against a confusion of tongues is to erect permanent barriers of defence against too much of individuality and too aggressive a self-consciousness in the matter of new remedies. He would have a Central Therapeutic Committee sitting in London, with a multitude of similar committees dispersed all over the country. These committees might act as court and jury to try the cases of new applicants by broad and unbiased investigation, with power to shift venue where a possibly biased judgment in one place would be required to be corrected in another. Thus, by a system of clinical judiciary he would try each new remedy for its life.

Whether such a scheme would be practicable and what might be its fruits we would not now discuss. We would merely point attention to the ominous silence in the proposition upon the all-important question: Where is the law that shall guide the courts? And is it not because there is and has been no therapeutic law that empirical practice has been and must be a species of idolatry and a system of iconoclasm, deplorable in its excesses and fanatically inaccessible to reason and a just experience? With all due respect to Prof. Gairdner, we might say that even he may have his extremely insecure and unstable prepossessions; and that, if he would but lay them aside, pending the organization of his courts, he might be able to reunite the history of

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antimony, which has been for a hundred years no dethroned idol but a most substantial verity in the school that has a law of therapeutics. He might also discover that there is another and a better way to reach a moderately safe, efficient, and stable position in the therapeutic employment of drugs, where there is no sacrifice of hecatombs of victims upon the altar of practical experience, and where there is no need to stumble painfully along through centuries of delusions and mischievous blunders, not to say quackeries, in order to find more than a few grains of solid truth. Hydrargyric orgies, carnivals of blood, antimonial holocausts, antipyretic hæmaturias and Koch reactions do not obstruct that road of truth; and the car of juggernaut unwheels before the law of similars.

THE FOURTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

NEVER in the history of homœopathy has there been so large a gathering (1,053) of our adherents as was seen in Atlantic City during the third week in June. The reports in the daily papers were much more voluminous and accurate than usual, which—with the rebuke of the *Philadelphia Press* to a doctor who had written protesting against so much notice being taken of the Congress — showed that an important impression was made on the Philadelphia public. As Dr. Dudley asserted, a similar interest could have been aroused throughout the country if abstracts of the papers to be presented had been in the hands of the committee a month earlier. The papers were of a higher order than the impression many of them gave, because the short time allowed cut short the reading in almost every instance, and as each writer led up to his original thought through the more elementary or accepted facts, these were dwelt upon at the expense of the more original and interesting portion, giving them as read the tone of "text-book papers." Of course, the fault lay with the writers, as they had been warned beforehand. The discussion on the preparation of tinctures elicited the fact that the majority of those present were in the habit of regarding the dilutions as fractions or potencies of the tinc-

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ture. This error, in all probability, has arisen from the use of the term "mother tincture," which, happily, is going out of use in this country, and should be abolished everywhere. Hahnemann never considered the tincture as the basis of attenuation. He insisted upon uniformity in the preparation of our remedies, but our British confrères still disagree with us notwithstanding the polite assurance of Dr. Dudgeon that "stagnant Europe acknowledges in America our teachers and our masters," and that "it is from America that all the improvements in homœopathy now come," where there are more than ten times the number of avowed homœopathists than in all the rest of the world. The most important uniformity is to have the dilutions and their corresponding triturations represent the same drug strength rather than to have the tinctures uniform. Some difficulty would be obviated if the tincture could be discarded from the pharmacopœia, but this is obviously out of the question. Much confusion could be cleared up if we would consider the tincture as a supernumerary in the scale of dilution, coinciding in some cases with the 1x, 2x or 3x, and in other instances representing one-eighth or even one-half drug power. Among the most interesting communications to the Congress were the announcement that the four years course would be inaugurated this fall in each of the sixteen homœopathic colleges of this country; Dr. Hughes' recommendation that a thorough drug proving should include a proving by infinitesimals, and T. F. Allen's statement that he has already a fund of $2,000, enabling him to pay a number of provers, and that there is a probability of an endowed pharmaco-dynamic laboratory in the near future. A pleasant feature of the week were the reunions of the various college alumni. Parti-colored breast-knots of college colors displayed over the badge of membership showed that a goodly proportion of our practitioners were fledgelings at one time of our own colleges. Among the elements of success of this Congress may be counted the readiness with which the various journals displayed to co-operate with the Business Committee, the assumption of the burden by the Institute, the energy of the various committees, and the executive ability of the presiding officer. We

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sincerely hope that the next Congress, which will be held in England, will be still more successful, and make a correspondingly greater impression on the British public.

COMMENTS.

FEATURES OF THE CONGRESS.—That the International Homœopathic Congress was to be a success, was apparent some time before the date fixed for the assembling at Atlantic City. But the power and force of the meeting exceeded the most sanguine expectations. It was a notable and brilliant gathering of the "fair women and brave men" of the homœopathic school. Among the throng were to be found most of the leaders and distinguished men of the new school. Distinguished writers, well-known orators and famous scientists jostled elbows, and they came to this Congress not to look on and criticise, but to take an energetic part The attendance was remarkable. The number of those present because of the Congress far excelled the largest figures of the past. In fact, in numbers it rivaled the Allopathic National Association. Between two and three hundred new members were elected—an unusually large number. From these facts, the large attendance, the presence of many notable men, the long list of candidates for admission, may be determined the character of the Congress. There was no half-heartedness, no feeble hesitations, no doubtful apologies. But there was a splendid spirit of confidence in the truth and strength of the school, and a calm but determined movement toward an aggressive attitude. The ability displayed in the papers presented before the Congress was marked. The addresses and essays in general may be said, and justly so, to have possessed a high order of merit. The poor papers were few. The session and its results will compare favorably with the proceedings of any medical congress in this or any other country, and of any school of medicine. It demonstrated what the homœopathic school can do when her scholars and scientists are moved to action. No one could attend the Congress without catching the inspiration of the meeting and taking home with him a renewed enthusiasm for his profession and a profounder belief in the truth and beauty of the homœopathic law. A pleasant feature was the wearing of his college colors by each member of the Congress, and the college reunions held during the week. The Philadelphia papers gave full reports of the meetings, and did justice to homœopathy—better reports than were ever given before. The Congress was a brilliant success, and its work will be far-reaching in its effects.

"MATERIA MEDICA DAY."—The central day at the Congress was the one designated on the programme as "Materia Medica Day." The crowded auditorium and intense interest manifested made it evident that the subject was one of vital importance to the members. It would indeed have been strange had it been otherwise. The materia medica of the homœopathic school is, in one sense, homœopathy

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itself. It is the foundation and bulwark of the only science of therapeutics known. It is not singular, therefore, that homœopathic physicians were profoundly interested in the discussions of this subject, and the papers and discussions were well worth listening to. Essays carefully prepared by experts were discussed by others of large experience and knowledge, and the debate over mooted points was spirited, able, and many times eloquent. The discontent in the homœopathic school over the present condition of the materia medica was made manifest by the number of plans presented to improve it by revision, or by re-arrangement, or by both. Around these papers the debate was waged vigorously; and while there was, as was to be expected, great difference of opinion regarding the proper method to be employed in dealing with our materia medica, and while the Congress declined, and wisely, to formulate any expressions on the subject, yet it is believed that a noticeable advance was made. There was, in general, a broad and liberal spirit of tolerance of the opinions of others; there was a genuine desire to arrive at the truth of the matter, and facts, and not sentiment, were in favor. It is evident that agreement can not be reached just yet as to any one method. But it is also evident that all are agreed that something ought to be done, and that those who are best informed on the subject are nearer an agreement now than a year or two ago. The interest in the homœopathic camp on the subject of materia medica is also demonstrated by the number of new works announced on that topic Gentry's last volume is scarcely dry from the press when Dr. Van Denburg announces a work of ten volumes. His prospectus, however, is not sufficiently full to make clear the advantages to be derived from his plan of arrangement. He does not propose to revise, but simply to re-arrange. Neither does Dr. McMichael attempt any revision of the materia medica in his new work soon to be issued. He also simply re-arranges the symptoms with a sole view of ready and practical use. The criticism in the May number of the JOURNAL on Dr. McMichael's plan was based on the supposition that revision, as well as re-arrangement, fell within the scope of his work. It was in no sense a criticism on his book, and as the supposition has been shown by the author to be erroneous, the criticism on his plan was uncalled for. His method of arranging symptoms seems to be excellent. It is apparent that this will be the great topic of interest in our school—of peculiar interest just now—and the NORTH AMERICAN will present, during the coming year, a series of papers on the subjects of revision and re-arrangement of the materia medica. The range will be wide enough to present a variety of opinions, and the discussion will be open to all who have anything of value to say on the subject.

The report of the Institute meeting will appear in the next number of the JOURNAL. So great is the press of matter in our columns that much valuable and entertaining material is unavoidably crowded out. The report of the Congress, on another page, will be found very full and complete.

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BOOK REVIEWS.

INTERNATIONAL CLINICS: A QUARTERLY OF CLINICAL LECTURES ON MEDICINE, SURGERY, GYNÆCOLOGY, PEDIATRICS, NEUROLOGY, DERMATOLOGY, LARYNGOLOGY, OPHTHALMALOGY AND OTOLOGY. By Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M.D., J. P. CROZER GRIFFITH, M.D., of Philadelphia, and J. MITCHELL BRUCE, M.D., DAVID W. FINLAY, M.D., of London, Eng. April, 1891. Philadelphia: J. B. Lippincott Company, 1891. 8vo. Pp. 357.

The above prolonged title describes a handsome volume, containing thirty-six clinical lectures, stenographically reported and corrected by the authors. The aim of the work is to supply post-graduate instruction to practitioners by enabling them to read what they would hear in the lecture-room if present. The text is elucidated by high-class photo engravings of photographs and drawings. The selections cover a wide range of topics, and are contributed by many of the most eminent teachers, among them Drs. James Ross, Alfred L. Loomis, Wm. Goodell, David Ferrier, S. Weir Mitchell, H. C. Wood, W. I. Gairdner. Acromegaly, uræmic convulsions, modern methods in surgical operations, alcoholic paralysis, stricture of the larynx; the treatment of obstinate sciatic pain by splint, rest and cold; the early diagnosis of pregnancy, cholelithiasis, with special reference to its surgical treatment are represented among the subjects treated. The lecture style is happily followed throughout, and makes graphic reading. The first volume of this quarterly series is a most entertaining and instructive success.

COLLECTED CONTRIBUTIONS ON DIGESTION AND DIET. By SIR WILLIAM ROBERTS, M.D., F.R.S., Etc., Etc. Philadelphia: Lea Brothers & Co., 1891. Pp. 261.

The papers presented in the present volume consist of the Lumleian Lectures for 1880 "On the Digestive Ferments and Artificially Digested Food;" the Owens College Lectures for 1885 "On Dietetics and Dyspepsia," and other practical papers delivered since that time by this most distinguished and practiced clinician and experimenter. The papers have been carefully revised and arranged under four sections: (1) Digestion and the Digestive Ferments; (2) Dietetics; (3) Preparation of Food for Invalids; (4) Dyspepsia. It is unnecessary to comment on the great value of the contributions—for they are contributions to knowledge as well as to medical literature—or to express our respect for the uncommon combination of scientific, practical and literary qualities that have rendered the author's writings of unique importance to all practitioners. Upon Dr. Roberts' researches have been largely based the modern methods of feeding the sick, and we would commend study of this most readable work, infused throughout with sound knowledge and common sense, to the attention of all who

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value understanding of right methods and principles of feeding the sick. The work will be found to be both suggestive and educational.

THE YEAR-BOOK OF TREATMENT FOR 1891. Philadelphia: Lea Brothers & Co., 1891. Pp. 480.

The preface describes the object of the "Year-Book" as that of supplying a concise epitome of the chief articles of the year, with a short criticism of the more important subjects, together with full references. The corps of reviewing epitomists numbers twenty eminent specialists of England, including such well-known names as those of Drs. J. Mitchell Bruce, James Ross, Charles H. Ralfe, Archibald E. Garrad, Reginald Hariman, etc., etc. The epitomes are well digested, and furnish in brief, but not superficial, just the main contributions of the year for the ready information of practitioners in medicine and surgery.

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. Southwick, M.D. Second Edition. Boston: Otis Clapp & Son, 1891. Pp. 532.

The second edition of this work comes to us written three years after the first. The work is enlarged by 124 pages of printed matter, and two full chapters on massage in gynæcology and electricity in gynæcology; also changes are made in reference to the subjects of lacerations, displacements, tumors and diseases of fallopian tubes. The author acknowledges valuable assistance from prominent therapeutists and gynæcologists. The number of illustrations is more than doubled. We can only reiterate what we said in reviewing the work two years ago in favor of the author's work, adding to what we said then extra commendation for the improvements and the amount of valuable added matter. W.

REPORTS OF SOCIETIES AND INSTITUTIONS.

FOURTH QUINQUENNIAL INTERNATIONAL HOMŒOPATHIC CONGRESS.

(The report of the Institute meeting is crowded into the next issue.)

THE ball-room of the new United States Hotel, Atlantic City, N. J., during the week June 16–23, was most tastefully decorated with palms, the national colors and shields bearing the names of the illustrious dead of our school of medicine. Ten morning and afternoon sessions were occupied by addresses, papers and discussions, the evenings being devoted to memorial services and various entertainments provided by the hospitable and energetic local committee of arrangements. Addresses were limited to thirty minutes, essays to fifteen, and discussion five, the leaders in discussion having ten.

Tuesday evening the Congress was called to order by the Permanent Secretary, Richard Hughes, M.D., of Brighton, England, who explained

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the necessity of such an official to keep the archives and secure repetitions of these "Conventions as each is separately organized," and expressed his appreciation of the liberality of the Institute in undertaking the expense of the Transactions of this Congress.

President I. T. Talbot, of Boston, assumed the chair and read a long letter from the Honorary President, R. E. Dudgeon, M.D., of London, who could not attend on account of his age.

> The burden of this address was an attempt to distinguish between *the essentials and non-essentials of Hahnemann's teachings* by the aid of St. Augustine's motto, "*In Certis Unitas, in Dubiis Libertas, in Omnibus Caritas.*" "Like others, Hahnemann was fond of theorizing, and his theories must be received with caution, and rejected if not found in accordance with accepted facts." The only similia, similibus, curantur—the mode of preparation of the medicines, and their alternation.
>
> The advocates of the fluxion potencies have abandoned Hahnemann's method of preparation, and sacrificed the uniformity he insisted upon so strenuously. "Careful observation fails to show me that the high potencies have made more and better cures than the Hahnemann preparations."
>
> Hahnemann has removed selection by the totality of symptoms and alternation from the *certa* to the *dubia* in his "Chronic Diseases," and by his pathological theory of the three miasms. "Keynotes" are quite opposed to his teachings if they are not found in the pathogenesis of the drug. Among the *libertas* is alternation; Hahnemann has practiced it, and sanctioned it as late as the second edition of his "Chronic Diseases."
>
> The theoretical parts of his teachings all belong to the *dubia*, as do the local application of remedies and the employment of auxiliaries. We are physicians before we are homœopathists, or high dilutionists, and if better treatment should be discovered, we are bound to give our patients the benefit of it.
>
> "In omnibus caritas; we never (or hardly ever) call each other names or call ourselves the only pure homœopathists."

The thanks of the Congress were ordered sent to Dr. Dudgeon by cable.

WEDNESDAY MORNING, JUNE 17th.

* "The Ethical Basis of the Separate Existence of the Homœopathic School," by Asa S. Couch, was a powerful and eloquent presentation of this subject. A. C. Cowperthwaite, of Iowa City, Ia., followed with a paper, "The Influences of the Homœopathic Idea."

> Homœopathy has had no influence upon theories of therapeutics, but it has upon the administration of medicines. Old-school practitioners are tacitly accepting the three great principles of homœopathy: S. S. C., small doses and the single remedy. (Some of us seem to be receding from the last.)

Dr. Hughes gave an epitome of S. Lilienthal's paper, "*Homœopathic Therapeutics.*"

> While we are to avail ourselves freely of old-scoool advances in diagnosis, pathology, surgery, adjuvants and hygiene, we must stand firmly on homœopathic ground in therapeutics, as step by step our old-school brethren are advancing to this.

Discussing this paper, Dr. Hughes continued: Eclecticism in therapeutics is a temptation that we must resist. If we try to take the good wherever we find it, we will drift, losing all loadstars and laws, and live from hand to hand, accumulating nothing reliable to rest upon as the re-

* Addresses and papers indicated by an * will appear *in extenso* in this journal.

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sult of years of experience. Let vastly the largest portion of our practice be consistently homœopathic, repudiating the principles of the man who said: "Get on my son; honestly if you can, but get on!"

T. F. Allen cautioned his hearers against the dosimetric granules as extremely powerful and dangerous; they consist of the active principles of remedies, and he has known some sad cases of violent poisoning by them.

* "*How to Cure Backache*," by E. T. Blake, of London, was presented in abstract by Dr. Kinne.

J. L. Monroe, of Louisville, Ky., reported a case presenting marked symptoms of spinal irritation, nervous prostration, insomnia, indigestion, hysteria and hallucinations, caused by a knot in the corset string pressing on the exit of one of her spinal nerves.

Pemberton Dudley had a patient with intercostal neuralgia in the back every Sunday because he carried his heavy bull's-eye watch in his fob during the week, but on Sunday in his vest pocket; it pressed on one of the intercostal nerves.

T. C. Duncan.—We may cure many obscure visceral troubles by attention to the spine. To prescribe rest indiscriminately for all cases of backache is unjust to the patient. We can cure these cases with electricity, or with remedies as: arn., hyper., bry., rhus, merc. Acon. is indicated by weakness of any part of the spine; there is a chill and then a spasm somewhere.

Dr. Hughes.—Kali carb. 6th or 12th has done more for me in backache than any other remedy in the pharmacopœia. I also use it in subinvolution.

The papers by Aug. Korndoerfer, of Philadelphia, "Homœopathy in its relation to Constitutional Predisposition to Disease," and P. Diederich, of Kansas City, Kan., * "*Homœopathic Medicines as Prophylactics and Homœopathic Constitutional Treatment*," covered almost the same ground.

Dr. Allen.—In order to cure chronic and even acute diseases we must go back to the constitutional, and maybe to the hereditary, symptoms of the patient. We give too much bell. and too little sulph., calc., etc., in scarlatina. I believe it possible to eradicate inherited constitutional disease. Some of us find that acute diseases (especially the zymoses) become less and less frequent in our families; this is because they do not develop in a sound organization. In the future our greatest triumphs are to be won in the line of constitutional treatment, as in the past it was by acute diseases. Most of the sin in the world comes through diseased minds and bodies.

J. C. Morgan, of Philadelphia, has found lach. 200 prophylactic for diphtheria, a dose every fourth day. As an instance of scrofula from quaternary syphilis, he reported the case of a baby two years old with typical scrofulous blepharitis marginalis which, when new born, had syphilitic pemphigus of the soles of the feet. He compared scrofula (modified syphilis) with varicella (modified small-pox).

A. P. Hanchett, of Council Bluffs, Ia., has demonstrated the prophylatic value of the indicated epidemic remedy. Lyc. 30 was thus efficacious in malignant diphtheria, then lach. was indicated, and during the past year kali bichr. was the remedy, the 6th giving gratifying results while the lower potencies were not so successful. Apis., merc. and phytol. have each served as a prophylactic in the family where indicated for the patient. Dr. Korndoerfer calls kali bichr. an antipsoric (not mentioned by Hahnemann), and also aurum-mur.-nitrosum. 3d or 6th. The latter cured a case of scrofulous ascites caused by obstruction

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of some of the abdominal lymphatics. It is indicated by an irritable, quick-tempered, but yet a good-natured temperament, with induration of the lymphatics.

W. Y. Cowl, of New York, read "*The Import of Bacteriology to Homœopathic Therapy.*"

> Therapeutically antiseptics and disinfectants are harmful in doses large enough for such effects. The one exception is phenol, or carbolic acid, for this is a constant product in the healthy organism of the decomposition of albumin in the fæces, from which it is absorbed to pass off in the urine. Phenol is thus a ptomaine to the presence of which the organism is accustomed. It is known to be inimical to the germs which produce it, as well as to others. There is question that it may act therapeutically, but it is doubtful if it acts as phenol, for we know that in the blood it forms a double salt with sulphuric acid and potash, and when the available amount of these latter substances is taken up the phenol begins to poison the system—a point which is determined by urinalysis. Sulpho-carbolate of sodium (which is not known to dissociate in the blood) has therapeutic power in septic diseases, and sulphate of soda, we know, is an antidote to carbolic acid. Bacteriology may furnish in the ptomaines a new set of remedies, one class (as phenol) acting by contrariety—large doses directly hindering the growth of the bacteria; the other class, by its homœopathicity, acting in a manner similar to that observed in the natral course of disease. The effective dose of such a remedy is exceedingly minute.

WEDNESDAY AFTERNOON, 3 O'CLOCK.

Alex. Villers, of Dresden.—Hahnemann always insisted that we should not rely solely on subjective symptoms. The different forms of their colonies will doubtless become an aid in our study of germs as remedies.

J. P. Dake.—Some have feared an acceptance of the germ theory would militate against homœopathy. I believe that remedies acting on the same part and causing similar symptoms are the right remedies for a disease, whether it is caused by germs or not. The furor with which the profession ran after Koch's lymph is an evidence of the poverty of their therapeutic resources.

J. N. Mitchell, of Philadelphia, read a paper, "*Antisepsis is called for in Obstetric Cases.*"

> We must acknowledge that septic poisons can produce lesions associated with puerperal fever. We recognize that this is an infectious disease, and are forced to believe that the puerperal patient is peculiarly liable to septic infection. If we prove that the mortality has been reduced by aseptic and antiseptic measures, and that septic fevers are almost abolished, our thesis is demonstrated to every unprejudiced mind. Dr. Lippe's observation that all women are not infected because when in perfect health they furnish an unfavorable environment for germs is unanswerable only as to autoinfection and when we have had time to treat the patient before her confinement.

Bushrod W. James thinks there is no objection to disinfection while administering the homœopathic remedy.

J. B. G. Custis, of Washington.—Disinfect the operator and instruments, but not the patient. Germicides, etc., in effective doses poison the patient at least so much as to modify the picture presented by her symptoms. I do not believe pure puerperal fever is antoinfectious in its origin.

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L. L. Danforth presented a very able and exhaustive paper on "*The Etiology and Treatment of Puerperal Nephritis*," recommending

> the induction of premature labor, lest the patient drift downward despite medicines and die in convulsions. The old school have reduced their mortality materially by treatment directed to eliminating the poison from the blood. *Do not wait too long.* Induce labor by carefully inserting a warmed and oiled No. 6 linen catheter between the fœtal sac and uterine wall, and retaining it with a tampon. Labor will set in naturally within twenty-four hours. If there be a high degree of excitability, allay it with a little chloroform.

Prof. J. C. Sanders, of Cleveland, O.—In puerperal convulsions the condition of the blood pathologically is similar to that in inflammation, anæmia and chlorosis, depending partly on faulty elimination; but a most important factor is the "impressionability" of the cerebro-spinal centre.

Dr. Allen.—In thirty years' practice I have not had a case of puerperal fever, and believe no one in good health will contract it. (Of course, I believe in cleanliness.) I have seen it caused by large quantities of ergot. Experiments in Strassburg show that human blood serum kills all forms of bacteria in about thirty seconds.

Wm. Owens, Sr., of Cincinnati, has not had a case of puerperal fever in forty years' practice, and has had only two cases of convulsions; in these latter kali bichr. was the main remedy. In treating albuminuria more attention should be paid to the nervous system.

Flora A. Brewster, of Baltimore, has relied upon diet, massage and galvanism to the spine, to prevent tendency to convulsions.

Dr. Sanders.—It is difficult to introduce the catheter without rupturing the membranes and losing the baby; dilatation of the cervix is safer and quicker.

Dr. Danforth.—Select the means best adapted to the case. More than half the children die if convulsions set in before the onset of labor (during the latter months).

Dr. Morgan, in his paper, "*Physiological Treatment of Prolapsed Funis*," said:

> Follow upward the natural spiral curve of the planes of the pelvis above as well as below the brim, especially considering the ilium, sacro-iliac symphysis, the promontory and psoas muscle. Push the cord backward, to the right, then forward and all the time upward, protecting it between the fingers during hard pains. The manipulation around the upper slopes will usually bring down the head.

Prof. Sheldon Leavitt.—If the head has entered the pelvis we had better extract immediately with forceps. Before engagement replace the funis with the fingers, introducing the whole hand into the uterus if necessary, and hitch the cord over some part of the child to prevent relapse, or press and hold the child down.

J. H. McClelland, of Pittsburgh, narrated a case of obstinately recurring prolapse relieved by inserting a sponge. Dr. Sanders protested against stringing the sponge on the funis. One sponge is often insufficient; put in enough, but *count them.*

THURSDAY MORNING, JUNE 18th.

Dr. Dake's address was on "*The Relations of the State to the Practice of Medicine*," not considering despotic countries.

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Personal rights antedate government, and should be abridged only when clearly necessary for the public welfare. Examinations and regulations are proper within the public service. There is some show of reason for a censorship which will establish a minimum standard for colleges, provided the diploma is then accepted as a qualification for governmental appointment. Dr. Rush ninety years ago said that governmental prohibition of certain medical schools is as harmful as its proscription of heterodox religious ideas would be. Heberden said that the practice of physic had been more advanced by vagabond quacks and illiterate practitioners than by all the professors in established schools. The State should tell the public what each practitioner has done to qualify himself; then leave him free to bear his own responsibilities, punishing him if he claims any title or qualification to which he is not entitled.

Dr. Hughes reported that the *Cyclopædia of Drug Pathogenesy* is virtually completed with Part XV., just out. The appendix and index will probably fill two more parts. He appealed for aid by clippings, reports, etc., to complete the appendix.

Dr. Allen stated that he has received many letters from allopathic doctors asking how to study homœopathy, as they find they must do so to keep up with the times. He always recommends the Cyclopædia of Drug Pathogenesy to them as their first book, and the only one which shows them how our drugs act. This is the book on which to base our study; the Hahnemannian schema is only an index to facilitate the finding of symptoms.

Dr. Dake stated that the Treasurer of the American Institute of Homœopathy still has 200 copies which are offered at cost. No physician can afford to be without it, as the homœopathic text books for the next fifty years must be largely based on it. Merely conning symptoms will never make a man a sound homœopathic physician.

Dr. Cowperthwaite gave a résumé of C. Wesselhoeft's paper, "*The Demands of Modern Science in the Work of Drug Proving*," and was followed by Dr. Hughes, "Is Improvement of our Present Symptomatology Practicable?"

When we know all about the real medicines we have, it will be time to look for new ones. Many of our remedies need a thorough re-proving; also Schüssler's salts, and some of Count Matthei's simple medicines.

Provers should be in some number, instruments of precision should be used, and allowance should be made for the "personal equation." Prove every drug with (1) a single large dose to get a picture of acute disease, (2) with repeated small yet appreciable doses, not pausing until the medicinal disease is established, in order to get a picture of chronic disease; (3) with potencies above the 6th, even with infinitesimals (carefully eliminating expectancy and delusion) in order to get the finer shades of the pathogenesis.

Hahnemann's dynamization *is a fact;* it *does* more than simply dilute the medicine, and sometimes develops energy which may exhibit pathogenic effects in some people. Let us not neglect this part of Hahnemann's legacy.

Dr. Allen.—The proving of homœopathic remedies has just commenced, and is to go down through the centuries. Accurate and perfect records of our investigations are of the first importance. Much more than colleges or hospitals do we need a number of laboratories, in order that proving may be properly done. Already in New York, by the munificence of a wealthy man, a beginning has been made which it is hoped will eventuate in an endowed physiological, pathological and pharmacodynamical laboratory. I have a fund of $2,000, and am

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paying my provers $5 a week. One of these has carefully taken 250 drop doses of aletris every half-hour for twenty-four hours without a variation in any of her functions. Another is taking *Cedron* (Dr. Helmuth has found no remedy equal this for the pains following extirpation of cancer). The 1x gave her an intermittent fever, and finally two sore swellings developed in the left breast, evidently lymphatic nodules.

Each of our botanical remedies has in its pathogenesis some symptoms of tannin. It would be better to prove the active principles common to a large group of remedies, and then to differentiate between the individual members of the group.

Dr. Morgan.—The alkaloids have been heretofore considered the active principles of drugs, but a friend of mine hopes to demonstrate that the organic acids are the chief active principles. As to the experiment with aletris, Hahnemann says that the prolonged exhibition of large doses prevents, in an antidotal manner, the response of nature to the irritation.

M. W. Van Denburg.—Homœopathy has been tolerably successful in the past despite the so-called unscientific method of proving. The materia medica of the future depends on the ability of certain individuals to record provings, and it is not everybody who can do so.

Dr. Cowperthwaite.—The great difference in the individual susceptibility of different people to the one drug is one of the bulwarks of our materia medica. "Modern science" requires that the drug shall always produce the same effect under the same conditions; but in provings and in therapeutics you never can get exactly the same circumstances and conditions a second time. I do not agree with Dr. Wesselhoeft when he says that drug effects will cease long before the actual limit of matter is reached. We do not know where that limit is; doubtless in the future our knowledge in this direction will have made as great a stride as it has since Hahnemann's time. Every time we have deviated from Hahnemann's rules we have had occasion to regret it.

THURSDAY AFTERNOON.

The first paper was by J. Wilkinson Clapp, of Brookline, Mass., on "*The Pharmacy of Triturations.*"

Hering proposed the decimal method because the centesimal was found to add too much milk sugar at first.

Wedgewood mortars are the best; they are harder than porcelain and have less alkali. A leading potter says that all clay from which mortars are made contains traces of iron. Steel spatulas are the best, because, being the hardest, they add less foreign matter.

A coarse precipitate of a metal faithfully triturated for several hours is not so satisfactory as a fine precipitate mixed with fine milk sugar in the same proportion and ground only enough to insure a mixture. One or more large particles of a coarse or irregular trituration might make a tablet of the 4x stronger than 3x. The time of trituration should be determined by the nature of the drug, its condition at the commencement, and the quantity in the mortar. With the exception of a few drugs, the maximum size of the particles should be 1-2000 of an inch, but a few larger particles should not condemn the preparation.

Lewis Sherman, of Milwaukee, followed with "*The Preparation of Homœopathic Tinctures.*"

Hahnemann took the juice of the fresh plant as the unit of strength.

The British Pharmacopœia makes the 1x the standard. The safest unit is the solids, as otherwise the varying amount of moisture in fresh plants would make tinctures vary by 122 % in the amount of their extractives.

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A. J. Tafel wrote in his paper, "*The Pharmacy of Tinctures.*"

> Only a careful assay in each case will insure accuracy in the British method. It is better to have a given quantity of tincture made from a definite weight of fresh plant. No greater discrepancy of strength need then be apprehended than would exist between the teaspoonful doses when six or four drops of tincture were put in a two-thirds glass of water.

E. M. Howard, of Camden, N. J., suggested as a definition—"A tincture should be the strongest possible permanent stable solution of the complete medicinal parts of a drug." We should not aim at uniformity, but decide the strength of the tincture for each individual drug.

Dr. Duncan claimed that the pharmacist is our assistant; and in order that we can depend on him, he must reproduce the same medicine that was proven. No innovations should be permitted in the preparation of the Hahnemann remedies. Give us, however, reliable preparations of the new remedies up to the demands of the science of our day.

Dr. Hughes.—Your 1x corresponds to our mother tincture, which about corresponds with Hahnemann's mother tincture.

Dr. McClelland.—We have come to regard the tincture as the basis of our dilutions, and the Br. H. Ph. call it the 1x. They are wrong because we cannot level up all tinctures; each drug must be considered separately. Boericke & Tafel now give for nux 1 what we used to call tincture. Lately the patient of a homœopathic physician was fatally poisoned by a dose of tincture given instead of the first which had been ordered by the doctor. We used to consider phos. 3 the third dilution from the strongest solution of phosphorus; now Boericke & Tafel mark 3x what we used to call phos. tincture.

Dr. Sherman.—*Hahnemann never considered the tincture as the basis of attenuation.* His tincture was made of equal parts of alcohol and the expressed juice of the plant, and the first dilution was made by adding two drops of the tincture to ninety-eight of alcohol. If we should make our tinctures as strong as possible, there would be a precipitation when some of the alcohol evaporated.

Dr. McClelland.—Make the best stable solution, but always call the strongest solution sold the tincture. The expressed juice of thuja, for instance, has no relation to the medicinal strength of the plant because of the resins.

Dr. Dudley.—Why should we be so strenuous for exact drug power in the dilutions and yet be content with varying drug power in the tincture? As a matter of fact, most of us usually think of the dilutions as dilutions of the tincture.

On motion, the subject was referred to the Institute. There Dr. Sherman explained that O indicates the starting point of attenuations; tinct. = strongest officinal solution. Nux tinct. and acon. tinct. have a drug strength of 1-10, *i.e.*, 10 parts contain one part of the solids of the plant. The drug strength of the so-called ars. tincture is 1-100; it has just enough alcohol to prevent freezing. Phos. tincture is 1-1000.

The essential question between the British and our pharmaceutical committees is whether or not the triturations shall mean the same strength as the dilutions. We say yes. It is practicable, with possibly a few exceptions.

Charles Mohr, of Philadelphia, discussed Dr. Allen's paper, * "*Indexes and Repertories.*"

The index should be made regionally as well as by sensations (arranged after the concordant method) and by modalities, but the condition should always be coupled with the symptoms that it affects.

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C. S. Mack, of Ann Arbor.—Against each drug every time it occurs in the index let there be placed three numbers representing (a) the number of provers, (b) times the symptom was observed by provers, and (c) times it occurred in poisonings.

Dr. Van Denburg.—The Materia Medica will be used along the line of least resistance, *i.e.*, which gives us what we want with the least expenditure of time and energy. The physiological arrangement should be adopted, because that is the way we study our patients; the system which is predominantly affected affords they key-note to the remedy. The hardest part of the problem is to differentiate the symptoms as to whether they are marked, secondary or peculiar.

Dr. Korndoerfer.—No one arrangement will suit everybody. A complete repertory should be in a number of volumes, with cross-references to each other. Instead of interleaving, it would be less trying to have the pages printed in double columns, one of which is blank for annotations.

Dr. Hughes.—Although a certain sensation may not have been noted by the prover in a given part of the body, it may be cured there if the remedy affects that part.

Dr. Allen.—On looking ahead at the ever-increasing volume of our symptomatology, I can see no practical arrangement for the index except to group the remedies as to (1) location, (2) sensation, and (3) modality. This will give the practitioner a hint as to his remedy.

Dr. Price read the Baltimore Club's paper, "*A Reconstructed Materia Medica.*"

> The effort has been made to record only *pure* drug effects, eliminating the individual provers and establishing the type of the drug by the synthetic method, *i.e.*, condensing by melting down the symptoms and reconstructing them. Our old materia medica places all symptoms on the dead level; the synthetic method endeavors to show their relative importance.

J. P. Sutherland, of Boston.—The homœopathic materia medica is a science, not a creed. We must base our work on knowledge, not on belief. The Boston plan (by charts) is based on Allen's Encyclopædia, while the Baltimore Club work from the Cyclopædia of Drug Pathogenesy. We need not trouble about contingent or individual symptoms; they will take care of themselves when we study our remedies comparatively. We deal justly with the high-potency symptoms by submitting them to the same tests as those from larger doses.

Dr. Hughes gave an abstract of E. M. Hale's paper, "The Probable Homœopathic Uses of Some New but Unproved Drugs," and went on to say that Hahnemann did not admit clinical symptoms into the Mat. Med. Pura without bracketing the word *heilwirkung*. Neither does Dr. Hughes claim or allow that all cures are homœopathic. Aside from allopathy there is a large sphere of antipathic action which no one can deny is sometimes followed by recovery. Dr. Hale's thesis would allow us to adopt the whole antipathic practice, yet see how we talk about the aliopaths when they borrow from us.

FRIDAY MORNING, JUNE 19TH.

The address of the day was, "*The Duties and Responsibilities of Homœopathic Colleges as Leaders in Medical Progress*," by Dr. Talbot.

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The doctor prefaced it by announcing that our sixteen medical colleges have unanimously agreed to enforce within a year from now the four-years course, and that all students must be fully prepared before beginning the last three years of the course to attend lectures and clinics at the college at least six months in each year.

After outlining the equipment of the complete medical college, an appeal was made for endowments.

S. R. Beckwith.—Let us have Peter's Pence of Homœopathy for the benefit of our colleges.

Dr. Talbot.—The community need but to be properly invited, and they will give to our colleges as they do to the charitable institutions—in small and large sums. Every medical college should have an endowed income of at least $60,000 a year.

Prof. Jas. C. Wood, of Ann Arbor, wrote on "*Epilepsy as a Hystero-Neurosis.*

> From our present data accurate deductions cannot be drawn, and dogmatic assertions are unsafe. In many cases even after removal of the offending organ the so-called habit will persist. There is no demonstrated pathological condition characteristic of epilepsy. All that we can safely say is, that there is a functional hypersusceptibility of certain cells at the base of the brain to irritation from almost any point in the periphery of the nervous system.
>
> We are rarely justified in removing the uterine appendages unless we are satisfied that they are diseased, that there is no disease of the central nervous system, that there is an aggravation about the menstrual periods, and that internal medication has been faithfully tried. The extent of the disease is hardly a reliable criterion on which to base the advisability of an operation.

Dr. Villers considers it necessary to treat the personal disposition. In many cases, such as from sexual abuse, surgery is not practicable. Dr. Helmuth related the case of a young lady who always felt an aura starting from the left ovary, cured by persistent (but not tight) pressure over the left ovary for three days before and during menstruation by means of Day's abdominal tourniquet.

L. A. Phillips, of Boston, read "*Aids to Gynæcology, Medical or Surgical.*"

> Very few remedies have been reliably proven on the female pelvic organs. Physical examination is as necessary in treating the female pelvic organs as in treating the eye, nose, etc. Gymnastic exercise, massage and postural treatment are too much neglected, especially for school-girls and sedentary young women. The writer recommended the elastic tampon of antiseptic wool, especially for the application of glycerine to relieve the congestion which is so often the cause of the distress complained of, and claimed that this in no way interferes with the homœopathic remedy. He has applied the indicated remedy locally as a glyceride with great benefit. Marchand's Hydrogen Peroxide is the best cleansing agent. Electricity and the above are only adjuvants, but they are essential to the cure.

In Dr. Danforth's experience homœopathic remedies alone are not sufficient. Often the uterus must be retained in position. Uterine massage is capable of immense harm, and should never be used unless the doctor is sure of himself and of his patient.

Julia Holmes Smith strongly deprecated the habit of allowing the patient to replace the tampon herself, and has seen grave harm from massage.

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Dr. McClelland has seen a vast amount of evil from the over-use of the tampon; the Hodge pessary is better if the displacement requires prolonged support; it does away with the constant tampering. In three out of five times the patient in withdrawing the tampon will pull down the uterus by suction.

J. C. Morgan.—Improper dress may force down the uterus and bring on a condition analogous to paraphymosis.

Prof. Snyder.—The craze for local treatment tends to make us study the materia medica less. We have homœopathic remedies which will relieve a congested uterus or cervix just as surely as a congested lung.

Dr. Phillips.—The cotton tampon becomes saturated, compressed and like clay; wool retains its elasticity and tones the muscles of the vagina if not allowed to remain too long.

B. F. Betts's paper was, "The Scope of Homœopathic Therapeutics in Gynæcological Practice."

> Homœopathic treatment, especially in infancy, tends to prevent the development of a large proportion of the usual gynæcological troubles, and to diminish the number of cases requiring surgical treatment. Homœopathic remedies should be used before and after surgical operations.

Dr. Dake.—We must make a diagnosis in order to determine whether the case requires hygienic, medicinal or surgical treatment. Our pathogeneses are deficient in this department; provers should be repeatedly examined by specialists of every branch.

Dr. Betts.—It is a mistake to assert that a remedy is not homœopathic to a case unless it has caused just that pathological condition. A female prover with prolapsus will develop a certain train of symptoms which that drug will relieve in a woman suffering with prolapse.

"*Damaged Uterine Appendages and their Removal,*" H. I. Ostrom, New York, was the next paper.

> The fallopian tube is more generally malformed than the ovary, retaining its pre-puberty convolutions, and thus possibly causing dysmenorrhœa and even sterility. These may also be caused by too small appendages. I discard electricity, because I have seen many cases aggravated by it. It will not break up adhesions, develop ovaries or make tubes patent; and if pus is dissipated (which I doubt) it is not prevented from re-forming. Laparotomy is usually deferred too long. Removal does not affect child-bearing, as that is already lost, and it is now well established that the operation does not unsex the woman.

FRIDAY AFTERNOON.

J. M. Lee, of Rochester, read a paper on * "Forty-seven Consecutive Laparotomies."

> The only one who died was brought in on a stretcher, and had been an invalid for six years. She died the second night, with a temperature of 106°.

Dr. Helmuth.—Not many years ago a homœopathic convention would not have listened to such purely surgical papers as many we have heard. But without surgery homœopathy will never secure from the government a recognition of its rights. Laparotomy is peculiar; fibroid tumors and ecchinococcus of the liver have improved after a simple exploratory operation. The mortality, which used to be great, is diminishing almost daily; I attribute this chiefly to the extra-peritoneal treatment of the pedicle by elastic ligature and pins.

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W. M. L. Fiske, of Brooklyn, denounced the sentimentality which protests against this operation. In ignorance or brutality a man will infect his wife, and then protest against this means of relief for fear it will "unsex" her. It is to be hoped that ere long no man nor woman will be allowed to marry if he or she has diseased generative organs.

Dr. Beckwith.—Another element in the comparative success nowadays is the small incision.

C. G. Higbee, of St. Paul, wrote on "Gynæcological Surgery—When to Operate."

> All other approved means should be tried before we submit the patient to the risk of an operation. Of course, some emergencies decide the question, Now or never. We would say do not operate for subjective symptoms! Abscess in the tubes or ovaries, all cystic or polypoid growths, sarcoma and fibroids should be removed as soon as the diagnosis is made with a reasonable degree of certainty. Operate for cancer when there is an equal chance of relieving the patient. Lawson Tait has said that he has found no better surgeons than he had seen among the homœopathists.

D. A. MacLachlan, of Ann Arbor, opened his bureau with, * "*Similia in Eye, Ear, Nose and Throat Diseases.*"

A. B. Norton.—As to the relative value of subjective symptoms, scores of drugs cause dim vision, and this is a symptom of a number of widely different diseases; the ophthalmoscope should explain the dimness of vision in each pathogenesis as well as in each patient.

E. B. Hooker, of Hartford, "Surgery of the Nose and Naso-Pharynx."

> Punk soaked with Monsell's solution is non-irritating and the most powerful hæmostatic at our command. The mucous membrane is not always entirely reproduced after use of the saw, hence there is dryness and crusts. Often the necessity for hawking and spitting persists after the stenosis has been relieved. The cold snare is the only legitimate way to remove polypi. Do not operate unless there be interference with function, or actual disease exists.

W. A. Dunn, of Chicago.—One of the most frequent causes of post-nasal catarrh, is hypertrophy of the posterior end of the septum. A broken nose can always be set properly if due care and skill is exercised.

G. C. MacDermott said that he has done better work in the nose during the last two years than in the previous eighteen, because he uses the galvano-cautery.

H. F. Ivins, of Philadelphia, read an exhaustive paper on "*Hay Fever.*"

> The best name is *Pollen Catarrh*, as there is rarely any material rise of temperature. My prognosis is favorable, and cure frequent, but treatment must extend over at least fourteen months. . Proper systematic exercise gives relief an hour or two later. Beware of bad complications if you plug the nares. I am opposed to free destruction of the mucous membrane, for fear of atrophic catarrh. Sometimes it is well to incise along the most prominent part of the swelling, but repetitions should carefully follow the first line. Cut down quite to the bone in order to bind down the cicatrix. Allium cepa, 30 or 100, is the best prophylactic. Next in value is naphthaline, 2x or 3x. The indications are a high degree of asthma; there is more chemosis and puffiness. Ars. iod. 3x or 4x is next to or even better than naphth., but is not so reliable or lasting in its effect. Be careful not to repeat ars. iod. too fre-

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quently or continue it too long (the reverse of the other remedies). Ars. has less glandular involvement, but more asthma. Gels. often relieves the premonitory fulness and dryness if there be also occipital pain. Arum. tri. 12 cured one case with thin acrid discharge. Euphr. has lightened the attack. *Sanguinarin nitrate, calc. phos.*, nux, sabad., kali iod., acon., puls., natr. ars., and natr. mur. are also good when indicated.

A. R. Wright considers this a neurotic disease, manifesting itself on the vaso-motor "surface." Chinin. ars. has been his best remedy, especially when the patient is somewhat exhausted. Capsicum and *sinapis nigra* were suggested by H. C. Allen and the indication "sensation as if there were a cobweb over the eye" given for arum. tri.

Hayes C. French, of San Francisco, then read a paper, * "*Points of Diagnosis of Muscular and Refractive Troubles*," which seemed to be mainly a consideration of the instruments best adapted to this end.

F. Park Lewis, presented a very able "*Study in Ophthalmic Therapeutics.*"

A study of the embryological development will help one to more fully understand the relations between the conjunctiva and the lens. Digestive troubles are commonly found with cataract. A case was narrated where the turbidity (not the striæ) of a cataract was cured by curing the stomach trouble. The same comprehensive study of the whole patient must be made for diseases of the cornea and sclera. No remedy is more generally useful and prompt than calc. I have demonstrated to my satisfaction that *glaucoma* can be absolutely cured if taken sufficiently early, and I believe this disease to be a sympathetic involvement of the eye, of extra ocular origin. In treating the eye we must recognize the fact that it is but a part of the economy. As the study of ophthalmology demands a general knowledge of medicine, so does ophthalmic therapeutics require a consideration of all the symptoms presented by the patient.

A. Wanstall, of Baltimore.—The specialist is inclined to overdo local treatment. In my dispensary work I use nothing locally but atropine, cocaine and sometimes astringents, in the early stages of ophthalmia neonatorum or gonorrhœica. One cause of the lack of success of the ordinary practitioner in eye and ear cases is, want of knowledge *how* rather than what to do; *e.g.*, not thoroughly cleansing the eye.

Dr. MacDermott.—Glaucoma is undoubtedly a neurosis, but the knife is our only reliable remedy.

Dr. French narrated a cure of leucoma corneæ with rhus 1, then 6. Also a case of total blindness with serious traumatic inflammation of three years' standing, cured in three weeks by arn. followed by rhus.

Dr. Norton reported a case of acute glaucoma under observation for ten or twelve years; eserine locally with gels., sang. and spig. have preserved her vision unimpaired and without an operation.

Dr. Korndœrfer reported gratifying results in the treatment of cataract, with cedron, sulph., sil. and the carbonates and muriates of ammonium, magnesium and sodium.

Dr. Dunn.—Every disease begins with a stimulation, paresis or perversion of some nerve centre; the specialist does not see it at this stage.

SATURDAY MORNING, JUNE 20.

Chas. Gatchell, of Ann Arbor, delivered the address of the day, * "*The Influence of Homœopathy on Recent Medical Literature and Practice.*"

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W. H. Holcomb narrated one or two instances showing that the infinitesimal dose is the great hindrance to the consideration of homœopathy by the old school.

Dr. Gatchell.—Dr. Phillips, of Manchester, practiced homœopathy for twenty-five years; this explains the homœopathy in his book. Dr. Ringer's paper on Aconite appeared a couple of years later than the first edition of Hughes' "Pharmacodynamics," and closely follows that writer. Homœopathy gains as many converts from the old school each year as we graduate from our colleges.

"*The Present Relations of Antiseptic Methods to Surgery*," by Horace Packard, of Boston, was presented in abstract by J. E. Sawyer.

> Listerism is condemned now because it is misunderstood. It means asepsis and antisepsis. Even the scoffers follow many of its most essential points; they employ drainage, wash out the abdominal cavity, isolate suspected cases, wash their instruments and hands, etc. Large sponges left in the abdominal cavity are harmful because we cannot thoroughly disinfect the centre, not because they are foreign substances.

Dr. Leavitt.—Lawson Tait in speech ignores antisepsis, but on entering the operating-room he pours turpentine on his hands before washing them. No doubt he gets good results, but we can rarely see his patients after the operation; we do not know how they get on, how many die, or whether there is much suppuration. Martin, of Berlin, is thoroughly antiseptic. He let us see him remove the dressings seven or eight days after the operation, and never did we see a drop of pus. Tait makes a short incision—two or three inches—Martin a long one, to see what he is about. From what I saw, I am satisfied that Martin's results are better than Tait's.

Dr. Helmuth then read his paper on * "*Carcinoma and Sarcoma.*"

> I know that typical innocent and malignant tumors may exist side by side; that a growth may show typically innocent cells in one part and truly malignant cells in another. The medicine for scirrhus is conium, internally and locally, especially for the breasts. Ars. is better for the face, and hydr. for the cervix uteri. Internally, thuja tincture has done more for sarcoma than all other remedies together. The late George D. Beebe, of Chicago, earned for our school priority in the treatment of malignant diseases with carbolic acid, and he was also the pioneer operator of intestinal anastomosis.

Dr. McClelland would rely mostly on ars. iod., sil. and calc. Under ars. iod. the nodular mass disappeared in two cases pronounced to be cancer of the liver.

Dr. Henry, of Alabama, uses *calc. phos.*, ars., merc., hepar and aur. in the 30th; "the only effective local remedy is oxalic acid combined with pulverized caustic potash made from the red oak bark of our country." The vegetable remedies are specially found in the cactuses, fungi and the air plants.

Dr. Owens has used for eighteen years acetic acid in appreciable doses (4 per cent. to 10 per cent.), and locally in a 2 per cent. solution (4 per cent. is too irritating) for epithelioma and carcinoma in the cervix, breast and face. Lately he has used ars. iod., if there is much burning in the ulcer. Do not expect results with acetic acid before two or three weeks, or even three months; it may take twelve or eighteen months to cure. If possible, keep the part constantly wet with the solution and give the medicine internally every four or six hours.

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Dr. Sawyer detailed a case of mammary cancer in which bell. is indicated; the 3d and 6th were followed by the 30th, but this, too, lost its effect, and now for some time passt the 10,000th gives, she says, almost instant relief from the paroxysms of pain.

W. B. Van Lennep, of Philadelphia, did not have time to read all of his excellent paper, "*Inflammation of the Right Iliac Fossa.*"

> This is the surgical subject of the day, and is preëminently American. Appendicitis is the best name, as the appendix is always involved. There is more liability to relapse if there be no tumor and an enlarged and tender appendix can be made out. A pathognomonic sign is pain on pressure at McBirney's spot, about half-way between the right anterior superior spinous process and the umbilicus; this corresponds with the point of the appendix. There should be more operative treatment in so-called simple catarrhal cases. The attack is usually short lived and the operation rarely indicated after the third day. He finds the appendix by following the anterior muscular bundle on the cæcum, after first carefully tying all bleeding vessels and pushing away adhesions. Generally an operation is called for in five-eighths of the cases. He abhors poultices and does not use cold much. Sensitiveness, pain and interference with business between the attacks suggest an operation. Any localized abscess, however well protected by adhesions, is always a constant menace to life.

John E. James, of Philadelphia, thinks there are comparatively few cases of appendicitis as compared with intussusception and localized trouble at the ileo-cæcal opening. Do not be too hasty with the knife. Make an exact differential diagnosis between complete and incomplete obstruction of the bowels; distend all three colons with a large water enema, if necessary to this end. In recurring attacks remove the appendix—it is useless, any way.

Dr. Stout, of the Southern Homœopathic Association extended a cordial invitation to their Nashville meeting next November.

SATURDAY AFTERNOON.

Dr. Kinne read H. M. Lewis', of Brooklyn, address, "*Training Schools for Nurses.*"

> There should be some law licensing and protecting trained nurses. We have had a patient after leaving the hospital put on our uniform and hold herself out as one of our trained nurses.

Julia Holmes Smith.—The most important element in the equipment of a training school, and the most difficult to supply well, is the superintendent. There should be a normal school to fit people for this position. Too many physicians have pet nurses. Too many patients think the nurse is only a servant. There should be so many trained nurses that their minimum wages would, by competition be lowered to within reach of our patients with only moderate means.

John L. Moffat urged the establishment all over the country of our own training schools, because there is danger of a nurse with allopathic training endeavoring to wean our patients from us. A comparison of the nurses from two homœopathic and four allopathic training schools satisfies him that not only are our nurses as well or better trained, but that as a class of women they are superior.

J. T. Cook, of Buffalo, agreed with the last speaker. We need nurses trained to the proper care and administration of our remedies. Many of the leading old school physicians have expressed a preference for our graduates.

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D. H. Beckwith.—Our hospital, with a class of 17, is the only training school in Cleveland; the demand is greater than we can supply.

DeWitt G. Wilcox's paper, "Surgery of the Spinal Cord," was presented in abstract.

> A broken neck or back is not so irremediable as of old. From pressure of pus *in* the spinal canal we have many of the early symptoms of Pott's disease. For exposing the cord he prefers to cut the vertebral arches (if not fractured) with a heavy bone forceps. He urged the possibility and advisability of relieving depressed fractures by cutting down and elevating the fragments.

E. H. Pratt, of Chicago, read an elaborate defense of "*Orificial Surgery*."

> The intelligence of the sympathetic nerve is of a very low order; in dysentery it constantly incites the expulsion of the swollen membrane. This irritation will inevitably produce diminution of the tube at its peripheral end. Prolonged, unremitting contraction of any involuntary muscles wearies the sympathetic nerves and undermines the balance of that nervous system, thus affording a starting point of disease somewhere in the body. In all persistent pathological conditions there will be found some source of irritation at one or more of the lower openings of the body. It is by the capillary circulation that health is established and medicines act. In slight cases of irritation, dilatation or even only slight vibrations of electricity may prove sufficient. I have seen the insane made rational, the lustful virtuous, and the tearful cheerful.

Dr. Monroe.—Examination of a thousand male convicts, two or three years ago, showed that about two-thirds had some abnormality of the sexual organs, and, if my memory serves me rightly, those convicted of assault, rape, etc., were all so affected.

Dr. Helmuth.—"When a member of our society in good standing says that cures may be effected by such and such treatment, we are bound to listen and investigate the matter unless some one brings forward some satisfactory reason to the contrary. As yet, we know but little about these nervous reflexes from the orifices of the body, and although I do not accept all that is claimed, I am prepared to say that there is much good in it and that we ought to give it a trial." The speaker narrated two cures, one of vesical spasm by stretching that sphincter, and the other of hysterical vomiting by stretching the sphincter ani.

H. P. Skiles, of Chicago.—At first I was much opposed to orificial surgery, but was converted by seeing an obstinate diarrhœa in a consumptive cured by snipping out some rectal papillæ. I usually chloroform my insane patients to ascertain if there be some such organic cause.

Dr. Pratt.—I am a homœopathist, but also a physician, and I first try homœopathic remedies. I do not advocate orificial surgery in enmity to homœopathy, but as a reserve after other means have failed.

M. O. Terry, in his paper, "To What Extent are Sinuses and Fistulæ Curable by Operation?" recommended, after cleaning the tract with hydrogen peroxide 1 to 12, the application of iodoform, eucalyptol or balsam of Peru, and an antiseptic bandage or collodion and a drainage tube.

"*Infantile Eczema*," by Millie J. Chapman, said that we are too apt to regard eczema as merely a catarrhal condition dependent upon the eruption of the teeth.

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The assertion by the specialists that they have never seen bad sequelæ from suppressing eruptions should have no weight, because the patients are not brought to them for the treatment of such remote consequences.

Olive or cotton oil may be used for cleansing those cases which are aggravated by water.

C. B. Gilbert, of Washington, gives syphilinum if he knows that the father has had syphilis. If the father has had gonorrhœa, medorinum is good for a small, white papular eruption in the child, or if the mucous membranes are affected in any way. I use these nosodes high, and they never disappoint me.

Dr. Morgan, on the recommendation of Farrington, always thinks first of pix liquida 1,000 for eczema worse in hot weather or with great itching at night. "But beware of an aggravation."

Dr. Hughes.—Some of us reject psorinum, not because it is "nasty," but because there is no such thing. According to Allen's Encyclopædia, the provings were derived from two sources: puncture of (1) the itch vesicle and (2) some vesicles of *herpes*. We know that the contents of the itch vesicle is a result of the irritation of the acarus scabei and is not contagious, like that of small-pox for instance. Psorinum must therefore be inert.

Dr. Chapman.—I buy *something* called psorinum, which gives satisfactory results when given according to indications.

Wm. Owens, Sr., read a paper, * "*The Relation of Hygiene, Diet and Therapeutics to Diseases of the Alimentary Canal in Children.*"

Dr. Custis.—If there are frequent loose stools and no other evidence of disease, the food is too strong. The psorinum patient smells bad and has a great tendency to sweat. We cannot ignore the work of such men as Hering, and we should not discard from our armamentarium a remedy which works well when prescribed on definite symptoms—no matter what its origin or what one may theorize about it.

Dr. Dudley.—If, despite changing its strength, the food disagrees, I withdraw all milk for twelve or twenty-four hours, until the green, shiny stools change their character.

Dr. Owens.—Kreos. 6 or 10 is the chief remedy for these putrefactive fermentations. When milk passes undigested I substitute meat broth until the stools become normal in color.

MONDAY MORNING, JUNE 22.

The morning session was devoted to reports of the *Progress of Homœopathy*, during the past five years throughout the world.

In the United States it has been steady and satisfactory. In England there has been an unceasing spread among all classes and an increasing reputation with the press, although one cannot see much influence on the old school. In Melbourne the homœopathic hospital is flourishing and has made a striking record in typhoid fever, which is endemic.

In India we are not the laughing stock we were ten years ago. There are about twenty qualified homœopathic physicians in Calcutta alone.

In New Zealand there was an unsuccessful attempt to exclude us from the Medical Council.

In Austria there has been no progress; in Vienna there are only thirty physicians, the hospitals throughout the country are all private, and there are no journals. By the law of '86 each doctor may dispense his own homœopathic medicines, but loses this right if he dispenses a single dose of anything else.

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In Saxony and Bavaria there is no chance for us except where there are homœopathic drug stores. In Würtemberg the Society of Hahnemannia enjoys the protection of Queen Olga. In Leipzig we have an endowed hospital. There are also hospitals in Munich and Köthen. Dr. Jaeger, of "woolen fame" has openly avowed homœopathy. The greatest obstructions to progress in Germany are our institutions, especially the pharmacies.

Dr. Villers presented the first English copy of his proposed "International Homœopathic Annual," a world's directory which will appear simultaneously in German, French and English.

In Switzerland there has been no progress; in Basle we have decidedly lost ground on account of the system of district doctors, sick funds, and a large free hospital. Freedom is, however, vouchsafed on paper.

In Mexico, homœopathy is a sturdy growth with a most favorable outlook. It was introduced in 1850, and there are now thirty practitioners who have perfect freedom under the liberal constitution of the country.

In Russia, homœopathy is largely practiced by laymen, especially priests, the physicians being few (only 179) and scattered. New pharmacies are constantly springing up, and there are four societies which support dispensaries and journals and distribute tracts.

We have four doctors in the Sandwich Islands, and four or five in China.

A. R. Wright's address was on * "*Hospitals, their Construction, Maintenance and Management.*

Dr. Talbot.—A hospital will be better for one or more *competent* doctors on the board of trustees; but unless these sink their personal preferences and prejudices they will injure it, as will any trustee who tries to run the institution in the interests of his family physician or friend. In five Massachusetts towns we share the hospital on equal terms with the old school; the pharmacist carries out the attending physician's directions; he and the nurses are held strictly to neutrality. There has been no clashing between the schools.

B. W. James.—During the past five years, with increasing numbers of patients our cures and death-rate have compared more and more favorably with the old school.

Dr. McClelland.—Our Pittsburgh hospital represents the power of united effort and the utility of supporting some one leader endowed with executive efficiency, who sinks his personal prejudices.

Dr. Stout.—In the Jacksonville, Fla., hospital we have equal rights. In St. Augustine we may treat our patients in the hospital.

John L. Moffat.—It would seem a legitimate sphere of the local medical society to pay the expenses of a second resident physician in hospitals divided between the two schools. One or more resident physicians are necessary in a hospital of any size, but in many cases the trustees would not feel warranted in standing the expense of two. There is really great danger of an institution lapsing entirely to the old school if we are not definitely represented on the house staff.

Dr. Gilbert.—Lay trustees alone cannot have a proper conception of the needs of a hospital. We have made a mistake in establishing an unwritten law against doctors on our Washington board of trustees.

MONDAY AFTERNOON.

N. Emmons Paine, of the Westborough, Mass., asylum, wrote upon * "The Rest Treatment of Insanity." S. H. Talcott followed with a paper on "*The Curability of Insanity by Homœopathic Remedies.*"

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Many of our patients at Middletown have come from old school sources; of the 750 we have less than 300 who had been habituated to homœopathic treatment Of the 5,000,000 population of New York State, about 1,000,000 have homœopathic treatment; one would therefore expect our quota of the 13,000 insane in the State to be about 3,000 *i.e.*, ten times as many as we actually have. It is a fair inference, therefore, that *homœopathy tends to prevent insanity!*

The kidneys, stomach and bowels have a chance to throw off at least part of overdoses of medicines acting upon them, but the nervous system has no such opportunity and consequently is frequently injured.

Dr. Fellowes.—All the asylums have the same means of treatment, varying only in the medicines administered. Our favorable results appeal to the pockets as well as to the sympathies of the public. If you are ever tempted to use the bromides, etc., consider it but a temporary expedient and the least of two evils.

J. C. Morgan.—Keep your patients out of the asylum. I have found *hyos.* indicated by turbulent restlessness. *Acon.*, fixed ideas, especially that of some injury apt to be done him. *Calc.*, suspicion that he may be poisoned (not a fixed idea that he would be). *Verat. a.*, praying or swearing. *Ars.*, more prostration than you can account for. *Capsic.*, burning sensations. *Cupr.*, the patient will suddenly roll over violently. *Sulph.*, all the time busy. *Kali brom.*, sleeplessness.

Dr. Paine.—On being put to bed the patient loses appetite and becomes constipated, requiring strong massage daily for maybe an hour.

Dr. Talcott.—We have found that patients refusing to eat for fear of being poisoned will eat all right when kept in bed. If there is much superficial sensitiveness, especially at points in the spine, we rub with cocoanut oil and 5% hypericum tincture. It is never necessary to resort to hypnotics; fill the patient with hot milk, keep it up till drowsy, and give the indicated remedy.

A paper on * "*Camphor Bromide*," by Robert P. Cooper, of London, was read by Dr. Van Baun.

Three grains of the 3x should be put directly on the tongue for high nerve tension of all or any part of the system. You can tell in ten minutes if it is going to help; nothing is gained by repeating the dose. It makes the patient more susceptible to the following remedies.

L. Salzer, of Calcutta, sent a paper on * "*Asiatic Cholera*," and presented a copy of his book on that subject, published eight years ago and highly commended by Dr. Hughes.

J. C. Morgan reminded us of secale for the cramps when cupr. fails.

* "Lanolin and Agnine," by H. M. Dearborn, brought forward these bases as medicaments acting especially and well on the skin. M. Deschere wrote on * "How to look on Homœopathy from a Homœopathic Standpoint."

"The Psoric Origin of Many Chronic Diseases," by Dr. Gailliard, of Brussels, brought forward certain facts which tend to bear out Hahnemann in placing the itch side by side with syphilis. If these facts are verified, said Dr. Hughes, it will give us a better basis than ever before for maintaining the possibility of the psoric cause of some diseases.

Dr. E. F. Storke in "*The Climate of Colorado*," set forth what class of pulmonary patients are most benefited by a mountain climate. It is very good for those who have had slight hemorrhage.

Dr. Stout said that Florida is especially good for catarrhal conditions.

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The following resolutions were adopted:

Whereas, The proceedings and papers of the Fourth Quinquennial International Homœopathic Congress conclusively show that the practice of homœopathy by educated medical men and women has obtained a firm foothold in every civilized country on the globe; and

Whereas, Notwithstanding the untold obstacles and opposition it has encountered, homœopathy has steadily advanced in professional and public estimation until now, at the close of nearly one hundred years of incessant and desperate struggle with its foes and with the repressive influences of inimical laws, its future permanency and continued progress are (humanly speaking) assured; therefore,

Resolved, That this Congress would respectfully suggest to the non-homœopathic portion of the medical profession the question whether the time has not now arrived when the policy of professional ostracism and legislative repression may not with advantage be abandoned as a needless discredit to our loved profession, and as a method of controversy which is daily becoming more and more unpopular and inefficient.

Resolved, That we earnestly suggest that the solution of the questions that now divide the medical profession into offensive and defensive factions can never reach a solution except through those methods of observation, experiment and logic which form the only effectual resort in all other departments of human knowledge.

Announcement was made that the next Congress will be held in England in 1896.

The Committee on Registration reported 1,053 persons in attendance on the Congress; 493 doctors, members, and 218 topics considered.

The Congress finally adjourned by all present singing the doxology.

RECORD OF MEDICAL PROGRESS.

SURGICAL TREATMENT OF CAVITIES IN THE LUNGS.—In five cases of pulmonary tuberculosis with cavities, Sonnenburg made openings into the apices of the lungs, for the purpose of making a free exit for the accumulated tubercular products. This was followed by the use of Koch's injections. Extensive enlargement of the cavities with a free discharge of cheesy material containing characteristic bacilli followed the use of the injections. A tamponade was introduced to keep the opening pervious, as the wound showed a disposition to close. After a few weeks, the walls of the cavity were covered with healthy granulations and healing commenced. In one case, which Sonnenburg exhibited, there had been a cavity the size of a walnut, but three months after the operation, the wound had healed and a careful physical examination could detect no cavernous symptoms. In this case Koch's injections were to be continued until as much as 1 d. g. had been taken, and if no reaction followed, the maximum dose was to be administered. Of the four cases operated on since Nov. 5, 1890, two are considered cured, two improved and one is still under treatment. Sonnenburg attributes the happy results to the use of Koch's injection.—*Centralblatt fur Chirurgie.*

W. F. H.

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THE POST-PROSTATIC POUCH IN THE SURGERY OF VESICAL CALCULI.—In a paper read before the Medical Society of London, and published in *The Lancet*, April 18th, G. Buckstown Browne classifies vesical pouches and illustrates the importance of post-prostatic (or trigonal) pouches by a number of very interesting cases. He recognizes three classes of sacculi: (1) the ordinary sacculus, "consisting of a protrusion of the mucous membrane between the muscular fibres and located in any portion of the bladder;" (2) post-trigonal pouches situated back of a straight line connecting the ureteral orifices; (3) post-prostatic or trigonal pouches consisting (with patient lying on the back) of the trigone of the bladder pushed down between the enlarged and projecting prostate in front, and a thickened and firm interureteral ridge behind. This later class of pouches has hitherto received little notice, yet they constitute the chief cause of error in searching for stone and of imperfection in its removal, whether by the lithotrite or by the knife. They are often of extraordinary depth and may be literally roofed over by an intra-vesical prostatic projection. Lying in front of and below the orifices of the ureters they are perfect traps for catching renal calculi and favorable localities for their growth. Calculi in this location are exceedingly painful, since the trigone has a richer nerve supply than any other portion of the bladder.

The author's object in presenting this paper is to prove by illustrative cases: (1) That owing to the post-prostatic pouch, vesical calculus is often difficult to detect in cases having an enlarged prostate, and that if the pouch is deep it may be absolutely impossible to find the stone by any instrument passed in through the urethra; (2) that owing to the depth of the post prostatic pouch, lithotrity is sometimes an impracticable operation, it being mechanically impossible to evacuate the bladder of all débris by urethral instrumentation.

He then proceeds to detail seven cases of this kind which were relieved by suprapubic cystotomy after lythotrity had failed or in which thorough examination with the searcher had failed to discover the stone.

He sums up the practical outcome of the paper as; (1) in all doubtful cases with an enlarged prostate insisting upon a careful search being made behind that organ, not only with the reversed beak of the ordinary sound, but with a special sound flattened transversely at the beak like a flat-bladed lithotrite. Help is sometimes afforded by the introduction into the bowel of a rectal bag, or by an assistant making upward pressure with his finger in the rectum; (2) if there is reason to believe that there is a deep post-prostatic pouch; he prefers suprapubic cystotomy to any other operation; (3) where calculus symptoms continue in spite of treatment and no stone can be found by the usual methods of examination, the bladder should be opened by the suprapubic incision in preference to all others. G. W. R.

ŒSOPHAGOTOMY FOR THE REMOVAL OF A TOOTH PLATE IMPACTED FOR FIVE YEARS AND NINE MONTHS.—Case reported by Willoughby Furner in *The Lancet*, May 2d. A lady, æt. thirty-four, admitted to Sussex County Hospital Nov. 6, 1889, complained of difficulty in swallowing, was thin, but fairly nourished. She gave the history of swallowing her tooth plate, which carried three gold hooks and three teeth, on May 4, 1884. She was almost suffocated at the time, and being unable to seize the plate, pushed it down her throat. The dysphagia varied from time to time, she being able to take only liquid food occasionally thickened

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with minced meat and bread crumbs. She located the obstruction at a point about an inch and a half below the episternal notch. A probang was arrested ten inches and a half below the teeth. Repeated attempts at removal proved unsuccessful, and on Feb. 17, 1890, œsophagotomy was performed. The incision was about three inches in length along the anterior border of the left sterno-mastoid muscle. The omohyoid was divided, the carotid sheath drawn outward, the trachea and thyroid gland drawn inward, and the œsophagus exposed. A full-sized bougie was now passed through the mouth down to the obstruction, and the œsophagus incised on its posterior surface. The foreign body was found lying in a sac to the right of and projecting into the gullet. It was grasped very firmly by the walls of the sac, and was removed only after repeated trials with various forceps. Profuse hæmorrhage followed its removal, but only one small artery required ligature, the upper two-thirds of the wound was closed, the lower third left open and a drainage tube inserted. The wound was frequently syringed with boric acid (ten grs. to the ounce of water) and the teeth and gums cleansed with the same solution. Nourishment for the first forty-eight hours was per rectum, but in spite of all, the wound became offensive, and as the patient was losing ground, an attempt was made to introduce milk into the stomach through a No. 8 gum elastic catheter, but it all regurgitated through the wound. Another unsuccessul attempt was made on the fifth day. At this time the wound was covered by gray exudation and the neck was swollen and puffy. As a last resort the patient was raised up in bed and allowed to drink milk, which she succeeded in doing to the extent of about ten ounces, with only slight regurgitation. Later, a copious discharge occurred from the wound and recovery began.

Remarks.—As twenty-three per cent. of these cases die of cellulitis or exhaustion, the most important questions are those of feeding and cleansing the wound. Barton and Markoe feed through a tube introduced through the wound. Southam fed by rectal enemata for fourteen days. Abbé advises closing the œsophageal wound and feeding through a tube projecting from the mouth. Lediard used rectal alimentation for the first three days, then fluids by the mouth. Dr. George Fisher fed by the mouth from the start, whether the œsophageal wound was closed or not.

The above case teaches in so far as a simple case can, that rectal alimentation may be discontinued after twenty-four hours and the patient allowed to *swallow* fluids if the incision of the œsophagus is posterior. The wound may best be kept clean by syringing with a one to forty carbolic lotion while the patient is sitting up. G. W. R.

HERNIOTOMY OR ABDOMINAL SECTION ?—Mr. Harry Lupton discusses the merits of these two operations in connection with two cases reported in *The Lancet*, May 9th. Mrs. B., æt. fifty-three, with a history of obstruction, no hernia detected. Abdominal section revealed a small portion of the small intestine, having a third to half its circumference nipped tightly in the left femoral ring. Strangulation was relieved and uninterrupted recovery followed.

Mrs. G., æt. fifty-seven, with strangulated femoral hernia. Operation being decided upon the question arose whether it should be herniotomy or abdominal section. The former being chosen, a knuckle of intestine was found firmly gripped, but in no wise worse than the case of Mrs. B. Gimbernat's ligament was freely incised and the intestine returned without difficulty. The next morning, the patient's symptoms being unrelieved, the wound was reopened and the finger found the

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ring free. Patient died a few hours later. Post-mortem examination showed that the intestine had passed through and was constricted by an adhesion of the omentum before entering the femoral ring.

The question raised is, whether our increased skill in performing abdominal section and the frequency of obstruction *inside* the abdomen does not justify replacing herniotomy by abdominal section in certain cases of strangulated hernia. G. W. R.

EXTRACTION OF BROKEN NEEDLES.—A clinical note by Chas. Steele, M.D., F.R.C.S., in *The Lancet*, May 9th, gives the following practical method of removing needles and pieces of needles. If they are in the foot, he applies two thick felt corn plasters one on top of the other, with the prominent point of the needle, or (in recent cases) the point of puncture occupying the central hole. The patient is directed to walk freely and bear her weight on the plasters. In the course of a few days the needle will appear and be easily withdrawn. Where the needle enters the hand or wrist, or any portion of the limbs other than the foot, the circular corn plaster should be firmly pressed upon by an elastic bandage or wristlet. G. W. R.

IMPLANTATION OF POCELAIN TEETH.—At the Surgical Section of the Russian Congress of Physicians, Znamensky exhibited a dog in whose alveolar process had been successfully implanted a porcelain tooth. From researches, his conclusions were that the transplantation of human teeth was only of temporary benefit, the roots were soon absorbed and the teeth would fall out. Also that no organization took place between the transplanted tooth and the alveolar process, the union simply being mechanical. He advised the use of some material like porcelain or metal which would resist absorption, and predicted that gratifying results would follow experimentation in that department.—*Centralblatt fur Chirurgie.* W. F. H.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THE INDIANA INSTITUTE.—The meeting of the Indiana Institute of Homœopathy this year was a marked success. The papers were valuable and the attendance was large. The officers elect are: President, J. T. Boyd, M.D., Indianapolis; Vice-Pres., E. Z. Cole, M.D., Michigan City; 2d Vice-Pres., J. H. Allen, M.D., Logansport; Treasurer, J. S. Martin, M.D., Muncie; Secretary, W. B. Clarke, M.D., Indianapolis.

THE OREGON SOCIETY.—The officers of the Oregon State Homœopathic Society for the ensuing year are: President, R. E. Muller, M.D.; Vice-Pres., Osman Royal, M.D.; 2d Vice-Pres., H. C. Jeffends, M.D.; Recording Secretary, O. D. Baldwin, M.D.; Cor. Secretary, H. F. Stevens, M.D.; Treasurer, C. L. Nichols, M.D.

OBITUARY.—The death of Dr. William Owens, jr., late professor of Pulte Medical College, Cincinnati, occured at Los Angeles, Cal., May 9, 1891, at the residence of his uncle. During the winter the doctor had a very severe attack of la grippe, from the effects of which he never rallied. He was a young man of promise and had a wide circle of friends.

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THE NEBRASKA MEDICAL LAW.—The copy of the new medical law of Nebraska, kindly forwarded by Dr. Sprague, of Omaha, has some points of interest. It is short, simple and effective. It provides a State Board of Health, to consist of the Governor, Attorney General and Superintendent of Public Instruction. This board appoints four secretaries (two allopaths, one homœopath and one eclectic), who transact the business subject to the approval of the board. The board issues certificates entitling to practice all graduates of reputable medical colleges; must have every physician now practicing in the State register his diploma; has power over quacks and itinerant venders of nostrums, and omits all examinations of physicians. This is a sensible and judicious law, and might be taken as a model in most respects in other States.

DISAPPOINTED INVALIDS.—That the belief in miracles and miracle workers is still strong in the ignorant and credulous is shown by the throng of sufferers who came to Father Mollinger's "clinic" at Pittsburgh. The disappointment and despair of the people was pitiful to witness. And while the credence given to the tales of Father Mollinger's power over disease is almost beyond belief, yet it is not much more astonishing than the popular faith in patent medicines and quack nostrums. Father Mollinger will now probably retire from the practice of medicine and concern himself more especially with the cure of souls.

A SUDDEN DEATH.—Sidney P. Brown, a student in the junior class of the New York Homœopathic Medical College, died suddenly Monday, June 8th, of heart failure, at Elizabeth. He was the son of Dr. Louis R. Brown, a prominent physician of Elizabeth, and was a member of the Amphion Society of Brooklyn.

THE BRITISH CONGRESS.—The annual Homœopathic Congress of England will be held in London, beginning July 9th. The circular giving full details is now issued.

BOSTON DISPENSARY FAIR.—The fair held in Horticultural Hall, Boston, for the benefit of the homœopathic dispensary proved a noteworthy success. Although many obstacles were to be overcome, about $10,000 was cleared.

ILLINOIS ASSOCIATION.—The annual meeting of the Illinois Homœopathic Medical Association, held at Springfield in May, was marked by earnest work and harmony of effort. A committee of the association appeared before the House and Senate Committees of the Illinois Legislature and urged that the new insane asylum should be put in the hands of the homœopathic school. So effective were these arguments that the bill passed both committees unanimously. This looks like success, and it is probable that the bill will become a law. The following officers were elected by the society for the coming year: President, C. A. Weierick, M.D., Marseilles; 1st Vice-Pres., O. B. Blackman, M.D., Dixon; 2d Vice-Pres., A. K. Crawford, M.D., Chicago; 3d Vice-Pres., Lucy Waite, M.D., Chicago; Secretary, W. A. Dunn, M.D., Chicago; Treasurer, A. A. Whipple, M.D., Quincy.

MATRIMONY AND THE TRAINED NURSE.—According to an exchange, says the Boston *Medical and Surgical Journal*, an enterprising lady has been making investigations upon the question of matrimony in regard to her sex. She finds that the highest marriage rate is among trained nurses, and impartial observation would rather tend to support the statement that this is the best field for matrimony the fair sex enjoys.

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Whether this is equally true in America is open to doubt. According to the recent reports of the training schools connected with the Boston city and Massachusetts general hospitals, only fifteen per cent. of the graduates have since become married.

SOME EFFECTS OF A PROTECTIVE TARIFF.—It has recently been conclusively shown that there is an intimate and casual relation between the price of food and mortality. In Europe, during the past fifty years, vegetable foods have increased in price about thirty per cent., while meat has increased in price about one hundred and forty per cent. The greater mortality of the poorer classes is clearly traced to insufficient nourishment. And now, says the *Medical News*, comes Mr. Mattlekovits, who, in a statistical study of the subject, finds as a result of the protective tariff rates of Austria and Germany that in these countries the poor man's cereals, his flour and rye bread, have since 1878 been advanced in price one-third or more. As a result there is increased mortality and a great increase of crimes, both against property and the person. Another result of a protective tariff may be comforting to those who believe in the system. The last sentence of an advertisement of a firm of American opticians in a London magazine, reads as follows: "If you are contemplating the purchase of a set of trial lenses, do not omit to ask for a description of ——— complete set * * * * for $60, £12 (excepting in the U. S., where price is $75)." Now, if this firm can make a good profit at its London price, how much more than a fair profit does it make by its U. S. price? To the professional man the beauty of the tariff is somewhat obscured.

DANGERS OF SULPHONAL.—It might be supposed that sulphonal was absolutely innocuous and might be given without care, if published reports were believed. But while it is one of the safest hypnotics known, it is still dangerous. In a series of cases treated with the drug, out of seventy-five patients no less than seven showed serious symptoms and five died. It is true that the patients were lunatics and apparently feeble, but a lesson of caution may be learned.

ONTARIO COUNTY SOCIETY.—The twenty-ninth semi-annual meeting of the Homœopathic Society of the County of Ontario was held the evening of June 25, 1891, in the chapel of the sanitarium at Clifton Springs. Dr. C. D. Clausen, of Havana, N. Y., read a paper on "The Philosophy of Orificial Surgery," which was followed by an interesting discussion. The thirtieth annual meeting of the society will be held in the court house in Canandaigua, on the afternoon of the third Wednesday in October, 1891. So writes the Secretary, Dr. C. T. Mitchel.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

THE INFLUENCE OF HOMŒOPATHY ON RECENT MEDICAL LITERATURE AND PRACTICE.*

By CHARLES GATCHELL, M.D.

MR. PRESIDENT AND MEMBERS OF THE CONGRESS: The subject which, through the unmerited partiality of your committee, has been assigned to me is one possessing both a historical and a practical interest. Historical, because it treats of events closely associated with the development of our school; practical, because it deals with forces which are potent in determining its course and destiny.

In Europe and America homœopathy and traditional medicine have been in close contact for almost a century. The colleges of the two schools stand in each other's shadow; their books may be found in each other's libraries; their journals circulate promiscuously; consultations between their members are becoming of less uncommon occurrence.

Such intercommunication has not been without its effect. The literature of the old school gives ample evidence of acquaintance with and appropriation from our own. But, notwithstanding this fact, the extent to which their practice has become modified in the direction of homœopathy is slight indeed.

* An address delivered before the International Homœopathic Congress, Atlantic City, N. J., June, 1891.

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To note the extent to which such modification has taken place, and to attempt to account for the difference between the effect upon their literature and upon their practice, is the task that is mine. Since a different explanation goes with each, it is convenient to consider the two separately.

THE INFLUENCE OF HOMŒOPATHY ON RECENT MEDICAL LITERATURE.

In the literature of the old school instances of the consideration of drugs that have long been peculiar to homœopathy, and of their application in the treatment of diseases to which they bear a relation of similarity, are many and varied. Twenty years ago every such occurrence called forth wide-spread comment. To-day instances of the kind have become so common as to cease, almost, to be subject for remark.

There are few modern old-school text-books on materia medica and therapeutics that do not contain material gleaned from homœopathic works of a like character. The extent to which Ringer, Phillips, Brunton and Bartholow have drawn upon such sources is too familiar to the members of this congress to render it necessary for me to make a critical analysis of the subject. In the homœopathic press the deadly parallel column has told the story again and again.

The homœopathic text-book to which these teachers of "rational" medicine are chiefly indebted, is Dr. Richard Hughes' "Pharmacodynamics," long the leading authority on the subject in our school, and a work to the great value of which these men pay eloquent though silent tribute.

Of the drugs that the old school has adopted from homœopathic sources it is not strange that our great antipyretic, *aconite*, should be the chief. It is one of the earliest that they appropriated, and it is probably the one that they most frequently use. Their literature abounds in instances of the kind.

ACONITE.—Dr. Wm. H. Porter, of New York,* in a lecture on "Plethora in its Relation to Inflammation," says:

"Venesection, or the use of *aconite*, especially the latter when used early in the congestive state of the inflammatory process, will diminish both the force and the frequency of the heart's action; the arterioles will dilate, the general blood tension will be lowered, and an increased volume of blood will be carried over into the venous side of the circulating apparatus."

* "International Clinics," J. B. Lippincott Co., 1891, p. 29.

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Dr. H. Bryson Delavan, of New York,† in writing on the subject of "Acute Tonsillitis," says:

"For a simple case in an adult the best plan is to administer alternately every fifteen minutes, half a drop of tincture of *aconite* and half a drop of tincture of *belladonna*, watching carefully for indications of the physiological effects of the drugs and stopping the medicine upon their appearance."

Dr. T. Lauder Brunton ‡ says:

"The chief use of *aconite* is in febrile conditions depending upon local inflammation, such as tonsillitis, sore throat, pleurisy, pericarditis, acute rheumatism, gout, erysipelas, and in urethral fever. In many of these conditions small doses of *aconite* slow the pulse, lower the temperature and give much relief to the patient."

Dr. Sidney Ringer § says:

"*Aconite* is to be the most esteemed for its power—little less than marvelous—of controlling inflammation and subduing the accompanying fever. It will sometimes at once cut short an inflammation."

Rhus Toxicodendron.—This drug, the use of which as a therapeutic agent, has been confined almost exclusively to the homœopathic school, has recently received recognition at the hands of the old school. The source of their knowledge of the virtues of this homœopathic polychrest it is not difficult to divine.

Rhus is not mentioned in either Ringer or Bartholow. Phillips,‖ who is so much indebted to homœopathy for medical material, says of it:

"*Rhus* is valuable in various subacute and chronic rheumatic affections of the fibrous tissues; the synovial membranes seem to be less amenable than the fibrous structures, such as tendons, ligaments and fasciæ. In cases of 'scarlatina rheumatica' it is often of great service, and especially if typhoid symptoms are present."

In this connection interest attaches to *rhus* by reason of the attention called to it by Dr. John Aulde,¶ of Philadelphia. The article is remarkable for the palpable, though disguised, homœopathy that it contains, and also for the affected disingenuousness of the writer.

† "Reference Handbook of the Medical Sciences," Wm. Wood & Co., New York, 1889, vol. vii., p. 134.

‡ "Pharmacology, Materia Medica and Therapeutics," Lea Brothers & Co., Philadelphia, 1888, p. 835.

§ "Handbook of Therapeutics," p. 398.

‖ "Materia Medica and Therapeutics," Philadelphia: P. Blakiston, Son & Co., 1886, p. 228.

¶ *Therapeutic Gazette*, October, 1889, p. 676.

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In attempting to account for the limited amount of clinical evidence that he is able to present, Dr. Aulde says:

"There seems to be considerable diffidence in giving an opinion concerning a remedy which is altogether new and is given in such small doses as *rhus toxicodendron.*"

Homœopathic physicians may well smile when, in the month of October, 1889, they hear *rhus tox.* called "a remedy which is altogether new."

The dose of *rhus* that Dr. Aulde recommends has a singular likeness to that which homœopathists have long been accustomed to use. He says:

"It should be prepared with diluted alcohol and used in the strength of 1 part to 10, that is, 1 part of the tincture to 9 parts of diluted alcohol."

Dr. Aulde indicates that he has some faint conception of the fact—so little known to the members of his school—that no single homœopathic remedy is claimed to be a "specific" for all cases of a disease having the same name. He says:

"*Rhus* is not an infallible remedy for all rheumatic affections. I do not think it would be of great benefit in acute attacks, and my experience does not justify the statement that it can be depended upon invariably for relief in all chronic cases."

But that some slight, though imperfect, notion that remedies should be applied according to certain "indications," to be determined by the symptoms of each individual case, is penetrating the minds of a few, is better illustrated by another instance that I will cite.

Dr. Horatio C. Wood, of the University of Pennsylvania, writes:

"Nearly ten years since I was much impressed with the accounts published in various homœopathic journals of Philadelphia of *rhus toxicodendron* for rheumatism, and being at the time visiting physician to the Philadelphia Hospital, with a large number of cases of subacute, chronic and acute rheumatism under my care, I availed myself of the opportunity to test the virtue of the drug. I obtained the homœopathic tincture from a large homœopathic pharmacy. I tried it in all forms and doses, homœopathic, large and small, and found it exceedingly uncertain in its action, and giving no definite good result. I was not able to see that the patients progressed, on the average, any more rapidly when taking it than when left to nature and nursing."

In commenting upon this experiment of Dr. Wood's, Dr. Percy Wilde* says:

* "International Medical Annual," 1891, E. B. Treat, publisher, N. Y., p. 49.

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"To a casual observer it would seem incredible that there should be so much conflict of evidence respecting facts so easy of observation as whether a certain drug does or does not exercise a beneficial effect. It is quite possible that a case of sciatica may be cured by *rhus* after the failure of other remedies, and that it should be therefore extolled as a remedy for sciatica. As a matter of fact, it is perfectly useless in pure sciatica, but it is frequently the best remedy when the complaint is rheumatism of the sheath of the sciatic nerve. In the same manner it is of great value in true rheumatic conditions of the tendons, ligaments and sheaths of muscles, a condition in which the circulation through the tissues must be defective, because the pains are usually worse while the patient is at rest; and although pain is caused by the first movement, it is relieved after slight exercise."

Dr. Wilde's discriminating comments on the use of *rhus* are robbed of all cause for wonder when it becomes known that, although editor of an annual widely read in the old school, he is himself an avowed homœopathist.

HEPAR SULPHUR.—Some years ago a New York physician of the old school published in one of their leading journals an article extolling the virtues of *hepar sulphur*, or *calcium sulphide*, as he preferred to call it, in the treatment of boils and carbuncles, and the suppurative process in general. Since that time many others have experimented with the drug, and the testimony that they render is, almost without exception, favorable.

Dr. Edward Curtis,† of New York, offers this tribute to its merits:

"Internally, *sulphurated lime* has rather recently acquired a reputation as tending to control suppurations, the discharge lessening in quantity, and the unhealthy pus acquiring a healthier character under the influence of the medicine. Given between times in recurring suppurations, as in recurring crops of boils, it is also held to abate the frequency and severity of the attacks. The dose of sulphurated lime ranges from 0.003 to 0.006 gm. (1-20 to 1.10 of a grain) several times a day, or even hourly, given most conveniently in trituration with sugar of milk."

Dr. Percy Wilde (*op. cit.*) says:

"I have frequently mentioned the value of *calcium sulphide*, which in full doses increases the rapidity of suppuration in boils and abscesses, and in smaller doses will cause resolution in cases where the suppurative process threatens but has not commenced.

† Wood's "Handbook of the Medical Sciences," vol. vi., p. 682.

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Dr. Mortimer Wilson,‡ U. S. A., says:

"The power of *calcium sulphide* to modify the suppurative process first called attention to the drug. I had on many occasions tested its value in checking and aborting incipient abscesses; thinking its antipyogenic power might be employed where pus is formed in a mucous membrane, I prescribed it for the first time in 1883 as a remedy for leucorrhœa. The improvement was very marked within a week, and in two weeks a complete cure was obtained."

Dr. John M. Aulde § published a paper on the "Treatment of Suppurating Diseases by the Use of Calcium Sulphide," which might well have emanated from a disciple of Hahnemann. His most significant words are these:

"The continuous exhibition of *calcium sulphide*, as heretofore indicated, will shortly reduce the activity of the inflammation, and when seen early few cases will go on to suppuration."

After disclaiming priority in the use of "*calcium sulphide*" he very naïvely adds:

"Possibly I may be entitled to some credit for extending the usefulness of the drug by finding some new applications for it."

The "new applications," which he proceeds to enumerate, are such as have been familiar to homœopathists since the early part of this present century.

PULSATILLA.—Many traces of this homœopathic polychrest are to be found in the literature of the old school, recommended in those conditions which the disciples of Hahnemann have long been accustomed to use it. The medical journals of the past few years contain many accounts of its employment in the treatment of epididymitis. Phillips (*op. cit.*, p. 28) says that it may be employed in conjunctivitis, in subacute inflammations of mucous membranes, in inflammation of the external auditory canal, in the so-called "stye," in catarrh of the respiratory mucous membrane during measles, disorders of melancholic females, "and in dyspepsia when marked by" headache and nervous depression, white-coated tongue, flatulence, pain in the epigastrium, cold and clamminess of the extremities, and either constipation or diarrhœa with mucous discharge. He also recommends its use "in cases where the catamenia are scanty or delayed, or suddenly arrested by fright or chill" and in "dysmenorrhœa when the discharge is blackish and clotted."

‡ *Therapeutic Gazette*, 1888, p. 306.

§ *Therapeutic Gazette*, May, 1890, p. 305.

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This enumeration of special symptoms calls for little comment before an audience made up of homœopathic physicians. The source of Dr. Phillips' inspiration is too apparent.

GLONOIN.—This useful remedy, which is so distinctively of homœopathic origin—never having been used in medicine until introduced by Dr. Hering—the old school has quietly appropriated without so much as "By your leave, sir." In so doing, as might have been expected, they have ignored its characteristic name, and make use of that one only by which it is known in the arts—nitro-glycerine. Under this term frequent reference to it is made in their literature, and always in connection with those diseased conditions for which it was originally recommended by its homœopathic provers.

With the instances that I have cited, the subject under consideration is by no means exhausted. As my hearers well know, it might be extended indefinitely, for there are few of our remedies that some members of the old school have not attempted to use. *Colocynth*, *apis*, *cactus*, and even *lycopodium*, have all enjoyed brief favor at their hands. Out of the entire mass, my intention has been to give but a few illustrative examples, in order to indicate the nature of the influence that homœopathy has exerted upon recent medical literature. That this influence has been marked, the evidence presented is sufficient to establish.

The literature of the old school is characterized by still another peculiarity that it owes to the influence of homœopathy. Many old-school writers find themselves unable to ignore the evidence presented of the "dual action of drugs," as they call it. They cannot help observing that many drugs cure conditions similar to those which, in toxic doses, they produce. *Ipecac*, *cantharis*, *arsenic*, and others have shown this action in so striking a manner that it has many times attracted attention. Some pass it in silence. Others express surprise that such a thing can be, and make use of language indicating their bewilderment. Thus, M. Aran,* in speaking of *sabina*, says:

"Strange as it may appear, this powerful emmenagogue also has the property of suspending uterine hæmorrhage."

A notable instance of the kind may also be found in Farquarson,† who, in speaking of *ipecac*, says:

"A most remarkable fact in the action of the drug is its power, when given in small doses, of checking vomiting. In dyspeptic con-

* Stillé's "Therapeutics and Materia Medica," H. C. Lea, Philadelphia, 1874, vol. i., p. 415.

† "Guide to Materia Medica and Therapeutics," H. C. Lea, Phila., p. 29.

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ditions in which nausea or vomiting are prominent symptoms, a drop of *ipecacuanha* wine taken every hour will often prove truly curative. At present this must be looked upon as one of the enigmas of therapeutics."

Upon other members of the school the "discovery" has had a different effect. They are keen enough to see that this peculiar action of drugs is an exemplification of the homœopathic law of *similia*, and yet they are little disposed to make such an admission. In this dilemma they cast about to find some explanation that will serve to account for the phenomenon and yet remove it from the domain of homœopathy. This has made many impressions upon their literature.

The most striking example of the kind may be found in a paper by Dr. Iretus Greene Cardner,‡ who thus expresses himself:

"I think it may be laid down as an axiom that a highly poisonous substance, like *arsenic*, is never used for the purpose of simply developing its toxicological effects. If it is not for this effect, for what effect is it? We know how promptly the organism resists any force that disturbs the equilibrium of its physiological action. It is this natural tendency to resistance and repair that constitutes the *vis medicatrix naturæ*. It must, then, be the physiological phenomena caused by this natural resistance to or reaction against a small dose of *arsenic* that alone is desired; and as such phenomena may be opposed to phenomena developed by contemporary disease in the system, the dose would thus be remedial and curative. This we may term the *reactionary* or *indirect* effect of *arsenic* obtained from small or minute doses. Then we can say: 1. That there is an effect to be obtained from a small dose of arsenic which we term *indirect* or *reactionary*. 2. That this effect tends to cure such conditions or diseases of the system as are like those produced by toxicological doses. If this be true of arsenic, it must be equally true of all remedial agents. So we may make the general law, That a small dose of a powerful medicine causes a resistance in the system to all the physiological phenomena that would follow a toxic dose of the same, and the small dose would therefore become remedial when like physiological phenomena were present and caused by disease."

The literature of medicine contains no greater curiosity than this. It is virtually an acknowledgment, and an exposition, of the law of *similia*. At the same time it is an attempt, thinly disguised, to transplant it into the domain of "physiological medicine." Dr. Cardner is

‡ *New York Medical Journal*, vol. i., p. 126.

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not alone in this attempt. The literature of the old school abounds in such references. But since the days of Hahnemann it is difficult to be original in anything connected with the subject of the action of drugs on the human body, for the great founder of homœopathy anticipated these men by almost a century. In 1796 he wrote*:

"Most medicines have more than one action. The first is a direct action—which gradually changes into the second—which I call the indirect secondary action; the latter is generally a state exactly the opposite to the former. If in a case of disease a medicine be given whose primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of body sought to be brought about."

I think that I am correct in stating that this is the earliest record in all literature of the fact that drugs have such an action as the one described. Consequently, Samuel Hahnemann was its first discoverer, and all modern treatises on the subject are but unacknowledged appropriations from his great works.

The first reflection to which the subject gives rise is the want of candor on the part of old-school writers in failing to give due credit to homœopathy as being the source of their knowledge. This is something almost unparalleled in the world of literature. A writer on astronomy, zoölogy, chemistry, or any of the natural sciences, is accustomed to quote authority and make due acknowledgment when he makes use of material which he obtains from another. The world has set the seal of its condemnation upon him who, intentionally, neglects such act of simple justice. It is remarkable that the old-school profession should present the one conspicuous example of a violation of this ethical law. Between the lines of their code there seems to be—unwritten, yet not unobserved—an injunction that says: "Be just to every one but a homœopathist."

It is not without regret that I bring this grave indictment against a large and dignified body of men. But that my strictures are not too severe, I would present evidence that will appeal to the intelligence of this audience. But yesterday I read in the columns of a Philadelphia daily paper, these words:

Some of our good friends among the "regular" physicians seem a little disturbed at the amount of news we are giving the homœopathic

* Versuch uber ein neues Princip zur Ausfindung der Heilkrafte der Arzneisubstanzen, nebst einigen Blicken auf die Hisherigen, von Dr. Samuel Hahnemann. "Hufeland's Journal," 1796, vol. ii., pt. 4, pp. 391–466.

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congress in Atlantic City, and one of them writes us to know if we are the organ of homœopathy. *The Inquirer* is the organ of no creed, sect, party or society. It is a newspaper in every sense of the word. It gives space to the Atlantic City convention because it is news that is interesting to both the disciples of Hahnemann and to "regular" physicians also. The latter certainly want to know what their brethren are doing. When the "regular" or allopathic physicians have a congress in this vicinity we shall with pleasure pay equal attention to their proceedings.—*Philadelphia Inquirer*, June 21, 1891.

This exhibition of intolerance and bigotry may be worthy of the days of the fagot and the stake, but it is unworthy the days in which we live. It is not for me to characterize it in the language it deserves. It has already received sufficient rebuke from one who, in his editorial capacity, represents the people, and when an appeal is made to them, the verdict is always in our favor. The spirit of intolerance that has prompted one member of the old-school profession to protest against the publication of the proceedings of this great congress in the daily press is the same that has led their entire profession to treat homœopathy as if it has no rights in literature that they are bound to respect.

THE INFLUENCE OF HOMŒOPATHY UPON RECENT MEDICAL PRACTICE.

While, as already indicated, homœopathy has had a marked influence upon the literature of the old school, a consideration of the available evidence goes to show that a different verdict must be rendered in respect to its influence upon their practice. That homœopathy has had the effect of compelling the school of traditional medicine to abandon to a great extent its harshest measures, and to reduce somewhat the size of the dose, is true and well known. But that it has had the effect of causing them to substitute homœopathy for their former methods, is a proposition that cannot be successfully maintained.

Homœopathy has modified old-school practice, but not in the direction of homœopathy.

I will present, first, what may be offered in evidence in support of this statement, and then attempt to account for the seeming anomaly.

If physicians of the old school have adopted homœopathic methods, evidence of it should be found in their practice. The records of their clinics and hospitals should reveal the fact. But they do not Investigation in this direction gives only negative results.

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To a homœopathic physician who spent six months in attendance at the New York Post-Graduate Medical School and Hospital I put this question: "Did you, while there, see any instances of the homœopathic treatment of disease?"

His reply was: "During the time of my attendance at the school, covering a period of six months, not one homœopathic prescription was made by any one connected with the institution."

I put a similar question to another physician, now a prominent member of our school, but raised in the faith of the old school and educated in their institutions. He received his degree from the College of Physicians and Surgeons, New York, filled the position of *externe* to the New York Hospital, *interne* on the medical staff of Mt. Sinai Hospital, and house surgeon in the Chambers Street Hospital. I make this enumeration in order to indicate his opportunities for observation. His testimony is that in his entire old-school career he never, in college or hospital, in lecture or clinic, saw a homœopathic prescription made by anyone connected with the various institutions that he attended.

Additional testimony of a like character I have obtained from other physicians who have been connected with various old-school colleges and hospitals in Chicago and other parts of the country. Their testimony, without exception, corroborates that already given.

All this evidence is to the point. If homœopathic methods are being made use of to an appreciable extent by the members of the old school of medicine, the fact should be revealed in such experience as that related. But no such revelation is made.

If the evidence that we seek may not be found in leading colleges and hospitals, let us look among the rank and file of their profession. With this object in view, I addressed a letter to a physician practicing in a town in central Illinois, a graduate of Rush Medical College, Chicago, and one who practiced medicine for twenty years according to the methods taught in the institution in which he received his degree. I asked him if, from his experience and observation, while practicing medicine in the ranks of the "regulars" for twenty years, he found that the members of that profession to any extent, made use of homœopathic methods. His letter says:

"My reply is emphatically, *No.* Of all my acquaintances among the "regulars," I do not know a single one that ever studied homœopathy, or even knows what it is. With very few exceptions, I believe this to be the condition of "regulars" everywhere. How, then, can

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they apply the principles of homœopathy in their practice or adopt a system of which they are totally ignorant?"

Let us seek elsewhere. In 1889, Dr. John Aulde, in the columns of a widely-circulated old-school journal, gave his *confrères* an unusually intelligent lesson in the use of *rhus tox.* in the treatment of rheumatism. And yet, evidence is wanting going to show that his "new" treatment was adopted. A thorough search of the periodical literature of the old school covering the past two years fails to bring to light a single instance, since Dr. Aulde first wrote, of the adoption of his method by others. There are many reports of the treatment of rheumatism by the *salicylates*, *pilocarpine*, *phenacetine*, *antipyrine*, *cascara sagrada* and other drugs, but *rhus* is never mentioned.

Let us turn in another direction. If the old school is making any practical application of homœopathy, no better opportunity ever presented itself than was offered by the recent scourges of epidemic influenza. The disease fairly invited comparison of the similar remedy, and, in the hands of homœopathic physicians, was successfully treated with *gelsemium*, *eupatorium*, *arsenicum*, *bryonia*, *tartar emetic* and other well-selected remedies.

Not so the old school; in the treatment of this disease they brought to bear the most active measures taught by antipathy, empiricism and "physiological medicine." Dr. Roberts Bartholow, who bears the reputation of being possessed of an unusual amount of knowledge of homœopathy, early in the course of the first epidemic promptly issued a manifesto to the members of his profession instructing them in the means to adopt in its treatment. Here are his instructions:

"Secure immunity by the inhalation of sulphurous acid gas daily, and by taking five grains of salicylate of cinchonidine three times a day, and also quinine as a prophylactic. When the attack has begun give one or two grains of calomel at night, inhale some sulphurous acid gas, and sit in a room where steam containing eucalyptol can be inhaled in large quantity. The insufflation of resorcin is also to be recommended. The internal remedy most desirable is atropine in solution, one grain to one ounce of water, dose from one to five drops. The tincture of belladonna may be used, from one to ten drops twice a day. For the distressing headache, etc., antipyrine, acetanilid, phenacetin and other germicides and antiseptics."

About the same time, the editor of the *Medical Record*, for the benefit of its readers, thus summed up the most approved method of the treatment of the disease:

"The remedies which have found most favor are laxatives, anodynes, antipyretics and tonics, with stimulating expectorants. For

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the headache, antipyrine and the bromides; calomel and the salines as laxatives; quinine in tonic doses, in the later stages."

It is not necessary to multiply instances of this character, which might be done indefinitely. Enough has been presented to justify the claim that the members of the old school of medicine are not making use of homœopathic methods in the treament of the sick.

CONCLUSION.

In the light of this review, a remarkable spectacle is presented. The great school of traditional medicine is in close contact with our own. Homœopathy is placed within their easy reach. Some of their most eminent teachers of materia medica have shown a disposition to labor under the delusion that they investigated the subject. And yet, in spite of all this, there is failure on the part of the members of that school to make practical application of our therapeutic methods. Such a seeming anomaly calls for explanation. This, it seems to me, is not hard to find. It lies in the fact that the old-school physician attempts to practice homœopathy empirically. This it is impossible to do. There is no royal road to our therapeutic methods. The empiricist tries to find one and fails. He then abandons further efforts.

If homœopathy were capable of empirical application in practice, the old school would have taken complete possession of it years ago.

Their failure in each case is due to want of the knowledge that will enable the experimenter to differentiate the remedy and to "individualize the case through close analysis of symptoms" No one but a homœopathist is capable of doing this. When Dr. Horatio C. Wood made an attempt to test the virtues of *rhus toxicodendron* in the treatment of rheumatism, he gave the remedy, as he says, "in all forms and doses" to "a large number of cases of subacute, chronic and acute rheumatism," and found it "uncertain in its action, giving no definite results."

Of course he found it so. He tried to practice homœopathy empirically and he failed.

Even Dr. Wilde, who has learned and has tried to teach his colleagues that *rhus* is especially adapted to those cases of rheumatic inflammation of the fibrous structures in which "the pains are usually worse while at rest," has made no impression on the members of his school. He presented them with a quiver containing but a single arrow. When that is let go, the quiver is empty. For those cases in

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which the symptom named is wanting he made no recommendation, he suggested no other remedy.

To give *rhus* for rheumatism, *aconite* for fever, *cactus* for "heart disease," is not homœopathy. It is empiricism. But, in a given case, to differentiate between *rhus*, *bryonia*, *actea*, *china*, *colchicum*, *mercury*, and a dozen other remedies, and to apply the one adapted to the individual case—this is homœopathy. But this is what no old-school physician ever does.

In calling to mind the gleanings from recent medical literature presented in the forepart of this address, to some it would appear to be inconsistent now to make the claim that the old school is not applying our methods in practice. But still I insist that it is true. I submit that, as a school, they are making no general use of homœopathy. This, I think, none will deny. Further, then, I submit that the few individual members of their profession who are supposed to be doing so are unjustly accused. They are not guilty. They are not practicing homœopathy. It is a spurious homœopathy that they affect. To give *rhus* for "rheumatism" is not homœopathy, and yet this is as far as their knowledge goes. Thus it is that no member of the old-school profession, who so remains, is to-day making an intelligent and systematic use of homœopathy.

In practice our methods are as safe from their unacknowledged appropriation as if our rights were guarded by statute law, for the reason that they have not learned the true secret of the successful homœopathic prescription—the differentiation of the remedy and the individualization of the case. This is done by no one recognized as an old-school physician. Nor will it ever be; for whenever one of their number goes so far, he ceases to be an "old-school" physician. From that moment he is a homœopathist, and we may claim him as our own. He is lost to them forever.

Soon this man makes a confession of faith, he avows his belief, and swears allegiance to Hahnemann. Each year their number equals the combined number of graduates from all our colleges. In this way are our ranks recruited.

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THE DEMANDS OF MODERN SCIENCE IN THE WORK OF DRUG-PROVING—A RESUMÉ.*

By C. WESSELHOEFT, M.D.,

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THE subject embraced in this title is of so wide a range that the space devoted to it on this occasion will hardly suffice to render it intelligible, especially to those, yet in the majority, who deem our school of medicine to be established on a complete basis, and the superstructure perfect enough to outlast all present and future needs. To a minority who have more carefully followed the history of medicine in general, and more especially that of homœopathy, such views appear unsound and of threatening import.

Influenced by this conviction, voices have not been wanting in pointing the way to strengthen both foundation and superstructure.

In order to lay before you a synopsis of that which has already been done, and to point out future needs, it is proper to advert briefly to certain principles which serve both as a foundation for the development of the materia medica and as a means of perfecting the same, in order that it may be available as one of the branches of therapeutics, relating to drugs as medicines proper. Hence a brief allusion is necessary to the work in this direction of the founder of this, our school. While acknowledging the various beginnings in the early ages of medicine tending to discover the action of drugs upon the healthy human organism, Hahnemann found the materia medica of his day in a state of wild confusion, containing little positive knowledge, but a profusion of theoretical lore in which error and truth were blended in a manner so inextricable that he readily drew the inference that errors and ignorance in the administration of drugs must necessarily endanger life instead of saving it.

One of Hahnemann's most masterly essays on this subject forms the introduction to the third volume of his "Materia Medica Pura."

The next great step following the discovery and elucidation of the law of similars was the demonstration of the necessity of testing drugs upon the healthy human organism.

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* Presented at the International Homœopathic Medical Congress at Atlantic City, June, 1891.

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In order to demonstrate the consistency of the following course of developments and reasoning, and to observe intelligently the changes which have been proposed since Hahnemann's time, a synopsis of the various precautions in regard to the proving of drugs is requisite. In paragraphs 120 to 144 of the fifth edition of the Organon, we find "scrupulous accuracy" in the pursuit of proving insisted upon in emphatic language, life and death depending upon the accuracy of the test. While in paragraph 121 it is advised to use medicines of milder power in considerable doses, we find that in subsequent paragraphs the thirtieth potency is recommended; but this recommendation is again modified by directing that provers should begin with small doses, gradually to be increased day by day, and that while sometimes one strong dose is sufficient, at other times increased doses should be used.

Only genuine, simple, unmixed drugs were to be employed, mental and bodily fatigue avoided during proving, and the conditions varied by change of posture, etc.

Hahnemann believed that drugs are capable of producing different effects upon different individuals, and varying effects at different times from the same drug upon successive trials. He also maintained that a proving is not complete until all provers after repeated trials "*cease to perceive new symptoms, and until they begin to observe upon themselves mostly symptoms like those already experienced by others.*" Furthermore, that symptoms thus observed come only from the drug, "*for symptoms do not come of themselves, but are due to the drug*" (§138).

Records should be noted in writing and the reports examined daily in the presence of provers who should be questioned about the exact form of every symptom; for a materia medica "should be free from every supposition, every mere assertion or fiction."

In order to dispel any supposition that the following critical remarks are the result of caprice, let it be considered that Hahnemann's postulate of scrupulous accuracy and the avoidance of supposition and fiction are the very points aimed at in an endeavor to demonstrate that the differences of effect which Hahnemann accepts as natural causes of drug action, may be explained by the inaccuracy of his peculiar method, though his principle was faultless; and consistently with the views here set forth, most of you will agree to omit symptoms varying too much, and to retain those observed by provers in common, thus reversing Hahnemann's proposition.

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For the greater portion of the last century during which our school has existed its votaries were content to accept the simple methods and their results as given by Hahnemann and many others since his time, without deviating in the least from the trodden path, and without questioning whither it might ultimately lead; whether the original methods were perfect or whether they needed improvement was rarely considered, or, if considered, it met with feeble response, and it is no exaggeration to assert that homœopathy can show no progress in its methods of drug-proving, its pharmacy and its methods of administering drugs beyond that which was left us as a legacy by the founder. Such stagnation existed and still exists, notwithstanding the earnest assurance of the Master that his was to be considered merely as a beginning of a method which needed greater perfection by those who should come after him.

Nevertheless, voices have been heard, not without effect, from the beginning, but more emphatically as time advanced, pleading for greater accuracy in methods of proving, especially in the methods of recording the results of provings, and it is to these critical views of some of our most prominent writers that I would call your attention, that later on they may be compared with more recent propositions.

If we turn back about forty years in the examination of our literature, one of the most prominent works we encounter is Dr. R. E. Dudgeon's "Lectures on the Theory and Practice of Homœopathy" (Henry Turner, London, 1854). Without allowing ourselves to be diverted by the wealth therein contained, and by turning at once to the author's views on proving (Lecture VII.), we shall discover some unequivocal objections to the methods then in vogue. Briefly stated, these are directed against unnecessarily high dilutions; furthermore, against the injunction of Hahnemann to record everything a prover notices after taking a drug, even if he has observed the same symptom before proving. This author also condemns the habit into which rash and over-zealous provers fell, of testing inert and absurd or filthy substances. While commenting on the very elaborate provings of the famous Society of Vienna Physicians, Dr. Dudgeon at that time seems to deplore the arbitrary manner in which the reporters of provings "recorded only such symptoms as were common to all or most of the experimenters." Among the authors whom Dr. Dudgeon quotes, Dr. Schrön proposes to designate those symptoms of the first class which appeared in *all* provers an expression denoting progress in the views of physicians which Dr. Dudgeon would now probably approve of, as he then approved of Dr. Wutzke's utterance that Hahnemann's work

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must not be considered perfect, but that it required reform, which he proposed to inaugurate by extensive re-proving.

In pursuing our studies of the historical progress in attempts to improve upon older methods, it is noticeable that the chief obstacles encountered by individuals, as well as by societies of provers, were the enormous difficulties of a task which seems so easy, and, although it is not expressed in very direct language, it is not difficult to read between the lines of provers' reports that the want of congruity and concordance of results has a decidedly deterrent effect, occasioned by the criticisms such reports occasionally met with.

Notwithstanding such difficulties, new provers were not wanting while the old methods were adhered to. The mass of symptoms recorded grew more voluminous from year to year, requiring conscientious compilers. None were more industrious than Dr. C. Hering, of Philadelphia, who, as some of the older physicians will remember, as early as 1858 was indefatigable in exhibiting and explaining his collection of material for a complete compilation of provers' records which he hoped to publish—a work which increasing years compelled that mos industrious of workers to pass into younger hands. The result was Dr. T. F. Allen's Encyclopædia, begun in 1874 and finished in 1879.

It was this great and remarkable work which first gave us a wider view of drug proving as conducted hitherto, and its author was the first to profit by the wealth of information he had compiled and the opportunity it afforded him of recognizing many great errors in the methods of proving and the means of their correction. Soon after the publication of the encyclopædia, Dr. Allen published a series of revised provings.*

In the introduction to the "Critical Examination," as well as in the North American Journal of Homœopathy (March, 1889) we find Dr. Allen's views clearly expressed concerning the dominant errors in the methods of proving and of recording results. Here he proposes to judge of a proving by a study of its own inherent character as well as by comparison with other provings. The errors to which Dr. Allen justly takes exception are, that too frequently no account is furnished of the methods of the prover. Again, he points to the absence of statement as to the order of evolution of symptoms. Thirdly, to the

* "Kali Bichromaticum and Nux Vomica Revised, Expurgated and Condensed." No date.

"Critical Examination of Our Materia Medica," (containing a number of revised provings), no date.

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fact that symptoms obtained from different individuals are separated and re-arranged in compilations, etc. Symptoms observed in patients should be omitted.

Without a pause, let us see what Dr. Carroll Dunham† held to be the most important principles in the art of proving:

After a series of interesting prefatory remarks on the varieties of drug action in proving, and a lengthy argument against Dr. Hempel's minority report in opposition to the majority report commending that provings be begun with high potencies, Dr. Dunham's opinion can easily be gathered from the tersely expressed final clause of his article. "The greatest care should be exercised in verifying symptoms by *repeated experiments* in order that "imaginary" symptoms on the one hand, and clinical and mechanical symptoms on the other, may be excluded. The fashion, which has become very prevalent of late, of including in the pathogenesis every sensation which occurs during the proving, without distinction or verification, and which may be called the Pre-Raphaelite method of proving, cannot be too strongly rebuked."

The salient points of the recommendations of the various authors quoted here may not at first be apparent, but will readily become so later on. Till then, let us examine the opinions of some other very influential and earnest writers, of whom, taken in chronological order, Dr. Hughes first presents himself. He pleads‡ strongly for the purification of the materia medica by careful and repeated examination of the sources of the common materia medica, pointing out that by such research many inconsistencies would be discovered and the reliable material separated from the unreliable. Like most other writers, Dr. Hughes considers as some of the chief sources of error the admission of clinical symptoms into our materia medica, and, next to these, "the provings of attenuations carried to unimaginable limits, this habit again leading to "deliberate vitiation" of the materia medica. . . . The result is, as Dr. Hughes unhesitatingly declares, "that our materia medica is an Augean stable almost as foul as was the common materia medica when Hahnemann exposed its condition."

Next to Dr. Hughes, Dr. J. P. Dake is no less emphatic in his recommendations regarding the classification of drug effects. On this important subject he admonishes us§ that "it is of the utmost import-

† "Homœopathy the Science of Therapeutics." Francis Hart, New York. 1877.

‡ "The Knowledge of the Physician," Boston, Otis Clapp & Son, 1884.

§ "Therapeutic Methods," Boston, Otis Clapp & Son, 1886.

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ance that those common to the largest number of provers should be distinguished from those which have been reported by one or two only. . . . While the numerical method may not be essential in all cases, its value in this connection cannot be questioned. Without it, there is constant danger of mistaking fancies for facts. . . . What must be had, then, is a knowledge of the uniform effects of drugs, singular as to the drug, but general as to the subjects of its influence. Any showing short of this will not meet the demands of the homœopathic law." The author then proceeds to furnish more precise rules by which he hopes to attain to greater reliability of results; but the demand to which he attaches most importance, and for which he has so eloquently pleaded for years, is a provers' institute, presided over by a faculty whose duty it shall be to control provers, collected, for their better supervision, in one locality. The supervision of provers by a competent body of directors, all working and living together, would be a consummation of our highest hopes, and is being realized, in part at least, in our colleges, which are establishing physiological and biological laboratories.

In the brevity of time, and the pressure of professional work hampering me at every turn in doing justice to this subject, I have not been able to search foreign literature sufficiently, or else I would undoubtedly have been able to collect much valuable information in French, German and other foreign periodicals bearing upon this subject. Such research I regret to be obliged to defer to some time, I hope, in the near future.

Reviewing again Hahnemann's definitions and rules of drug-proving, and comparing them with those of his followers up to the present time, it becomes evident that while all agree that the only way to arrive at a trustworthy knowledge of drugs is to test them for their effects upon the living organism, there may be noticed from the inception that a doubtful tone runs through the arguments and suggestions concerning the best methods of arriving at reliable results, and each writer vies with the other in laying stress on the safeguards to secure the desired end. These safeguards are to lose nothing of what a drug may produce, by beginning a proving with lower or weaker attenuations, and gradually proceeding to the test of stronger doses—the provers to be examined by experienced physicians, in order to avoid false statements, errors and imaginary symptoms. Nowhere has it ever been demonstrated that errors could be or have been avoided in that way. If a prover has once put his observations on record, who should say what was imaginary, invented, or not the result of what he

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had been testing? Let the cross-examination be never so strict, it might easily induce the witness to change his statement without thereby furnishing any better evidence that he had been stating the truth, *i.e.*, drug-effect.

Hence we observe that those who have considered the best methods of proving drugs have sometimes added precautions which, if rightly interpreted, would have led to different and probably better results. Thus we see that the Vienna Provers' Committee advocated the importance of retaining only those effects which were common to all provers—a proposition which Dr. Dudgeon at that time deplored.

Dr. Dunham, on the other hand, proposes, in his fifth rule, that the greatest care should be exercised by verifying symptoms by repeated experiments, which is actually a corroboration of the proposition of the Vienna Committee.

Dr. Dake, treating the subject in the most liberal spirit, strongly recommends agreement between the largest number of provers, without, however, throwing aside the results of those who do not agree, by placing each in a separate category.

Still these admonitions have never been heeded until very recently, because for a hundred years the force of authority was more potent than personal conviction. So great was the influence of authority, that the necessity for re-proving was not sufficiently recognized, and all were held enthralled by one authoritative spell contained in one radical error of Hahnemann. Its meaning and import, briefly stated in the author's words, is this: "Every symptom and deviation from the normal state of health observed by the prover while under the influence of the drug, is derived only from the latter, and must be regarded and noted as a symptom belonging properly to the drug. . . . In the present instance (proving) the effect should be ascribed to the drug, for symptoms do not come of themselves" (Organon, § 138.)

This hoarding of symptoms arose from a fear of losing something valuable, and, though attributable to praiseworthy motives, it led to other errors, such as acceptance of other symptoms observed during disease and symptoms which were cured, both falling under the head of clinical symptoms, by which the materia medica is vitiated to a great extent.

Regarding this subject, I must refer you to the report of the Bureau of Materia Medica contained in the Transactions of the American Institute of 1877, where I ventured the following statement: "The only method, it appears, of judging of the value of such provings is to retain only those symptoms which agree pathologically and in expres-

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sion (concordance and congruence are the terms which I have applied later in critical analysis of provings) and to eliminate all those, or most of those, which are different in each prover; and those retained should, furthermore, correspond with the actual drug-effects of provers whose individual or non-medicinal symptoms were eliminated."

The idea expressed in this sentence is in full accord with that of the Vienna Committee quoted by Dr. Dudgeon, and later expressed by Drs. Dunham, Allen and Dake, and it is sincerely to be hoped that it will be the vital point of importance in all experimental tests or drug-provings of the near future. Not only this, but it will on closer consideration be found to be that principle through which the work of provers of the past can be readily tested as to their validity.

Before touching further upon the principle of agreement or concordance, the principle of counter- or control-tests should receive our attention as one which has been almost wholly ignored in pursuing our time-honored method of proving. While now not even the most relentless opponent of our system dissents from the subject of experimental tests, it becomes apparent on close scrutiny that principles and methods have been too often confounded, and erroneous methods too lavishly lauded in the defence of a correct principle.*

It is only the latter portion of the present century which has witnessed great progress in exact methods of experimental research, in all of which the control-test plays a most important part in the questioning of nature. Her answers will invariably be truthful; she will never misinterpret our question, but we may often misconstrue her answer. To avoid this, the question to nature must be put in more ways than one, by means of control-tests.

These control-tests applied to drug-proving may be varied in a great many different ways, too numerous to mention here. Those which most readily suggest themselves are, first, to set aside several provers who, under the supposition that they are to take a drug, really are taking some inert substance, while another set test a real drug. When this is continued until a certain number of records have been obtained from both sets of provers, the order should then be reversed. This will show quite distinctly whether the drug is producing any effect, which, of course, should differ from records of sensations obtained without medicine.

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* See also "A New Materia Medica Constructed in Accordance with Strictly Scientific Methods," *N. A. Jour.*, T. F. Allen, March, 1889.

* See also "Control-Tests and Drug-Provings," *N. E. Med. Gazette*, Feb., 1884.

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Another control-test is the old and excellent one recommended by Hahnemann, that provers should note their sensations for a time before taking any drug. But frequent experiences show quite conclusively that those about to prove, almost unexceptionally declare themselves to be free from ailments or unusual sensations; while control-tests demonstrate unmistakably that very manifold non-medicinal sensations make their appearance as soon as a prover takes a drug. On the other hand, there are others so obdurate as to manifest none, or to deny the perception of any effect whatever.

To obviate error as much as possible, the control-tests to be undertaken will be those of *exclusion, repetition and of comparison.*

Many have already discussed the subject of drug-proving, and the points which have struck me most forcibly as needing elucidation have been so fully treated of that it will be superfluous to repeat the whole in this place, so that an abstract will suffice.*

The future of homœopathy as a means of healing the sick depends on its methods of testing drugs for their effects on the healthy organism. But the enormous difficulties of reaching positive knowledge in this way, if appreciated by a few, are underrated by many, while the results obtained have been in too many respects overrated as to their value. Certain errors inaugurated by Hahnemann himself have multiplied the errors of results, in the course of years seriously threatening the validity of the materia medica. Permit me to call your attention to a brief consideration of these errors, and to cast about for methods of correcting them.

The great axiom from the beginning of drug-proving, as stated by Hahnemann, that "every symptom and deviation from the normal state of health observed by a prover while under the influence of a drug is derived from the latter," was held fast as a convenient truth. Provers as individuals and as societies found in it an easy method of producing long symptom-lists, which contained the useful and the useless, but these were inextricably commingled. Regarding every recorded sensation due to the drug, there was no need of making distinctions, and as it is a very easy matter to record our feelings, this was done accordingly, entirely regardless of the dose taken, whether a high potency or the crude substance in large quantity, whether often repeated or only in one minute dose.

The same axiom leads to the logical conclusion that the same drug may produce very different effects or symptoms upon different provers,

* See "Our Methods of Drug-Proving," *N. E. Med. Gazette*, June, 1886.

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young or old, male or female. Whatever each experiences, no matter how each varies from the other, it was all to be literally recorded in accordance with Hahnemann's rule.

That such an error should have been overlooked a century ago is not a marvel, but it can no longer exist in the presence of modern methods. The simplest control-test by reservation will obviate such an error. Such experiments properly made will show that spinach is a harmless pot-herb, while the uncontrolled trial might seem to prove it to be a poisonous substance.

Another argument against the aforesaid assumption is, that if one drug can affect different provers each in a different manner, this property would seriously invalidate the general applicability of the rule of similars. For, according to a very simple process of reasoning, a drug cannot cure a patient in whom it will *not* create effects similar to those it is intended to cure.

But we were considering difficulties of proving, and among these there presents itself the much-discussed subject of differences in degree of susceptibility of different provers to the same drug; further, the different degrees of susceptibility of provers to different preparations of the same drug. This is said to be very various and apparently capricious, but not satisfactorily demonstrated, but only assumed under the prevailing method.

These points to be guarded against and recognized by all who have ever given attention to proving are forcibly and lucidly stated by Dunham, who invariably and justly insists that each of these conditions in each proving is to be determined by experiment (*l. c.*, page 139). This does not exhaust the conditions, which multiply as the experiment proceeds, and yet no proving can be considered perfect until contradictory conditions are met in a satisfactory manner.

This renders perfect proving exceedingly difficult—far too difficult for the general practitioner, and entirely out of the reach of the student; and yet such work is expected of all as if it were mere child's play. Before turning to means of relief, we find ourselves confronted by certain theoretical assumptions which in time have acquired dogmatic inflexibility. Let us ask seriously whether such information as we possess to-day really confirms the theory that the susceptibility of individuals is infinite and not limited. From such provings as have been made, such might seem to be the case; but from provings as they ought to be made, and have been made, not always within the ranks of our school, it is demonstrable that susceptibility is limited as a rule, but extremely great or entirely absent only as an exception.

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To extend the question further, let us also ask if it is really true that different provers experience very different effects from the same drug, or very different effects from different preparations of the same drug, as urged by Dunham and all others before this. The conviction has grown among us, and takes firmer root as we study experimental tests of all kinds undertaken to demonstrate toxicological problems, that such vague and limitless differences do not occur, but that they exist only within appreciable limits; and I am furthermore convinced that we have hitherto persuaded ourselves of the existence and reality of limitless differences of drug action and susceptibility of individuals, because it was so much easier to construct symptom-lists in this way. Who has not unwittingly deceived himself? I would be the last to cast reproach on individuals or organizations, and am assured that my expressions will not be regarded in this light. If we have been in error, more practical methods will extricate us; let one short example indicate the line of defence on my proposition in relation to susceptibility. Some provers have recorded not only long symptom lists, but very serious affections from very small doses, for instance, of cactus; while others have have had no effect from gradually increased or single large doses aggregating to ounces of genuine tincture of that plant. Does this prove the existence of a great difference of susceptibility? Some, no doubt, will affirm that the result is explained only in that sense; and it might be, were it not for another way of regarding it, namely, that those provers who recorded many and very different incongruous symptoms, described their mental states only, while those who had no effects to record were simply less imaginative, and that, hence, the preparation or tincture of cactus was inert. Personal experiments and internal evidence of the cactus proving speak for the latter interpretation.

The same mental processes have developed and are clearly indicated and discoverable in all provings made by and under the supervision of the committees and bureaus of the American Institute during the past five years, and are printed in the Transactions in such a form that they can be readily studied under the rules of scientific experimental tests or comparison of results of sufficiently large numbers of provers.

If such considerations have any value they will aid progress in future provings. If hitherto we have proved drugs to discover and to accept divergent and contradictory effects, it is time that we should begin to discover and to disentangle that which is common, general law, according to the principle of action and counteraction of the liv-

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ing organism. If all that is recorded after the taking of a drug is due to that drug, we need no common rule of similars, but shall have to cast about for many other such maxims. If, on the other hand, that is sought and ascertained which is as nearly as possible common to provers in general, then one law of cure will be more likely to cover the ground. That which agrees in the majority of provers is not only more valuable than the exceptions, but I am inclined to omit the exceptions altogether; for even then are we not liberated from uncertainties. If, as my friend Dr. Allen fears, the bulk of the materia medica will thereby be exceedingly diminished,* I can find no serious objection on that ground, but am inclined to consider it as an advantage; for, though it may be at the expense of something possibly useful, the uncertainties which we are able to eliminate will be more than outweighed by the condensed but much more correct and true records which are left.

What the principle of proving, then, most certainly demands, is an improvement of its methods of procedure; but before determining upon methods, let us endeavor to become clearly conscious of certain fundamental principles to govern our future methods. Although I have ventured to formulate such rules, and have repeated them before in other places,† I may be pardoned for stating them again on this occasion.

The axiom which alone can lead us out of the path of error is, that *in seeking for true effects, certain causes, acting under like conditions, always produce the same effects. And, hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause or causes.*

A proving properly made, that is—a carefully conducted experimental test, under methods which avoid error by varying the experiment under control-tests—should exhibit the same results upon repetition. If, with each experiment, the result varies, it cannot properly be attributed to the drug taken. A drug administered repeatedly under the same conditions produces no widely differing effects if it is a drug and is capable of producing any effect. If entirely inert, we should obtain no effects from it, provided the experiment is properly conducted.

Another fundamental axiom in all experimental tests, among which drug-proving occupies so important a place, may be formulated thus: *Cause experimental tests* (provings) *to be as numerous as possible, and*

* *N. A. Jour.*, June, 1889, p. 348.

† *l. c.*, *N. E. Med. Gazette*, June, 1886.

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insist that the observations and records of experimenters shall manifest distinct agreement (concordance) in pathological sense, and, failing in this, they shall be excluded as useless.

To exclude discordant, uncertain and ambiguous records is to follow the true spirit of the founder of our school, "*to distinguish medicines from each other with scrupulous accuracy, and to test them by pure and careful experiments with regard to their powers and true effects upon the healthy body.*" If, henceforth, we do not mechanically follow the method of Hahnemann, we shall gain immensely in obeying the spirit and meaning of his behest, by retaining only what we know positively, and by excluding that which is theoretical and uncertain. In this the Master wished to be followed implicitly. What are a few thousands of erroneous or doubtful statements in the form of "symptoms" compared with an hundred bearing the impress of truth corroborated by numerous tests carefully analyzed and compared as to their agreement?

Another rule worthy of consideration, and which within the meaning of Hahnemann should govern future provings, may be expressed thus: *Each drug when tested upon the healthy organism is capable of producing a series of distinct and peculiar effects which serve to distinguish each drug from others; but these results should not be considered as resulting from and as peculiar to the drug, unless they are recognizable as distinct signs of disease (pathological), that is, unless they indicate some recognizable pathological states.*

This rule, like the others, though apparently inflexible, need not necessarily be thus construed in experimenting, but should serve as a warning and as a guide in distinguishing sensations peculiar to health from those of disease; as many sensations are not necessarily symptoms, they are by no means identical with them and should be accepted only after numerous tests without conflicting testimony.

The two requisites of proving may briefly be stated to be, first, *to conduct provings in such a manner as to avoid errors*, and second, *to devise means of eliminating unavoidable errors.*

The means of avoiding error in experiments are the counter or control-tests of which I have spoken; among such control-tests I would count the comparison of results of different potencies. Thus the results or records of tinctures should be compared with those of a kind; lower potencies with lower potencies; higher with higher potencies. Then comparisons will not confuse matters, as would be the case where records of potentized preparations are compared with those resulting from the trial of a crude substance, and thus the doubts

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arising from questions of susceptibility or resistance would be greatly lessened at the outset. In this manner it would likewise be possible to avoid, to a great extent, doubts and theories regarding the variations of effects which are supposed to or might result from different preparations, high and low, of the same substance.

Among control-tests I would decidedly reckon experiments upon animals.* While these may show greater or less susceptibility to the effects of drugs, they are not liable to vitiate results by eloquently expressed sensations; while their symptoms must necessarily be of the objective kind, they will at the same time be fewer in number, and therefore more intelligible, constituting a fair control-test for proving on the human subject. This, being vastly more difficult, might advantageously form the final test. Such a test or proving upon the human subject, considered in the presence of a briefly but epigrammatically mapped out animal-test, will appear much more intelligible and consistent.

The subject is of too wide a range to be exhaustively treated of here, but if my hearers will kindly turn to the article quoted,* the subject, at least, will be found to have been carefully considered as a practical working plan, which, if carried out by some who possess the time and means, will finally lead up to that distant and long-wished-for goal at which we may at length determine *experimentally* to what extent disease is curable by medicine; and this is to be ascertained, first, by *learning how to produce artificial disease*, and then, *how to cure it artificially*.

Pasteur's and Koch's work are in this direction, as are likewise the experiments on the antagonism of drugs,† by Bennett and Fothergill; but these are clumsy attempts compared to what is contemplated in the Aphorism on Drug-proving.

I cannot leave this subject without pointing out another way to avoid error in the beginning of an experiment. It is to avoid the testing of substances which for certain reasons must be held to be inert. While it cannot be determined *à priori* that a given substance is inert, it is within reach of our knowledge to determine whether a given preparation of a substance actually contains any of that substance or not. It may as yet be a subject of inquiry where the exact limit of the divisibility of matter is to be found, but that it is lost long before

* "Aphorisms on the Methods of Proving the Efficacy of Drugs Upon Animals," *Hahnemannian Monthly*, June, 1889, p. 336–393.

† "Researches into the Antagonism of Medicines," by John Hughes Bennett, M.D., etc., London, Churchill, 1875.

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the 30th centesimal or the 60th decimal attenuation, ought to be shown by this time, or accepted, at least, as a safe axiom to free our pharmacy from mysticism. In short, attenuations above the 12th centesimal contain no medicinal substance, and critical analysis will readily discern that drug-effects will cease long before the actual limit of matter is reached. The omission of such provings, then, will simplify our task greatly.

Yet here it is, this mass of great and important knowledge from which the true and useful is to be liberated and set free. To re-prove all this according to new and better methods is impossible, and yet none will consent to waste that from which so much good has already been derived. Neither are our working days so long that new and complex methods of experimental proving would be likely to bear fruit in the near future, with every physician overworked in his profession and without leisure to do what he most desires.

Hence we must seek for some simple rule, some direct method which shall enable us to accomplish our purpose of purification quickly and practically, if not ideally and perfectly. The shortest way to attain this end is the comparison of all results and then the retention of that in which most or all provers agree. This, although not the only safeguard, is the one underlying all scientific research in all branches of science.

Where the possible errors arising from want of knowledge of temperament, potentiation, dosage, susceptibility, the relative strength of drugs, etc., have been admitted into our symptom-records, the above rule of impartial comparison of results will serve to remove them. Wherein the past or in the future provings such errors have been avoided, this rule of impartial comparison will be all the more readily and effectually employed, especially when it is at once brought into play with supervision of provers and provers' records by competent persons.

This article, although already extended beyond the allotted limits of space, is, after all, but a condensed delineation of the subject which yet requires the introduction of many other topics to complete its logical basis. Some of these topics readily present themselves in the consideration of the questions as to the extent to which our symptomatology is faulty; the extent to which it is corroborated by clinical verification on a statistical basis; the extent of errors introduced into symptomatology by errors in our pharmaceutical methods, etc. All of these topics, whose consideration gives rise to many more, require careful illustration and the introduction of reasons for their support,

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while the time and space allotted barely permit their enumeration. But that these subjects, as here stated, may not appear like mere afterthoughts, and to afford a clue to work done in the preparation of a basis for future improvement in drug-proving and symptomatology, I beg leave to refer to the subjoined list of sources all bearing directly upon the subject which I have had the honor to present to you.

ARTICLES BEARING UPON THIS SUBJECT BUT NOT INTRODUCED IN THE TEXT OF ABOVE ARTICLE, ARE:

"Fallacies of Clinical Reports." C. Wesselhoeft, M.D., *N. E. Med. Gazette*, March and April, 1875; and *Hahnemannian Monthly*, July, 1888.

"Microscopical Examination of Metals." C. Wesselhoeft, M.D., Transactions of American Institute of Homœopathy, 1878.

"Drug-Attenuation; its Objects, Modes, Means, etc." Report of Bureau of Materia Medica etc. (J. P. Dake, M.D., chairman); Transactions American Institute, 1879 and 1880 (requiring reprint, being replete with typographical errors).

"Proofs of Drug Presence." Report of Bureau of Materia Medica, Transactions of American Institute, 1880.

"A Plea for a Standard Limit of Attenuation." C. Wesselhoeft, M. D., Transactions of International Homœopathic Congress, London, 1881.

"Effects of Triturations upon Wedgewood and Porcelain Mortars." C. Wesselhoeft, Transactions American Institute, 1883, p. 339.

"Remarks and Suggestions Concerning Certain Homœopathic Preparations." J. Edward Smith, M.D., Transactions, 1883, p. 843, and of 1884, p. 127.

"Development of Drug Power." L. Sherman, M.D.

"Examination of Certain Drug-Preparations." C. Wesselhoeft, M.D., Transactions, 1886, p. 147–158.

"New Rules on Proving and a New Standard for Criticism for Drug-Proving." Report of Committee of Provings, D. G. McGuire, M.D., and A. W. Woodward, M.D., Transactions, 1885, p. 147–152.

"Table of Provings, Illustrating the Comparative Value of Provings." Transactions, 1888, pp. 54, 138.

"The Pharmacy of Dilutions (T. H. Carmichael, M.D.) and Report of Directors of Provings." "Critical Analysis of Drugs in 1888." By C. Wesselhoeft, M.D., Transactions, 1889, pp. 67–70.

"Critical Analysis of Drug-Proving: *Cactus* and *Hyoscyamus*." C. Wesselhoeft, M.D., and Iodium, with charts. By J. P. Sutherland, M.D., *N. E. Medical Gazette*, December, 1888, and January, 1889.

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"Critical Analysis of Cimicifuga." E. H. Porter, A.M., M.D., and W. G. Pearsall, M.D., *N. A. Jour. of Hom.*, August, 1889.

"Critical Analysis of Gelsem., Argent. Nitr., Apis and Kali Bichr." By Medical Investigation Club, *Hahnemannian Monthly*, September and December, 1889, and June and August, 1890.

"Critical Analysis of Argent. Nitr." John L. Moffat, M.D., *N. A. Jour. of Hom.*, November, 1889.

"Critical Analysis of Aloe, Æthusa and Baptisia." By C. Wesselhoeft, M.D., *N. E. Med. Gazette*, October, November, 1890, and February, 1891, etc.

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DIET AND HOMŒOPATHIC TREATMENT.*

By MARTIN DESCHERE, M.D.,
New York.

IT has almost become proverbial with physicians of the old school, as well as with their patrons, that the point of gravity in homœopathic treatment lies in the diet, calling it "homœopathic diet," by which they commonly understand that the patients must abstain from everything they like best. The interpretation of the name "homœopathic diet" I shall not attempt, for I consider it just as meaningless as "homœopathic dose." One thing only admits of the adjective "homœopathic," and that is the remedy.

In the face of this incident of public opinion, it is very surprising to find how little attention is paid by homœopathic physicians generally to the important point of diet in their care for the sick.

Hahnemann's teachings in this regard are very meagre. He only devotes five short paragraphs to it in his Organon.

§259. The minuteness of the dose required in homœopathic practice makes it necessary that every other kind of medicinal influence that might cause a disturbance should be avoided in the *diet and regimen* of patients, in order that the highly rarefied dose may not be counteracted, overpowered or disturbed by extraneous medicinal influences.

§260. In chronic cases, therefore, it is especially necessary to search carefully for such impediments to the cure, because these diseases are frequently aggravated by obscure noxious influences of that kind, as well as by errors in regimen which, being frequently overlooked, exercise a deleterious effect.

§261. The proper regimen to be enjoined during the use of medicines in chronic diseases consists in the removal of all obstacles in the way of recovery, and in the substitution of a wholesome mode of life, such as innocent recreation of the mind, active exercise in the open air in all kinds of weather (daily walks, light manual labor), proper nutritious food and drink unadulterated with medicinal substances.

§262. In acute diseases, on the contrary (insanity excepted), the fine, unerring inner sense of the active instinct of self-preservation will decide the course to be pursued so clearly that the physician will

* Presented at International Hom. Congress, Atlantic City, N. J., June, 1891.

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only have to advise the friends and attendants to obey this voice of nature by gratifying the patient's ardent desires, without offering or urging him to accept hurtful things.

§263. The food and drink most commonly craved by patients suffering from acute diseases is generally of a palliative and soothing kind, and not properly of a medicinal nature, but merely adapted to the gratification of a certain longing. Slight obstacles which moderate gratification might place in the way of recovery are more than counterbalanced by the power of a homœopathic medicine, by the vital force liberated by the medicine, and by the refreshing effect of a gratified desire. In acute diseases the temperature of the chamber and the quantity of covering should be regulated entirely according to the wishes of the patient; while every kind of mental exertion and emotional disturbance is to be carefully avoided.

This generalizing way of Hahnemann in disposing of the diet question, stands in strong contrast to his usual methodical, precise and minute manner of teaching. Being simply of a suggestive character, it leaves to others the more exact shading of this important branch of medical science.

Our leading text-books, as well as college teachings, are indolent with regard to diet, or mention it only in a passing way, except when referring to certain affections of the digestive organs or disturbances in the organs of circulation. More stress is laid on diet on these latter relations in allopathic works on practice, because it is often their only effective mode of treatment; that school being at a loss for specific medication.

It is obvious, therefore, that much better and quicker results can be reached by the careful homœopathic prescriber if he combines the individualization of diet rules adapted to his particular case under treatment with that of the selection of the remedy.

We are what we eat and drink. The chyliferous vessels carry the nutritive material out of the intestines into the blood channels which direct them to the various tissues for their sustenance, just like the rootlets of a plant absorb from the soil its elements for nutrition, conducting them into and through the sap, to form, by the wonderful power which endows the living cell, wood, leaves, flowers, fruit and seed. This combined process is called tissue-change. The German nomenclature, Stoffwechsel, that is, change of matter, is however, much more suggestive.

Each plant needs the proper soil for life and health. Change the soil, or neglect to replace the used up nutritive elements it contained,

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and the plant will wither and die. In the more complex human organism we must understand the steps necessary for this change of matter in the healthy to be able to know what to do in disease.

It is, in my mind, an undoubted fact that the only basis for avoiding disease is to keep the proper balance in sustaining the various tissues of the body. For it is well known that disease needs a predisposition, that is a weakness, an open gate somewhere for its invasion. A well-defended fortress will hardly be taken by the enemy except by unusually overwhelming powers. Our body is the fortress we have continually to defend against myriads of constantly attacking forces, call them atmospheric changes, electric tension, miasms, epidemics, bacteria, or what not. They are powerless against an organism properly balanced by correct tissue formation, which again can only be sustained by normal changes of matter, which is possible mainly by supplying the suitable elements, through correct diet.

Taking this argument as a basis, the question arises, what, if the proper diet is supplied, the organism is unable to derive the proper benefit? Here medicinal action will be in place to restore the wavering functions, and to this end the necessity arises for the study of the office of those various parts of the body which enter into assimilation. It may be that at their entrance the articles of food are not properly treated, either by insufficient mastication, or by an abnormal action of the secretions of the salivary glands. Or, secondly, these being perfect, the stomach digestion is lacking, either by a deficiency in, or by an improper quality of its digestive agents. Or the chyme when passing from the stomach in a normal condition receives improper treatment in the various sections of the intestinal canal, thus offering unsuitable material to the chyliferous vessels. These latter ones may again be at fault, in not absorbing sufficient of the even well-digested articles of food. Yet this being correct, obstruction or weakness in the circulatory system may hinder the proper distribution of rich, nutritious blood to the respective tissues for absorption. And last, but not least, everything passing on in a normal condition, the cells to which remain the main task of changing food elements into living tissue, may be incapable of performing this important function.

All these conditions, either singly or combined, form the basis for malnutrition, which I claim to be the predisposing cause for disease, of which tuberculosis may be considered a striking example.

This, then, is the province for therapeutic activity: Not by battling with bacteria through so-called antiseptic treatment, with poisonous materials, which are more injurious to the affected organism than to

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the theoretically accepted causes of disease; but by reinforcing the weakened points of the organism, the fortress in which we live, reëstablishing tissue-strength and cell-activity. The ways and means with which to accomplish this end have been handed to us by the immortal founder of homœopathy. Guided by symptoms which form the landmarks for the right medicinal agent, the latter is dispatched by the natural law of polar attraction expressed in the formula "Similia, similibus, curantur," toward the right place for action. Cell activity thus roused, it needs but the proper elements for nutrition to gain tissue-strength, and the organism, balanced once more, will easily cast off heterogeneous matter, vulgo disease. This is the quintessence of homœopathic treatment, combined with proper diet, and the simple reason why *we* are so much more successful in treating diseases, acute and chronic, than the old-school.

After what I have said, it remains to indicate more especially how to proceed for the removal of the various causes of malnutrition, as enumerated above.

The first point, insufficient mastication, is a very frequent introduction for a long series of ailments, all accompanied by symptoms of dyspepsia and consequent malnutrition. The unavoidable complication of insufficient mastication is want of proper insalivation, which naturally tends to aggravate these conditions by neglecting the first principle in the digestion of farinaceous food. I do not here include the infant whose food is, or ought to be, of such a character that neither mastication nor insalivation is necessary. But I refer to the very prevalent bad habit among men and women of all ages, especially in larger cities, where time is money, of bolting their food. This habit is frequently the result of negligent home education, as well as of the improper method of schools in not giving the children sufficient time for meals at home. Those who live too far away from the schoolhouse are consequently obliged to take cold, dry food, which they swallow as quickly as possible, in order to gain a few minutes' time to stretch their limbs in out-of-door play. The effects upon nutrition, although often very slow in making their appearance, are evident and sure to come. This is not the only instance of crippling the health of the civilized world for which our school systems are responsible. And again, the rush of business and society forces people into fast eating.

The only way to overcome this evil is to point out the natural consequences, as they are sure to follow, and not only induce the patient

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to masticate properly, but have him watched by his family to prevent further sinning.

At the same time I advise nutritious food, mostly of a fluid or semi-solid nature, avoiding farinaceous matter, in order to offer the stomach material fit for the performance of the former's functions, besides prescribing the proper remedy to repair the damage done.

Should the fault lie with the bad condition of the teeth, these must be repaired at once, and in an advanced age of life, where the entire or partial loss of teeth impairs the act of chewing, artificial teeth will be the most effective mode of cure.

Imperfect secretion of saliva, except during an acute disease, is rare. I know of a few cases in children, however, who could not digest starchy food long after dentition had been completed. One of these suffered from protracted non-secretion, while another secreted profusely a watery saliva devoid of diastase.

Idiopathic gastritis is rare in the adult. During childhood, however, it is very prevalent, frequently combined with enteritis and entero-colitis. The treatment, dietetic as well as medicinal, is too well known to require my entering upon it here. But the conditions following these affections often form such a characteristic picture of malnutrition, that I may be permitted to tender them a short reflection. I refer to that sequel of prolonged inflammation and drain from the digestive organs, known under the name of infantile marasmus or atrophy. In these cases where the intestinal mucous membrane is in such a relaxed condition that the absorbing vessels are unable to perform their functions in the usual manner, we can demonstrate positively the value of homœopathic medication in a dietary sense. The remedy called for by the symptoms present is directly attracted to the cells in need of it by homœopathic affinity.

How this is done we do not know; but it is possible, that owing to their finely divided condition, the chyliferous follicles have no difficulty in forwarding them. For, even in a state of exhaustion, this is possible, as the physical phenomena of endosmosis and capillarity are irrepressible, and continue in a restricted way, under all circumstances.

It is remarkable that the class of remedies needed in these atrophic conditions consists of the tissue elements, salts, or other combinations of calcium, sodium, potassium, magnesium, silicon, etc., and the proper form of their administration is in the third centesimal trituration. The higher potencies are much slower in action in these instances, as they do not contain any or sufficient quantity of matter needed for

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the purpose. *They do not act as a food.* It took several years of dispensary and private practice until I became convinced of the beneficial and more speedy action of the lower preparations to the investigation of which I was strongly urged through the masterly treatise on nutrition remedies by Von Grauvogl, in his text-book of homœopathy. The rapidity with which sleep, digestion, cheerfulness, rotundity of form, strength and health return in those little living skeletons is marvellous, and paralleled by no other treatment.

It is stated above that I consider malnutrition, in its broadest sense, as the main predisposing cause of disease. Heredity comes into this category, for all the factors for its accomplishment may have been inherited. The ovum contains all the elements necessary for the construction of the living body. So does the sperm, with the exception of the alkaline earths. We therefore find families in which all the children die from marasmus in consequence of catarrhal entero-colitis, or follicular enteritis, where the mother is or has been affected with intestinal catarrh, or if she is otherwise in an enfeebled state of health before and during pregnancy. In these cases I use calcium salts in the third trituration, after the example of one of our English practitioners, during pregnancy, with the result of avoiding any further disaster.

Now to my last proposition: Should the *cells* be unable to do their physiological duties, while all the functions of the digestive and circulatory organs are properly performed, the appetite even being voracious, still malaise and inanition will insidiously and steadily march on, until a climax is reached by the invasion of a positive pathological condition. Here a change of diet only, be it ever so carefully selected, will be of no avail, as no matter what is offered, the cell cannot dispose of it, and the most nutritious elements remain inert, being cast off through the various channels. But this is the great province for the action of drugs in a higher potentized form. Food not being accepted, in whatever mode offered, the cell being unable to change it into living tissue, it is useless, and often aggravates to administer remedies in a material state. The function of cell activity is best stimulated by higher potencies. This knowledge is also the result of experience since Hahnemann.

Studying the question of diet and homœopathy in their relation to mutual support, constitutional treatment, I think a new and fertile domain is opened in the direction of preventive medicine, offering the best outlook in the treatment of infants and children, these growing

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plants, so easily capable of being molded by the intelligent and careful *homœopathic* physician.

Comprising into these studies the necessary one of chemistry of the human body, we may also be enabled to gradually solve the question of potency, which is full of beautiful but yet dormant revelations.

INDEXES AND REPERTORIES.*

By T. F. ALLEN, M.D., LL.D.,

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THE need of a ready reference to our Materia Medica has increased *pari passu* with the growth of its symptomatology and has not yet been perfectly satisfied, though numerous attempts have been made to arrange a repertory or index to suit the notions of different individuals.

In order to arrive at a clear understanding of the methods to be followed, we may profitably consider briefly what is required by the therapeutist who wishes to avail himself of the storehouse of information embraced in the various "provings" and cases of poisoning, for the purpose of practicing homœopathy. The difficulty of readily utilizing this valuable material is constantly deterring physicians from the practice of homœopathy, and it is of the highest importance that a feasible method of indexing our material should be adopted.

Two lines must be followed by the successful practitioner: one, a search of the Materia Medica pura; the other, a search for verifications of its symptoms in practice, which includes a review of the clinical experience of all homœopathists.

As regards the Materia Medica pura: Homœopathy requires a comparison of the symptoms of the patient with those of drugs which have produced symptoms similar to those of the patient, and the administration of that single drug which exhibits the greatest number of similar symptoms, or, if not the greatest number, still a number of symptoms which carry weight by reason of their having been verified previously in practice. It would be out of place at this time to discuss the relative value of symptoms, but there seems to be no doubt that clinical experience with symptoms largely influences every one of us in the selection of a remedy, and will continue to do so. An appeal to experience is bound to be final as regards the value of symptoms,

* Presented at the International Homœopathic Congress at Atlantic City, June, 1891.

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and this must be taken into account. Again, as regards the *Materia Medica pura*, it is clear to every critical student of our symptomatology that numerous symptoms have been regarded as genuine drug-effects which cannot be accepted as such. These illusive symptoms will continue to creep into our provings, *they will not down*, they cannot be eliminated; they are the natural results of drug-proving, and they must be indexed as well as recorded. These symptoms are not alone the outcome of drugs, or dilutions which are tasteless, but still more the result of substances which taste. We cannot afford, at present, to sift out isolated symptoms and so eliminate much that is valuable with some that is valueless; they must both remain for the test of experience, or till our pathogenesis shall have fully exhausted its possibilities by long series of provings.

Again, as regards our *Materia Medica pura*, it is true that few of our pathogeneses can be said to be complete, especially as very few provers have properly observed and recorded their symptoms. (I find it impossible to avoid the closest cross-examination of every one of the provers in my laboratory of experimental pharmacodynamics and hesitate to accept reports that are not presented at short intervals, in person, by the provers.) Bœnninghausen has truly said that in this respect (the incomplete as well as faulty record of symptoms) we are obliged to supplement some symptoms by others, and indeed to supplement pure symptomatology by clinical experience.

Enough has been said to show that more than a simple index to the symptoms of our own pure materia medica is required. Such an index certainly is required, and the method of its construction is a matter of varying opinion. My own experience leads me to advise an arrangement of all symptoms, without essential abbreviation, under various anatomical headings. It is quite unimportant to consider the size of the work. It will be consulted only in the library, and may be issued in handy parts or volumes, which may be referred to as wanted.

Two broad principles operate in the construction of such a work, namely, the arrangement by regions and the arrangement by sensations. I would choose a combination of both. It frequently seems to me that a dominant *sensation* may be selected as the key to the remedy, even though it may not have been observed by any prover in the particular part referred to by the patient; yet I fancy most prescribers confine themselves to the locality in the first instance, and failing to find the exact sensation required, look for an analogous one. Another point which will be lost sight of almost inevitably, in either

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the arrangement by locality or by sensation, is the *modality*. This I have learned to regard of first importance and if a definite condition of any sort runs through the symptoms of a patient, I stand by that and do the best I can with the rest.

In conclusion from the premises I have advanced: *First*, the imperfection of the record; *second*, the need of clinical verification; *third*, the difficulty of arrangement; and, *fourth*, which I would add (a most important warning) that any sort of index or repertory *is not to be used as a substitute for or in place of the original records, but only as a reference.* I submit that of all plans which have ever been adopted, that of Bœnninghausen is the best. It consists essentially of considering all symptoms to consist of three elements, namely, *locality*, *sensation* and *condition*. In my daily work I am constantly in want of knowledge of a condition of aggravation or amelioration, I find it in a moment, and as my eye glances over the list of drugs, one or two impress me and I refer to the Materia Medica for confirmation; or, I turn to a locality or sensation, or endeavor to combine all three, and study a drug or drugs found under every heading.

The objection is, that one constantly makes new combinations, and this must be offset by the fact that patients also are constantly giving us new combinations, and our provings are so limited that the similimum can not be found in many cases, perhaps not in most cases. The chief discussion hinges, therefore (according to my view), on the possibility of taking the three elements of all symptomatology (outside of variations of function)and grouping the drugs under them, and then for use re-grouping a symptomatology to correspond to that of the patient. Such a method is simple, compact, and has, I am bound to say, stood the test of large experience. I have worn out four bindings to Bœnninghausen's pocket book, purchased in 1861, and have always found it convenient and reliable; I could not work without it; but there is frequent need to refer to some peculiar symptom as a unit, and for such a reference one must have in his library a good reference book to the symptomatology. No one so far issued is fully satisfactory, though the plan outlined above appears feasible. In such a work the pure pathogenesis should be distinguished from clinical symptoms, so that every person may judge for himself of the value of the reference.

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ASIATIC CHOLERA AND ITS HOMŒOPATHIC TREATMENT.*

By L. SALZER, M.D.,

Calcutta, India.

IT is now eight years since I published my "Lectures on Cholera and its Homœopathic Treatment," a copy of which I send along with the present paper. The lectures, I may say, have been published, after I had the opportunity of observing and treating cases of cholera for more than twelve years, in a city where Asiatic cholera is endemic with more or less virulence throughout the whole year—in the city of Calcutta. Since then I have in the course of practice, had occasion to gather some additional observations; new thoughts and therapeutic hints suggested themselves to my mind; some at the sick bed, under the pressure of emergency, others at the calm moments of retrospective study. The present paper may therefore be looked upon as an appendix to my book on the subject of "Cholera and its Homœopathic Treatment."

And first of all, it is, for our School of Medicine in particular, of the utmost importance to know, that there is hardly a disease so variable in its symptomatic manifestation as cholera; and that, on the other hand, Hahnemann, in having given his first suggestions for the treatment of cholera in the year 1831, has, against his own customary practice and teaching, omitted altogether that process of differentiation between one drug and another, and again between one individual use and another of the same pathological order, which is so characteristic of the homœopathic school of medicine, and so indispensable for success in treatment. Of course, Hahnemann, as is well known, issued his suggestive instructions concerning the treatment of cholera before he had ever occasion to see a case. From the description he has given of the disease, as derived from hearsay, it can be seen that he had no idea of the immense variety the disease is subject to in different individuals and localities; far less could he have foreseen that every eventual outbreak might be marked by some new characteristics. Here in India there are no two seasons alike as far as the symptomatology of cholera is concerned. I dwelt on that point in my "Lectures." Since then I have been surprised to find that

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the attention of some eminent allopathic practitioners of Bengal has been no less arrested by the manifoldness of cholera types. Here is what Dr. Norman Chevers, late Principal and Professor of Medicine in the Medical College, and first physician of the College Hospital, Calcutta, says on this subject, in his newly published book, "A Commentary on Diseases of India" (London, J. & A. Churchill, 1886).

"As I emphatically observed of Indian fevers that the type changes incessantly, so is it with cholera. I always noticed a distinctly marked variation, not only in the type of each outbreak, but also in the condition of its patient—every man's case has its own distinct individuality. . . . Some of the most striking variations are the degree of blueness of the skin, the early occurrence of collapse, the amount of vomiting and purging, or of cramps, the frequency of the consecutive fever, the degree in which the disease is amenable to treatment. Bile and blood sometimes make their appearance in the cholera in stools. Then there are great differences in the condition of the *mucous membrane* and follicles of the ileum, especially as regards vascularity and exudation. A tendency to the formation of *ante-mortem* clots in the right heart represents another variety prevalent in some seasons or localities and not in others. In one outbreak, there will be a prevalence of *sloughing* of the cornea, in another of sloughing of the *scrotum*, as *sequelæ*, in cases affecting the natives of the country. The tendency to serious head complications in the stage of consecutive fever varies greatly; so also does the disposition of the first urine when the bladder is full. Cholera spasm or cramp is not very common or excessive in the weak-muscled natives of Lower Bengal (who endure tetanus much better and longer than Europeans generally do) or in women."

After this it will be evident that the therapeutics of cholera are by no means exhausted by the few drugs enumerated by Hahnemann, such as *camphor*, *cuprum*, *veratrum album*, etc.

I shall now proceed to lay before you the notes I had occasion to make now and then on the subject of the treatment of the disease under discussion, leaving all questions which relate to the many disputed points concerning the pathology and etiology of Asiatic cholera untouched for the present.

I shall begin with *camphor*. I had occasion to show in my lecture that *camphor* is neglected by our school in the reactionary fever succeeding a choleraic attack. I have further hinted that the same drug may be called for at the uræmic stage after vomiting and purging have ceased. I have only to add here that the drug just men-

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tioned may be no less called for in the case of retention of urine, owing to spasms of the *sphincter vesicæ*—an event of by no means rare occurrence in cholera patients on the way of improvement.

Veratrum alb.—Having introduced the use of *ricinus* (a tincture of the seeds) as a remedy in diarrhœic cholera, I have, in the course of time, learned to establish the following differentiation between it and its therapeutic rival—veratr. alb.

The watery purging and vomiting of *veratr.* comes on suddenly; while the purging and vomiting of *ricinus* is at first bilious in character, gradually merging into cholera-like discharges. Sudden attacks of cholera with its characteristic ejecta should therefore, preferentially, be treated with *veratr.* As to the other differentiation mentioned in my lectures, to expect that the veratrum evacuations are accompanied by colic, while the ricinus evacuations are almost painless, I may say, a successive experience of years has corroborated the differentiation.

Veratr. alb. has another rival in *tart. emet.* I copy here, without any alteration, from my note-book. Particular indications for the use of this drug (*tart. emet.*) are the following: Profuse sweat with thirstlessness. Disposition to pustular eruptions on the face or any other part of the body. The *tart. emet.* patient is phlegmatic, indolent, given to sleepiness—he would fall asleep after every fit of vomiting or purging. The nausea is persistent in the *tart. emet.* patient; to judge from his half-open, distorted mouth, one would say that even in his drowsy state the feeling of nausea is with him. The veratrum patient vomits sooner or later after drinking a full glass of water, and then there is, for a certain time, an end of all inclination to vomit. Not so the *tart. emet.* patient. Again, the arsenic patient vomits because there is constant gastric irritation. With the *tart. emet.* patient there is gastric uneasiness coupled with faintness. Arsenic aggravations are brought on by cold; veratr. aggravations by heat; while tart. emet. aggravations are brought about by dampness. In other words, all things being equal, arsenic would be the season remedy in the cold, veratrum in the hot and tart. emet. in the rainy season. The *tart. emet.* patient lacks reactionary power. He gives way to his ailment without much struggle. He faints under the weight of exhaustive discharges. And in this passive state, near the brink of death, he would remain for a considerable length of time, getting neither better nor worse.

It should not be lost sight of, that the spasmodic action of *veratrum* is by no means restricted to the muscular coat of the intestine, pro-

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ducing colic, but extends over the respiratory tract as well. In laryngeal spasms *veratrum* stands near to cuprum. During the season of 1883–84, a good many cholera patients used to complain at the very onset of the disease of difficulty of breathing, owing to intercostal spasms. Strange to say, in all cases which came under my observation, the seat of the disorder complained of was on the left side—the very same side concerning which process of *veratrum* made the same complaint.

We have it on record (Hempel & Arndt's Mat. Med.) that *elaterium* had in some cases of cholera succeeded where *veratrum* failed to do any good. I can make a similar statement with regard to *veratrum*, although I am unable to give anything like a differentiation between the one and the other.

It may not be out of place here to say a few words about the tendency of some authors of our school, to stretch now and then the point of differentiation between two similar acting drugs, beyond its legitimate limits. Not long ago I was consulted in a case of cholera, where I prescribed *elaterium*, the case having become worse while *veratr.* had been administered. The attending physician objected, however, to my prescription, on the ground that it is written in one of our most popular books on therapeutics that *elat.* is indicated where there is only purging without vomiting. Now, there is not the slightest ground for such a restriction, if our provings are to serve us as a guide at the sick bed. What led me, in the above case, to substitute *elaterium* in the place of veratrum was the fact, elicited on inquiry, that the patient had suffered for two days before his cholera attack from shooting pains all over his body.

It is not an easy matter to supersede a remedy as well established as *veratrum alb.* in cholera by another, although there have been cholera seasons where the administration of *veratrum* was simply so much time wasted, and this not only in cases having come under my own observation, but also under the observation of others. It was just at such a season that I had the courage to introduce *ricinus* instead. I should not wonder to see yet a season when neither the one nor the other will be of any help to us, and for such a casualty I hold in readiness *colchicum autumnale*—a drug allied to *veratrum*, and yet different in its operation from the latter with regard to some of its pathogenetic by- and side-ways. In my lectures I have already drawn attention to the fact that veratrum lacks one of the essential characteristics of cholera—the *rice-water* ejecta, so pathognomonic of cholera. It is not enough that

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a drug should be known to be capable of producing watery stools; in order to be considered as homœopathic to cholera, it should be known to be capable of producing *rice*-water stools. The stools of *veratrum* are merely recorded to be watery. As to the vomit of *veratrum*, it is known to be either acid or bilious, while the cholera vomit is neither. Colchicum offers, in this respect, a far better analogy to cholera. Take the following two cases, as recorded in the Cyclopædia of Drug Pathogenesis, Vol. II., p. 340:

"I found on my arrival at Fort Durand, in Florida, a private in the Marine Corps laboring under symptoms not unlike those of Asiatic cholera. He had constant sero-mucous ejections and purgings resembling rice-water and thrown off with considerable force; cramps of the abdominal muscles and of the flexors of arms and legs; cold surface, tongue and breath; mottled skin and bluish nails; shrunken features, expressive of great agony; sunken and watery eyes, with contracted pupils. I found that he had taken the day before over a pint of vinum colchici, mistaking it for liquor. Death took place in forty-eight hours after ingestion." Or the next most interesting and instructive case:

"A bottle of vinum colchici was drunk by seventeen persons, seven of whom died from the effects, of which the following is a *résumé*: In from forty-five minutes to one and one-half hours after ingestion, vomiting ensued. Contents of stomach were first ejected, then bile or mucus, afterwards a fluid similar to "rice-water" of cholera. When amount taken was great, purging came on simultaneously with vomiting; but if only a small quantity, comparatively speaking, had been swallowed, action of bowels was delayed for several hours. Passages were first natural fæces, then bilious stools, then "rice-water"—a very large amount of frothy, slimy secretion, compared by one patient to clean soap-suds. In no case was any blood to be found. Vomitings continued until last moments in fatal cases, and bowels were emptied involuntarily. Cramps were severe in stomach, bowels and legs. Severe pains were felt in knee-joints in some, and in two cases were very marked in left shoulder; so much so, indeed, as to be a continual cause of complaint, and to compel avoidance of lying on left side. . . . Features (after half an hour) were pinched and drawn, lips and nose blue, as also lobes of ears; eyes were congested, pupils slightly dilated; voice hoarse and husky; pain experienced in speaking; feet and legs ice cold, as also hands and arms; rest of body had a clammy feel, but was below normal temperature. Pulse rapid, 125–145,

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small, compressible, intermittent, and at times imperceptible at wrists, though it could be found at elbow with some trouble; temporal arteries difficult of detection, even carotids required patience to distinguish. For several hours before death, arteries were almost pulseless; heart's impulse not to be felt, and its sounds with difficulty heard on applying ear to the chest wall. . . . Respiration was full and easy and well maintained throughout, as was also pulse respiration ratio. The sufferers were sensible throughout and to the last. . . . All sat up before dying, falling back in an instant. No headache was complained of. Muscular strength was retained. They were all able to sit up, lift a cup to their lips, or even walk. They were perfectly sleepless. In two recoveries there appeared a pustular eruption on face and lower extremities."

These cases speak for themselves; and if anything is to be said besides, with the view of making an earnest beginning with *colchicum* in cases of cholera, it might be this, that the most hopeful beginning might be made with habitually gouty patients—a comparatively rare specimen in India, though by no means so in Europe and America—who happen to be stricken with cholera. Then again, cholera cases which eventually began with a diarrhœa characteristic of *colchicum*—orange yellow, liquid stool, with shreds of mucus; or, cases which have run from dysenteric into choleraic diarrhœa, and thence into cholera, should certainly find in our drug a most suitable homœopathic remedy. The evolution of cholera out of some premonitory ailment is of great importance with regard to the selection of the right homœopathic remedy. Some cholera seasons often differ from others, not so much by the type of the disease itself, but by its premonitory symptoms (and something similar is the case with regard to individual cases); and those whose whole attention is directed to the symptoms present, without looking back to their genealogy, will often be disappointed in the choice of their remedies.

Again, in the stage of collapse we may meet with cases where the heart's action begins to fail, while respiration is still, comparatively speaking, in tolerable order. In my lectures I have recommended *aconite, ammonia, chloral.* From what we have learned from the above cases of *colchicum* poisoning, we might add the last-named drug to the list. I have no particular indications to give for *ammonia;* as to the other drugs just mentioned, I should say, *aconite* is indicated when the failure of the heart's action is accompanied by anxiety; *chloral* when associated with somnolency, and *colchicum* when associated with a state of wakeful calmness.

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Yet one more analogy between the pathogenetic process of colchicum and the pathological course of cholera. Our provings show that the drug has a destructive affinity to the cornea; on the other hand, sloughing of the cornea is one of the sequelæ of cholera.

Concerning *cuprum*, I have hardly anything to add to what I said in my lectures, beyond a rejoinder to a remark made by a reviewer of mine, in the now extinct *British Journal of Homœopathy*, April, 1884. His words are as follows: "Of *cuprum* Dr. Salzer does not speak so highly as we should have expected. Now this discrepancy between the clinical value of *cuprum* in cholera in India on the one side, and that in European epidemics on the other, tallies just with the difference of type of the disease as prevalent in Europe on the one side and in India on the other. We have seen from a previous quotation extracted from Dr. Chever's book that the European is more liable to the spasmodic, while the native of India is more disposed to the diarrhœic, type of cholera. No wonder, then, that clinical experience in India does not speak so highly of *cuprum* as it is spoken of in Europe. *Cuprum* being, moreover, in one school, reputed as acting better in light-haired people, it is not to be expected that it will manifest prominent therapeutic effects among the dark races of India. I use, as a rule, whenever the metal is called for, the sulphate of copper."

And this reminds me of one compound of copper—of *cuprum arsenicosum*. In his tenth volume of the *Encyclopœdia of Pure Materia Medica*, article *Cuprum arsenicosum*, Dr. Allen mentions the symptom "cold, clammy perspiration of intermittent nature." I know of no other drug in our Materia Medica that has this symptom in full. I have in practice found this symptom most reliable for the selection of the drug. The intermittence of the cold, clammy sweat distinguishes *cupr. ars.* from such other drugs as *camphor*, *carbo vegetabilis*, etc.—remedies called for in the stage of cholera collapse.

Again, *cupr. ars.* will be of great help to us, in the great struggle for breath often attending the stage of cholera collapse. The *arsenic* dyspnœa consists in difficult inspiration, owing to bronchial spasms; the *hydrocyanic acid*, *cuprum*, and *secale cornutum* dyspnœa makes itself felt by a difficulty of expiration, owing to spasms of the diaphragm; in the *cuprum arsenicosum* dyspnœa, I take it, both factors are at work—spasms of the bronchia and of the diaphragm. The consequence is that respiration, in its double aspect of in- and expiration, is rendered difficult.

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And this leads me to mention other *arsenic* compounds, of which there are a good many, although few of them have as yet been subjected to physiological provings. The following is a list of *arsenic* preparations met with in stray records of our literature: *Arsen. hydrogenistum, aurum ars., antimon. ars., arsen. brom., calcarea arseniosa. chininum ars., cupr. ars., ferrum ars., ars. iod., kali ars., natr. ars., strychn. ars.*, and *ars. sulph.*—a most imposing array of therapeutic agents considering that they all contain the arsenic element within themselves, which must necessarily be modified in its physiological action, according to the nature of the basis with which it forms a chemical compound. Prompted and guided by this consideration, I have now and then tried one or another of the above preparations, in cholera cases where *arsenic*, that is to say arsenious acid, appeared to me indicated, but failed. And I am happy to say I have, in this way, often succeeded in saving a life after all our well-tried remedies had been exhausted. Experience has, moreover, emboldened me to say that in no human disorder where *arsenic* is preëminently indicated should this drug be abandoned without trying, in the case of failure, one suitable arsenic compound. The selection from among the enumerated *arsenic* preparations need by no means be haphazardous; we know enough of *calcarea carbonica, sulphur, iodine*, etc., to have, if not a sure and certain guide, at any rate a reliable compass which may help us to steer clear in a given direction. I purposely abstain from giving particular indications for the one or the other of the before-mentioned preparations; the suggestion in itself must suffice for the present paper.

In my *Lectures* I have advocated the use of *cyanide of potassium* instead of *hydrocyanic acid*, on the ground that the action of the former is more permanent than that of the latter. Considering that sulphocyanide of potassium is a normal secretion of the salivary glands of man, and that this secretion is, if not entirely absent after the profuse cholera discharges have laid dry all the glands of the organism, at any rate considerably deficient. I tried within the last year the administration of sulpho-cyanide of potassium in cases where the acid or its salt had been formerly used by me, under the impression that, in administering the sulpho-cyanide, a substance is presented to the patient which might, analogous to iron, lime, etc., serve both as food and medicine. I succeeded beyond all expectation at my first trial. It was just a case where another practitioner had administered for two or three hours before my arrival, first the acid, then its potassium salt, to no effect. Sulpho-cyanide of potassium (IX.) improved the situation within ten minutes, and the man made, under the action of the

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drug, a slow but steady recovery. I have yet to wait for a second case of a similarly favorable result, although I had occasion to try the drug in four or five consecutive cases. It should not be forgotten that the acid or its salts are only called for at the last and extreme stage of cholera, so that failure is almost what may naturally be expected. Such being the case, one favorable and striking result is of more than ordinary weight in our clinical balance.

In my Lectures on Cholera I have, for certain cholera stages, recommended *muscarin*. Since then, I have learned from *Virchow's Archives* that "Professor Boehm, of Marburg, has demonstrated that several of the (poisonous) mushrooms, like *arsenic*, cause a casting off of the intestinal epithelium." Further, "muscarin, administered by subcutaneous injection to cats, produced choleriform symptoms, violent vomiting and purging at first fæcal, afterwards white masses of mucus, containing partly isolated epithelium cells and partly membraniform casts, shaped like a glove finger."

The recent controversy concerning the respective merits of chloroform and ether as anæsthetic agents brought the suggestion before my mind as to the applicability of these drugs in cases of post-choleraic coma. I hardly think the first-mentioned drug to be of much use for homœopathic purposes; ether, however, I should say is worth a trial in cases of coma where the respiratory centers are more or less threatened with paralysis, while the heart is still, comparatively speaking, keeping up its action. Cases like this are, of course, desperate; but cholera cases do often come round after the worst stage has been reached. Let us further remember that ether is one of those few drugs which are both functional and protoplasmic poisons. It is just this class of poisons which may successfully be turned for restoring purposes, according to the homœopathic principles, in the worst of cases. The nerve centers may have lost their functional capacity, the muscles may have lost their faculty of responsive coördination—yet, nerves and muscles are not yet dead; there is protoplasmic life in them, although as organs they are within the grip of death. And by addressing our remedies to that which is still alive, we may, and often do, save what would otherwise be lost. All carbon compounds, such as *carbolic acid*, *resorcin*, *kairin*, *antipyrin*, etc., have an affinity to protoplasm, and should be turned to advantage by our school. The success we often obtain by means of *carbo vegetabilis* in desperate cases of collapse is due to the very same fact. The aniline dyes have still a more penetrating action, for they have an affinity to the cell-

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nuclei, the very seat of cellular life; and I am fully convinced that their eventual use as therapeutic agents in our school is simply a question of time. The little which is known of their toxic action shows, moreover, that the victim labors under a condition similar to that of cholera collapse.

ORIGINAL ARTICLES IN SURGERY.

FORTY-SEVEN CONSECUTIVE ABDOMINAL SECTIONS.*

By J. M. LEE, M.D.,

Surgeon to the Rochester Homœopathic Hospital.

BETWEEN October 24, 1889, and October 27, 1890, in private and hospital practice, I performed forty-seven abdominal sections, which were made up as follows:

Four abdominal hysterectomies for large myo-fibroma, eighteen for ovarian cysts, two for dermoid cysts, two for pyo-salpinx, two for large hæmato-salpinx, three for diseased appendages, which had caused insanity, eight for cystic degeneration of the ovaries, tubular disease and extensive adhesions, which totally disabled these patients; one each for obstruction of the bowels, ventral hernia, chronic peritonitis, and non-malignant papilloma of the peritoneum, and four purely exploratory.

Quite a number of the above cases are both unique and instructive, and it is the purpose of this paper to report at considerable length some which may be of service to the profession.

CASE I.—Miss E. P., single, forty-two years of age, entered the Rochester Homœopathic Hospital November 25, 1889, and gave the following history: She has suffered from an increasing dysmenorrhœa since puberty, and at the age of twenty-five her general health, and more especially her nervous system, began to show signs of distress. About two-thirds of the time she was unable to attend to her household duties, and was always obliged to keep her bed during the menstrual period. The disease grew gradually worse until it compelled her to give up all care, and two years before she entered the hospital unmistakable signs of insanity developed. The mental symptoms were always greatly aggravated at the menstrual epoch, and on questioning her I found she could not converse in a rational manner. She had received treatment from competent physicians during all these years. Examination revealed a mass behind the uterus, which proved to be the diseased ovaries and tubes, bound together by strong

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* Read before the International Homœopathic Congress, June, 1891.

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adhesions. The peritoneum was an eighth of an inch thick and in a state of chronic inflammation. Effusion had taken place, and several ounces of water were discharged from the abdomen at the operation. She was restless during her recovery and after the tenth day sat up in bed much of the time. Her conversation was still incoherent and irrational. She was discharged from the hospital on the fifth week, and gradually recovered from her enfeebled mental and physical condition. At the present time, nearly two years from the date of the operation, she shows no signs of a return of the mental derangement.

Case II.—Miss M., aged twenty-eight years, had for five years suffered frequent attacks of insanity, and was twice an inmate of the Utica Asylum. About one year ago she developed unmistakable signs of a return of this dreaded disease. At her menstrual periods her pain was unbearable and the insanity more noticeable. Operation was decided upon and the following condition found: Large cystic ovaries, hæmato-salpinx and chronic peritonitis. During her recovery she did many strange things, but one was especially hazardous. On the twelfth day the nurse did not call at her room as often as she thought necessary, so she left her bed and went up stairs to ascertain the cause. This did her no harm. She was discharged from the hospital three weeks from the date of the operation, her mental condition rapidly improved, and at the end of eighteen months she remains perfectly well.

Case III.—Mrs. R. C., aged thirty-eight years, another patient of this class, had been committed to the Buffalo Asylum. Her husband finally secured her release and brought her to the Rochester Homœopathic Hospital for examination. Well-formed ovarian cysts the size of a lemon were found on both sides, and the diseased organs were removed. On the second day a sharp attack of nephritis developed, and her evening temperature registered 104 degrees for several days. On the eighth day, just as this disease was believed to be under control, she suddenly became restless and burst open the wound. She was taken into the operating room, the omentum and intestines replaced, the edges of the wound scraped and closed as before with silk-worm gut. Six weeks from the operation she was discharged from the hospital free from her old pelvic pain, and clothed in her right mind. Up to the present time, about a year from the date of the operation, there have been no signs of insanity or symptoms of nephritis. She has gained flesh and strength—in short, a new era has dawned upon her.

Besides the above three cases of well-marked mental disease, I have treated during the past seven years four other patients by removal of diseased ovaries and tubes. Several surgeons of extensive practice have incidentally told me that they have had similar experience. Moreover, the surgical literature of the day contains scores of reports of insanity cured promptly by the removal of diseased ovaries and tubes. Of course these results follow the operative treatment

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only in properly selected cases, as where the mental symptoms accompany the menses or are greatly aggravated at those periods. Even then we should be very cautious.

Although the above facts are apparent on every hand, I heard a young professor, who occupies the chair of Diseases of the Mind and Nervous System in one of the best post-graduate schools of this country, tell his large class that insanity very *rarely* resulted from diseases of the ovaries. In proof of this strange assertion he stated that he had written to all of the asylums in America and England for statistics upon this point, and had been able to find but three cases where insanity resulted from the above cause. He admitted, however, that laceration of the cervix was a frequent cause of mental derangement. Now this is, indeed, a most remarkable statement. An ordinary mortal like myself is not able to see how a diseased cervix, meagerly supplied with nerves and almost devoid of sensation, can cause such havoc with the nervous system; and, on the other hand, the delicate ovaries, with their abundant nerve supply and exquisitely sensitive texture, create so little disturbance when diseased. Yea, further, this is all the more difficult to comprehend when we remember that what little sensation the cervix has is mainly due to nerves derived from the same source as some of those which also supply the ovaries.

His statement that lacerated cervix is a frequent cause of mental disease is doubtless correct. It is also equally true that, according to the experience of surgeons, diseased ovaries and tubes are a more frequent cause of insanity than cervical laceration. If he had been fair in his investigation and written to the surgical hospitals throughout America and England, as well as to the asylums, he would probably have established this fact. But he was content to secure evidence on one side of the case only, and no judge would find a verdict under such conditions.

Again, a correct diagnosis of diseased ovaries and tubes is extremely difficult, and under certain conditions, impossible, even with those especially trained in these cases, while it requires but little skill to discover a laceration of the cervix. Now, with the fact before us, that all the asylums of two great countries report but three patients whose insanity was traceable to diseased ovaries, is it not fair to suppose that, as a rule, this condition is overlooked altogether by the neurologist, and the easily detected lacerated cervix diagnosed? This is the only way we can explain such a strange statement.

The next two cases are those of pelvic peritonitis, improperly termed cellulitis:

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Mrs. M., aged forty-two years, entered the Rochester Homœopathic Hospital and gave this history: After her last confinement twelve years since, she was obliged to keep her bed for several weeks, and suffered with some form of inflammatory disease inside the abdomen, from which she had never recovered. During all this time her disease was not properly diagnosed, although she had constant treatment for what was termed "womb trouble," without any satisfactory improvement. For four years she had spent much of her time in bed, and was obliged to ease her pain with frequent doses of morphine. I decided that an operation was the only thing that offered her any hope of regaining her health. On opening the abdomen, both ovaries were found to be cystic and bound to the tubes and surrounding parts in a mass of adventitious tissue, from which it was difficult to separate them. Her recovery was uneventful, with the exception of stitch abscesses and albuminuria, which lasted for a few days only. One week after the operation, the deep-seated pelvic pains subsided, and she expressed herself as feeling better than she had in twelve years. She was discharged from the hospital five weeks from the date of the operation, free from pain, happy and sound.

A remarkable case was that of Mrs. C., of Rochester. She was thrice married, and the last time was so unfortunate as to secure an immoral husband, who infected her with gonorrhœa. Inflammation of the pelvic organs developed, which confined her to her bed for three months. After the acute symptoms subsided, a mass of adhesions was left about the uterus and ovaries, which was so extensive and hard that her physician had made a diagnosis of fibroid tumor of the uterus and sent her to me for operation. She entered the hospital September 20, 1890, and the operation showed the mass to be composed of the uterus and appendages, together with the omentum and intestines, which were firmly united to the rectum and other tissues. The omentum was also adherent to the anterior surface of the uterus and its appendages, and had to be broken through before the adhesions which bound the uterus and ovaries to the rectum and other tissues could be separated. The finger of an assistant was placed in the vagina and served as a guide while these adhesions were divided. I assure you it was one of the most difficult tasks that has occurred in my practice to liberate and remove these cystic ovaries and tubes. A glass drain was left in for forty-eight hours, and the patient made a good recovory.

The above two cases of extensive adhesions about the uterus and appendages, with diseased ovaries, although more serious than this class of patients average, will serve to illustrate the great benefits derived from the surgical treatment of the results of pelvic peritonitis, or "cellulitis," as the older surgeons term it. This disease, in ninety-nine cases out of one hundred, is caused from uncleanly instrumentation, badly attended abortions, or confinements and gonorrhœa. Septic ma-

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terial works its way up through the uterus, then out through the fallopian tubes, and infects the peritoneum about the appendages; fever follows; the abdomen becomes distended and sensitive; in short, the patient may suffer from salpingitis, ovaritis and pelvic peritonitis. A very frequent sequence of the above group of diseases is the development of cystic ovaries, pyo-salpinx, etc., or of extensive adhesions which bind the uterus, appendages, omentum and intestines together in one mass. As is indicated above, this condition has been, and still is, frequently called "cellulitis;" as a matter of fact, few abdominal surgeons have ever seen a case of "cellulitis," and many doubt its existence altogether. That adhesions are formed, due to peritonitis, no one doubts. Of course, pus is frequently seen in the pelvis, as a result of degenerated ovaries, tubular diseases, or of an old hæmatocele, etc., but it rarely or never exists in the cellular tissues as a result of inflammatory action *per se.* The term "cellulitis" ts used much the same as that other misnomer "malaria"—to cover a score of diseases, and too often valuable lives have been lost because proper treatment was not had at the right time.

When conditions like the above, and frequently those much less serious, are encountered, no amount of careful prescribing or local treatment will avail. Recourse to abdominal section, in the majority of cases, must be had if we would cure our patients. Yet it is the custom of some physicians to criticise just such reports as this, on the ground that the doctor has operated on more patients than his clientage would warrant; or, that many of them might have been cured with the indicated remedy or local treatment, without subjecting them to the dangers incident to surgery. For the benefit of such I will say that these patients came from nineteen towns and cities, and many of them were sent by well-informed physicians who had faithfully tried dilatation, electricity, tampon treatment, douches and the indicated remedy—all of which had failed to cure.

It is useless to treat this class of cases by any of the means above mentioned. As thorough knowledge of their nature as is possible must be obtained, for there are no diseases in which a correct diagnosis is of more value than in those which have their origin in the pelvis. It is often impossible, however, to discover the exact nature of these cases without an exploratory operation. The oftener one opens the abdomen the more convinced he is of this fact; still, we should always be able to separate the medical from the surgical cases.

Lawson Tait says: "Absolute accuracy of diagnosis in the abdomen is very far from being possible. Only the ignorant assert that it

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is, and only fools wait for it." This is strong language, but not too strong, and will not be until we learn that the exploratory incision is not a dangerous operation, and that the resources of surgery are rarely successful when practiced on the well-nigh moribund patient. With me it always has been a rule to explore all doubtful cases, where the conditions would warrant, and this practice has proved highly satisfactory. By me no operation is ever partially completed, then abandoned; in all cases they are either exploratory or complete. If an operation goes beyond the abdominal incision and a careful inspection of the parts, it is always completed regardless of the tissues or organs involved, and I believe this plan of treatment saves many a life.

Of the exploratory operations included in this report two cases proved to be malignant disease which apparently began in the uterus and ovaries respectively; and as effusion had taken place, I could not be positive that ovarian cyst was not present. As I regard the exploratory incision nearly as safe and far more satisfactory than tapping, I adopted that means of diagnosis. The third tentative operation showed malignant tumor of the uterus, and the fourth a fibroid which it seemed wise not to disturb. The adhesions were such it could not be removed without great risk to life, and it did not cause sufficient inconvenience to warrant the operation.

Of the four cases of hysterectomy for myo-fibroma, two were single women, aged thirty-three and thirty-five years, respectively; the other two were married; one was twenty-eight and the other thirty-five years old. Only one of them had borne children. But for the disturbances induced by the tumors, these patients were in sound health, except in one case—that of a colored maid. She had chronic bronchitis, together with albuminuria, and was greatly emaciated. Her tumor was of the hard or so-called red variety, and bound down by strong adhesions. Although the growth was small, both ovaries were diseased and impinged upon. She suffered excruciating pain, and for two years was obliged to make life tolerable by frequent doses of morphia and rest in bed much of the time.

Another growth of this class seemed as hard as a stone to the touch, but when cut through proved to be quite elastic. It was composed of numerous large sinuses, and when the blood was expelled resembled a section of coarse sponge.

The two remaining tumors are known as the large white or œdematous variety, and one of these had become cystic. The ovarian vessels, especially the pampiniform plexus of veins, were enlarged almost beyond recognition. Some of them were an inch in diameter,

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and on first sight appeared as much like a loop of small intestine congested as anything else. The extra-peritoneal treatment of the pedicle was adopted in all of these cases. In two, Tait's modification of Koeberle's wire constrictor was employed, and in the others the elastic ligature and Wilcox's pins. The latter method is easier to execute, less cumbersome, and yields just as good results. The pedicles separated in from the sixteenth to the twentieth day, and the patients were discharged from the hospital from the sixth to the eighth week.

The œdematous form of myo-fibroma often behaves much the same as ovarian cysts, and causes death just as certainly. The pathological condition of these growths is such that it seems impossible for any plan of treatment to prove curative except hysterectomy or some form of excision. Yet from time to time extravagant claims have been made for a half-dozen other plans of treatment, and doubtless a few cures have been effected. On the other hand, patients have occasionally recovered without any treatment. Still, such measures as the indicated remedy, ovariotomy, the cutting off of blood supply by the ligature, ergot injections, the curette and electricity may be indicated chiefly as palliatives where curative treatment cannot be applied.

Two or three years ago it was believed by many that strong currents of electricity would disperse these growths. A physician became so enthusiastic as to state before our own New York State Society that he had not only removed fibroids, but he had also dispersed five large ovarian cysts by electricity, as used by Dr. Apostoli. Similar reports were made all over the country, and numerous careful, impartial and learned investigators set to work to establish the sphere of usefulness of this new treatment. After about two years of experimentation, the following facts were deduced:

1. Electricity will not disperse ovarian cysts.
2. Electricity will not disperse fibroid tumors.
3. Electricity will not have any effect on large œdematous or white myo-fibroma.
4. Electricity will reduce the size of some hard or red fibroids and remove troublesome symptoms, but will not disperse them.

It requires no greater stretch of imagination to believe the electric current capable of obliterating the axillary or femoral vessels—aye! even the great aorta itself—than to suppose it capable of shrinking up the great vessels and sinuses which supply or enter into the composition of these tumors.

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It is not intended to decry the use of electricity; quite the reverse. It is a most valuable agent in the palliative treatment of at least one variety of these growths; but the evidence of the many is that it will not cure them. And when one says: "The surgeon who understands the effects of galvanism on fibroid tumors of the uterus, of every character, now scorns the knife, . . . he goes too far, and holds up an extreme." It is wisely said that extremists cure themselves; so this electrical treatment will find its level.

The ovariotomies for large tumors were badly complicated, with but few exceptions, and although a number of them are of unusual interest, I will report but one case, that of Mrs. W., of Texas, who entered the Rochester Homœopathic Hospital July 24, 1890.

Her history showed that she had suffered from abdominal enlargement for five years. The allopathic physician who had charge of her case diagnosed ascites and tapped her five times. On withdrawing the fluid the last time, he discovered that a hard mass remained, whereupon he changed his diagnosis to that of ovarian tumor, and sent her north for operation. With other "valuable" parting advice, he requested her not to fail to secure the services of a "regular," as the physicians of the homœopathic school were not skillful in surgery. But as he had been a "regular" attendant of her case for five years, and did not make a correct diagnosis until the eleventh hour, when the time for cure had nearly passed, his advice was not highly valued. The examination showed an enormous tumor, with several hard parts which were immovable and appeared to be adherent. An irregular nodular mass filled the pelvis and extended above the pubes.

At the operation the tumor was found to be a proliferous ovarian cyst, with extensive colloid degeneration. Throughout large areas there were parietal adhesions which, together with the malignant changes, were probably due to tapping. What was still more serious, a solid portion of the tumor was firmly fixed in the pelvis, so as to render it impossible to secure the broad ligaments. In the removal of this they were torn across, and the rushing hemorrhage, together with collapse, developed an emergency which required the coolest and most efficient treatment to conduct to a successful issue. She reacted well and progressed favorably for twenty-four hours, when bilious vomiting and tympanitis developed, and at the end of another day the vomited matter became stercoraceous.

It was now evident that we had to deal with obstruction of the intestinal tract, and early in its development the recognized treatment was faithfully carried out, but without success. I had given her personal attention for forty-eight hours, and at the end of the third day it was apparent that the treatment employed was not likely to prove successful. Careful preparation for reopening the abdomen was made, and skilled assistants were in their places. At seven o'clock in the morning the patient was taken into the operating-room and the

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wound reopened; she bore the ether much better than at the first operation, and was on the table but a few minutes. The wound had healed by the first intention, except where the drainage tube was removed the day before, and there was but a half ounce of bloody serum in the cavity of the abdomen. The omentum was adherent to the line of incision and the small intestines bound together in a mass, especially in the region which was occupied by the drainage tube.

The work of dividing the adhesions required great care and considerable force; indeed, one would not believe that such strong adhesions could have formed in so short a time. It was wellnigh impossible to separate many of the loops of intestine without rupturing them. The adventitious tissue which held them together was very tough and could be peeled off in strips an eighth of an inch thick and several inches long. The toilet of the abdomen was quickly made and the wound closed.

Her bowels moved while on the stretcher en route to her room, and large quantities of gas and watery fluid were passed soon after she was placed in bed.

The fæcal odor of the matter ejected from the mouth subsided within a few hours, but the vomiting continued for several days. Finally this yielded and a colliquative diarrhœa developed, which lasted for a week or more. There were no other complications.

She was discharged from the hospital the sixth week, and has since returned to her home in Texas and reports herself as perfectly well.

The above forty-seven cases recovered, with the exception of one patient, who was brought in on a stretcher and was well-nigh moribund. She had been ill with peritonitis for six years; there was effusion and general adhesions; there was no chance to improve her condition with medical treatment, and she succumbed to peritonitis, with a temperature of 106 degrees, on the second night following the operation.

ANTIPYRETIC ACTIONS OF ANTIPYRIN AND QUININE.—At the Pharmacological Institute at Heidelberg, Gottlieb has made comparative experiments to determine the precise modes in which quinine and antipyrin lower the temperature. The results are as follows: Through quinine the heat production in rabbits is decreased in normal animals from 14 to 32° F., but at the same time the dissipation of heat is lessened. Under antipyrin the rate of dissipation is increased, but that of heat production is also increased. Thus there is increased formation of heat in the organism when antipyrin increases loss of heat by dissipation, while on the other hand the lowering of heat production in a normal animal after the use of quinine is associated with a lessening of heat dissipation. Antipyretic treatment, in the sense of Liebermeister, that is, one whose problem it is to limit heat production, is only by quinine, while the antipyrin group must be classed with baths as antithermics.—*Therap. Monatshefte*, June, 1891. O'C.

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LATER RESEARCHES IN PROTOPLASM.

THE mental scope of the practicing physician, dealing as he does with a multiplicity of details of diagnosis, prognosis, treatment and prophylaxis, becomes of necessity more or less restrained and limited within these confines. The wide philosophical view of life, its beginnings and its transmissions, is not his, not because of any mental deficiency, but because his training, both during his student days and in his years of practice, demands constant and close observation of physical signs and changes that are often too varying in manifestation and too recondite in origin to afford a firm and constant standingpoint from which he could obtain a wider vista. Now and then the work of a few investigators is brought before him and receives acceptance both as to actual results and the conclusions deduced therefrom.

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Twenty odd years ago the word "protoplasm" had gained wide currency in English medical literature, and with it certain philosophical speculations concerning life, and to nothing was its ready acceptance owing so much, perhaps, as to Huxley's catching phrase "physical basis of life," that expressed tersely the gist of the underlying theory.

We were told (Hofmeister, Vegetable Cell, 1867) that the substance protoplasm, whose peculiar behavior initiates all new development, is everywhere an essentially homogeneous body. "It is a viscid fluid containing much water, having parts easily motile, capable of swelling, and possessing in a remarkable degree the properties of a colloid. It is a mixture of different organic matters, among which albuminoids and members of the dextrine group are always present. It has the consistence of more or less thick mucus, and is not miscible with water to any great extent."

From this and other accounts it was regarded some twenty years ago as established that: 1. All of the activities of the vegetable cell are manifested in its protoplasmic contents. 2. Protoplasm consists chemically of a nitrogenous basis. 3. Protoplasm has no demonstrable structure. 4. The protoplasmic contents in one vegetable cell are not connected with the protoplasmic contents in adjoining cells. 5. The nucleus and other vitalized granules in the vegetable cell are formed by differentiation from amorphous protoplasm.

Although in the foregoing the adjective "vegetable" has been used, it has been shown that the protoplasm of vegetable cells is identical with that of animal structures.

In both botany and zoology investigators have been busy and, with the invention of better optical instruments, especially the homogeneous immersion lens, the most remarkable results have been attained, and a summary of what has been done in this field was presented to the Biological Section of the American Association at its meeting in Toronto, August, 1889, by the Vice-President, Prof. Goodale, of Harvard.

That this address, teeming as it is with facts of the deepest significance to the biologist and physiologist, should not have received

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attention from medical writers, except in one instance, to be mentioned later, is most astonishing, and emphasizes the correctness of the view given at the beginning of this article.

Prof. Goodale, taking up *seriatim* the five points regarded as true, shows how these have been modified during the last ten years. The first may be regarded as established The second remains unchanged; but instead of regarding the protoplasmic basis as comparatively simple, it is now known to be exceedingly complex, and to contain numerous cognate proteids, some of which can be identified in the basic mass, others in the nucleus, and others still in the vitalized granules. As a result of these recent studies, it becomes more and more clear that the chemical relations of the protoplasmic activities are still veiled in mystery. Botanists are receding from a position held by many only a few years ago, namely, that it is safe to use the words "albuminoids" and "protoplasm" interchangeably. Nowadays the latter term is generally restricted to morphological and physiological conceptions; the former keeps its wide chemical significance. All the results of recent studies compel us to recognize in protoplasm a substance of bewildering complexity of composition and constitution. Protoplasm is no longer regarded in any sense as a comparatively simple substance.

The third proposition has been modified in a striking manner. By better methods of staining and by the use of homogeneous immersion objectives, the apparently structureless mass is seen to be made up of parts which are easily distinguishable. It seems to be beyond reasonable doubt that protoplasm is marvellously complex in its morphological and physical as well as its chemical constitution. One statement of the case is as follows: Under ordinary circumstances protoplasm is composed of a mesh of inconceivable fineness, in which mesh are entangled the more liquid interfilar portions. But this conception of protoplasm as a mass composed of a network of minutest fibres inclosing in the meshes another substance, presents great difficulties when we endeavor to explain the movements within the cell. It is very difficult to explain in any way the so-called wandering of protoplasm outside the cell wall or into intercellular spaces.

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Fourth, the accepted statement has been that the protoplasmic body, or protoplast, of one cell is cut off by the cell wall from all connection with the contiguous cells. There are a few cases in which this intervening wall was formerly held to be pervious, but such cases were considered as exceptional. Now, however, it has been shown that there are intercommunicating threads of protoplasm of extreme fineness between adjoining cells, and that these living threads maintain connections, sometimes direct, sometimes indirect, between one protoplasmic mass and another. This has been shown to be so widely true in the case of the plants hitherto investigated that the generalization has been ventured on that all the protoplasm throughout the plant is continuous.

The fifth thesis has been completely controverted. Instead of believing, as formerly, that all the granules within the cell arise *de novo* from the protoplasm in which they are imbedded, we are now forced to regard all of them as springing from preëxistent bodies of the same character. The foregoing, taken from Prof. Goodale's address * gives the chief points of distinction between the older and the later views concerning protoplasm. It must not be forgotten that all our knowledge of protoplasm has been initiated by and is dependent upon the investigation of plant biology.

But we are not limited to botanists for these newer views. Dr. C. Heitzmann, of New York, in a paper in the *Journal of Nervous and Mental Disease*, for June, 1890, gives the results of his own studies in the minute structure of the gray nerve-tissue. In a report to the Vienna Academy of Science, in 1873, he said that "all granules and lumps of the living matter in gray nerve-tissue are interconnected by means of delicate radiating spokes," and in the article referred to he reviews the work done by investigators in this field and states that according to his views the gray substance is constructed in the same manner as protoplasm in general, *i.e.*, a reticulum of living or contractile matter, and a liquid filling the meshes of the reticulum. In his "Microscopical Morphology" (New York, 1883) he says that the cell of authors is not an elementary, but a rather complicated organism,

* Science, Nov. 22, 1889.

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of which, small detached portions will exhibit amœboid motions. How complicated the structure of a minute particle of living matter may be, we can hardly imagine; what we do know is that the so-called "cell" is composed of innumerable particles of living matter, every one of which is endowed with properties formerly attributed to the cell-organism. And going still further he says (*ibid*) "there is no such thing as an isolated individual cell in the tissues, as all cells prove to be joined throughout the organism, thus rendering the body *in toto* an individual."

Mr. Charles F. Cox, in an address before the New York Microscopical Society, January 3, 1890, sums up the question as follows: "The position to which we have traced this matter is, then, that to the latest biology, in any particular organism, a generally diffused and interconnected substance, simple only in appearance under present optical aids, has taken place of the circumscribed, more or less isolated and independent and recognizably complex vesicle which was the physical basis of life to the science of fifty years ago. In the words of Dr. Heitzmann: 'According to the former view, the body is composed of colonies of amœbæ; according to the latter, the body is composed of one complex amœba.'"

The immense importance of these newer views to the biologist will be seen at a glance, but they are of scarcely less weight to the physician. The question of heredity, while in no wise solved by them, receives at least some new illumination, and the subject of disease-processes in the human organism becomes in some respects more complex. The position so strongly held by Hahnemann that we as physicians have to deal with the sick individual, and not merely with a sick organ, receives from them a welcome and scientific support.

CONCERNING THE VILLIFICATIONS OF HOMŒOPATHY BY THE MEDICAL NEWS.

To the Editor of the North American Journal of Homœopathy:

My Dear Sir:

IN view of the exceedingly defamatory articles regarding homœopathy and all that thereunto belongs, appearing editorially and by correspondence in the *Medical News* of Philadelphia, would it not

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be well for those who acknowledge and respect *Similibus Curantur* and its discoverer, to withdr from a publishing house that sanctions such outr courtesy and wilful misrepresentation of facts to a icals which it owns and controls?

Homœopathists are acknowledged book buyers thousand of them in this country. The number o ing our colleges is large and yearly increasing. sarily be supplied with text-books. Would it n recommend that they be procured from one or medical publishing houses in the country which, e with the therapeutical views of some of their subsc their honesty or villify their principles.

The firm that owns the *Medical News* solicits takes our money and asks for renewals. It sen medical publications broadcast to our practitione as well as individually to the professors of our c same time allows its publications to revel in such *it to be wondered at that men* (homœopathists) *who* SUCH IDIOTIC DRIVEL *call themselves the new school?*' *moral of it all is, to indulge in good-humored con tiferous doctrines and doctrinaires,* TO SHOW THEM ME *to them, to compromise and play politics with them i renegade in the face of one's duty to science and* once more: "*We must feel and show a contempt fo* IS A HUMBUG FROM BEGINNING TO END," ‡ and yet no wholesale condemnation—as the editorial pen ga the wrath of the editorial mind ablaze with conste facts, it splatters through the articles fulmination these: Homœopathy "IS A DISGRACE TO MODERN CIV who subscribe to the *News*, purchase the book

° *Medical News*, Editorial, July 11, 1891.
† Loc. cit.
‡ *Medical News*, Correspondence, July 25, 1891, p. 110.
§ *Medical News*, Editorial, Aug. 1, 1891, p. 137.

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owners, and recommend them to our classes in our printed announcements, are "*cunning sharpers*" and "*foolish weaklings*" and "*no wonder that they* (we) *have nothing to say in their* (our) *conventions except about* LAWS *that may insure to them* (us) A LONGER LIFE *and do away with* THE NECESSITY OF STUDY."

While these malicious fabrications will be of no possible detriment to homœopathy, it is well for the purity and impartiality of medical journalism in America that such writing should only be read by that regular school to which it belongs, to which it is welcome, and by which no doubt it will be thoroughly appreciated. Scientific men with higher and more honorable motives, should immediately discountenance and withdraw patronage from medical periodicals which so deliberately disgrace the dignity of a profession which it should be their persistent effort to uphold.

The publishers of a journal who allow such criticism to be passed on a considerable number of their subscribers are even more responsible than the editors, and it is indeed a lamentable fact that a publishing house of such acknowledged reputation for probity and honor, which has stood for years foremost in furnishing standard medical literature to the profession, should allow its hitherto good name to be compromised by jealous anger and partisan spirit.

It was the acknowledged sentiment of the last International Homœopathic Convention that the time had passed for *defensive* argument. As physicians we are respected; as educators we are recognized by government, and as men, while we hold ourselves far above any such standard of mental and moral qualifications as are portrayed in the columns of the *Medical News*, we cannot—even with the Beatitudes ringing in our ears—allow ourselves to be defiled by mud-throwing engines, no matter to whom they belong, and in what manner they are managed.

Very truly yours,

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COMMENTS.

MATERIA MEDICA PAPERS.—The series of papers on our Materia Medica and the best methods of re-arranging or revising it, begin in this number of the NORTH AMERICAN. The interest taken by the profession in this subject is very great, and every article will be carefully read and considered by those who feel that there is no other topic of equal importance. It is admitted that our materia medica as at present constituted is in part unreliable, and that it is often virtually impossible to distinguish between the true and the false. The methods hitherto employed in proving drugs are not now thought to have been those that could be unreservedly commended, and it is felt that a different plan should be pursued in the future. But the question is: What shall be done with the materia medica as it now is? This question Drs. Allen and Wesselhoeft in a certain sense attempt to answer, although Dr. Allen's paper was not written with the question as a text. But he clearly shows that he believes in a re-arranged materia medica, while Dr. Wesselhoeft argues earnestly for revision. Both these papers are of great interest and value. The discussion is open to all who have opinions of value to express.

ALLOPATHY IS BIGOTRY.—Dr. Gatchell in his excellent paper shows how large has been the influence of homœopathy upon allopathic medical literature and the infinitesimal smallness of its influence upon allopathic medical practice. He shows that an allopath cannot practice homœopathy while he remains an allopath, for he has no conception of a law of cure, but relies entirely upon empirical methods. And when he does practice homœopathically he becomes a homœopath. Yet it is certain that homœopathy has brought about, indirectly, great changes in allopathic measures. But one thing remains unchanged, and that is the intolerant bigotry that disgraced the allopathic school when homœopathy was first introduced and which disgraces it as much to-day. Those who believe otherwise are those who shut their eyes to obvious facts and base their conclusions upon foundations built by complacent imaginations. The recent Congress of Homœopathy at Atlantic City afforded two new instances which show very plainly the animus that controls. One of these incidents was the protest of an allopathic physician against the printing of the proceedings of the congress. The only reason of course for this most surprising protest was that the congress was homœopathic. It is gratifying to know that the presuming and illiberal "regular" received such a castigation at the hands, or rather the pen, of the editor to whom he addressed his protest as caused him to make a hasty retreat to obscurity. But that the protestant against recognition of the importance of the Homœopathic Congress by the press fairly represented the sentiments of the vast majority of his more discreet but not less bigoted brethren there can be no doubt. The second incident although equally insignificant, is an editorial in the *Medical News* for July 11, 1891. This article, which purports to give an account of the congress, is not

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only a gross caricature, but is so tinctured with impotent spitefulness that very few readers could avoid perceiving the falsity of it. The editorial itself is not worth notice, but the spirit that caused its production and publication may be noted. If there is doubt still as to the diagnosis, read the concluding paragraph: "The moral of it all is, that to indulge in good-humored contempt of these pestiferous doctrines and doctrinaires, to show them mercy, to be indifferent to them, to compromise and play politics with them, is to be poltroon and renegade in the face of one's duty to science and humanity." What a festering mass of wounded vanity and jealousy was discovered when this provincial liliputian blew his blast of envious assininity. But the editorial will receive the cordial endorsement of the allopathic profession as a whole, and fairly represents the intolerant spirit that prevails and has prevailed unchanged for a hundred years and more. To be deceived by false protestations of friendship, to yield one iota of our rights and privileges, to consider any terms of compromise, to abandon the name, to think of union with the allopaths, is to cry peace when there is no peace, and to betray not only science but that which science serves, the best and highest interests of humanity.

THE "PROHIBITION" CONGRESS.—The promotors of the so-called Medical Congress at Prohibition Park, Staten Island, would have saved themselves much criticism and more clearly demonstrated their ingenuousness of purpose had they seen fit to call things by their right names. Had they termed their gathering a Prohibition Congress there could have been no objection; but the term "Medical" Congress was evidently misapplied. It was not a scientific meeting but a Prohibition meeting, and the question that the congress was mainly called to consider, was dealt with, not in a scientific fashion, but in a loose and sentimental manner. Many papers were read on the effects of alcohol on the human system, and some few of them, from the reports, were undoubtedly excellent. But the meeting was in no sense scientific or professional, and to send forth, as is the evident intention, the proceedings and conclusions of this body as the conclusions of a congress of representative medical men, is, to say the least, unjust to the profession and not fair to the public. It was a Prohibition congress and nothing else. It should be so named in the reports.

BOOK REVIEWS.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A WORK OF REFERENCE FOR MEDICAL PRACTITIONERS. 1891. Ninth year. E. B. Treat, New York.

This number of the series issued annually for the past nine years well sustains the deserved reputation won by previous volumes. The first part of the work is devoted to the new remedies, and is reasonably satisfactory, considering the necessary brevity. Among the so-called new remedies are quite a number that have been well known

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to the homœopathic school for years. But there is no doubt that they are "new" to the old school, which is now boldly peeping through its widely spread fingers at the work of the homœopaths. The section entitled "The Dictionary of New Treatment" fills the body of the work, and will prove of value to those who read and then apply with caution. There are chapters on "The Hand as a Diagnostic Factor in Diseases of the Nervous System," "The Character of the Sputum as an Aid to Diagnosis, Sanitary Science, and other topics of importance." It contains much information in convenient form, and will many times repay its cost. P.

MATERIA MEDICA AND THERAPEUTICS, WITH SPECIAL REFERENCE TO THE CLINICAL APPLICATION OF DRUGS. By JOHN V. SHOEMAKER, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. F. A. Davis, 1891.

This is the second and concluding volume of a work the first volume of which appeared several years ago. It is regarded by the author as an independent volume upon drugs. There are enough drugs considered in this work to make a Chinese medical manual turn green with envy. Many of them are obsolete, and their description and consideration only serves to lumber up the work. The work shows signs of haste on almost every page, but never fails to impress upon the reader the optimistic views of the author regarding the curative power of drugs. The prescriptions confidently given cover all diseases that "flesh is heir to." The work is well printed and bound and contains much information of an encyclopædic kind. P.

TUBERCULOSIS OR PULMONARY CONSUMPTION: ITS PROPHYLAXIS AND CURE BY SURALIMENTATION OF LIQUID FOOD. By W. H. BURT, M.D., author of "Physiological Materia Medica," etc., etc. W. T. Keene, Chicago, 1890.

The author waxes enthusiastic over the great results achieved by his method of treating tuberculosis, and declares that "the *suralimentation* of liquid food is not only the *greatest* of all *known prophylactics*, but that it will actually *arrest* and *cure tuberculosis*." But when one finds upon reading the preface that only eight months trial has been given this method of treatment, interest is somewhat diminished. But it may not be denied that Dr. Burt's little work is based upon physiological principles, and doubtless in many cases his plan of feeding would yield remarkable results. The book is well worth buying. P.

A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS. CHARACTERISTIC, ANALYTICAL AND COMPARATIVE. By A. C. COWPERTHWAITE, M.D., Ph.D., LL.D. Professor of Materia Medica and Therapeutics in the State University of Iowa, etc. Sixth edition. Entirely rewritten and revised. Gross & Delbridge, Chicago, 1891.

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This work of Prof. Cowperthwaite's is so well known to the profession that an extended notice is uncalled for. It is only necessary to note the changes and improvments. In this edition the text has all been rewritten and all symptoms carefully weighed before being admitted. The "General Analysis" of each drug has been revised and where necessary brought up to date. Clinical symptoms where inserted are marked by a symbol so that they may be known for what they are. Under each remedy may be found a section on "Therapeutics." This takes the place of the "Therapeutic Range" of other editions and is a marked improvement. A clinical index has been added, which will increase the value of the work. It is a book of great value to homœopathic physicians, and those who do not have it will make no blunder in buying it. The publishers have done their part well. It is handsomely bound and excellently printed. P.

KOCH'S REMEDY IN RELATION SPECIALLY TO THROAT CONSUMPTION. By LENNOX BROWNE, F.R.C.S., Ed., etc. Illustrated by thirty-one cases and by fifty original engravings and diagrams. Philadelphia: Lea Brothers, 1891. Pp. xi–114.

Mr. Browne was one of the first foreign workers to apply tuberculin in the treatment of laryngeal phthisis, and while many observations are now recorded and accessible to the physician, this work will retain a special value—as all exact records must do. L.

MEDICAL SYMBOLISM—IN THE CONNECTION WITH HISTORICAL STUDIES IN THE ARTS OF HEALING AND HYGIENE. By THOMAS S. ZOZINSKEY, M.D., Ph.D. F. A. Davis, Phila. and London, 1891. Price $1.00. Pp. xii-171.

This book is one which belongs in the library of every physician who considers the practice of the healing art as a profession rather than a trade. It is the accomplished physician who will desire it; it is the educated physician who will read it It is by the study of history, even in myths, that the student learns to properly value and classify his own life work. In a more practical sense such books as this give information which will enable its possessor to talk shop without being a bore. L.

REPORTS OF SOCIETIES AND INSTITUTIONS.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE 44th Session of the Institute was held at Atlantic City, in conjunction with the International Homœopathic Congress, June 16th to 23d, holding only morning sessions, each of which, after Tuesday, was for but half an hour.

President T. Y. Kinne was supported, on the first day, by Ex-Presidents J. P. Dake, '57; D. H. Beckwith, '71; I. T. Talbot, '72; W. H. Holcomb, '75; J. C. Burgher, '78; B. W. James, '83; J. C. Sanders, '84; F. H. Orme, '87; A. C. Cowperthwaite, '88.

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The Treasurer's report showed last year's balance, $756.31; collections, $4,472.60; cash on hand, $722.76; $463.45 was paid on account of the Cyclopædia of Drug Pathogenesy; 1,049 copies of the Transactions were distributed last year.

The Committee on Publication asked for the address of Dr. E. A. Wilde (a senior member), or information about him.

The Committee on Foreign Correspondence reported that Mr. Stead, in *The Review of Reviews*, is fighting with and for us in England. He, with Sir Morell Mackenzie and others, is about to give Count Matthei's cancer cures a fair trial in a special hospital in London. In Germany, the Dosimetric system is doing good work for homœopathy. There are seven homœopathists in Montevideo and one in Jamaica.

The Committee on Life Insurance Examiners made no recommendation, although an interesting report was read detailing the positions of about a dozen companies. The Phœnix, of Hartford, and the Northwestern Mutual employ homœopathic examiners. The Mutual Life, of New York, heads the opposition to homœopathists. Some companies, as the Massachusetts Mutual and the Ætna, practically do discriminate, although they deny it. On motion, the Committee was asked to try and get a list of all the homœopathic examiners throughout the country.

The Committee on Storing the Archives reported that it was impracticable to store them all in one place, and on motion the subject was indefinitely postponed.

After much discussion, it was decided to hold next year's session in Washington, and the local Committee of Arrangements, to act with the Executive Committee, was announced, embracing all of the homœopathic practitioners in Washington.

The report of the Committee on Reconstruction of the Legislative Committee was referred to a large special committee for careful deliberation, and upon their recommendation was adopted, to the effect that it is not desirable to enlarge the Committee on Medical Legislation. Dr. Couch offered the following resolutions, which were adopted:

Resolved, That the American Institute of Homœopathy, though of unmistakable record as to class legislation and on the subject of higher medical education, deems it wise to renew its declarations of hostility to the State Board examining system (and especially the single-board system), as affording an opportunity for unjust discrimination.

Resolved, That, as consistent with this declaration, it instructs its Committee on Medical Legislation to coöperate with the proper authorities in the several States in antagonizing this system by assisting, when necessary, to secure separate boards.

Resolved, That $100 be hereby appropriated for the incidental expenses incurred thereby.

It was voted to subscribe for the extra numbers (16 and 17) of the Cyclopædia of Drug Pathogenesy, comprising the appendix and index.

Drs. Alex. Villers, of Dresden (editor of *Die Allgemeine homœopathische Zeitung*, the oldest homœopathic medical journal in the world), Dyce Brown, of London, and L. Salzer, of Calcutta, were elected corresponding members.

A communication from the Eclectic Society of Connecticut in regard to the old-school movement for a medical Cabinet officer in Washing-

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ton, was referred to the Legislative Committee, who submitted the following resolutions, Dr. Dake prefacing them with the statement that there has been persistent warfare against the National Board of Health, possibly because homœopathy is represented in it:

Whereas, The appropriation of needed money is all that prevents the National Board of Health from the care of our public health interests, as originally intended; and,

Whereas, The creation of a single-man power in the person of a medical secretary at the seat of government is likely to interfere with the personal rights of both physicians and people;

Resolved, That the American Institute of Homœopathy disapproves of all efforts on the part of our national Congress to erect authoritative medical standards by the appointment of a Medical Health Officer in the President's Cabinet; and further

Resolved, That the influence of this national body, representing 12,000 medical practitioners and millions of people in the United States, should be used in urging upon Congress the appropriation of needed money to enable the National Board of Health to perform its duties.

J. P. DAKE,
H. M. PAINE,
F. H. ORME,
I. T. TALBOT.

The Intercollegiate Committee, representing sixteen colleges, reported the admission of the Kansas City and Cleveland colleges—having met the requirements—and the establishment of the Southern Homœopathic Medical College of Baltimore. The Committee unanimously agreed that it is practicable to put the four-year course into operation this year; hence all homœopathic medical students beginning this Fall must study four years—the first year it is not expected to pass in a medical college, but a certain curriculum must be accomplished. A uniform yearly minimum is in preparation, so that all our colleges will be uniform to a certain extent.

On motion of J. H. McClelland, the Committee on Railroad Fares was abolished. Dr. Talbot stated that the expenses amounted to over $40 a year, and that the arrangement is prolific of misunderstandings, trouble and dissatisfaction; that no ticket will be honored unless 100 be sold, and that if any little detail of the requirements be overlooked, the holder cannot avail himself of the arrangement for his return ticket. Dr. Storke stated that the arrangements were of no benefit to those west of the Mississippi River.

The hope was expressed that hereafter the Institute will have a daily business session of half an hour.

Two hundred and forty-seven new members were elected, far surpassing the record of any previous year.

Next year's Committee on Programme and Business will be A. R. Wright, W. W. Van Baun, Wm. R. King, J. B. G. Custis, P. Dudley and T. Y. Kinne. Committee on Memorial Services: B. W. James, D. H. Beckwith, F. H. Orme; and the Necrologist, H. D. Paine.

The President announced the Committee on Medical Literature to consist of Drs. J. D. Buck, Geo. M. Dillow, Alex. Villers, J. C. Burgher and Frank Kraft; that on Foreign Correspondence, Drs. T. M. Strong, Arnulphy, W. Y. Cowl and E. R. Storke. C. G. Higbee was added to the Legislative Committee, and transferred from the Bureau of Obstetrics to Gynæcology, and C. E. Fisher to the Committee on Medical Education.

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NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THE STATE SOCIETY.—The Homœopathic Medical Society of the State of New York will hold its fortieth semi-annual meeting at Buffalo, September 15th and 16th, 1891. The committees and bureaus have been made up with care, and an excellent session may be confidently expected. The forty-first annual meeting of the society will be held at Albany, February 9th and 10th, 1892.

A SINGULAR JOURNAL.—In a recent number of *The Medical Current*, there is not to be found a single original article on medicine or surgery. This singular omission leads to the conclusion either that the journal in question possessed no original articles to publish or that its editor feels that his own effusions are of greater value to the subscribers. Either condition is to be greatly deplored.

THE LYMPH.—It is announced from Berlin that Prof. Koch has left to his assistants all further research into the cure of tuberculosis and will devote his whole time to the supervision of the Bacteriological Institute. It is conceded that the lymph is a dismal failure and can cure neither phthisis nor cancer. Only one patient remains under treatment in the New York Hospitals. The irrationalism of the allopathic school was never so clearly shown as in this Koch incident. The mad rush to Berlin, the extravagant claims put forth, the reckless and ignorant use of the remedy, and finally its hasty and complete abandonment, demonstrate anew that allopathy is the boldest sort of empiricism and that they have not now and never had the faintest sign of reason or law in the administration of drugs to cure disease.

THE STATE MEDICAL EXAMINERS.—A joint conference of the three boards of State Medical Examiners was held in Albany, July 11th. All the members, with one exception, were present. The chairman was empowered to appoint a question board of six members, to consist of two from each of the separate examining boards, for the purpose of preparing a syllabus in all departments of examination except of materia medica and therapeutics. It was also decided that twenty questions be prepared in each syllabus, from which each candidate, may cancel five questions and answer the remaining fifteen. Four examinations each year were ordered to be held in the cities of Buffalo, Syracuse, Albany and New York. Examinations in all subjects will be held in the English language, and all candidates must be graduates of medical colleges with the degree of M.D. The Homœopathic Board organized as follows: President, Dr. Asa S. Couch, Fredonia; Secretary, Dr. H. M. Paine, Albany; Syllabus Committee, Dr. J. McE. Wetmore, of New York, and Dr. W. S. Searle, of Brooklyn. To prepare examination papers: Obstetrics, Dr. W. S. Searle; Anatomy, Dr. H. M. Paine; Pathology and Diagnosis, Dr. A. S. Couch; Chemistry, Dr. J. McE. Wetmore; Materia Medica, Therapeutics and Practice, Dr. J. W. Sheldon, Syracuse; Surgery, Dr. E. E. Snyder, Binghamton; Physiology and Hygiene, Dr. A. R. Wright, Buffalo.

THE SPREAD OF CHOLERA.—This disease generated by the filth occasioned by the hordes of worshippers at the so-called holy places has

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broken out again. Cholera is always present in Mecca and Bombay. But a cool, damp season spreads it. It has reached Africa, and the possibilities of its ravages are boundless. *The Indian Homœopathic Review*, published at Calcutta, gives an interesting account of the successful treatment of the disease by the new school.

THE BRITISH CONGRESS.—The British Homœopathic Society held its annual meeting on the evening of Wednesday, July 8th. On the 9th the Annual Homœopathic Congress was called to order and a profitable session followed. The attendance was good and the papers, although comparatively few, were well considered and provoked much interesting discussion.

MILTON'S HOMŒOPATHY.—Irrespective of one's views as to the several schools of medicine, it is interesting to note the fact that the poetical mind of John Milton anticipated the theory of Hahnemann, as is evinced by the following extract from his preface to "Samson Agonistes." He remarks that tragedy has power "by raising pity, or fear, or terror, to purge the mind of these and such like passions; that is to temper and reduce them to just measure with a kind of delight stirred up by seeing these passions well imitated. Nor is nature wanting in her own effects to make good this assertion; for so in physic, things of melancholic hue and quality are used against melancholy, sour against sour, salt to remove salt humours."

ELECTRO-PLATING THE DEAD.—A process called by its discoverer, Dr. Variot, "Galvanic Anthroplastic" (?) is prepared for obtaining indestructible mummies. The doctor metalizes the entire cadaver. He surrounds it with an envelope of gold or silver, bronze, copper or nickel, according to the desires of the friends and relatives.

SUPREME COURT DECISION.—Some time ago, a woman sued the Union Pacific Railroad Company on account of injury to the spine which she claimed had resulted from the fall upon her of the upper berth in a sleeping-car. A few days before the trial the company asked the court for an order requiring the woman to submit to an examination by the company's physician, the examination to be made with as little exposure of the person as possible and in the presence of the physician of the injured woman. The court overruled this motion on the sole ground that it had not the legal right to make such an order. The case came before the Supreme Court on the correctness of this ruling and the latter sustained the lower court, saying that such an examination is an invasion of the sanctity of the person to a degree that the law does not recognize and that it is inconsistent with common law.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY.

ORIGINAL ARTICLES IN MEDICINE.

THE REST TREATMENT.*

By N. EMMONS PAINE, M.D.,

Westborough Insane Hospital, Westborough, Mass.

THIS subject has been chosen because it stands as a mark of progress. It indicates also the only decided advance made during the last fifteen years in the treatment of the insane. It is admitted that restraint has been lessened, the surroundings have been improved, freedom has been widened, and that medication has shown eddies of popular interest about certain remedies, but the percentage of cures has not increased, and insanity is still a chronic disease in the majority of cases. Instead, therefore, of writing on the broad subject of the Treatment of Insanity, and reiterating what is already widely known, I have chosen a subject less familiar to most practitioners but one which marks a great departure in medicine.

What does the title, "The Rest Treatment" mean? The word "rest" indicates the principal factor but not all of this treatment. It is in reality a compound of six elements, all of which had been previously well known and most of them used extensively for years or even centuries. It remained for Dr. S. Weir Mitchell, of Philadelphia, by grouping them together, to furnish us with the most successful means yet known of overcoming those severe and most resistant diseases, hysteria, nervous prostration and insanity. He first published

* Presented at the International Homœopathic Congress, at Atlantic City, June, 1891.

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his system in 1875 and a year or two later it appeared in more complete form in a book entitled, "Fat and Blood."

The six elements of this treatment are as follows:

First, Seclusion. Complete isolation from home and its influences gives the best results, preferably in a hospital, with a skilful, trained nurse as a companion. When this is impossible, the next in value is removal to a private family with which the invalid is unacquainted; when it only remains for the invalid to continue living in his own home, in care of his own relatives, the outlook is unfavorable.

Secondly, Rest. This is a very important element and the one from which the whole scheme of treatment has taken its name. Rest means in most cases absolute quiet in bed. There is no work or writing for occupation, no reading or games for diversion, no walking or even sitting up for exercise or change; there is nothing to do but to lie quietly in bed for weeks. Even feeding himself may not be permitted. There are many cases, however, in which this extreme is not required. Such may be allowed to walk out for a few minutes or drive for a half hour once or twice a day, lying down the rest of the time, and of course refraining from the usual occupations. This modification is useful for men, as they do not show the same good results from extreme rest as do women.

Thirdly, Diet. Skimmed milk is the only food given in most cases for some days, the length of time depending on the patient's digestion. Bread, meat and vegetables are gradually added until a full diet is reached. Then comes the question of quantity. Briefly it may be said, the more the better. In addition to three full meals each day there may be lunches of glasses of milk introduced between meals—the object being to over-feed the patient. Extract of malt is given at meal times, and cream or cod liver oil may be added.

Fourthly, Massage. This word has been introduced into the English language from the French, within the last few years, and embraces all the movements by which an operator exercises the skin, muscles, joints and internal organs. Another term for the same group of exercises is passive motion. It includes for the skin, friction, pinching, rolling and slapping; for the muscles, rubbing, squeezing, rolling, kneading and slapping, as well as flexion and extension; and for the joints, motion in all directions. At the beginning, massage is passive in character; but when the patient appears to be better and the time for ordinary exercise is nearing, the motion becomes active through the skilful use of the Swedish movements. The usual allowance of massage is a half hour to an hour six days in the week, although Play-

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fair speaks of giving it three hours a day. The force with which it is given must be graduated to the strength of the patient. It is of special value in the evening, for it is usually followed by sleep.

Fifthly, Electricity. This is used entirely for its mechanical effect, by applying a slowly interrupted galvanic current to all parts of the body and producing muscular contractions. It resembles massage so nearly that it can be excluded from treatment more easily than any other constituent.

Sixthly, Therapeutics. That term includes not only the ordinary tonics but the medicines given for symptoms and intercurrent diseases.

Having described the six elements of the Rest Treatment, let us now consider the diseases to which it can be applied with hope of cure. They are:

Locomotor Ataxia.
Uterine Diseases.
Chorea.
Hysteria.
Neurasthenia.
Insanity.

Perhaps it will be easier to remember the scope of this treatment by two generalizations as follows:

First. It is limited to nervous diseases.

Second. It is further limited to nervous diseases formerly termed functional. The further from diseases of this class one stays in applying the Rest Treatment, the less satisfied will he be with his work.

Upon glancing over the list once more, we see Locomotor Ataxia standing at the head. That is included because it was recommended by Dr. Mitchell for his treatment; but nevertheless, I believe it should be excluded for two reasons; first, and theoretically, because it is not a functional disorder, but is a lesion of certain columns of the cord, recognizable in every case, and secondly, and practically, I have not met with, or read of cures after receiving the Rest Treatment. To claim more for it than that it makes the patient more comfortable and also prolongs life is, in my opinion, doing more than is justified by results.

Of the next division, Uterine Diseases, care must be taken in selecting cases for this treatment to reject those with gross lesions and apply it only to displacements, disordered menstruation, neuralgias and reflex disorders, the whole of which could be classed as functional nervous disorders, according to our second rule.

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Of its great value in chorea, the next division, there is no doubt; and what is quite noticeable is that the best results are obtained by strictly adhering to the rules of seclusion, rest, etc. Its success in chorea was first discovered by an English physician,† who has thereby greatly widened the scope of this treatment, extending to children what was originally applied only to adults. Although chorea is now held to be a disease of the cortex of the brain, the nature of the lesion is still in dispute, and we are justified in claiming it to be a perversion of function, and therefore, peculiarly suitable for rest and overfeeding.

The next two divisions, Hysteria and Neurasthenia, may be considered together. It was for these diseases particularly that Dr. Mitchell devised his treatment, and other practitioners, by following his directions, have secured the same brilliant results.

Insanity is the last of the six divisions of the subject, because in connection with it the Rest Treatment is to receive special consideration, and also, because its value in this disease is less definitely determined. Further subdivision is now necessary. It is useless to treat all forms of insanity by any method or therapy and expect cures always to follow. Although cases of general paresis, senile dementia, etc., may be benefited, that is, suffer less pain, retain the normal weight, be kept from harm, and life be prolonged, yet they cannot recover. In using the word insanity, therefore, as a class of cases appropriate for the Mitchell treatment, it is meant to cover only two of its forms, mania and melancholia. Of its value in melancholia Dr. Mitchell himself has not a good opinion, for he says,‡ "On the other hand, the true melancholias, which are not merely depression of spirits from loss of all hope of relief, are best left alone as far as this treatment is concerned. The nutritive failures which so often accompany them must be met by other means than rest, seclusion, etc.; and in this opinion I am sustained by some failures on my own part, and by the opinions of Goodell and Playfair."

This opinion of Dr. Mitchell's is not only shared but considerably emphasized by Dr. Clouston, the eminent Scotch alienist, who writes,§ "For the care of some of the cases a plan of treatment has been adopted, the most irrational that was ever conceived by the medical mind, it is that of the massage or making the muscles contract and the blood circulate faster by rapid percussion, squeezing and rubbing

† "Fat and Blood," fourth edition, p. 33.

‡ "Fat and Blood," fourth edition, p. 45.

§ "Mental Diseases," by T. S. Clouston, M.D. Revised by C. F. Folsom, M.D., 1884, p. 63.

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the body all over every day, while the patient is confined to bed, instead of walking in the fresh air. Such a plan may suit a few exceptional cases with weak hearts, but to apply it to many cases seems to me utterly absurd."

Notwithstanding this adverse testimony, the Rest Treatment has been used largely at Westborough, since the opening of the hospital four years ago. Moreover, it has been tried in every form of mental disease in order to discover accurately its limitations.

While it has been applied extensively at Westborough, I believe that priority of use of the Rest Treatment in asylum practice must be conceded to our noble predecessor, the State Homœopathic Hospital for the Insane, at Middletown, N. Y. The first case treated after this manner in that institution was in 1879, and the man recovered in three months after having been insane and under the ordinary treatment four years, although, singularly enough, he had melancholia. The Rest Treatment is now in constant use, not only at Middletown and Westborough, but also at Fergus Falls, or in other words, at three of the five State hospitals under homœopathic management. In order to obtain reliable information concerning its use in other hospitals for the insane, I sent a few months ago, to the superintendents of every State institution in the United States, the following inquiry: "Have you had any experience with the Weir Mitchell Rest Treatment in the care of the insane?" Replies were received from 118, of which 38 were in the affirmative and 80 in the negative, showing 32 per cent. to be in its favor. That is a strong contrast to the homœopathic hospitals, where it is used by 60 per cent. Of its distribution throughout the country, it may be said in a general way to be unknown or not used in Canada, the far West, and the South, and to be only found in the Eastern and Middle States. One discovery made at this time was that not a single institution was reported as following the system in all its details, not even those in which it is regarded most favorably. Our own procedure may be taken perhaps as an illustration of the way in which this treatment is carried out in other hospitals for the insane, and it is as follows:

As many as possible have been secluded, that is, kept in single rooms and away from the disturbance of other patients, but the large majority have been kept, from necessity, in dormitories. One nurse to each patient has been given to comparatively few, on account of the expensiveness.

Nearly all have had large quantities of milk throughout their time of rest. None have been restricted intentionally to a milk diet, how-

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ever, although many have received no food except milk and other liquids for weeks, on account of the necessity of forced feeding.

Rest in bed has been insisted on in every case, using restraint if necessary.

Manual massage has been given in many cases, but it is too expensive for general use.

Electricity has never been given.

Under the heading of Therapeutics, it is only necessary to state that in this hospital the single, homœopathic remedy is the only medicine prescribed and that hypnotics have never been administered.

Of the first 1,300 admissions, 270 were so treated, 48 being men and 222 being women. Those numbers do not include the persons who were helpless or too weak to be out of bed, but only those who were strong enough to walk about, most of whom objected at first to remaining in bed. My reason for limiting the class to these patients is, that if too weak to remain out of bed they would necessarily be kept quiet and in bed under any form of treatment, and could not therefore be included in these figures without affecting their precision. Neither are persons included who were in bed for less than one week, and, with one exception, all were kept in bed for two weeks or longer, three remaining thirty weeks, one for thirty-two weeks, and one for forty weeks. The average duration of rest in bed of these 270 patients without sitting up or exercising, was 5.9 weeks.

The forms of diseases treated were mania, acute, chronic and puerperal; melancholia, acute, puerperal, and with stupor; delusional insanity, secondary dementia and inebriety.

The results have been as follows: There were 270 under the rest treatment; 75 with mania, 174 with melancholia. Those discharged recovered numbered 120, or 44 per cent. of the total number treated. No cases are classed as recoveries in which that was apparent shortly after the return to out-of-door exercise and the ordinary way of living. Of the 75 cases of mania, 44 or 58 per cent. recovered, and of the 174 cases of melancholia, 76 or 43 per cent. were discharged recovered, a showing decidedly in favor of the curability of mania over melancholia. Still it seems to me that 43 per cent. of recoveries in melancholia is sufficiently satisfactory to warrant its continuation, and this percentage would be largely increased if the very many cases had been added that have recovered slowly after protracted rest, but not in so short a time as to make it the evident result of this treatment. I believe, however, that with massage and with a nurse to every patient the percentage of cures might be considerably increased.

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As a result of rest under such circumstances, a gain in weight is to be always expected. While there are of course exceptions, the rule is that patients add from five to twenty pounds to their weight, and gains of fifty, seventy and ninety pounds have been recorded in our books. Other results of our experience are as follows: In all cases of acute mania or melancholia there is an absence of hunger, there is sleeplessness and also rapid wasting. When the patient is finally quiet in bed after admission, the first sign of improvement is sleep, perhaps only a few hours at night and a nap or two during the day, but more than for some time before. The next hopeful indication is a little appetite; and when a patient feels again even a reminder of hunger at this stage, his recovery may be anticipated. A few days afterward, a rested look and a slight fulness of the face can be detected. Now is the time for the patient to begin sitting up, gradually increasing the duration day by day, until when the time amounts to an hour a short walk can be taken out of doors. Next, the emotions display themselves, the one most noticeable and always constant, being homesickness. That is a complete change for it does not exist in the active stage of either mania or melancholia. As convalescence continues and active exercise increases, the appetite becomes excessive, more sleep than usual is taken, and, with returning reason, the excess of homesickness passes away. Then has come the time for discharge. Oftentimes, on the other hand, an acute case begins to sleep a few hours at night, to eat rather less than normal, to lose scarcely anything in weight, and to remain at a stand-still mentally for months. Those are the cases for perseverance and a feeding tube. At this stage, both in mania and melancholia the important question is the one of prognosis. Briefly it is this: If the mind shows decided weakness, the case is hopeless and dementia has begun. Nothing remains then but simple and ordinary care for the patient.

Before closing, it is necessary to explain the action of the Rest Treatment. We must first, however, bring again to mind the fact that all diseases, to which it is applicable are of the functional type; or, in other words, that chorea, hysteria, neurasthenia and insanity, speaking broadly, are all due, not to demonstrable lesions, but to disorders of cell nutrition or to disturbances of circulation. That this is true of neurasthenia and certain forms of insanity can be proved to his own satisfaction by any one. Take for instance an old man; notice the loss of hair, the changed skin and the loss of weight, or, in other words, the atrophy of the external parts of the body which we see, and compare them with diminished acuteness of the senses, diffi-

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culty of concentrating thought or learning new ideas, and more particularly the loss of memory, of which all are the manifestations of cerebral atrophy. The decline that we recognize as true of the seen is true also of the unseen. Senility has been taken only as an illustration, but we can just as certainly read the condition of the brain in neurasthenia and insanity from their exterior manifestations. It is in fact, enough to speak only of neurasthenia, for insanity is known almost always by that name only after previous displays of symptoms which are characterized as neurasthenia. Some of the symptoms are, objectively, loss of weight, paleness, and coldness of the extremities; and subjectively, they are weakness, inability to think, and weak emotions, or in other words, the anæmia which is evident externally is also the internal condition. It can be detected by the blood cells and by the paleness of the brain, muscles and all parts of the body. The skin which has been cold and bloodless resembles the cells of the brain, which have had too little blood and of too poor quality for effectiveness, have gone on doing their duty when starving, and have finally given evidences of their inefficiency by the many symptoms of functional diseases. All that is needed so far to bring about recovery, is a proper supply of good blood. That may be produced after the administration of properly selected remedies, or from a proper amount of out-door exercise, and a restriction from overwork to a fair amount of work, or even after giving up all work. If, however, no improvement follows these measures, then what is to be done? It is just here that the Rest Treatment proves its worth. It restores these persons to health by effecting one or more of the following changes: The heart may be weak in its action, too weak to supply properly all parts of the body with blood. The horizontal position of the body relieves it at once of part of its load. The blood then reaches the brain in larger quantity; it fills the anæmic capillaries; it gives nutrition to the starving brain cells, especially when the patient is stuffed with food; and as perfect quiet is preventing further calls upon those cells and ganglia, they gradually repair themselves. This restoration is shown by returning sleep and especially by the heart and digestive tract. The heart ganglia being properly nourished and not overtaxed, allows the heart to return to its normal action. The nerves indicating the need of food had been too weak to do their duty until they were themselves properly fed and rested, when they again gave the sensation of hunger. It is the same with the intestines. They may be said to be always constipated, until the nerves controlling their movements are enabled to act again in a healthy manner. Their recuperation should

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not be attempted by the use of purgatives, but by giving them a large amount of easily digested food to work upon; by quiet which limits the flow of nerve force to the merest necessities of life, and not to the customary activities; and by passive exercise of the bowels, which produce proper action without expenditure of the patient's nerve force.

Biliousness is another symptom that should not be treated alone, as it is only an indication of lessened innervation of the liver and will disappear as the strength returns. Many other examples of deficient or erratic action of the various organs of the body might be given, whereby distressing symptoms are occasioned. It is enough to recognize the danger to the whole body of blood contaminated with imperfectly assimilated food, of improper changes in its constituents, and of waste products tardily removed. All these complex compounds may become veritable poisons. Tire may produce them even in a well person. Rest, by restoring nervous strength to the weakened organs, re-establishes healthy action and purifies the bood.

The Rest Treatment will not, however, cure every one. Some have become chronic invalids, others show already the indications of degenerative disease. But there are many who recover when it seems impossible; and our own rule in uncertain cases has been to give them rest and the benefit of the doubt.

This treatment cannot be used by every practitioner. Even when its value is recognized by the physician, it may not be possible to remove the patient from his own home, or to effect the next best thing, isolation in his own home, and when so much has been accomplished, there is still the difficulty of keeping the patient in bed, when the majority of these patients, especially the insane, are quite unwilling to remain quiet even for the few hours necessary for nocturnal sleep. It is also not easy to have the prescribed dietary carried out; the trained nurse may not be at hand, and without one this treatment is very difficult; and the massage or Swedish movements given by inexperienced persons are lacking almost entireiy in good effects. And yet, after all, in the milder forms of nervous weakness, of what was termed spinal irritation a few years ago, and of hysteria, much can be done by giving partial rest to the patient, by adding milk and some of the prepared foods to the ordinary diet, by cessation from the usual duties or occupation, and following this with change of scene, etc., much can be done by any practitioner to prevent his mild cases becoming worse and reaching the stage where it is necessary for them to leave their homes and enter the last resort, the Hospital for the Insane.

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THE RESULT AND INFLUENCE OF HOMŒOPATHY UPON THE THEORIES AND PRACTICE OF THE MEDICAL PROFESSION.*

By A. C. COWPERTHWAITE, M.D.

A CENTURY has elapsed since Hahnemann's intuitive mind first grasped the idea that there existed in the Divine economy a universal law of cure. The translation of Cullen's Materia Medica in 1790, marked a new era in medical history and gave rise to the only theory in medicine that has ever stood the practical test of a century's application and experience. During the past two hundred years various theories and systems of practice have arisen and shone with great brilliancy for a limited time, but have paled into insignificance before the light of experience—have failed to stand a practical test at the bedside. This has been due to the fact that during all this time physicians have been endeavoring to discover the nature and cause of disease upon which to found a system of therapeutics. In this they have signally failed, for the reason that the nature and causes of morbific influence are, in a measure at least, hidden from our view, and ever will be. Physicians may theorize to their heart's content, but so long as their theories are based upon false premises, history will continue to repeat itself, and they will find themselves following a radically wrong path leading them into most extravagant and often ludicrous errors. This has been the history of medicine, and Hahnemann has been the only observer who has dared to base a principle of cure upon other than a misleading pathological basis.

To understand the influence of Hahnemann's theories upon those which have dominated allopathic therapeutics, we must necessarily roll back the curtain of the eighteenth century and take a hasty view of the principal theories that were agitating the medical mind during Hahnemann's time. The eighteenth century was exceedingly prolific in therapeutic theories, each of which seemed to be in direct contrast with all others, but all evidently based upon the same species of false reasoning concerning the nature and causes of disease.

One of the earliest theories of the century was that of Hoffman, who contended that most diseases were caused by impure and acid

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humors which were to be altogether or partially expelled from the system by what he was pleased to term "antiseptic" or "dulcifying" remedies.

Kampf held that diseases were caused by "infarcts," which he defined to be "an unnatural condition of the blood-vessels" caused by obstruction, the nature of which was so ridiculously absurd, and the explanation so long, that we have not space to reproduce it. His system of therapeutics in accordance with his theory was equally absurd. He proposed to disperse these infarcts by the use of clysters composed of a multitude of drugs, none of which had any special application to the supposed condition. That patients sometimes used their clysters several times daily for years, often consuming thousands of them in a single case, is explained by Kampf when he says that "often the labors of a Hercules are required to cleanse such an astoundingly laden, old intractable bog, and to overcome the stony, and as it were, wedged-in degeneration of the blood." Kampf's theory was quite generally adopted, and for many years the treatment of diseases by clysters was very popular.

The theories of Stoll were probably the most popular of any during the century, physicians going to Vienna from all parts of Europe to investigate them, reminding us quite forcibly of the recent exodus to Berlin. Stoll taught that all diseases arose from constitutional conditions determined "by the prevailing weather and epidemic fevers," but in short he held, practically, that diseases were caused by gastric impurities, bilious conditions and intestinal irritations, emetics and purgatives constituting the chief remedies.

Next came the Brown theory that all diseases were due either to sthenia or asthenia, the result of too much or too little irritation, the duty of the physician being to increase or decrease this irritation as the case demanded, opium being the remedy chiefly employed, which was used in great quantities by all Brownian physicians.

Contemporaneous with the Brown theory and more or less united with it was the "antiphlogistic treatment" in fevers and inflammations, bleeding, salivation, emetics and purgatives, used indiscriminately, and with terribly disastrous and fatal results. The chemical doctrine was another of the many absurd theories that prevailed at the opening of the nineteenth century. Others equally important might be added. It was in the midst of this darkness and confusion —this age of medical ignorance—that Hahnemann appeared upon the scene. The condition of things was well described by Girtanner, one of the most celebrated physicians of the time, who has indorsed the

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Brownian and chemical theories. He said "as the healing art has no fixed principles, as nothing is demonstrated clearly in it, as there is little certain and reliable experience in it, every physician has the right to follow his own opinion. When there is no question of real knowledge, where everyone is only guessing, one opinion is as good as another. In the dense Egyptian darkness of ignorance in which physicians are groping their way, not even the faintest ray of light has penetrated by means of which they can steer their course. I do not care if any one feels offended by what I say. My object is not to give offence, but to maintain the truth. If any practitioner is not satisfied with my opinions, let him examine his own conscience and ascertain of how many medical truths he is certain. He who can point out to me certainty in medicine may throw his first stone at me." Such was the general opinion existing among the best physicians of the time, and Hahnemann was no exception, but unlike his contemporaries he was searching for, and willing to receive, something better. Hahnemann was a genuine observer. He was not content with a method that would build a theory upon a single observation, making all other facts bend to the support of that theory. It is not surprising to hear Hahnemann relate his experience on quitting in disgust the practice of medicine, in a letter to Hufeland with these words: "It was painful for me to grope in the dark, guided only by books—the treatment of the sick—to prescribe according to this or that fanciful view of the nature of disease substances that only owed to mere opinion their places in the Materia Medica. I had conscious scruples about treating unknown morbid states in my suffering fellow creatures with these unknown medicines, which, being powerful substances, may, if not exactly suitable, easily change life into death, or produce new afflictions and chronic ailments more difficult to remove than the original disease. To become in this way a murderer or aggravator of the sufferings of my brethren was to me a fearful thought."

Hahnemann fully realized that the confusion existing as to medical theories, was due to the fact that the fragmentary observations made were all based upon false premises, and when he started out to build a new system of therapeutics he took an entirely different direction from his predecessors, leaving behind him once and for all the monstrous errors of the past. He threw overboard all theory and speculation as to the nature of disease, taking the pure phenomena of disease upon the one hand and the pure effects of medicine upon the healthy human organism on the other, and tracing out their united

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relation upon a strictly scientific basis, he arrived at a correct solution of a great problem, and formulated the well-known law of cure.

It is somewhat strange, when we consider the confusion and uncertainty of medicine in that day, the utter darkness which prevailed, that the first ray of light afforded them was not gladly welcomed. But such was not the case. Hahnemann's new departure was too great for them and they refused to follow. The only influence that the new doctrine had was to more or less unite the conflicting elements against Hahnemann, who was reviled and prosecuted in a manner not necessary to relate in this connection. Neither did Hahnemann's promulgation of a law of cure check the usual rise and fall of various sects and systems in medicine. The nineteenth century has witnessed as many premature births of monstrosities in that direction as did the century preceding. The same erroneous idea has prevailed—that any system of cure must be founded upon a knowledge of the essential essence of disease. It is unnecessary to recapitulate the various systems that have had their rise and fall since Hahnemann announced the law of *similia*. Our own time furnishes the most gigantic example the century has afforded. Under the capricious light of so-called modern science, the germ theory of disease has obtained a strong following, but whether or not its universal truth is ultimately proven it is quite certain that so far it has been proved impossible to found a system of cure based upon this doctrine. Even Koch's lymph which promised so much to believers in the germ theory, and which was received with such universal plaudits from the medical profession, has already been weighed in the balance and found wanting, and so it will continue to be with all remedies and methods that rest upon a strictly pathological basis. Thus it will be seen that homœopathy has had but little influence upon the various theories in medicine up to the present time, but when we come to consider its results, and its influence upon the practice of medicine during the past century, a very different picture is presented. The confusion that existed in Hahnemann's time in regard to medical theories, was knowledge and order compared with the ignorance and chaos existing in therapeutics. In the language of Girtanner, as already quoted, everything was "the dense Egyptian darkness of ignorance." Every physician was a law unto himself. There were no fixed rules or principles in therapeutics of any character whatever. The grossest polypharmacy imaginable was indulged in to hide the utter ignorance of the prescriber, while bleeding, purging and emetics were an almost invariable resort in all manner of diseases. These were the cherished methods of traditional

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medicine, and it is not surprising that so few were willing to abandon them for methods of a diametrically opposite character. The change was too great. Yet time ever rectifies the mistakes of men. The little leaven is already working most satisfactory results. The three great cardinal principles of Hahnemann are being tacitly accepted by the medical profession—the law of cure, the single remedy, and the minimum dose. Most of these results have only become plainly perceptible within the past twenty or twenty-five years, within the memory of many present. The law of cure railed and ridiculed a few years ago, is now generally admitted to be at least one, and a very important one, of the various methods of cure adopted by the dominant school. No better proof of the fact that it is adopted and practiced can be required, and that the use of homœopathic remedies based upon homœopathic indications is fast becoming a part of the regular armamentarium of medicine, than is found in all the modern text-books of materia medica and therapeutics, Ringer, Bartholow, and the quite recent work of Shoemaker. These works include the usual remedies that are common to both schools, such as *acon.*, *bell.*, *nux vom.*, etc., and in each instance draw largely from homœopathic sources (unacknowledged, of course) for their explanation of the pathogenetic action of the drug, at the same time under the head of therapeutics recommending the drug in diseased conditions where it is strictly homœopathic, where its therapeutic virtues can be explained upon no other grounds (although a feeble attempt is sometimes made to do so) and in conditions where the use of the drug has been a distinctive feature of homœopathic practice. Frequently the text reads as if it might have been written by an avowed homœopathist. Not only are remedies common to both schools included, but also remedies that have heretofore been regarded as distinctively homœopathic —*bryonia*, *rhus tox.*, *chamomilla*, etc. These find their place in the works mentioned, and the indications given for their use are almost invariably homœopathic and were evidently taken bodily from works on homœopathic materia medica. Instances of this kind are the rule rather than the exception, and are so numerous that it is useless to attempt giving anything like a complete list. I will only adduce a few illustrations:

Bartholow says: "The acute glandular affections of the throat and neck—tonsillitis, parotitis, inflammation of the sub-maxillary and sublingual glands—are often speedily removed by mercurial preparations."

Ringer says: "Small doses of mercury yield excellent results in a form of diarrhœa common to children." He also recommends small

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doses of mercury in dysentery. A writer in the *Louisville Medical Journal* recommends *merc. cor.* in about one one-thousandth grain doses for dysentery in children characterized by bloody, mucous stools and violent tenesmus.

Ringer says: "The power of aconite to control inflammation and subdue the accompanying fever is remarkable. It will sometimes cut short an inflammation. In these comparatively mild diseases, especially if aconite is given at the earliest stage when the chill is still on the patient, the dry, hot and burning skin becomes in a few hours comfortably moist, and then in a little while is bathed in profuse perspiration. With the sweating comes speedy relief from many of the distressing sensations, and in a period varying from twenty-four to forty-eight hours both pulse and temperature reach their natural state."

Bartholow recommends *belladonna* in "ordinary sore throat," scarlet fever and erysipelas.

Ringer recommends drop-doses of wine ipecac for vomiting, and says that *nux vomica* may succeed where ipecac fails, especially when the tongue is coated, the stomach out of order, and there is much acidity and heartburn. He recommends small doses of *podophyllum* in bilious diarrhœa, and lays great stress upon the point that it is especially useful in a morning diarrhœa. He also mentions *rumex crispus* in morning diarrhœa. He recommends *chamomilla* "in the ordinary summer diarrhœa of children often occurring during teething, characterized by green, many colored and slimy stools." He says *cham.* also subdues restlessness and peevishness. He relates the cure of a case of chronic eczema of six years standing by *rhus tox.*

The very general use of calcium sulphide in small doses in suppurative processes by the old school is a well-known fact.

Shoemaker's new work abounds in homœopathic materia medica and therapeutics, but enough instances have already been mentioned to show that the old schools are fast adopting the homœopathic principle of cure, and with it the collateral features of homœopathy, drug provings, simple prescriptions of a single medicine, and small doses. They universally acknowledge the importance of ascertaining the action of drugs by testing them upon the healthy human organism, a fact which is so well known that it requires no proof upon our part. The single remedy as understood by the consistent homœopathist is rapidly being approached by the more enlightened of the old school fraternity, just as it is being departed from by the less enlightened in our ranks. When we consider the condition of the pharmacopœa in

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Hahnemann's time, we must certainly realize the vast difference that exists to-day. Hahnemann lived in an age of the grossest polypharmacy. The then world-famed pharmacopœal remedy known as the mithrodate appeared in the pharmacopœa of 1782. It contained fifty ingredients and was widely used for various ills. All prescriptions were notoriously compound, so that Cullen sarcastically termed them a "luxuriancy of composition." These prescriptions almost invariably included some form of violent purging or emesis, and in all supposed ethmic states were supplemented by copious blood-letting—so that in severe cases it was a rare thing for the patient to survive both the disease and the prescription. However, from the day Hahnemann proclaimed the superiority of the single remedy, there has been a slow, but steady tendency toward simplicity in prescribing, until to-day.

> "Prescriptions yard in length, to win
> The thanks of the apothecary,"

as sung by Paul Fleming, a physician and poet of the seventeenth century, are rarely seen. Four and five ingredients are the largest number usually compounded, while two or three only enter into most prescriptions, and it is quite a common thing to see the single remedy prescribed by the disciples of Æsculapius. Of course there are exceptions to these statements, but when we consider that formerly long compound prescriptions were the invariable rule from which none presumed to deviate, it must be admitted that the influence of homœopathy upon this branch of therapeutics has been extremely salutary. Many old school physicians depend largely upon homœopathic preparations and specific tinctures, frequently prescribing them singly. A few days since I stepped into the office of a prominent physician who had been a surgeon during the war, and who was of the old school body. I found he had fitted up a large office case of specific tinctures, and that he was in the habit of filling his own prescriptions therefrom, usually only one remedy being used. He informed me that his method was being adopted to a considerable extent by physicians of the old school. The dosimetric system, which is gaining numerous adherents, is another illustration of the tendency in the medical profession to employ the single remedy, while the demand for sugar-coated pills and powders containing a small quantity of a single drug, is daily increasing.

The doctrine of the minimum dose brought down upon Hahnemann and his followers the scorn and ridicule of the medical profession, yet in no sphere has the influence of homœopathy been more

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potent for good. The massive doses of drugs used during and since Hahnemann's time are a matter of history and require no testimony in this connection. To realize the influence that homœopathy has had upon allopathic dosage, we have but to consider the present methods in vogue as compared with those of former years. One can hardly realize that those who but a few years ago ridiculed the infinitesimal doses of homœopathy, are now employing many drugs in an equally minute form. Text-books on therapeutics and magazine articles boldly recommend homœopathic triturations, and it is well known that the best manufacturing chemists are vieing with each other in preparing for the market, pills and powders containing an astoundingly small amount of the drug particle. One one-hundredth, one five-hundredth and one one-thousandth of a grain of certain drugs are quite commonly employed by the old school physicians. Many illustrations might be given, but we opine that they are all so familiar that their repetition would be superfluous. The dosimetric system, already referred to, is a good illustration of the tendency to employ small uniform doses of medicine in the treatment of disease. Physicians of all schools are acknowledging the efficiency of small doses, and while they may not so admit, it is nevertheless a fact, and one generally accepted by the public, than this change in dosage is a direct result of the influence of homœopathy. Thus, while homœopathy may not have been found to have influenced directly medical theories, strictly so-called, yet it is a fact plain and questionable, that it has had a most wonderful influence upon the practice and upon what might be called the therapeutic theories of allopathy. It has, to say the least, greatly modified, and in many respects entirely revolutionized medical practice. The almost abandoned use of the lancet, the substitution of simple prescriptions for polypharmacy, the greatly diminished employment of powerful drugs in powderous doses, the adoption generally of smaller doses, the more systematic methods of prescription and the general tendency to a more mild and rational system of therapeutics, so evident within the past few decades, is directly traceable to the potent influences of homœopathy.

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THE RELATION OF HOMŒOPATHIC THERAPEUTICS TO OPHTHALMOLOGY.

By HAYES C. FRENCH, M.D.,

San Francisco, Cal.

AS disciples of Hahnemann, if we are not strong in the palpable fruits of our distinctive system of therapeutics, we are nothing.

At first glance it would seem that any effort to individualize any particular organ or region of the organism, in studying the relations of the law of similia thereto, would be to weaken and detract from the broad general law upon which all our successful researches have thus far been based, namely, a constant adhesion to the entirety of the symptoms, and a never-failing loyalty to the guiding symptoms, whether touching nearly or remotely the organ or function under observation. When we remember the vastness of our therapeutic system in its scope and details, it is not to be wondered at that one whose thoughts and researches are constantly directed to the action of drugs upon some particular organ should become so familiar with the relation of remedies to that organ, as to frequently be able to prescribe more successfully for its disorders than one without this special training, but whose general knowledge of the materia medica may be much more extensive and profound. The careful homœopathic specialist never for a moment loses sight of the fact that a symptom manifesting itself in a region remote from that of his special study may prove a valuable, or even the only true guide to a successful prescription. Perhaps to no single man in our school is the world more indebted for brilliant results in special therapeutics than to the wonderful genius and conscientious labors of our deeply lamented colleague the late Dr. Geo. S. Norton, and it is safe to say that no successful homœopathic oculist has failed to find in his "Ophthalmic Therapeutics" not only an unfailing source of light and help which in its organized form could be obtained nowhere else in our materia medica, but also a practical and successful model on which to build the rich fabric of our undeveloped remedial resources. And in these words of praise to the memory of one who has left such a sense of loss in our working force, and the pain of personal bereavement to all who knew him, we would not forget the valuable coöperation of his illustrious editorial colleague Dr. T. F. Allen. Next to the work just mentioned, we have found

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"King's Headaches" the most important aid in the treatment of obscure eye diseases; and no one can enter thoroughly into the merits of this admirably arranged little work without finding a rich reward. The subjective troubles of the eye are so often and so intimately related to headaches, that our colleagues of the cruder therapeutics, in the poverty of their medicinal resources, have seized upon eye troubles as the only key to almost every form of cephalgia; and even in low degrees of refractive error, or heterophoria, we know what brilliant results have often been achieved by the skillful selection of glasses, ocular calisthenics, or by operative measures. Yet not infrequently, after the utmost care in diagnosis, followed by the most rational and persistent treatment, there will remain obscure and mystifying pain or weakness; and against these baffling troubles, in the paucity and crudity of their eye remedies, our allopathic competitors find themselves hopelessly at sea. It is in just such emergencies as these that the merest tyro in homœopathy manifests the towering superiority of his medicinal armamentarium over that of the best trained oculist of the "old school," and when to his general knowledge of the law of similia he adds a study of the special affinities of our remedies for the eye, the immeasurable superiority of the new system becomes manifest. In those obscure headaches which are intimately related to eye function, and yet in which there is an absence of appreciable muscular obliquity or refractive error, the homœopathic materia medica becomes a resort of peculiar value. The rapturous precipitancy and unstinted praise with which our allopathic neighbors endorsed *jequerity* as a radical cure for trachoma, and the awful silence or humiliating recantations that speedily followed the premature jubilation, is one of the many proofs of the utter poverty of their ophthalmic therapeutics. From this interminable necropolis of boasted, blighted and buried therapeutic idols let the pessimistic and weak-kneed disciples of Hahnemann look out upon the triumphant achievements in this branch of therapeutic research that have already crowned our infant system; and remembering that our best knowledge is but a hint of the vast possibilities in the divine and universal law of "*similia similibus curantur*" as revealed to us by our inspired prophet, let us go forth with new hope and truer loyalty to the *only system* of therapeutics. It would be pleasant to substantiate and magnify these claims by clinical records from all classes of homœopathic practitioners if space would permit. With a brief record of two out of many happy surprises met with by patients from the efficient action of our remedies in admittedly hopeless cases, we will close this paper, trusting that

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their recital may, if nothing more, stiffen somewhat the spinal column of our medical faith. In 1885 a neighboring physician sent to me a case of gonorrhœal ophthalmia in a middle-aged married lady which had fallen into the hands of the philistines, and having been relieved of all her ready cash, after weeks of painful and worse than useless treatment, was, by one of the luminaries of the "only school," pronounced hopelessly blind, and was considerately consigned to the county hospital. Declining the tempting offer of charitable service after her experience under fat fees in the German Hospital, with what little faith she could muster she brought her sightless orbs to the writer for treatment. The entire conjunctiva of both eyes was intensely red and chemosed. Both corneæ were lustreless and densely infiltrated, presenting a uniform yellowish white appearance over their entire extent, and she could barely distinguish the shadow of the hand between her eye and the bright light. It had all the appearance of a hopeless case. It was impossible to determine whether the opacity was due alone to corneal infiltration or in part to pus in the anterior chamber; but that condition, together with extensive pericorneal chemosis and reduced tension, pointed strongly to panophthalmitis, but in no sense toward a cure. After consultation with my partner, I gave her *rhus tox.* 1x every two hours to begin with, but less frequently as the case progressed. In a week the report came that the patient was "much better." This was believed to be merely the vagary of an anxious mind, and a new supply of *rhus* was sent with as little faith on our part as at the first prescription, and with more specific directions for obtaining the acuity of vision. Two weeks later she could count fingers at three feet with either eye. The same treatment was continued for several weeks, gradually diminishing the power of the remedy and lengthening the interval. In a few months she could read Jaeger No. 12, and was turned over to her family physician, who continued the treatment, but she has been under my care at intervals up to last August (1890), when I saw her for the last time. At that time she could read ordinary newspaper print without any trouble. Both corneæ are objectively perfect, though small peripheral nebulæ are discernible under the ophthalmoscope. To my mind the result seems little less than a miracle; and this case has gone far to strengthen my faith in our remedies and to elevate the tone of hopefulness in subsequent prognoses.

No. 2 (taken from my case book) was Miss B——, aged 10, who was struck on the lower lid by a spent shot from a toy gun. She was

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first seen by me about three weeks after the accident, during which time she had been under the care of the old-school oculist who had treated case No. 1. Inspection revealed a somewhat hazy condition of the entire cornea and highly vascular condition of the lower half resembling a pannus. The lower bulbar and palpebral conjunctiva was greatly congested, and there was absolutely no sense of light, and the tension was plus one. She had been under atropine from the beginning, and was under command from the medical pope to report for enucleation as the only hope for sight and possibly for life. Having repeatedly demurred at the proposed enucleation, she was at last dismissed in disgust and consigned to the realms of physical darkness. On November 22, 1890, she came to me in the condition above described. A one-per-cent. sol. of *eserine* was instilled into the injured eye at intervals of from four to six hours, and she was put upon *arn.* 6x, which she took to the 24th, when for the hot lachrymation and post-midnight pain she took *rhus tox.* 3d, which relieved the pain, but there was no improvement in vision, though the cornea and conjunctiva had cleared perceptibly. On the 26th I began the use of *kali mur.* 6x, which was continued singly to the day of her discharge. The tension diminished and soon became normal, when the *eserine* was discontinued. This was on the 30th, and about this time there was evidence of returning light-perception. Vision steadily improved up to the 19th of December, when she was discharged cured, the injured eye being fully equal to its fellow in function. When with "sugar of milk and a nomenclature" we can thus rescue an eye from the destructive knife of allopathy and restore it to usefulness, we may with complacency endure the reactionary sarcasm of Dr. Holmes' caustic definition.

HOSPITALS, THEIR HISTORY, CONSTRUCTION, MAINTENANCE, MANAGEMENT, ETC.*

By A. R. WRIGHT, M.D.,

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THE Bethesda of Scripture seems to be the first intimation of a hospital; and this was probably nothing more than a collection of sheds built round the pool to whose waters miraculous healing powers were attributed. Grecian history gives no account of

* Synopsis of a paper read before the International Homœopathic Congress, June 22, 1891.

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hospitals, neither does Roman up to 370–80, when one was founded by Valeus in Cæsarea and one built at Rome by Fabiola. Both these were probably almshouses as well. The origin of our present hospitals is found in the monastic arrangement for the care of sick and indigent. Each monastery had its *infirmaria.* In time separate buildings were erected for the sick and helpless dependents. The earliest distinct record of hospital building in England is about 1080, when Sanfrance, Archbishop of Canterbury, founded one for leprosy and one for ordinary diseases. During the mediæval period the priests established a Hôtel Dieu in each great city in France. But this was for other unfortunates as well as the sick poor. Up to the time of the Reformation, all establishments for the sick remained in the hands of the clergy. At this time, a change took place and of the institutions appropriated from the clergy to hospital service entirely, there were in London, St. Bartholomew's, St. Thomas's in the borough, Bethlehem or Bedlam, Bridewell and Christ's Hospital. The eighteenth century gave the great impetus to hospitals during which time fifty were founded in Great Britain. The unsettled political condition of France prevented the establishment of any great number in that country. As a result of the higher civilization and practical Christianity of the nineteenth century, these beneficent institutions have multiplied rapidly throughout all the civilized world. . . .

The first requisite in the initial movement for a hospital is the harmonious and united support of the physicians interested. In some of our States and in some of Europe, liberal grants have been made by legislative bodies.* It builds only for the eleemosynary institutions over which it shall have subsequent control. While the maintenance fund of a hospital is usually supplied by all classes, the building fund more naturally appeals to the wealthy. Within the last few years there have been some noble gifts of individuals for the building of hospitals. Here we submit a question as to the wisdom of naming a hospital for a donor, unless he make a full equipment, as the fact may deter others in adding to the memorial. Again, while it is eminently proper that the teaching body, be it college or medical society, should indicate the faith and practice, the hospital, appealing as it does to the whole community and often to the municipality for aid, may with propriety omit Hahnemanian and Homœopathic on its label. This would not be inconsistent with a proper requisite in its constitution that the homœopathic practice shall always be maintained within its walls.

* In New York State no such grants are allowed.

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Lot.—In the selection of a lot ample provision should be made for air and light. A spacious lot is demanded.† "It has been laid down as an axiom by the Chirurgical Society of Paris in 1864, that the clear space in which a hospital should stand should not afford a less area than nearly 540 square feet to each patient; that is to say, that a hospital for 80 patients should stand in the centre of a acre of ground; and they further said that the proportional area should be greater as the number of patients increases." In many large cities, the hospitals, especially the older ones, cover nearly all the lot. City concentration may make this unavoidable, but in all cases, a great effort should be made for a lot adequate to the best hygiene of the sick. One of the best endowments a hospital can receive is a lot so large as to insure a perpetual supply of an abundance of light and pure air to every bed in every ward.

In building the hospital its *architectural* ornamentation should confirm to the necessities of the sick inmates. On both inner and outer walls all projections, such as window caps, frames, etc., should be *light* to avoid accumulations of dust or dirt and nothing in the exterior should be allowed to interfere with the largest exposure of the wards to light and air. Dr. A. H. Buck says "A hospital should never be an architectural monument and any excess of funds should be devoted to extending its means for practical work. Simplicity almost severe in its character should mark its construction. Ornament increases the original expense and requires continued care and work." A safe architectural effect may be produced on cornice and chimney and ventilator tops.

On *building material*, there is no dissent from brick. On the *size* or *bed capacity*, we have an indication for this in the number of hospital beds in some of our large cities. It was recently reported that New York has one bed for every 1,500 of population, while some smaller cities have one to every 700 or even 400.

Arrangement of buildings.—Over 100 years ago, the hospital authorities of Paris began the discussion on pavilion hospitals, but it was not until 1854 that the first one of this kind, the Lariboisière was completed in isolated pavilions. Now the consensus of recent writers on hospital construction is in favor of this system. The new Hôtel Dieu of Paris, is imperfectly pavilion. The new one at Menilmontant is also on the pavilion plan, but with numerous stories. There are now several in Great Britain of which the Herbert at Woolwich and the new Royal Infirmary at Edinburg are considered the

† Hosp. construction and management. Johns-H. Hosp., p. 181.

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best. In this country we have a few, notably the Charity of New Orleans and two in Philadelphia. The Block system deserves consideration, but it does not from its arrangement allow as free circulation of air and unobstructed light around the buildings as the pavilion system. Regarding this system, Florence Nightingale and Douglas Galton, two good authorities say, the distance between the pavilions should be twice their height, and Wylie on hospital construction says the area of the whole lot should be three times that covered by the buildings. All such authorities generally write also in favor of two story buildings, though Florence Nightingale says "the most healthy hospitals have been on one floor only." Galton makes substantially the same statement, but accepts the two story plan by saying "As a general rule, there should not be more than two floors or wards in a pavilion." Hotels and flats for the healthy may be ten or twelve stories in height, but in the house filled with the sick a third or fourth floor would be in danger of fouling from the constant upward forcing of impure air. For any sanitary engineer will tell you that effluvia any where from cellar to attic is drawn as up a heated funnel out through the roof.

On *internal arrangements*, the modern idea tends to a more perfect isolation of each ward and a reduction in the size of wards. To promote isolation, there should be no communicating passages between wards. Staircases may be placed outside the main wall and valve-doors placed at all openings into wards. The connecting corridors and staircases should be well lighted. The new Brompton Hospital of London is cut up into wards of six beds only. Florence Nightingale shows that wards of this size would make the cost per bed of nursing about double that of thirty-two bed wards. She says "a head nurse can efficiently supervise, a night nurse can carefully watch thirty-two patients in one ward." Trelat and the Surgical Society of Paris favor wards of fifteen to twenty beds, Herman for the majority of purposes twelve to sixteen, Pozzi, of Leghorn, fixes the maximum at forty beds.

The floors should be of hard wood, the walls of neutral tint. Each bed should have 100 square feet of floor, but the clinical wards for students' observation should have 120, as in St. Thomas's, London. Under this head, as of many others, want of space prevents even a notice of the many important details that crowd upon us. In all the arrangements, purity of atmosphere should be kept prominent. Mr. Simon, Medical Officer to the Privy Council of Great Britain says "That which makes the healthiest house makes also the healthiest

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hospital; the same fastidious and universal cleanliness, the same never ceasing vigilance against the thousand forms in which dirt may disguise itself in air and soil and water, in walls and floors and ceilings, in dress and bedding and furniture, in pots and pans and pails, in sinks and drains and dirt bins. It is but the same principle of management, but with immeasurably greater vigilance and skill; for the establishment that has to be kept in such requisite perfection of cleanliness is an establishment which never rests from fouling itself; nor are there any products of its foulness—not even the least odorous of such products—which ought not to be regarded as poisonous." On this point of abundance of fresh air, we refer to the great benefit of a convalescent hospital located in the open, healthy country, near the city limits. Another valuable item is the hospital tent for cases of gangrene, severe burns, etc. There should be room in hospital grounds for it. I believe we have yet to learn a great clinical use for *tents* in protracted nervous diseases, chorea, hysteria and some typhoid conditions.

Furniture and *furnishing*.—The tendency of the present time is to make all the rooms, especially those of private patients as cheerful and inviting as is consistent with a good sanitation of the rooms. Heavy draperies and carpets are not admissible, but loose rugs on the hard wood floor and light drapery easily cleaned and disinfected are in most diseases, safe. Flowers, pictures, light reading matter, pictorial papers, writing material, clerical assistance for patients to communicate with friends and all proper means to relieve the tedium of confinement should be freely supplied.

The *maintenance* of a hospital is a subject on which there is the greatest variety of opinions and practice. The most desirable for the managers and the delight of the staff, is the endowment. But full endowments are rare, and most hospitals must rely upon the generous impulses of the community. . . . Besides furnishing the best professional care for a sick servant or employee, a well organized and managed hospital offers every benevolent citizen a safe channel for his beneficence. . . . Our patrons should understand that they do not discharge their whole duty to the profession by paying their bills in full. While we give our valuable time and services they should see that the hospital is well equipped and maintained. But it is through the faithfulness, zeal and Christian devotion of noble women that hospitals generally eke out their existence. These sisters of mercy seem never to weary in soliciting, sometimes in small sums, working hard for fairs, giving concerts, and other public entertain-

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ments, occasionally failing, but never completely discouraged, they struggle on.

There ought to be sufficient public spirit in the community to stimulate each person, rich or poor, to give from a sense of duty, a certain sum annually. A maintenance fund supplied in this systematic way would relieve the managers of a load of anxiety. The results of the hospital Sunday in New York encourage a trial of the scheme. The simultaneous union of the daily journals and the clergy with all the benevolent of a great city in one general almsgiving would naturally create interest in the hospital as well as fill its coffers.

The *control* and *management* of a hospital has three distinct objects to accomplish, hence is naturally divided into three distinct departments: 1. The control of finance and the professional appointments. 2. The raising of funds for current expenses. 3. The disbursements and the daily care of the house and its inmates.

The duties of the *first* are taken by a board of elective trustees or governors. Custom varies on the placing of physicians, also women, on this board. Local conditions and feeling only can decide the question. F. de Chammont, an intelligent writer on hospitals, says: "The medical staff ought always to be represented on the governing body as a means of preventing unnecessary friction." A vital point is that the lay representation shall be composed of business men of enterprise and prominence in the community. The second duty demands continuous trying work as intimated above and is almost always generously assumed by the ladies. The third duty means the most complex work. It demands constant care and supervision to meet the varied requirements in diet, and all supplies, prevent a needless waste and avoid friction. In hospitals of fifty beds, this duty can generally be well performed by a capable committee of ladies directing an efficient matron with entire charge of internal affairs not professional. In larger hospitals it may be necessary to resort to the more expensive plan for a superintendent with assistants and a steward. The details of professional work are numerous, but without suggestion, we submit them to the good judgment of the local staff.

In conclusion, we earnestly insist that, in all cities of 20,000 at least the homœopathic physicians of the city organize a hospital association and begin work at once for a building fund. A well equipped institution, be it college or hospital, will add greatly to the prestige of the profession in your city. If there be an allopathic hospital, you should move at once to keep abreast of it. If there be no hospital, take the initiative and you will have the prestige of pioneer added to your better medicament.

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CONDURANGO AND CONDURANGIN.

By E. M. HALE, M.D.

THE following are the conclusions formulated by Dr. Guyenot as a result of a series of experiments made to test the therapeutic value of these substances:

1. "*Condurango* employed in the form of a powder appears to be remarkably efficacious in painful affections of the stomach, and especially in the case of gastric ulcer, ulcer and irritation of the gastric mucous membrane.

2. "Cases of cancer of the stomach, which have been claimed to be cured as the result of treatment with *condurango*, are certainly to be regarded as errors in diagnosis. In all probability the majority of them were cases of ulcerative gastritis.

3. "*Condurangin* possesses an extremely curious and interesting action. It causes a veritable locomotor ataxia, which is due, without doubt, in view of its late appearance, to the formation of some toxic substance produced by the splitting up of *condurangin* in the organism.

4. "In view of the fact that the chemical nature of *condurangin* is not yet thoroughly established, and its physiological action not being thoroughly understood, the bark of *condurango* should be employed in therapeutics and not *condurangin*."

It seems that this remedy, about which once gathered so much quackery and charlatanism, may become a really useful one, when we get the symptoms to guide us, in addition to the above clinical facts.

The observation that it causes a "veritable *locomotor ataxia*," is of great value, and as we have so few medicines homœopathic to that condition, it should be immediately tested. Any drug so closely homœopathic as this seems to be, should be given not below the 6th, at first, the lower dilutions can be used afterwards.

I would advise that triturations be made of the pure powdered bark.

In ulceration of the stomach it may vie with *arsenic* and *uranium nitrate*.

The bark was used in the cases referred to in doses of five to ten grains, finely powdered, repeated three or five times a day, before meals, in water. It may be that there is a local sedative action of the powder as with *bismuth*.

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HOMŒOPATHIC TREATMENT OF BRIGHT'S DISEASE.*

By OSCAR HANSEN, M.D.,

Copenhagen, Denmark.

BRIGHT'S disease is an inflammation, acute or chronic, of the kidney, characterized by the presence of a large quantity of albumen and casts in the urine. The disease is often accompanied with hydrops. In text-books you find the disease mentioned—a croupous form corresponding to the scarlet fever and the cholera, or as an albuminous form, which is also called chronic, while the first is called acute.

In his "Homœopathic Therapeutics," Schwaper mentions a primary Bright's disease with plenty of urine, only containing a small quantity of albumen, and a secondary form with a varied urine and a great quantity of albumen. The latter then is divided into an acute and a chronic form, whereas Bahr's division seems the most practical including Bright's disease in the scarlet fever and considering the cholera as an acute form. Otherwise, he calls it a chronic disease which still can be violent, either when a great part of both the kidneys is attacked or by a typhoid course. Burner, who has written a monograph on Bright's disease, also distinguishes an acute and a chronic form, of which he says, that the first is much easier of complete cure than the last mentioned. Symptoms of the first are: cold, heat, the pulse full and hard, lassitude, the skin dry and hot, derangement of the digestion. But almost all of these symptoms may be missing and there is only a violent pain in the region of the kidney, by stooping and by pressure. However, it is often the case where the frequent want of making water is the only symptom. The quantity of urine is little and contains at the beginning but a small quantity of albumen. The œdema at first is seen about the ankles and in labia pudenda or tunica vaginalis propria testis. The œdema increases rapidly, and then comes a collection of water in serous membranes. When there is no œdema, there are symptoms in the stomach, qualm, nausea, want of appetite and diarrhœa. If this is not all, there will come either brain or nerve symptoms, or the disease will be chronic. With the brain and nerve symptoms, giddiness, cramps, nausea and cardi-

* Presented at the International Homœopathic Congress at Atlantic City, June, 1891.

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algia are particularly present. Under treatment the disease can quickly be cured by perspiration, cessation of fever, separation of the albumen, frequent passage of water and decrease of the œdema. The chronic form is developed either as a result of the acute disease, or imperceptibly. After Buchner, the principal symptoms are need of making water, particularly in the night, and thirst. The quantity of urine is generally large, the urine pale, aqueous, frothy; while in the acute form of Bright's disease, the urine is more redish-brown and less frothy. For the rest the chronic form has the same symptoms as the acute, except the fever. The patient looks pale and puffed up, feels faint and weak. The skin is dry. Light cough. Buchner says that the cure is rare, in which I differ from him. Death often follows violent œdema and dropsy in the abdomen with brain symptoms. The patient will often be indolent and forgetful. I have twice seen in my practice the illness without a single one of the mentioned symptoms, and in the third case the patient only complained of a little diarrhœa at long intervals.

Etiology.—The illness is particularly frequent in persons living in humid air, and the excessive consumption of spirits is also a frequent cause. As a secondary disease it is found in several infectious diseases, scarlet fever, typhus, diphtheria, measles, small-pox, consumption, disease of the heart, syphilis, long suppurations and finally, during pregnancy.

Diet.—All that may excite the kidneys is interdicted, diuretic remedies favor the degeneration of grease and hasten the atrophy. Milk is the best element, but in the chronic form you can well permit meat, claret and beer, when the stomach is in order. Warm baths—30–32° Reaumur—with a perspiration in woollen blankets diminish the dropsy.

Treatment.—We are now coming to the most important point, namely, the treatment of the disease with homœopathic remedies. Bater does not promise very much, and says that the result of the urine analysis must be given if an appropriate homœopathic medicine shall be selected. The most important medicines which are given by the majority of authors are: *Oleum terebinthina. arsenicum, phosphorus, acidum phosphoricum, calcarea phos.*, and *cuprum arsenicosum, plumbum* and *aurum muriaticum.* Of these, the symptoms from oleum terebinthina correspond the most closely with the acute form. Symptoms: Small secretion of urine. The urine dark and bloody. The microscope shows casts and oxalate of lime. The patient is pale, skin is yellowish and suffering marked. If there is or-

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ganic disease of the heart the remedy is contraindicated. Persons who work with this substance, (oxalate of lime) die of Bright's disease. Bater says that casts rarely are found. Finally the *oleum terebinthina* has the following symptoms, which make it a very important remedy: Watery, mucous diarrhœa, nausea, vomiting and thirst.

Arsenicum and its combinations are particularly by Kafka, Yousset and Berchner, considered the principal remedies for Bright's disease; by Bater only when the heart is attacked.

The disease of the heart in this illness is nearly always an aortic disease, which is one of the diseases of the heart where *arsenicum* gives best results. It is also an important medicine for emphysema pulmonium, which often causes derangement of the heart, and of Bright's disease. Here of course, is only the question of mitigating the symptoms, but the cure is impossible when the main cause cannot be removed. Kafka takes *chinin. arsenicos.* when *arsenicum* does not operate. This I have tried but the preparations never gave the slightest result.

Among the preparations of *arsenic* Berchner particularly mentions *kali arsenicosum*, and says that *arsenic* and its preparations produce Bright's disease after having produced hypertrophy of the left heart. When they cease with the medicine, the kidney disease will stop first and then the disease of the heart (experiment with rabbits). The urine contains albumen—some a little, some a considerable quantity.

Symptoms for *arsenicum*: emaciation, loss of power, weakening, œdema over the whole body, dropsy. The skin dry—parchment like. The color, pale yellowish. Sleepiness. The members icy cold. The pulse feeble, scarcely perceptible. Blindness. Forgetfulness. Fright, particularly in the night, with fear of death. Giddiness with mist before the eyes. Ardent and inextinguishable thirst. Drinks often, but little. No appetite. Vomiting of all that has been taken in. Cardialgia with burning pains. Diminution of the quantity of urine. Short, frequent and anxious breath. Is obliged to sit up on account of asthma. Suffocation. Palpitation of the heart with fear. In the urine are found waxy and fatty casts. *Phosphorus* is one of the most important remedies. The urine of phosphorus patients contained pus and mucous epithelium, and in six cases albumen. In a man who died of poisoning by phosphorus, the urinary canals were found filled with casts; the urine contained before death albumen and cylinders, which had a high specific gravity, and there was a smaller quantity of *chlorides* than in the normal state.

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Buchner says that *arsenic* operates on the left heart, *phosphorus* on the right. For pneumonia joined with Bright's disease *phosphorus* is most important. If there are symptoms of œdema in the brain, *arsenic* is the best; when there is atrophy of the brain, then *phosphorus*. *Phosphorus* also is indicated when Bright's disease is secondary to suppurations, particularly caries. If during Bright's disease diarrhœa occurs without pain, *phosphorus* may be commended as well as *china*.

Among the symptoms of *phosphorus*, with regard to Bright's disease, are: Lassitude in the whole body, hands and feet icy, sleepiness. The fatigue is greatest in the morning. Heat in the body without thirst, particularly in the evening, indisposed to work, giddiness, forgetfulness, heavy headache, particularly in the forehead, œdema on the upper eyelids, mist before the eyes, complexion pale, yellowish-gray, sickly œdema in the face, want of appetite, pressure and burning in the stomach. Diarrhœa without pain, but weakening and light. Frequent passing water in the night, a small quantity at a time. The urine aqueous and light-colored. Serous expectoration from the lungs is an important sign for the *phosphorus*; fear and anxiety. Asthma. Œdema about the ankles. If there is a tuberculous base the *phosphorus* is important. Likewise, when there is a weakening of the heart. With regard to the following remedies I have no experience, but *acidum phosphoricum* has served well in typhoid forms.

Buchner mentions *calcarea phosphorica* and *arsenicosa*. They are particularly for persons who have brought on themselves the illness by working in water. *Calcarea arsenicosa* for the young girl with amenorrhœa, and also *ferrum* and its combinations. *Cuprum aceticum* operates on the left heart as the *arsenic*, and can be employed in the last stage of Bright's disease, because it produces atrophy of the kidney (see *digitalis*). *Aurum mur.* is particularly good in Bright's disease that is the result of long suppurations, or bone diseases and mercurial poisonings.

Digitalis and particularly *digitalin* is recommended by Bater in the later phases of the illness, when there is bronchitis with serous expectoration.

After the monograph of Bater, the symptoms are irregular, small, and scarcely perceptible pulse. Frequent desire to make water, with small quantities. Œdema. Hands and feet cold. Damp perspiration during the night. Fear.

I cannot find mentioned by Bater, if in the pathogenesis of *digitalis* cylinders and albumen are found in the urine.

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With regard to *plumbum*, you can find an interesting history of sickness by Dr. Weil, in Berlin, Vol. 103, No. 17, of *Allgemeine homœopatische Zeitung*, of Oct. 25, 1881. It is employed in an acute nephritis—catarrh of the kidney—but as there were cylinders in the urine, it is probable that the remedy can be employed for Bright's disease, particularly in the acute form, since the symptoms are small secretion of urine, the urine bloody, very redish-brown with albumen. Œdema particularly on the eyelids and the ankles.

In Bright's disease with scarlet fever, the principal remedies are: *Apis*, *helleborus*, *hepar sulphuris*—Kafka—and *sepia*. *Apis* is good so long as the œdema is small, *helleborus* as long as there is albumen without cylinders, and *sepia* likewise. As soon as there are cylinders *hepar sulphur.* and *arsenicum*, and if a complication with the lungs is joined, then *phosphorus*. Buchner says that when an epidemic shows tendency to Bright's disease, *arsenic* is most important. In Bright's disease from renal calculi he recommends *bryonia*.

I have in all my cases seen *hepar sulph.* answer very well whether there have been cylinders or only albumen. After Noack and Trinks the *hepar* has the following symptoms: Want of making water with difficult and small quantity of urine. The urine is muddy, with a white sediment. You may expect trustworthy and sure results of the treatment of Bright's disease only when the remedy has produced in healthy persons cylinders in the urine; only then the remedy has practical worth.

I shall now mention some cases from my practice and add, that when the disease does not come too late under treatment, there may be done very much, particularly when it is primary. If there is complication with other illness the cure is regulated by the curableness of the principal illness.

With regard to the question of low, mean and high dilutions of the medicine for Bright's disease, I think that the remedies operate best in low and mean dilutions.

Case I.—Jeanne W., æt. ten, daughter of the cigarmaker W., in Malmo, Sweden, came under my treatment May 1, 1880. Has had the measles several years ago and one year ago the disease had begun after desquamation of the skin on the hands, but she never had the efflorescence which could have denoted the presence of scarlet fever. The present disease began with œdema in the face and about the ankles. Sometime after, lassitude, fatigue, complexion pale. Frequent passing of water, but in small quantities. Was at first under allopathic treatment at home, later here in Copenhagen in the municipal hospital with milk cure, sweating, baths and ferruginous pills.

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The present state: Lassitude and fear. Light œdema in the face. The child looks fresh. Frequent making water during the day. The urine yellow, clear, frothy, acid, containing a great quantity of albumen, 16–100, with casts. Specific gravity, 10.12; quantity of urine, half quart in twenty-four hours. No other symptoms.

R. *Arsenicum album*, 6 dil., three drops morning and evening.

Then the quantity of urine increased until three-quarters of a quart in twenty-four hours. The œdema disappeared, the quantity of albumen and casts diminished sensibly at the continued use of *arsenic* 6, and since June 24th, *arsenic* 3c. dil., three drops three times daily.

August 8th.—Albumen greatly decreased. A little thirst and diarrhœa without pain three or four times daily. Excrement yellowish-white, aqueous. During this time there is still a little œdema in the face. *Phosphor.* 3c. dil, three drops four times daily, cured diarrhœa and the œdema of the face in five days and again *arsenic* is given. On October 25th the quantity of urine was one and a quarter quarts in twenty-four hours.

Quantity of albumen less, and December 29th she was much better. I continued *arsen. alb.*, ordering the medicine one week and then letting it rest one week. The casts appeared for the last time on December 29, 1880, but the albumen has not completely disappeared in November, 1881. January 24, 1882, the child had cough with pressure of the chest; asthma. The expectoration is a thick mucous, often purulent discharge of a salty taste; coughs, particularly morning and evening. *Phosphor.* 6c. dil., three drops three times daily helped, and May 1, 1883, the treatment ceased, the child being completely cured.—*Journal of the Society for Cigarmakers.*

Case II.—P. M., æt. forty-nine, workman; Langemark, on the Isle of Samsoe. The disease began two years ago with œdema on the instep and about the ankles. Allopathic treatment during one year without any improvement. The patient felt, six weeks ago, acute pains in the elbow and the knee, but these pains have disappeared after fifteen days. Began my treatment March 23, 1877. Tingling and beating in the head from the forehead to the nape of the neck. Mist before the eyes, particularly before the left. Dizziness. Dyspnœa in morning. Congestion in the head when stooping; palpitation of the heart. Small appetite and sleep poor. Painful pressure from the pit of the stomach. Normal bowels. Frequent passing water during the day. Acute pains in the region of the kidneys. Lassitude. Color pale. Urine clear, frothy, acid. Very much albumen. Specific gravity, 1,016, cylinders. Quantity of urine, three-quarter quarts daily. Œdema on the feet, legs and loins.

R. *Arsenicum alb.* 6c. dil., three drops morning and evening in a small spoonful of water.

June 21st.—The lassitude has diminished. The œdema smaller. Same prescription.

July 30th.—Increasing improvement. One and a half quarts of urine daily, dyspnœa, pain in the pit of the stomach, beating of the

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heart, and pains in the loins have ceased. Less albumen in the urine. Same prescription.

Sept. 7th.—Great heat in the face, with congestion. The eyes a little red. The tingling and beating in the head and dizziness worse. The œdema on the loins and the legs gone. Prescription: *belladonna* 3c. dil., three drops three times a day. Continuation with *arsenic. alb.* morning and evening.

Oct. 18th —Increasing improvement. The headaches less violent. Same prescription.

The cure has increased every day. In December the œdema, the dizziness and the headache had gone. Only *arsenic. alb.* 6 dil., three drops morning and evening. In February, 1878, there was only albumen in the urine without cylinders. Appetite and sleep good. Continued with *arsenic. album.*, and at the end of May the cure was complete.—*Journal*, 2, 398.

Case III.—Alfred N., æt. two, son of the tailor N., Copenhagen, came under treatment January 11, 1879, for bronchitis, and was treated with *pulsatilla* 30 c , *calcar. carb.* 30c. and *phosphorus* 30 c. dil., after which the cough was nearly gone. The child at the same time was scrofulous, had mumps, great as a walnut, hard, and swelled at the neck.

The child is pale, tired, still a little cough, dyspnœa, thirst, but little appetite. Frequent passing water in the night, small quantity of urine at a time. The urine pale, yellowish, acid; contains much albumen and some casts. Specific gravity, 1,018. Œdema on the dorsa pedum, the ankles, the legs, dorsa manum and in the face.

Prescription: *Arsenicum album.* 6c. dil., three drops three times daily.

April 1st.—The œdema is disappearing. No œdema in the face and on the hands. Thirst diminished. Same prescription.

April 21st —The œdema gone. Appetite good, but little albumen in the night. Plentiful urine, almost one and one-half quarts daily. Same prescription. Discharged cured May 15th.—*Journal of my Polyclinique*, Nov. 25th.

Case IV.—E. T. T., æt. thirty-seven, shoemaker, Copenhagen. Had syphilis ten years ago, at St. Croix; was treated for it with ointment. At the same time there were syphilides. Later on he was well until five months ago. Has been treated for four months in the Municipal Hospital with milk-cure and quinine pills, but without trace of improvement.

The treatment began March 17, 1888. Complains of some faintness and thirst, drinks often but little at a time. Otherwise, he feels no sickness. Making water is normal during the day, not at all at night. Urine sour, clear, whitish-yellow. Specific gravity, 1,014, one and a half quarts in twenty-four hours. The urine contains albumen and cylinders. Trifling œdema of the lower eyelid, œdema about ankle. Is tall, complexion pale.

R. *Arsen. album.* 3c. dil., five drops three times a day.

March 27.—Better. Albumen in the urine continued.

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April 12th.—The œdema nearly gone. Albumen in the urine continued.

April 24th.—Same. *Phosph.* 3c. dil., five drops three times per day.

There was much albumen in the urine on May 9th, and now *phosph.* 2c. dil. was given in the same manner. On May 30th there was only small quantity of albumen in the urine and the quantity was one litre in twenty-four hours. Œdema of the ankle was significant; no thirst. Debility decreased very much, otherwise all normal. *Phosph.* was given for a week and pause a week alternately; but on October 15th the albumen had not diminished. Very few cylinders. He received *arsenic. album.* 2c. dil. *ter die;* as no effect was remarked on November 12th, I gave him *arsen. album.* 3 dec. dil., in the same manner. On November 22d there was less albumen and no cylinders (casts); on December 17th still less, and on February 8th the urine was normal and he was well.—*Journal*, 52, 646.

Case V.—L. C. N., æt. thirty-nine, cigarmaker, Copenhagen. Came under treatment May 21, 1881. Has always had good health, would insure his life, but has been refused because his urine contains albumen. Has lived one and a half years in a new house, which was damp when he went to live there. Lassitude, a little thirst, drinks little and often. Frequent making water, good appetite, for the rest nothing abnormal. The urine does not contain albumen and only a small quantity of cylinders; is clear and frothy. Specific gravity, 1,015. No œdema. The beating of the heart a little dull and blowing. Prescription: *Arsenicum album.* 3c. dil., three drops three times a day in a small spoonful of water.

June 18th.—Improvement sensible in all. The albumen has sensibly diminished; very few cylinders. Same prescription.

Aug. 5th.—Neither albumen nor cylinders in the urine. Nearly cured.

Aug. 22d.—The treatment ceases, the cure is complete.—*Journal of the Society for Cigarmakers*, No. 56.

Case VI.—P. C. T., æt. thirty-five, stonecutter, Copenhagen. Has always had good health. Last year he had a cough with white and thick expectoration. .Came under homœopathic treatment October 2, 1884. Cough, particularly in the night, expectoration white, compact and difficult, with dyspnœa. A little bleeding at the nose, lassitude. Pressure in the epigastrium, particularly after meals. Thirst, small appetite; the mouth dry, but little sleep, deranged by the cough, making water frequently by day and night; three-quarters of a quart of urine in twenty-four hours. Insignificant œdema about the ankles and on the face, drinks often for thirst but little at a time. Yellowish-grey complexion. The patient is fat. Normal beating of the heart, but dull. The frothy, yellowish, transparent urine, contains albumen and few cylinders. The patient has to work as a stonecutter in damp draughts and cold weather.

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Prescription: *Arsenic. alb.* 3c. dil., three drops three times daily. After having used this remedy for six weeks the patient's state was: Œdema gone, good appetite, normal bowels, two quarts of urine in twenty-four hours. Cough and dyspnœa insignificant. The tongue, which at the beginning of the treatment was very much coated and yellowish, is now quite clear. The thirst much diminished. Strong headache with beating in the forehead and temples. The present headache is particularly dull at the forehead over the eyes and in the back, and in the nose. Worse when he is sitting up. Albumen perceptibly diminished.

Prescription: *Phosphor.* 3c. dil., three drops three times daily.

Jan. 13, 1885.—Headache quite gone. No albumen in the urine. Patient continued with *phosphorus*, until January 30th, and at this time the cough grew worse, particularly in the night; very tiresome; white, compact, thick expectoration.

Prescription: *Arsen. alb.* 3c. dil., three drops three times daily. At the end of March, 1885, he was completely cured and since he has always had good health.—*Journal*, 4, 2, 153.

Case VII.—A. F., æt. three months, son of the merchant F., Copenhagen. Came under treatment on July 18, 1879. Fifteen days ago the child had a red coloration over all the body and on some places a little desquamation, but for the rest the child was well. Four days ago he had a violent diarrhœa, yellowish, clear, with a sour odor, three to four times daily, which has weakened the child. It takes eagerly the sucking bottle. The skin burning and dry, pale complexion.

Prescription: *Calcarea carb.* 30 c., three globules every noon-day. *Arsen. album.* 6c., three globutes morning and evening.

July 21st.—A little better. Same prescription.

July 25th.—Strong, clear, white-yellowish, aqueous diarrhœa. The child is very agitated and cries very much. Cessation of *calcarea carb.*; continuation of the *arsen. alb.*; *verat. alb.* 3c., three globules four times daily.

July 28th.—Stools more compact, green, frequent, painful œdema on the feet and legs. The urine contained some albumen.

Prescription: *Mercur. solub.* 6c. trit., a small pinch three times daily, alternately with *arsen. alb.* three times daily.

July 31st.—No change. Same prescription.

Aug. 4th.—The urine contains cylinders. Œdema on the loins and on the face Diarrhœa perceptibly diminished. Ceased with *mercur. sol.* and *arsen. alb.*; *hepar sulph.* 3c., one small pinch every three hours.

Aug. 8th.—Plenty of urine passed. The œdema diminished everywhere. Diarrhœa only twice daily, more consistent. Same prescription.

The child used *hepar sulph.* three times daily, and was restored on August 26th. Then the urine was normal and did not contain albumen or cylinders. All the œdema gone. The child had a nurse and has since been well.

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HOMŒOPATHY AND PATHOLOGY.

IT is felt by many of the adherents of the law *similia similibus curantur* that the study of pathology, if not neglected by their school, is at least not always followed with the diligence that insures a correct application of its leading principles. It is thought that homœopathy, while retaining for its corner-stone in prescribing the symptomatology of the patient, would not, perhaps, be weakened in its position by consideration of the morbid state to be dealt with. Those who hold these views are among the most progressive men in the new school who desire advancement in science, and who, while thoroughly loyal to homœopathy, find occasionally, or frequently, cases which will not improve under the most careful prescribing. If we had no marked tissue change or pathological state to subdue or

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to overcome, symptom prescribing certainly would cure all our cases. This, as practical prescribers, we find impossible. Every symptom has some pathological change back of it, no matter how fleeting, light or severe it may be.

Hahnemann is held up to scorn for his views on pathology and his statements of its lack of importance. It is possible he would modify his views were he now alive and at work.

We are only commencing to know a *little* about pathology. We have our foot on the first step of a long ladder leading to better and broader wisdom for the medical profession, and there is nothing, in our opinion, which will elevate us more and make better practitioners of medicine of each one of us than more *individual* work in pathology.

The new school owes this to its followers and the profession at large.

When the eating of phosphorus or its constant inhalation will produce a morbific condition of the lung analogous to pneumonia—we have here a fact—we note cause and effect. Dr. Hausmann, of Buda-Pesth, repeatedly showed us such results. Will the giving of strychnine or any other drug produce epilepsy or epileptiform convulsions, so that it may be used with the same good results as phosphorus is in croupous pneumonia, after consolidation, etc., has taken place? Most drugs have their elective affinities and certainly produce specific changes in certain tissues peculiar to themselves. It is on account of this unvarying result that our prescriptions sometimes avail little.

What can we do to cure a rheumatic pharyngitis if we do not recognize its fundamental cause? Though its symptoms may point to *lachesis* or *apis*, we obtain no result; but *phytolacca, actea racemosa* or *bryonia* speedily vanquish all sufferings. We have frequently seen such cases and we all know that *cimicifuga* is not a remedy we ordinarily think of in acute pharyngitis or perhaps tonsillitis. How can we explain such results (leaving out of all consideration the self-limitation of disease) if it be not that our remedies obtain better results in certain tissue changes and certain determining causes?

Will a dose of *arsenic* cure the thirst of a diabetic? Will a dose or many doses of *bryonia* cure the nocturnal pains of a syphilitic?

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We must admit that pathology and physical diagnosis can only be separated by dealing on the one hand with the living, and on the other, obtaining satisfactory knowledge at a post-mortem. However this may be, we put forward the plea of the pathologico-materia-medicist with some strong feeling of interest, and feel assured that, though we should *not rely entirely* upon pathology for a drug—for we are often, the best of us, new and old school, groping in the dark—yet we may the more surely and correctly prescribe the correct medicine if we hold in our mind the condition of the organs, the changes that have been and are constantly taking place therein.

Does a thickened pleura, with an outlying fibrinous exudation, need the same drug as an unresolved pneumonia? Do not certain drugs act with more certainty on one structure than another, albeit the symptoms may not be separated by a hair's breadth.

To-day, pathology is occupying the minds of the best men in the medical profession, and many in our school are awakening to its vital and absolute necessity. We go so far as to state that *no man* can be a good, judicious, thorough practitioner of medicine unless he has a broad knowledge of the *nature* of disease. Some may, and do, think the mere fact of obtaining patients is evidence sufficient of learning.

Those men who enjoyed a great reputation in clinical medicine during their lives (and an undying fame has followed them), devoted much thought and study to the true interpretation of pathology.

As homœopathic practitioners, then, do not let us devote *all* cerebration to the storing away of symptoms. Let us look through the patient before us and into his diseased state, where that is possible. Let us try and discriminate, for example, where *sepia*, where *berberis*, may act most speedily in certain liver troubles. Carrying out such a plan will in no wise detract from the law of cure to which we all hold steadfastly, but will supplement it, support and *strengthen* it. It often happens that we resemble a traveler who comes to a division in the road—both branches may lead to his destiny, but which will prove the surest and quickest? So it is with us when we may have, by exclusion, come down to two drugs—which of the two covers all the symptoms and comes *nearest* to the pathological changes found.

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To elaborate and carry forward such a work an experimental laboratory, with paid officials, and clinical work in hospitals, with autopsies, is a *sine qua non.*

HOSPITALS AND INCURABLES.

IT has been said that "a live dog is better than a dead lion." An incurable patient is practically a dead one, as viewed from the hospital standpoint, and the authorities will have nothing to do with him. He must not be admitted, and if by chance one does get within the gates, he must be removed as soon as possible, like the dead.

The incurable case "cumbers the ground," and is a menace to the brilliancy of the annual report, for a low mortality rate appears to be the grand desideratum in the eyes of hospital authorities.

An erroneous opinion seems to exist that the lower the mortality rate the more skillful the staff and the better the institution. If one looks over the true records of great hospitals and of great physicians or surgeons, he will be surprised at what may be revealed. Great men often have a high mortality rate, and the same is true of many of the greatest of the world's hospitals. Why is this? Simply because the surgeon did not forget to be humane, or the hospital did not shut its doors on a dying patient.

True charity and true humanity do not seek simply to make a brilliant record to be held up to the admiration of the public and the envy of professional confrères.

Unfortunately, however, this latter motive seems to be the one which governs the action of the managers of many of our institutions. In this great city we have many hospitals, some of them richly endowed, and yet many of them begging for patients. This results from a diversion of charity from its true object. Undeserved charity is bestowed upon many who do not merit it, and who could easily afford to pay for treatment if they would.

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On the other hand, many poor and deserving but, unfortunately, incurable cases are shut out. They lead a most miserable existence, they act as drags on their families and cannot get proper care or food.

The charitable spirit of the age is active. Never before was so much done to relieve the sick and suffering. Money is poured lavishly into the treasuries of free hospitals. Churches and societies exert themselves to their utmost to contribute to their favorite institution, be it hospital or dispensary.

But it is time to call a halt in certain directions. Let those hospitals which now exist not attempt to enlarge their borders unless they have an additional object in view. Let the charity be broader. We do not want less of it; on the contrary, we want more, but we should make it a true charity—one which gives to him who cannot give in return either money or fame. No one who has not been an actual witness can appreciate the despair of some poor patient suffering with an incurable disease, like cancer or consumption or Bright's disease, who is refused admission at the doors of one or more institutions.

So we say that in this age true charity not only demands that hospitals shall receive patients which can be cured, but also that more places should be furnished where the incurable and desperate can die comfortably.

EDITORIAL COMMENTS.

THE CROTON WATERSHED.—The recent reports in the daily press concerning the condition of the Croton valley do not contain anything that was not already known to those who were familiar with the sources of contamination and the difficulties in the way of their removal. The examinations made in 1884 and again in 1888 disclosed the same condition existing as that which is reported by the investigation of 1891. The only difference to be detected is in the existence of a much greater number of nuisances. The chemical analysis of the water shows that the contamination is considerable. And this pollution is not likely to decrease but rather to increase unless measures are taken to prevent it. The report shows that sewage and refuse of all sorts is daily thrown into the Croton River and its branches and that practically no attempt is made by the inhabitants of the watershed to prevent the fouling of the river water. The present laws do

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not operate in favor of an attempt to purify the city water. They stand in the interest of the people who knowingly maintain these nuisances, and the city authorities cannot act to advantage. But it is certain that something needs to be done to protect the water supply. If the law is an obstruction it should be amended this winter.

THE HOSPITAL FAIR.—It is not now a question whether there are to be hospitals for the relief of the sick and afflicted, but of how these hospitals are to be managed. The science of hospital construction is thoroughly understood by experts and a modern *infirmaria* is almost perfect in its sanitary and hygienic appointments. The spirit that urges the erection of all hospitals is beneficent, but upon the special management of each depends the character and value of its charity. If a hospital falls under the control of those, who, forgetting or ignoring the great duties of their station, conduct the institution for self-glorification, and lose no opportunity to advertise the importance and extent of their charity, such an hospital misses the high mark of its calling. The hospital that has the lowest death-rate and the greatest number of patients, may be the very place where true charity is almost unknown. And while, perhaps, we need more hospitals, we need still more hospitals that shall be conducted by men who have an eye solely to the interests of the patients, and whose managemant shall be that which should characterize true almoners of the poor. It sometimes happens that a hospital may serve two purposes. It may not only heal the sick, but it may instruct those who desire to make themselves proficient in the curing of disease. The good done by such an institution is beyond estimation, and it appeals for support with more than ordinary force. During the last two weeks of November, 1891, a fair will be held at the Lennox Lyceum, under the auspices of the Woman's Guild of the N. Y. Homœopathic College and Hospital, for the purpose of raising money for the erection of a new free hospital for *medical* cases. to be built on ground now owned by the N. Y. Homœopathic Medical College, adjoining the Flower Surgical Hospital. This hospital will be not alone a true charity to the poor inhabitants of that neighborhood but it will be of the greatest possible service to the college in the instruction of its students. It is a matter that should deeply interest every believer in the law of similars. If homœopathy is to continue prosperous she must have her hospitals and laboratories for the use of her students. The matter concerns the alumni, the profession at large and all those who employ homœopathic physicians. The fair ought to be a great success and will be if every adherent of homœopathy will do his duty in supporting it. It should be counted a privilege to help forward the homœopathic cause.

A NOTEWORTHY LETTER.—The response to the editorial in the August number of the NORTH AMERICAN, calling upon homœopathic physicians to take other journals and buy other books than those published by Lea Brothers & Co., has been extremely prompt in more than one instance. One of our subscribers, a physician well known to the

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profession, sent the following letter to the firm that publishes the *Medical News*.

"Lea Brothers & Co., Gentlemen: A short editorial in the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, by 'Vindex' came to hand this A.M. I am thoroughly in sympathy with its tone. Two of your salesmen during the past winter have pointed with some pride to the many *homœopathic* subscribers to your works. They incidentally mentioned that their best customers seemed to be among homœopathic practitioners. Will you *cancel* my order for the *Journal of the Medical Sciences*, and though I have paid for it a year in advance I wish it discontinued. I shall take pains to avoid buying your books in the future and shall certainly not recommend your publications to my students and friends. A man is privileged now-a-days to be a Methodist, a Baptist, a Democrat, or Republican, without being looked upon as an 'idiot.' This same liberality should extend into the domain of medicine. Many students of medicine, graduates of allopathic institutions, become homœopathic practitioners by '*conviction*.' I am among that number." But little comment is needed upon this straight-forward letter. Its statements are not perhaps gratifying reading for the publishers to whom it is addressed, but that does not impair their force. In a note to the NORTH AMERICAN the same writer says: "The editorial in your issue of this month is logical and to the point. It seems to me that it is about time that the homœopathic profession throughout the country should awake from its lethargy and declare war in fact, not on paper and in words. Mere bandying of words in journals, and answering articles, such as that in the *Medical News*, denying statements and asking for proofs of asserted facts will never help our cause. The homœopathic profession understands its status, its position, its advantages, its achievements, more especially in the cure of disease, and in its materia medica. . . . After the perusal of your editorial I wrote and mailed the accompanying letter (printed above). In looking over my library I find certainly $200 worth of books published by the owners of the *Medical News*. It will certainly be a hotter day than it was on August 11, 1891, before I purchase anything from them again. There are so many good book publishers that one can obtain elsewhere just as good publications as they can from the firm which has its habitat in the City of Brotherly Love." The publishers in reply have endeavored to shift their responsibility in the matter by saying that they have no control over the "literary course" of their periodicals, but as the house owns the periodicals it is vain for it to endeavor to evade the matter, They have no apology to make nor regrets to offer that the pages of one of the journals they own was besmirched by an article vilifying homœopaths.

BOOK REVIEWS.

THE CLINICAL USE OF PRISMS AND THE DECENTERING OF LENSES. By ERNEST E. MADDOX, M.B. Bristol: John Wright & Co.; London: Hamilton Adams & Co., Paternoster Row. 1889. Pp. 113.

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This little book should be on the shelves of every one who ever prescribes or dispenses glasses, and its contents should be in his mind. Beginning with the elementary optics of prisms, everything is made clear to even the non-professional reader. Attention is called to the prevalent inaccuracy in marking the apex of prisms, the effects of this error are explained and its detection made easy for the veriest tyro. The writer goes further than Dr. Edward Jackson, for while approving the latter's proposition to mark prisms by their minimum deviation (d.), he suggests marking them with metre angles (m. a.), in order to correspond with lenses in the trial case. Dr. A. Duane, however, demonstrates the disadvantages of both these methods in the July number of Knapp's *Archives of Ophthalmology*. The most valuable page in the book is that occupied by a table by which the prismatic effect of a decentered lens is found in the column beneath the number of millimetres by which it is known to be decentered, and conversely one can readily ascertain how much a lens should be decentered in order to obtain a given prismatic effect. Recognizing the frequency with which one eye is found to be nearer the median line than its fellow, and the importance of a guide for the observing eye, Dr. Maddox has devised a simple "localizer," much superior, in practice, to the subjective tests of Smee, Landolt, Snellen and Johnstone. The prismatic effect of spectacles will necessarily vary between two unsymmetrical eyes, and by means of this localizer we may possibly explain why the glasses prescribed "do not suit" one eye.

After describing the methods of measuring the absolute maxima of divergence and convergence our author concludes that these tests discover only the point of the resignation of ciliary effort. He says, also, that in measuring the degree of ex-oresophoria, the test does not decide the strength of one rectus. The suggestion of a double prism, (each with a refracting angle of 10°) to throw equidistant images on each side of the flame—if there be orthophoria—is evidently the germinating idea of the "Maddox rod" which he suggests as a test for heterophoria in the *Ophthalmic Review* (May and Oct.) "Distant vision spectacles should have their optical centres no farther apart than the centres of rotation of the eyes; otherwise, they cause actual divergence of the axes, the muscular strain of which is discomforting and detrimental." J. L. M.

THE INTERNATIONAL HOMŒOPATHIC ANNUAL. A DIRECTORY OF THE HOMŒOPATHIC PHYSICIANS AND INSTITUTIONS THROUGHOUT THE WORLD, WITH A BIBLIOGRAPHY. By ALEX. VILLERS, M.D., editor of *Die Allgemeine homœopathische Zeitung*. Dresden. 1891. Pp. 175.

This biennial, as it should be called, will appear simultaneously in English, French and German every two years. When Dr. Villers presented the first English copy to the International Congress, last June, he announced that Boericke and Tafel will handle the book in this country.

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Seventy-two pages are occupied by lists of physicians, institutions, periodicals and societies, and seventy-six with a homœopathic bibliography of the world for 1887, '88 and '89. The names, addresses and office hours are given of those only who responded to the request for these data; this is 47 per cent of the 4,000 names collected by the editor, and about 32 to 35 per cent. of the homœopathists in the world. The many addresses that we note as already incorrect, fairly excite a doubt if a biennial directory will be of much value in this department on account of the frequency with which we shift our location in this country. In Europe, however, an address is reasonably sure to remain unchanged for ten or twenty years, and if the physician moves he can be readily traced from his old office. J. L. M.

DISEASES OF THE EYE. By EDWARD NETTLESHIP, F.R.C.S. Fourth American from the fifth English edition. With a chapter on EXAMINATION FOR COLOR-PERCEPTION, by WM. THOMSON, M.D. Philadelphia: Lea Brothers & Co. 1890. Pp. 508.

The practical value of this work is attested, to those not already familiar with its merits, by the appearance of this edition. A curious misprint tells us that the preface of the first edition was written in Oct., 1890, and that to the fifth edition in Sept., 1890.

Among the more prominent features which give especial value to the book, may be mentioned the chapters on: The Relation of Affections of the Eye to General Diseases, Color-Perception, Operations, Causes of Failure, and the Attention Given to Aftertreatment; the Explanation of Retinoscopy, and especially the formulæ and notes in the appendix.

We are surprised that our author ignores the fact that astigmatism following cataract extraction will usually diminish in the course of a few months or a year. He also repeats the old formula "As all accommodation is lost" after extraction of the lens, "the patient has no range of accommodation," and does not attempt to explain the apparent range sometimes met with. Again, Mr. Nettleship is content to test the eye for perception of light, by alternately shading and exposing the eye with the hand instead of by turning up and down the gas in the dark room. We miss the Argyll-Robertson pupil from the index, and find no description or even mention of the Wernicke hemiopic pupilary reaction, notwithstanding the claim that this edition is "in every particular upon a level with the latest developments of the specialty of which it treats."

Evisceration of the eye was systematically practiced with marked success by the late Dr. C. Th. Liebold for years before 1881, more than four years previous to Mr. Mules, to whom Mr. Nettleship unfairly gives the credit of being the first to systematically practice it. Attention has been called previously to Dr. Liebold's priority in this operation, and the injustice to him (especially in this American edition) is inexcusable.

J. L. M.

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SURGICAL BACTERIOLOGY. By N. SENN, M.D., Ph.D. Second edition. Illustrated with colored plates. Pp. 259. Philadelphia: Lea Brothers & Co., 1891.

The second edition of this work coming out so soon after the first indicates the zeal of the present generation of surgeons for the most searching investigation into the hidden depths of pathological mysteries. That the author has brought forward and set in order in the best form the latest discoveries in surgical bacteriology, is not saying too much. Nothing can be of greater scientific interest to the surgeon than the chapters on such subjects as "Hereditary Transmission of Microbic Disease," "Sources of Infection," "Clinical Forms of Surgical Tuberculosis," and "On the Alleged Microbic Origin of Tumors." While the subjects of Inflammation, Suppuration, Gangrene, Septicæmia, Pyæmia, etc., are all discussed in the light of the latest revelations of modern science. W.

CORRESPONDENCE.

Editor NORTH AMERICAN JOURNAL OF HOMŒOPATHY:

LONDON, ENGLAND, July 20, 1891.

Ever since we listened to the delivery of Dr. Henry Harris's presidential address before the British Homœopathic Congress, we have been impressed more and more with the broad and catholic tone of that admirable paper.

He starts off with four propositions, taken largely from Dr. Hughes's address before a previous session of the Congress, and under the head of "Political Homœopathy," he says: "First, that the reception of homœopathy by the old school of medicine has, from the very first, been intolerant and unjust; that its practitioners have been boycotted, persecuted, and deprived as far as possible, of all professional privileges and emoluments. Secondly, that the attitude of the homœopathic body has been (in this country, at any rate,) characterized by a strict observance of the laws of medical etiquette, and by continued efforts for reunion, at the sacrifice of everything but fundamentals."

"Thirdly, that the influence of homœopathy on the general practice of medicine has helped the discrediting and abandoning of the grosser forms of treatment."

"Fourthly, that remedies introduced by the Homœopaths have been, and still are, constantly (without acknowledgment of the source from whence they are taken) appropriated by the so-called orthodox school of medicine."

After quoting various hopeful views expressed by his colleagues he says with that air of candor that characterizes his whole paper: "I confess that I cannot share the optimistic views which I have quoted. I am unable to recognize any radical change in the attitude of the bulk of the profession towards the followers of Hahnemann. It may be that the

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virulence of language, like the 'damns' of conversation, has had its day; it may be that the outward, active persecution is less manifest, that recognizing the old truth "that a persecuted faith always grows," the profession, acting on the advice of Dr. Bristowe, has ceased openly to assail us, but, conspiracy of silence and contemptuous indifference have taken the place of the open warfare, and the innuendo that of the curse."

In this summary the doctor does not see much to encourage hope for homœopathy in England, but says, "In the medical hierarchy, as in other bodies of that type, true reform will only come from without. This will continue to be the attitude of the dominant school in our opinion so long as homœopathy struggles on in Great Britain as it has done since its birth, under the shadow of old school education and legislation in the exclusive interests of that medical body." Dr. Harris further on says that "while during the earlier years of homœopathy, the number of its avowed practitioners steadily increased, they are now fewer than they were twenty years ago."

The late Congress of Homœopaths at Atlantic City, when we remember the paucity of foreign representatives in that gathering, would have convinced any unbiased witness of its enthusiastic sessions, that what Dr. Harris so sadly says of our transatlantic brethren, could not be truthfully spoken of homœopathy in any portion of our great country, but everywhere (perhaps with the exception alone of some portions of the South) the progress of homœopathy in America has been rapid and aggressive.

The superior growth of our school in the United States is clearly due to the prominence and dignity which the homœopathic school here derives from the education of its own members, in its own schools which are equal before the law with those of our professional opponents. All the push and aggressiveness in England seems to be found in the ranks of the dominant school. Educated in the schools of allopathy there is always a lingering attachment for his Alma Mater that tinctures the entire afterlife of the English homœopath, and in his mind there is never that sharply drawn distance between the therapeutic methods of the two systems of practice that is so essential to the growth of a stalwart partisanship. It is doubtful if in the case of more recent graduates their environments are not constantly endangering their fealty to principles that require a more friendly atmosphere for their healthy development. The Englishman, too, is by nature and precedent a conservative no less in politics than in religion and his intellectual atmosphere is a cold one for the growth of a new principle. We agree with Dr. Harris, that the chances for a growth of law of similia in England in any way commensurate with its progress on the opposite side of the Atlantic, is very remote. Our English colleagues will be compelled to study self-denial, and be willing to pursue their practice in a more perfect isolation from the companions of their college life. They will de-

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pend upon a more intimate and warm bond of association with companions of their professional ostracism than is necessary in freer and more bracing atmosphere of the new world. No one can come familiar with the broad education and thorough moral and m equipment of our English cousins for the work of propagating great principles of Hahnemann, without wishing fate and fortune given them a fairer field and a more promising clientage. To my the only hope for the growth, and indeed a necessity for the continu of homœopathy in England is the right of the new schools to prop their doctrines in their own schools, under a legal protection co with that of their old school colleagues, to be followed by equal tection under the law, in the practice of their therapeutic met While I do not entirely share Mr. Harris's pessimistic views on the ation across the water, I believe his frank and forceful paper wi much to rouse those worthy men to the peril of their situation, a bold and aggressive demands for their rights under the laws of Eng

If homœopathy seems to somewhat lag in the great London m polis, not so the interests of its allopathic neighbor. It was our lege for about two weeks to attend the Royal Ophthalmic Hos Moorfields, during the surgical clinic, each day but Sunday, from A.M. to 3 P.M. and to witness the skillful work and enviable results of surgical artists, especially in cataract operations, and as we sav Nettleship employing a seton, because he could not think of any better to do in a case that had resisted his entire medical armame ium, we could but feel what an addition to his brilliant achiever would be a thorough knowledge of our wonderful Materia Medica what enthusiastic exponents would our great law soon find in scientific enthusiasts. The ever present Yankee interrogation m the hands of these cultured eye surgeons, an unfailng courtes willing response, though conscience did sometimes upbraid us we thought of the changed result if our medical heresy were kn Let us hope that the day is not far distant, when a medical man w judged by and treated according to his intellectual and moral mer not the peculiar creed he may honestly hold, because it does not pen in all respects to correspond with that of his judges. It see little strange after the universal use of the Dr. as applied to our A can ophthalmic surgeons, to see the almost jealous devotion of brilliant operators to the simple Mr. which here distinguishes the geon from the ordinary doctor of medicine.

Of the half-dozen or more noted operators, most of whom h world-wide reputation for skill in their specialty, not one object answer the simplest or more complex query of the honest inq Hoping at no distant day to enjoy the exceptional privileges of fields again, We are fraternally yours,

HAYES C. FRENCH, M.

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THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

Spongia in Hydrocele Funiculi Spermatici or Hydrocele of the Spermatic Cord.—By Dr. Adhar Chaudra Banerji, Allahabad, India. A young gentleman, æt. about thirty, was suffering from hydrocele of the spermatic cord for about four years, and was under the treatment of most of the professional gentlemen of this city. He had it tapped thrice, but no cure was effected, and his medical advisers told him, that it could not be cured by any medicine, at which he felt quite disappointed. At last he came to me for treatment. I prescribed *Spongia* 3x, twice daily, morning and evening, for six days. After using it three days only, the patient was half cured of the pain in the back, and swelling of the common membrane of scrotum attacked one side only; the medicine was continued for a fortnight, after which period all the complaints disappeared. *Spongia* should prove a sovereign remedy for the disease. This I say not from theory, but from the results I have practically obtained by treating cases of the nature described above. I should, therefore, recommend that *spongia* be given a fair trial by the profession in the treatment of hydrocele of the spermatic cord when occasion arises.

Cases from Dr. C. McV. Tobey, St. Paul, Minn.

I. *Sulphur 2c. in Diarrhœa.*—Mrs. C. had had *La Grippe* and had not recovered fully. Countenance sad, face sallow, anxious expression, restless sleep, waking often. Diarrhœa early in the morning with urging; color changeable. Two or three movements during day; no diarrhœa after second dose, which was repeated *only after* a movement.

II. *Strychnia in Spasms Following Trauma.*—Miss T., hit on the head by the shoe on a horse's foot. A cut one-half inch long over left eye; side and leg bruised; blind and deaf for four hours, when sight was partially restored, having returned only after twelve hours and then not perfectly. Any change of position would provoke a spasm with frothing at the mouth and a general twitching of the muscles. There was a tendency during the spasm to fall over backward by the muscles in the posterior cervical region becoming so tense. They would draw the

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head over backward. There was a tendency of the muscles to tremble constantly. *Arnica* 2c was given three-quarters of an hour after the injury, during which time the patient had had at least half a dozen spasms. Two doses were given a half hour apart with no indication of another spasm, when by some sudden motion a spasm came on which reminded me very strongly of the spasms excited by strychnia poisoning and I gave a 2-grain dose of *strychnia* 3x on the tongue as soon as the spasm subsided. There was no return of spasms; the trembling ceased, the muscles in the cervical region relaxed and a sleep lasting several hours followed. The next day the eyes looked natural and sight seemed to be perfectly restored. An indication to the pathologist that something besides arnica is indicated sometimes in bruises.

III. *Arsenicum in Typhoid Fever.*—When indicated I prescribe it in the 2c potency and in three cases under observation I produced constipation of knotty or lumpy masses as large as butternuts, each lump composed of smaller lumps, hard and brown, with *no* pain in abdomen as quoted in Allen. It can be done by anyone who will continue giving the 2c potency after a diarrhœa calling for *arsenicum* has stopped, and for which *arsenicum* was prescribed. It has occurred in five cases with me, three of which I deliberately followed for the purpose of producing it. All three were constipated in the same way and the retained fæces distinctly felt through the abdominal walls. From two to three days is sufficient, giving it every two hours.

Acetic Infusion of Lobelia for Pertussis.—Dr. M. W. Van Denburg reports great success with this in whooping-cough, characterized by irritation from lumps on either side of the larynx; there is a sensation of swelling, with intense burning and tearing. He crushes the stem, leaves and seeds of *lobelia infl.*, preferably a fresh specimen about half in fruit, covers it with vinegar and lets stand for seven or ten days. Six drops of the first decimal dilution of this are put in a half glass of water and a teaspoonful given before each paroxysm.

Aconite in Night-Terrors of Children.—By Dr. S. H. Knight, Detroit, Mich. A little girl, five years old, and her brother, two years, removed from a ranch in California where they had always lived, to Detroit. The journey was too much for the boy for he had convulsions immediately and went into a state of half stupor for a week or two. *Belladonna* and *apis* cured him completely. After they had been in their new home for a month or so, the girl began to have night terrors and frightful dreams. She would roll and toss about the bed, scream, talk and wake only after repeated shakings. This went on for a number of weeks with not only no improvement, but worse manifestations. The parents then applied to me. I gave a half dozen powders of *acon.* 30 with instructions to mix in water and give a teaspoonful every two hours during day. The sec-

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ond night there was an improvement, the third she slept peacefully and has ever since.

From Foreign Exchanges.

Staphisagria in Cystocele.—By Dr. Edward Blake. In cases of prolapsed bladder, where the unfortunate subject either could not or would not submit to the radical operation for the repair of the perineum, I have been for many years in the habit of employing *staphisagria* locally to the vesical tumor, and at the same time administering a high dilution of this remedy internally. Topically the drug is best applied in the form of a saturated glycerole on tampons of carefully carded animal wool.

On more than one occasion women who had decided to let me do perineorrhaphy for them have so sensibly improved under it that, to my chagrin, the operation has been postponed *sine die.*

In Dr. Clarke's practice, in a case of prolapsed bladder where there was sensitiveness of the pudenda as shown by aggravation on sitting down, *staphisagria* had given great relief.—*Monthly Hom. Review*, June, 1891.

Petroleum in Cutaneous Disorders.—By A. Spiers Alexander, M.D. Rev. J. S. P., first seen Sept. 4, 1888. About a year previously he had visited a sick woman living in a very badly drained house. The atmosphere of the sick room was so pestilential that he felt almost suffocated. Soon after, he began to feel ill, was constantly drowsy by day, and slept too heavily at night. An eruption then appeared over body and limbs. The skin became bright red and was covered in patches with bright silvery scales. At night there was some burning and itching. Previous to this attack patient had noticed a very small scaly patch on the extensor surface of each elbow.

When first seen by me, the trunk, arms, hands and legs were covered with large scales, on a bright, red base. The scales fell off in flakes of the size of a shilling. Some, he stated, occasionally accumulated and became thick and hard, so that when the limbs were bent, slight cracks appeared in the flexures. A papular eruption often appeared on the face after preaching. He had been told he was suffering from psoriasis, but the case looked more like one of pityriasis rubra. *Petroleum* 6 was prescribed in frequent doses. During the first week the rash increased, but in two weeks it was nearly gone from face, neck and chest and he slept well, which he had not been able to do for months past.

By the end of a month only a little roughness remained on chest and limbs; *petroleum* 30 was now given and patient went on to complete recovery.

He had been under allopathic treatment for a year and had taken quantities of arsenic, but grew steadily worse.—*Monthly Hom. Rev.*, July, 1891.

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Mr. S., seen July, 1889. Patient has been suffering for some two or three years from an eruption on extensor surface of right thumb. At the outset his attention had been attracted by some itching there, and on examining the part, he noticed a fine miliary rash over the surface mentioned. After a time this died away but subsequently returned in an increased degree. It thus fluctuated for some months, but finally seemed to gain a firm hold and became steadily worse. When seen by me, the distal phalanx of the thumb was greatly swollen, with a deep, bleeding fissure across the joint. The fissure gave great pain and was so aggravated by using the thumb that the member had become almost useless. *Petroleum* 6 was given. He took it for two days and then, as the eruption became much worse, stopped it. No more medicine was taken. The aggravation, evidently a medicinal one, soon passed away, the fissure healed, the rash gradually faded and finally disappeared entirely. Since then there has been no return of the trouble, and the patient is now in good health. No local application was made. In both these cases, the key-note "cracks or fissures in bend of joints" led to the drug selected.

Cicuta Vir. in Eruption on Upper Lip.—By A. Spiers Alexander, M.D. Mr. C., æt. fifty, first seen Sept. 27, 1890. Patient presented a somewhat repulsive appearance, the whole of the upper lip being thickly covered by a lemon-yellow crust, broken down here and there and exuding matter at the edges. The eruption resembled in a general way that of tinea capitis but there were no cups. There was no history of contagion. The eruption had begun several weeks previously, in the form of small papules or vesicles, the exudation forming a crust, which after removal, quickly collected again. *Cicuta virosa* 3x was prescribed and he was directed to apply vaseline to soften the crusts.

In a fortnight he returned. The crust had completely gone, the skin of the upper lip looked healthy, with only the remains of a papule here and there, and new hair was growing rapidly. The same remedy was continued at lessening intervals, and as he promised to return should the eruption reappear, I conclude that he continues well.

Under *Cicuta virosa* Hering gives the following symptoms: Lower face—Yellow scurfs on the left corner of the mouth, discharging yellow corrosive fluid, may extend over lip, chin and cheek.—*Monthly Hom. Rev.*, July, 1891.

Amonium Caust. in Aphonia.—By A. Spiers Alexander, M.D. Miss M., first seen Dec. 28, 1889. After taking cold about a month ago she lost her voice and since then has not been able to speak except in a whisper. She has a dry cough and throat feels swollen and painful. Prescribed *ammon. caust.* 3x, and on Jan. 4, 1890, she reported that the voice returned three days after beginning the remedy and had been quite clear since then.

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I have used the same remedy with marked success in many similar cases. The leading symptoms are inability to speak above a whisper, with raw feeling in the larynx. *Causticum* is allied to it but differs in not necessarily having entire aphonia, but a rough hoarse voice.—*Month. Hom. Rev.*, July, 1891.

Cicuta Virosa in Epileptiform Convulsions.—By A. Spiers Alexander, M.D. In July, 1889, a friend in Scotland wrote, asking advice on behalf of a boy suffering from "fits." From the particulars given I concluded it was a case of epileptiform convulsions and prescribed *cicuta virosa* 3x.

When in Scotland last summer (1890) I saw the father of this boy, and from him received the following particulars: His son, R. M., æt. thirteen, had been a robust lad and in good health up to June, 1889. At that time after working in the fields, he was seized with what were believed to be epileptic fits. The attacks always occurred shortly after patient fell asleep on retiring for the night. He awoke "suffocating," choking, and gasping for breath, the whole body "stretched out" and rigid, with convulsive twitching of muscles, and in a state of absolute unconsciousness. It had not been observed whether the convulsions were unilateral or bilateral. The fits were not preceded by a cry, the tongue was not noticed to be bitten, nor was there foaming at the mouth. After the attack patient slept profoundly for the remainder of the night. Six fits had occurred during seven consecutive weeks. The boy's parents attributed this condition to exposure to the sun.

After the seventh attack, *cicuta vir.* was given, a dose thrice daily, and from that time onward there has been no recurrence of the attacks. The boy is now quite well and able to work in the fields all day without inconvenience.—*Month. Hom. Rev.*, July, 1891.

Magnesia Phosphorica in Membranous Dysmenorrhœa.—By Dr. Bonino, Sr., of Rome. *Magnesia phosph.* 3x proved successful in a membranous dysmenorrhœa that had lasted more than two years. The cramp-like uterine pains were worse on the third day during the discharge of the pseudo-membrane. At times vomiting was present. He has seen but little result from *viburnum opulus* in this trouble.—*Allg. hom. Zeit.*, Bd. 123, 1 and 2.

Graphites in Membranous Dysmenorrhœa.—By Dr. Bonino, Sr. *Graphites* 6x was of value in cases of membranous dysmenorrhœa when the patients had suffered from skin troubles, especially eczema or impetigo during childhood. Usually present at the same time are, spasm of the stomach, vomiting, etc. Paleness of the face with more or less obesity is a further indication for the choice of this remedy.—*Ibid.*

Kali Bichromicum in Gastric Trouble.—By Dr. Bonino, Sr. *Kali bich.* 6x cured a case having a *burning and pressing pain in the stomach several hours after each meal; there was profuse rising of odorless, stringy*

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water. The pain was felt in the cardiac and the pyloric region. The trouble had existed several years, but for some months past had been worse.—*Ibid.*

Œnanthe Crocata in Odontalgia.—By Dr. Bonino, Sr. *Œnanthe crocata* 1, given frequently, relieved rapidly a more than mere odontalgia, as it was combined with inflammation and swelling of the alveoli.—*Ibid.*

Causticum in Sciatica.—By Dr. Bonino, Sr. *Causticum* 10 relieved a left-sided sciatica that had continued more than fifty days and had returned for the third time. The patient could neither sit nor stand, and at night he suffered frightfully from shaking of the body. He was most comfortable in sitting with the affected side bent and the corresponding hip raised. When he put the foot to the ground it seemed to him as if all the blood flowed to it. With the internal remedy the external use of hot sand-bags was employed on the affected part.—*Ibid.*

Iodoform in Sub-acute Arthritis.—By Dr. Bonino, Sr. *Idoform* 3x is of great value in some cases of arthritis, sub-acute in character, especially in the lower limbs, with frequent relapses, swelling pale-red, in phlegmatic persons of sedentary habits. Aggravation by touch and motion. Pain only in the muscles or especially in the small joints which feel as if sprained and bruised.—*Ibid.*

Arsenicum Jodatum in Pleuritic Effusion.—By Dr. Bonino, Sr. *Arsen. jod.* 3x, continued for forty-five days, caused the absorption of a right-sided pleuritic effusion, accompanied by severe complaints on the slightest motion, in a person of advanced years.—*Ibid.*

REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE regular monthly meeting was held Thursday, May 14th, at the Ophthalmic Hospital. S. F. Wilcox read a paper on "Tuberculin."

B. G. Clark.—Its use thus far has been purely empirical. Homœopathists have been using it in a potentized form for fifteen years with just as good results. I have used tuberculinum with good success in tuberculosis. Burnett has published fifty cases with a fair proportion of cures.

G. M. Dillow.—Our records are scanty and our experience limited as compared with the experience of the old school. The cases that have been cured have been the ones where the least reaction was shown, so that the reaction has served as a guide for the dose. Jacobi's best results occurred in the cases where no reaction followed. There is a good field for us to use the remedy in our own school and by our own methods. The fever, sweat and cough produced by Koch in himself point toward tuberculosis.

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Swan's method was so unscientific that practically it is an unproven drug.

If he had proven it on a number of persons and others had confirmed his experiments, it would stand in some relation to the manifold experiments of Koch and the verifications of his followers.

I have no objection to nasty remedies, but I insist that the use of tuberculinum in our own school has been simply empirical.

Dr. Schley.—Koch claimed it to be a means of diagnosis, but this has been proven to be entirely untrue.

Dr. Clark.—Burnett's provings in the 30th and 200th were identical with Koch's results on his own person.

G. W. Roberts.—Our experiments demonstrated that it was not of diagnostic value, and that small doses proved most efficacious. The cases of tuberculosis of the joint which improved most were those without the presence of a sinus and discharge.

Dr. Schley.—I would suggest that Dr. Wilcox keep track of his cases and report upon them next year.

The June meeting was held in the usual place, Thursday, June 11th. Jennie W. Newell, of Jersey City, read "A Plea for the Faradic Battery in the Treatment of Uterine Diseases."

W. H. King.—There was a time, fifty years ago, when Remak, of Berlin, and his followers, and Dauchney, of Paris, and his followers, were divided into two schools.

Remak claimed that only the galvanic battery had any beneficial effects; whereas Dauchney claimed that the faradic battery would do all the galvanic could and more. The faradic battery is cheaper and more portable. In my mind each battery and each current has indications of its own, and the more closely they are followed the better the success.

Cases like those cited to-night, which have been treated with the faradic current, will often be relieved by the galvanic and *vice versa*. One is first tried, and on its failure the other. I don't believe the faradic current is curative in organic diseases. It stimulates the muscular fibres and so adhesions are broken up. It is the great pain reliever, although some cases of neuralgia are not benefited by it but are relieved only by the galvanic. With reference to the comparative danger, both may cause trouble if roughly used, but especially the galvanic. Apostoli has done a great deal to popularize the faradic current. He uses all sizes of bipolar electrodes. I have a set made by his own instrument maker, which range from a very small to a very large one. Our instrument makers make them too large.

The faradic current is especially useful in subinvolution of the uterus before inflammation sets in and fibrous deposits occur. The bipolar method will cause contractions better than any other. The faradic current is useful in constipation due to dilatation of the rectum from frequent injections. There is great activity at present in the use of electricity in gynæcology, and the number of instruments made and cases reported are appalling. The pendulum is swinging too far, but I am fearful that when the reaction occurs it will swing back too far the other way. It is necessary for us to study the indications of the various currents more closely. We must find out what forms of amenorrhœa, for instance, are cured by the faradic and what forms by the galvanic. I am in receipt of many letters daily from people who only possess a faradic battery, asking how to treat various diseases with it, which can only be relieved by galvanism.

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Dr. Newell.—Two years ago I could not find the smaller electrodes for sale and had to have them made to order. My intention in this paper was not to condemn the galvanic current; I use it as frequently as the faradic.

Papers were also read by M. Deschere on "Tissue Salts in Diseases of Children," H. I. Ostrom on "Congenital Defects of the Fallopian Tubes that Require their Removal," and Louise Lannin on "A Peculiar Case of Retroflexion of the Uterus."

Dr. King discussing Dr. Lannin's paper.—Eight years ago I reported three cases to the Society for Medico-Scientific Investigation. One case was due to pregnancy, and two to misplacement of the uterus; in all three the increase of saliva with nausea led me to prescribe lobelia 6, which relieved the condition at once.

Dr. Deschere.—I recall a lady whom I treated for constant vomiting of early pregnancy some twelve years ago. It was so excessive that she could not retain water. After giving a great many remedies I called in Dr. Burdick. He found a retroversion and placed her in the knee and chest position, which relieved the trouble as long as she occupied that posture. The marked periodicity led me to prescribe quin. sulph. 1 in water, which stopped the trouble permanently. Replacing the uterus is not all that is required. The appropriate remedy must be given also.

C. S. Macy.—These cases are quite common. I think the reflex symptoms are due to the prolapses and not to the flexions. I remember a case where holding the uterus in place relieved the vomiting. The position of the uterus must be corrected and the appropriate medicine given.

RECORD OF MEDICAL PROGRESS.

LOCAL ETHERIZATION IN INCARCERATED HERNIA.—Finkelstein, who first, in 1873, advocated the local use of sulphuric ether in incarcerated hernia, reports (*Berlin klin. Wochenschrift*, No. 20) the results of his experience with that agent in 64 cases. Of these, which included several varieties of hernia, and which had resisted mild attempts at reduction by taxis, he was successful in 54 cases. The method employed in a case of inguinal hernia, for example, was as follows: The patient is placed in the recumbent position, legs and thighs slightly flexed and the scrotum supported on a small cushion. Every ten minutes for three-quarters of an hour a tablespoonful of sulphuric ether is allowed to trickle on the tumor and the hernial ring, the adjacent parts having been previously anointed with olive oil to prevent the ether from burning the skin. At the end of that time the tumor will have lost much of its tension and will have diminished in size. If it does not reduce spontaneously, a little gentle taxis will generally cause the gut to slip back into the abdominal cavity with a gurgle. Incarceration, according to Richer, Velpeau and others, is produced by spasmodic closure of the hernial canal. Ether acting as a local anæsthetic relieves the spasm and relieves the incarcerated knuckle of intestine. The coldness produced by the rapid evaporation of the ether condenses the gases usually contained in the intestine, thus diminishing the volume of the gut. Also, by affecting the peripheral nerves, violent and persistent peristaltic movements are produced which tend to free the intestine of its usual contents. Long-continued taxis, by paralyzing the intestines, interferes with the success of this procedure by taking away the chief factor which operates in this method. On physiological grounds this procedure is not applicable to cases of omental hernia. W. F. H.

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GALL-STONE FORMATION.—At the Congress for Internal Medicine, held last April, at Wiesbaden, Prof. Naunyn read an interesting paper on cholelithiasis. He holds that the essential basis for the occurrence of cholelithiasis is catarrh of the mucous membrane of the biliary passages, that is to say, a "stone-forming," desquamative angiocholitis. The reason for this as developed in his previous argument, is a disturbance in the ready out-flow of the bile. And bile is through its containing bile-salts of the alkalies, a powerful poison to protoplasm. It is readily conceivable that these can act injuriously upon the epithelium of the bile passages and that this injurious action is favored and increased by retention of bile. Overfilling of the gall-bladder and the distension which its walls thus undergo, are not matters of indifference. Further engorgement of the bile passages by the bile can give rise to an infectious angiocho.itis, a bacillus being frequently found in the bile. This bacillus is very similar to Escherich's bacterium coli commune and it probably comes from the intestine. When this bacillus is introduced into a dog's gall-bladder, after ligating the duct, there follows a severe desquamative catarrh of the bile passages and necrosis in the liver. The animal dies in a few days of general infection. It is very interesting that the infection by this bacillus only occurs when the bile passages are choked; if it be injected without tying previously the ductus choledochus it causes no injury and disappears in a short time from the bile. Concerning therapy of cholelithiasis (not gall-stone colic) Naunyn points out that the amount of cholesterine and lime in the bile (the constituents of gall-stone) are not influenced by the food and hence there is no prophylactic diet, although long periods between meals may, by retention of bile for a long time in the gall-bladder, favor the formation of the stone. Cholagogues (even the biliary acids) have no cholagogue effect to be compared with that of a plentiful mixed diet. The best therapeutic effect is to be obtained from mineral waters that have a pronounced influence upon peristalsis and upon the intestinal abdominal viscera, and best of all is Carlsbad. As the formation of gall-stone is not a general constitutional trouble nor an anomaly of nutrition, and does not depend upon abnormal composition of the bile, but upon disease of the mucous membrane of the gall-bladder it would be most desirable in severe cases of cholelithiasis to extirpate the gall-bladder. And it becomes the duty of the general practitioner to see to it that such surgical measures are not too often needed. Hence early recognition of the affection is of great importance. The diagnosis must not be dependent upon the view that cholelithiasis is a rare affection, or even that it is a form of icterus; it is a very common disorder and for the most part without icterus.—*Wien. med. Wochensch.*, 17, 1891. O'C.

NOCTURNAL ENURESIS IN "MOUTH BREATHERS."—Major, and afterwards Ziem and Bloch, advanced the theory that mouth breathing, from nasal stoppage, was an important etiological factor in nocturnal enuresis of children. Major believed that the faulty respiration produced a slow carbonic acid poisoning, which led to an involuntary emptying of the bladder. Kœrner (*Centralblatt fur klin. Med.*, No. 20) reports two cases of incontinence which were cured by removal of nasal obstructions. The first case was a girl, æt. nineteen, of a strumous and catarrhal disposition, who was obliged to breathe through the mouth from hyperplasia of Luschka's tonsil. Removal of the tonsil restored nasal breathing and cured her of enuresis. When seen several years after the operation, she reported that only once did the incontinence return, and that was after a liberal indulgence in beer.

The second was a child, æt. three years, who suffered from adenoid vegetations in the vault of the pharynx, with consequent oral breathing.

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Removal of the obstructions relieved her of the urinary difficulty, but it returned six weeks later with an attack of rhinitis. When the catarrhal condition was cured, incontinence and mouth breathing ceased, but both would return when there was an exacerbation of the catarrh. Bloch believes that mouth breathing produces an "irritable weakness" of the system, which makes the peripheral irritation caused by a distended bladder more perceptible than normal, and thus the sphincter vesicæ is relaxed. W. F. H.

CHLORIDE OF GOLD IN LUPUS.—Dr. J. Rüsin (*Meditzinskoie Obozrenie*, No. 5, 1891, p. 509) reports the case of a peasant woman, æt. forty, with extensive lupus of thirteen years' standing, successfully treated by the subcutaneous injection of a one per cent. solution of chloride of gold in combination with a 1 per cent. solution of cyanide of potassium. Nearly the whole face, nose and forehead were involved, the cheeks, forehead, chin and hard palate being studded with ulcers, the discharge from which contained tubercle bacilli. In all, six injections were given in the course of eleven days, the total quantity of either of the salts amounting to $^{23}/_{1000}$ grain, the individual doses of the chloride varying from $^{1}/_{1000}$ to $^{1}/_{100}$ grain, and those of the cyanide from $^{1}/_{1000}$ to $^{1}/_{125}$. On the second day of the treatment, the subjective state markedly improved; on the third, the swelling of the face subsided, some old scars began to shed cuticle, and a labial ulcer distinctly decreased; on the sixth, some ulcers on the cheeks and hard palate commenced to heal, while the facial tumefaction and pain disappeared altogether; on the twelfth, several ulcers soundly healed, and the remaining ones became clear and covered with healthy granulations. Of accessory phenomena, there were observed a kind of intoxication, drowsiness, rigor and slight elevation of temperature. These symptoms made their appearance on the fourth day of the treatment, shortly after the injection of $^{1}/_{105}$ grain. They disappeared spontaneously the next day.—Sup. to *Brit. Med. Jour.*, May 23, 1891.

OPERATION FOR PYOSALPINX.—In a case of salpingitis with a largely distended and adherent tube, Engström burned through the *fornix vaginæ* with a thermo-cautery, broke into the tube with a sound, then enlarged the aperture by another application of the cautery. The contents of the tube were then easily evacuated, cavity washed out with a carbolic solution and a rubber drainage tube introduced. The patient made a slow but complete recovery, so that she was able to return to her occupation, which was rather arduous labor, without any discomfort.—*Fortschritte de Med.*, No. 18. W. F. H.

A NEW OPERATION FOR PROSTATIC HYPERTROPHY.—Dittel has shown that the lateral lobes can be reached by separation of the rectum from the prostate; and by an operation upon a cadaver with lateral enlargement of the prostate, he proved that the excision of portions of the lateral lobes from the rear—without opening the bladder—relieved the prostatic obstruction by permitting the vesical surfaces to fall apart. He admits, however, that suprapubic cystotomy would often be necessary for the removal of intra-vesical obstacles.—*Wiener med. Wochenschrift*, No. 19, 1890. W. F. H.

PELVIC CELLULITIS VERIFIED BY LAPAROTOMY.—*Boston Med. and Surg. Jour.*, July 9th, by Chas. P. Strong, M.D. Attention is called to the fact that the profession is at present inclined to doubt the existence of pelvic cellulitis apart from tubal disease, and the following cases are reported in evidence of the existence of inflammation of the pelvic cel-

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lular tissue without accompanying salpingitis. Patient had been a sufferer from attacks of pelvic inflammation all her menstrual life, and in the summer of 1890 a collection of pus was evacuated through the vagina. In December, 1890, on the hypothesis that she had salpingitis and in view of the fact of her continued suffering, laparotomy was performed at her urgent request. Both ovaries and tubes were healthy, there was no evidence of salpingitis and none of pelvic peritonitis, except a few fine bands of adhesion holding down the ovaries, and the only indication of previous disease was slight thickening (entirely sub-peritoneal) of the cellular tissue which dips down into the retro-uterine space. The author is of the opinion that while this case is not proof of the existence of cellulitis *per se*, it should influence us to suspend judgment until evidence is more complete. G. W. R.

THE DANGERS OF INJECTION OR INFLATION FOR INTUSSUSCEPTION.—These cases commonly occur in infants and young children, and if left alone are almost invariably fatal, and if they can be relieved by a simple operation which arouses no parental opposition, it is certainly a great advantage. Many successful cases have been reported, but several authorities have dwelt upon the dangers of this procedure and have condemned the operation. Many of the reports of successful cases are so wanting in detail that the diagnosis may well be doubted, and there are few inducements to publish unsuccessful cases treated by a method generally considered orthodox.

The author's experiments on the cadaver include twenty-one cases, varying from three months to eight and one half years of age, and they demonstrate that when the pressure in the colon has reached two and one-half pounds to the square inch (irrigator raised 5 feet) there is apt to be cracking of the peritoneum; that in some cases rupture occurs at six feet.

In one case, an infant æt. three months, had an intussusception which could be felt per anum. Inflation was performed with a Higginson's syringe, the tumor gradually disappearing. Opium was given and the symptoms abated. They returned, however, and the child died thirty-six hours after the attack began. Post-mortem showed no peritonitis; stomach and small intestine distended, and the apex of the intussusception below the splenic flexure, some injection of the sheath, gradually increasing to the reflection, where there was a little soft lymph. A tube was tied in the rectum and the irrigator raised two feet. The intussusception was reduced in a few moments, *except about an inch*, in about fifteen minutes the irrigator was raised to three feet,—slight reduction, followed by rupture in three places.

In another case of four days' standing, rupture resulted after a number of injections with an irrigator at four feet.

Mr. Bryant regards the treatment as "dangerous under all circumstances, although success in exceptional cases may be recorded," and holds that it is only justifiable within the first three days, and in cases not presenting symptoms of acute strangulation.

A grave objection to this method is that as the surgeon can only guess at the condition of the parts, he has no guide to the amount of pressure required, and a portion of healthy intestine may be left invaginated, when a slight amount of additional pressure would relieve it, or a gangrenous gut may rupture when the pressure is far below the amount required for its reduction.

Manipulation through the abdominal wall is both difficult and dangerous, and it is also difficult to tell when reduction is complete, for the tumor may be overlaid by a distended stomach or intestine, or be tucked

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away under more solid organs. On the other hand, thickened intestine may produce as distinct a tumor after reduction as before. The capacity of the large intestine is so variable that it is no guide to the extent of reduction.

With regard to abdominal section, while those who argue in its favor advise (with few exceptions) that it should only be performed after injection has failed, few surgeons would dispute that injections *having failed* would lessen the chances of recovery by abdominal section. Still fewer would agree with Dr. Forrest that it is better to deliberately risk a rupture than open the abdomen.

If the intussusception can be reduced at all, it can be done as safely by the finger as an injection, with the additional advantage that by the latter method the surgeon is able to see and feel what he has to deal with.

The arguments in favor of early injection apply equally to section, and considering how extremely rarely spontaneous cure occurs, abdominal section may in many cases be justifiable.—J. B. Mortimer, F.R.C.S., in *The Lancet*, May 23d. G. W. R.

PHENOCOLLUM HYDROCHLORICUM: A NEW ANTIPYRETIC AND ANTIRHEUMATIC.—This substance, which has been tested clinically by Dr. Hertel of Prof. Gerhardt's clinic, is related to phenacetin. The latter, as is well known, is acetparaphenetidin, and is obtained when paraphenetidin is boiled for a long time with glacial acetic acid. If amidiacetic acid or glycocoll be substituted for acetic acid under suitable conditions, amidoacetparaphenetidin or phenocoll is obtained together with water. Phenocoll is thus a phenacetin in which an H atom of the acetyl group (OC,CH_3) has been displaced by the ammonia-radical NH_2. It is a basic substance and forms with acids soluble salts. The hydrochlorate is a white microcrystalline powder and dissolves in about sixteen parts of water at 62° F., the solution reacting neutral. From hot water it crystallizes in dice-shapes, but from alcohol (in which it only dissolves readily by the aid of heat) it crystallizes in needles. Prof. Kobert, by his experiments with it upon animals, finds that it is not poisonous, and, unlike many of the modern fever remedies, it does not injure the blood. Prof. von Mering noted in fever patients (typhus, pneumonia), after doses of 15 grains, a lowering of the temperature to almost 3.6° F., and without any symptoms of collapse and without cyanosis. He considers the action of 15 grains equal, as an antipyretic in fever patients, to 22 or 30 of antipyrin and to 12 or 15 of phenacetin. Hertel employed the remedy in four cases of advanced phthisis with irregular hectic fever. The reduction of temperature was temporary and not so great as that obtained by von Mering. In three cases of severe articular rheumatism it had a favorable influence upon the pain, but only a transitory one upon the temperature. In one case of gonorrhœal rheumatism it was without effect both upon the fever and the joint affection. No injurious influence has been noted in the kidneys. After the use of about 75 grains the urine showed a brownish-red up to a blackish-brown color, which became darker by standing exposed to the air. The addition of chloride of iron solution made the color still darker, which became somewhat lighter by the addition of concentrated sulphuric acid, and by transmitted light, greenish. The excretion of the drug occurs with tolerable rapidity, as in twelve hours after ceasing the use of it the iron chloride reaction did not appear.—*Deutsche med. Wochensch.*, 15, 1891. O'C.

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AUTO-TUBERCULINIZATION IN LUPUS.—Unna, of Hamburg, has devised a method, based upon very ingenious reasoning, of treating lupus by its own tuberculin. He says: It is the tumor-like character of lupus which distinguishes it anatomically and which is histologically conditioned by the long persistence of the youngest elements affected by tuberculosis and which still bear a purely progressive character. And again, it is just this tumor-like character which alone through injection of tuberculin are temporarily removed while the older affected elements of regressive character, called especially tubercle, remain uninfluenced. Anatomical evidence is now at hand that it is only certain portions of solid structure of not small volume that are attacked by tuberculin and brought to resorption. It is not only the lupous plasma cell that is promptly involved by the Koch treatment; in equally favorable way there is a reaction of the peculiar fibrous tissue formed under the influence of tuberculous poison and which must not be confounded with the definite lupoid cicatrix. The specificity of lupous fibroma as distinct from other fibromata is shown just as well by the effect of injections of tuberculin here as it is upon the actual lupous cicatrix. Other fibromatous tumors have proven absolutely refractory to tuberculin, such as keloid, keloid and elephantiasic on a syphilitic basis, circumscribed sclerodermata, and one case of advanced acromegaly. Lepra in general reacts, and hence also the cicatricial keloid following extirpation of a leproma. While no one expects now to completely cure even a beginning lupus by injections of tuberculin, still any one who has to treat lupus will do well to invoke the beneficent action of tuberculin on the lupous plasmoma and the lupous fibroma. Injections are not necessary, for in these cases the patient carries in every instance a reservoir of tuberculin. It is only necessary to set free this substance from his lupus and send it into the circulation. As lupus contains only a very few bacilli and these are at points farthest from the vessels, closely enclosed by a dry cell-wall, Unna has used massage as the method of driving the bacilli from their hiding places. This is done with two or four fingers, with a pressing, kneading motion, during one or two, or at most three minutes each day, over a part the size of a quarter of a dollar. The danger of breaking the skin is avoided by covering the part with plaster-mull and the massage done through this. Zinc-plaster-mull is advised when it is specially desirable that the skin be kept intact, but a far more rapid result is attained when salicyl-creosote plaster is employed in conjunction with massage, and although an ulcerating spot is produced, the adherent plaster-mull replaces the skin so completely that no great amount of exudation follows, and energetic resorption goes on. When, immediately after massage, the plaster-mull is removed, the spot is bright-red and œdematous; the resorbed tuberculin arouses here phenomena at once, which we are accustomed to look upon as positive reaction in every lupous spot in from five to ten hours after an injection. Then the swelling rapidly lessens, and by the next day the spot is flatter than before. The method is not offered as a radical treatment of lupus. It leads rapidly to a sure way of resorbing plasmomata and fibromata, and then the essential part of the treatment follows, that is, the seeking out and destroying of single lupus centres by caustics or the cautery.—*Berlin. klin. Wochensch.*, 25, 1891.
O'C.

OPERATIVE PRODUCTION OF CARCINOMA (?).—At a meeting of the German physicians of Prague, February 27, 1891, Dr. Frank showed a woman in whom, about six months ago, after a simple ovariotomy on

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July 1, 1889, there appeared in the cicatrix a nodule that has gradually increased in size. At present the whole lower abdomen up to the umbilicus is filled by a tumor. Examination shows it to be a carcinoma in the anterior wall of the abdomen, having started in the cicatrix. On microscopic examination of a portion, he finds it to be an adeno-carcinoma, wholly of the appearance of an adeno-carcinoma ovarii, with tall cylinder epithelia. He also reported the case of another patient in whom after the removal of a glandular adeno-cystoma an adeno-carcinoma appeared in the cicatrix. Cases of carcinoma in the cicatrix after ovariotomy are very rare; much more frequently the formation of carcinoma in the peritoneum has been observed. The occurrence of these tumors Frank explains as follows: During the operation adenoma cells remain in the wound, are nourished, and develop into carcinomata. In consequence he takes a decided stand against the views of most operators, who hold that the flowing in of cyst contents is of no moment, and he proposes that in every case the wound be protected and the inflowing of cyst fluid into the peritoneal cavity be prevented. —*Wien. med. Wochensch.*, 24, 1891. O'C.

COMPRESSION OF THE CAUDA EQUINA BY AN EXTRA-DURAL TUMOR —CURE BY OPERATION.—Dr. Rehn, of Frankfort-on-the-Main, reports the case of a patient, aged 19, of good heredity, and who had never previously complained. In September, 1888, he was taken with pains in the sacral region which extended to both thighs. The affection continued with varying intensity. In December, 1889, he was examined by Dr. Laquer with the following result: Patient complains of violent pains in the sacrum, most severe at night. No disturbance of motility or sensibility, no impairment of the reflexes. Nerves and muscles responded normally to tests. A deep-seated neuralgia was thought of and galvanic treatment instituted, without, however, any result. In December, 1890, he had become considerably worse. Paresis of bladder and rectum had appeared, the right patellar reflex was gone, the left one weakened. A peculiar holding of the body was noted, walking with the back held rigid and the body bent forward; no ataxia, no disturbance of sensibility or motility. Dr. L. made now a diagnosis of probable tumor in the sacral canal. Rehn, when consulted, found the patient in bed, lying on the right side, supported on right elbow and trochanter. He could not take the position on left side. When told to rise, he did so with the extremest care; in standing and walking he keeps the lumbar vertebræ and sacrum arched backward and avoids every motion or shaking of the spine. Complains of dreadful pain in sacrum; the affected part is extraordinarily tender to pressure, and even touching of the anterior surface of sacrum is very painful. The closest examination of sacrum and lumbar vertebræ shows no trace of bone or joint disease. There is wanting only a pronounced paralysis to make up a typical picture of tumor of the cauda equina, and even without this Rehn agreed with the diagnosis of his colleague. The long duration of the process justified the assumption that the growth was of a benign character. On October 14, 1890, the operation was done. The external incision extended from the spinous process of the fifth lumbar vertebra to end of sacrum in the median line. The bony canal was carefully opened with the chisel, and at the level of the upper edge of second sacral vertebra there presented a small bluish, transparent tumor of the thickness of the little finger. Its site was extra-dural. It was removed, and considerable relief from pain was obtained even on the first day. On November 12th he was discharged cured, the old pain having com-

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pletely disappeared, the only complaint being of want of sleep and some drawing pain. The gait and position of the spinal column had become perfectly normal. Microscopic examination showed the tumor to be a lymphangioma cavernosum.—*Wien. med. Wochensch.*, 24, 1891. O'C.

PERIPHERAL NEURITIS IN THE CANCEROUS.—M. Auché has examined, in Pitre's clinic in Bordeaux, the peripheral nerves in ten cases of carcinoma. In nine he found high grade degenerative changes in the smaller branches while the nerve trunks and roots were normal. The cause of this neuritis is probably the general disturbance of nutrition and cachexia. Certain clinical phenomena, such as the varied pains in the limbs, feeling of coldness and paræsthesias, are thus probably dependent upon these degenerative changes in the nerves.—*Neurolog. Centralbl.*, 9, 1891. O'C.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THE BALTIMORE COLLEGE.—The *Baltimore American* of a recent date, contained an exhaustive account of the progress made by our Southern *confreres* in establishing the new homœopathic college in that city. It says editorially that "it is very plain that the homœopathic physicians of Baltimore mean that no pains shall be spared for the extension of their influence and the propagation of their medical tenets. They have within a very short time put into operation a complete and well equipped hospital and dispensary and now crown the work by the establishment of a college, the first of its kind in the South. The ability and earnestness of its founders and proprietors give abundant assurance that it will be a medical school with a high standard and will afford to students from all parts of the country excellent opportunities for a complete education in the medical sciences as followed and preached by the disciples of Hahnemann." We have no doubt that all will be done that is possible to make the college a success.

THE STATE SOCIETY.—President Kinne of the American Institute of Homœopathy and a number of other prominent homœopathists from without the State, are expected to attend the meeting of the New York State Homœopathic Medical Society, which will be held in "The Iriquois" hotel, Buffalo, September 15 and 16, 1891. The Erie County Society and citizens of Buffalo will give a dinner; the Homœopathic Medical Society of Western New York will meet with the State Society, and every one who attends will be sure afterwards to look back upon the occasion with satisfaction and pleasure.

NEW JERSEY SOCIETY.—The Secretary, Dr. A. W. Bailey, states the thirty-seventh semi-annual meeting of the New Jersey Homœopathic Medical Society will be held in New Brunswick, Oct. 6, 1891, in morning, afternoon and evening sessions. It will give the members of the society pleasure to have visiting physicians take part in the discussions.

THE SOUTHERN ASSOCIATION.—The eighth annual session of the Southern Homœopathic Medical Association will convene at Nashville, Tenn., on Nov. 11, 1891, in a joint convention with the Homœopathic Medical Society of Tennessee. A most cordial welcome is extended to all the Northern homœopathic physicians to be present at the Nashville meetings and enjoy the discussions on medical and legislative topics.

APPEAL FOR HOMŒOPATHIC TREATMENT.—Radhakanta Ghosh, a medical practitioner at Calcutta, India, has addressed an appeal to the

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government for the introduction of homœopathic treatment in medical relief operations that may be started from time to time by district boards in connection especially with cholera epidemics. To the appeal is appended an account of the results of homœopathic treatment in a recent visitation of cholera.

A PECULIAR SKIN DISEASE.—This case as reported is unique, not only because the shedding of the cuticle and nails of the hands and feet was complete, but in its repetition for thirty-three consecutive years, on the same day of the month, and within a few hours of the same time of day. The patient, a man, was born in 1857. The attack begins abruptly. Has a feeling of lassitude and weakness of fifteen or twenty minutes duration, followed by muscular tremors, nausea and vomiting, a rapid rise of temperature, skin and mucous membrane of tongue and mouth become red and inflamed and are hot and dry. No perspiration until after the cuticle is cast off. The acute symptoms begin to subside in from three to four hours and are entirely gone by the end of twelve hours, with the exception of the redness of the skin, which does not return to its normal color for thirty-six hours or more. The patient has been delirious three times during these attacks, once for nine days. In his early life the cuticle began to be shed on the second or third day after symptoms appeared and was complete by the fifth day; but each year it takes a little longer, until now it is ten or twelve days before shedding is complete. The cuticle can be detached in large sheets and he has always been able to remove it from the hands and feet in one piece in the form of gloves and moccasins.

AMERICAN CHEMICAL SOCIETY.—The third general meeting of the American Chemists was held in Washington in August. It is the oldest society in the country devoted solely to the advancement of chemical science, and the only one having a national organization. Many valuable papers were read and the membership was largely increased.

A CHEAP DISINFECTANT.—At this season of the year, says an exchange, and during the autumnal months, disinfectants should be kept ready at hand for needed use, but not in any measure to take the place of cleanliness. The nitrate of lead is the cheapest disinfectant known that fulfils its intent. It does not, however, prevent putrefaction. The chloride of lead is much more effective in all directions. It is made by dissolving a small teaspoonful of nitrate of lead in a pint of boiling water, then dissolve two teaspoonfuls of common salt in eight quarts of water. When both are thoroughly dissolved pour the two mixtures together, and when the sediment has settled you have two gallons of clear fluid which is the saturated solution of chloride of lead. A pound of the nitrate will make several barrels of the liquid. The nitrate of lead costs from eighteen to twenty-five cents a pound at retail.

SARCOMA AND CARCINOMA.—At a public dinner in Edinburgh recently an amusing story was told of James Payn, the novelist. Mr. Payn as is well known, is the editor of the *Cornhill Magazine*, and next door to his office a medical journal has its sanctum. One day Mr. Payn's door was cautiously opened and a pale-faced, long-haired gentlemen entered. "I have brought a little thing about sarcoma and carcinoma," said the visitor. "Very sorry, sir," said Mr. Payn politely, "but we have all the poetry we want." "This isn't poetry," exclaimed the visitor, "it is an essay on two varieties of tumor." "Oh I beg your pardon," said Payn, "I thought they were a pair of Italian lovers." The long-haired man was a well-known medical professor who had entered the wrong office.

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North American Journal of Homœopathy.

ORIGINAL ARTICLES IN MEDICINE.

ON KOCH'S LYMPH AND HOMŒOPATHY VS. MICROBES.

By W. M. DECKER, M.D.,

Kingston, N. Y.

AN article by Dr. J. L. Cardozo appeared in the North American Journal of Homœopathy, May, 1891, in which the doctor made no distinction between Koch's lymph and the tubercle bacillus. He regards them as identical, for he says: "Dr. Koch has *proved* by experiment, that his lymph, when by inoculation introduced into pigs and monkeys, has brought on tuberculosis," and then follows, in the same paragraph, this remark: "I am justified in my belief that the lymph, if introduced into the system, is capable of producing tuberculosis." And again, he says: "Will that same lymph *cure* consumption, *because* it can produce that disease?"

Once more, he asks, "How could the administration of an additional dose of the very same poison ever cure the patient?"

It is not the answer to these questions that concerns me, at the present time; but I wish to correct what seems to me an error in statement. The doctor is in error when he says that Koch's lymph will produce tuberculosis. And he mentions Koch as making such a statement. Will the doctor please quote Dr. Koch's statement to that effect? Koch, when he revealed his remedy in his second communication, said: "It was further found, that pure cultivations of tubercle bacilli thus killed, after they have been ground down and suspended

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in water, can be injected under the skin of healthy guinea-pigs in large quantities without producing anything but local suppuration."*

In this experiment the lymph, notwithstanding it was injected in large quantities, failed to produce tuberculosis. Why? Because it contained no living tubercle bacilli.

Again Koch says, in the same article, p. 134: "Thus, the only important thing to be done was to carry out the process which takes place within the body *outside* of it also, and, if possible, to extract and isolate the curative substance from the tubercle bacilli. This probably required much work and time before at last I succeeded——." Therefore, it appears from Koch's original statements, that the lymph does not contain any tubercle bacilli, and that it will not produce tuberculosis in the healthy. And, therefore, when Koch's lymph is administered to a case of tuberculosis, we are not giving the very same poison that caused the disease. Tuberculosis cannot be produced in the healthy without living tubercle bacilli.

And now, a few words concerning the culture of, not only tubercle bacilli, but of other bacteria as well.

Authority and quotations: "*Bacteriological Technology for Physicians*," by Dr. C. J. Salomonsen.

On p. 18 we read: "We must be prepared to recognize in our present imperfect knowledge concerning the nutrition of bacteria, that slight variations in the preparation may give rise to difference in the result of cultures."

Here let me add, in passing, what may be of general interest, that Koch was not the first to culture tubercle bacilli in a glycerine mixture, for, on p. 19 it is stated, in speaking of flesh-water as a culture-medium, that "The addition of 0.5 per cent. of glycerine (before the last neutralization) gives an excellent medium for the tubercle bacillus" (Roux and Nacard).

On p. 48 we read: "Moreover, indeed, as Pasteur first showed, cultivation at a hlgh temperature may change the physiological character of bacteria, and is used in the fabrication of 'vaccines.'"

On p. 132 it is stated: "This prepares the observer for morphological changes in the microscopical appearance of the bacteria so grown; and it must also be remembered that under such conditions a permanent physiological transformation of the bacteria has been induced, as in the attenuation of the virulence of *B. anthracis* by cultivating it in carbolic acid (Toussaint, Chamberlain and Roux), a result which gives special interest to experiments of this sort."

* *Therapeutic Gazette*, Feb., 1891, p. 133.

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These quotations should throw new light on the use of drugs, when used homœopathically, in the treatment of microbic diseases; and also throw new light on the use of the extracts of bacteria—these new drugs, by the homœopathic school of medicine.

According to the above quotations, slight influences and slight changes will affect the character of bacteria and their excretion (ptomaines); and Koch has demonstrated that 1-2,000,000 of cyanide of gold will arrest the action of tubercle bacilli when in a favorable culture-media. Now these scientific points, taken in connection with treatment by similars, which means, that the drug will exert its influence at the very point involved in disease, is a reasonable explanation of how homœopathy controls, influences and cures microbic diseases.

The incomprehensible thing with the old school of medicine, in the use of Koch's lymph, was this: That it would seek out, as by affinity, only the tissues adjacent and surrounding the tubercles, and there do its work without attacking any other tissues in the human body. This was, and is still, their constant wonder. And they are in greater mystery when they consider the smallness of the dose. But this peculiarity of drugs is perfectly clear to the homœopathic school of medicine, because they believe in and practice with similars.

When a homœopathic physician gives belladonna for a congestive headache, if fully indicated, he expects it to act on the head, and he is not surprised that it does so act. *Bell.* has been there before (it was proven on the healthy); and it will go there again, even in minute doses, though now it is a similar acting influence, which causes the headache, and not the drug, *bell.*

When *arsenicum* is indicated in gastritis, because of its similar action on the stomach, we are never surprised, we never wonder, that it acts favorably on the stomach in small doses. Then, why should a homœopath wonder at what Koch's lymph will do in selected cases of tuberculosis?

There is no reason why Koch's lymph cannot be used homœopathically. And there is no reason why ptomaines of bacteria, as produced by artificial culture outside of the body, cannot be used to cure diseases which the bacteria cause. This is not isopathy. Isopathy means an identical.

When bacteria invade the human system, disease is the result. The bacteria themselves cause the local trouble, and their extracts (ptomaines) produce the general, or systemic, symptoms. To illus-

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trate—diphtheritic bacteria invade the throat, and the tissues of the throat, on which they locate and make their niches, becomes the natural culture-media; and, as a result, the local effect is ulceration (because they disorganize the tissues) and, perhaps, membrane; but, as soon as the invaders begin work, they excrete their poison, which is absorbed; and the result is general systemic symptoms—such as fever, prostration, general muscular soreness, nausea, hæmorrhage, weak heart, etc. Hence, the local symptoms of a microbic disease is a proving of that microbe; and the general symptoms of a microbic disease is a proving of the ptomaine of that specific microbe; the microbe and the ptomaine each varying as the individual variation in the human tissues (which is the culture-media) varies. The ptomaine, undoubtedly, has some local effect also, but just what it is we know not. It is analogous to disease, but it is not disease, because it will not produce it. The variation in the media explains why the same disease varies in different persons; and microbes explain why certain diseases inoculate the system and render the subject non-susceptible to a second attack.

But the variations in epidemics must be accounted for by variation in microbes, a mild epidemic being the result of a weak generation, and a severe epidemic, the reverse. And variations in culture-media and variations in generations of microbes, will explain nearly all the mysteries in connection with severe, irregular, mild and malignant diseases and epidemics. But to the point. The ptomaine, or drug, obtained from microbes by culture-media outside of, and isolated from the human body, is not the same identical ptomaine as that originating within the human organism, with the natural living tissues as the culture-media; but it is, undoubtedly, similar; hence, its homœopathicity.

The same bacteria acting within the body, on living tissues (natural culture-media), and acting without the body, on an artificial, dead culture-media, produce a similar, but a different ptomaine.

The bacteria, in order to live, take from the culture-media, in each case, what their organisms demand, and the result is disorganization of the media; hence, the ptomaine differs according to the substance that is disorganized—according to the culture-media.

Practically, there is no difference in similars, whether the disease is like the drug, or the drug is like the disease. And what does it matter whether the slight change, which makes things non-identical yet similar, occurs in the disease, or in the drug; whether it occurs within the body, or without the body? for, as the disease changes,

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we change the drug to maintain the similarity. *Belladonna* is given for headache, because the headache is like that which *bell.* produces. The variation here, which avoids an identical, but maintains a similarity, is on the part of an unknown influence within the human organism; for, exact homœopathy gets as near as possible to that similar unknown influence, which has produced the headache. Now, if that unknown influence becomes known, as in microbic diseases, homœopathy is not destroyed, if the order is reversed, and instead of the variations, which avoid an identical, taking place within the body in the disease, it be made outside of the body, in the drug (ptomaine).

Pasteur acts upon this principle in his use of "vaccines" to prevent disease. According to the quotation, which I cited, he so treats bacteria artificially, as to change their physiological character, and this gives him his fabricated "vaccines." This is also homœopathy in the reverse order, which I have been describing. And homœopathy may prove to be as perfect and act as well one way as the other.

If this is not sufficient, these artificially obtained ptomaines can be re-proven on the healthy human organisms, the same as we prove any drug; and then given according to similars and the totality of the symptoms; but, in this way, we lose the local lesions and symptoms, because the ptomaine is not the microbe. But we find ptomaines produced by putrefaction, decomposition and disorganization, acting as in disease, because, in each case, the agent of decomposition and disorganization is the microbe. And the ptomaines of disorganization and those of disease, also, act on the human system, and in the laboratory, similar to vegetable drugs, with which we are familiar, such as atropine, strychnine, digitaline, veratrine, hyoscyamine, etc. See "*Ptomaines and Leucomaines,*" by Vaughan and Novey, p. 113–124.

Now, how does homœopathy cure microbic diseases? By similars. To know that diseases are produced by microbes, strengthens instead of weakens the homœopathic methods of cure; for it helps to explain what we could not explain before, and it throws new and valuable light on homœopathic therapeutics.

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ARGENTUM METALLICUM—A CASE.

By JAMES A. FREER, M.D.,

Washington, D. C.

THE desire to be of some aid in perfecting our Materia Medica is the writer's excuse for reporting the following case in confirmation of some of the symptoms of *argentum met.:*

The patient, a male æt. twenty-nine years, who apparently had inherited a predisposition to consumption, applied for treatment at my office suffering from a painless, hacking cough, which troubled him only during the day, and was aggravated by talking, deep inspiration, laughing, and by anything which accelerated the respiration to even a slight degree.

The immediate cause of the coughing was a tickling in the trachea throughout its whole length, phlegm accumulated here and excited the efforts at coughing which were terminated by the expectoration of a small quantity of gelatinous, whitish, translucent phlegm, resembling very closely boiled starch. The cough had existed for about one month and had been unaffected by the prescriptions of a skilful brother practitioner. The patient stated that about two years previously he had a hæmorrhage, which, judging from the symptoms, intelligently given, must have been of pulmonary origin, but no remnants of any previously existing lesion of this organ could be discovered. He stated further that for several years he had been subject to cough, especially in winter, the cough following catarrhal colds, to which he was very susceptible, and lasted so long that he was seldom free from cough.

After a careful study of the presenting symptoms, *argentum metallicum* was selected as the remedy and administered in the thirteenth decimal potency, a powder once in four hours; relief was experienced soon after the first dose and continued uninterruptedly, such rapid progress being made that but a very few doses of the remedy were found necessary. Within a few days the cough had ceased entirely and so profound an effect produced upon his system, that now after the lapse of two years the tendency to cough seems to have been entirely eradicated. About one year from the time of the above experience the patient again applied for treatment for a naso-pharyngeal catarrh, accompanied by some tenacious discharge presenting the characteristics of the discharge above described: he also complained of the consciousness of a disagreeable odor from the inflamed surfaces. *Argentum metallicum* was again exhibited and with equally gratifying results with those above related.

A PLEA FOR STRICT ASEPSIS AND ANTISEPSIS IN PRIVATE MIDWIFERY PRACTICE.*

By L. L. DANFORTH, M.D.

"With the exception of small-pox there is no disease so preventable as puerperal septicæmia."—FRY.

A STATEMENT so bold in its assertions as that which has just been quoted, has been selected as an appropriate text for this brief essay, with the distinct purpose of challenging the attention of the members of this society to a subject which, in its relation to private practice, has received far too little attention.

I refer to the exclusion of disease-producing germs by the adoption in private midwifery practice of strict aseptic methods, and the destruction of such germs by the use of remedies having antiseptic properties, should the genital tract become infected.

The researches of Pasteur in 1878 have enabled scientists to formulate certain principles relating to septic infection, which are now accepted as established facts. These may be stated as follows: First, in every case when following an injury or wound we observe any of those accidents known under the name of septicæmia, putrid infection, or purulent infection, there has always been the introduction of the poison from without. This poison is composed of germs, bacteria.

Secondly. In order that infection may take place, it is necessary not only that these germs be deposited upon the wound, but also that the organism affected offer to them a favorable soil for their development. The septic microbe and the pyogenic micrococcus are veritable entities, capable of reproducing themselves, of producing specific effects, each characterized by its own peculiar and unmistakable phenomena.

Physiologically, the *pyogenic* vibrio not only makes pus locally at the site of the wound, at the expense of the albuminoid matters of the tissues, but it also gives rise to the production of pus at a distance when the purulent centres are sufficient and so located as to insure penetration into the channels of absorption. This organism grows in either air or water, or when there is an absence of these elements.

The septic microbe of Pasteur develops when *sheltered* from air and water and when *deprived* of oxygen. Its development is favored in the midst of decomposing matters by the action of the common vibrios of putrefaction which for the most part grow best when ex-

* Read before the New York State Homœopathic Medical Society, Feb., 1891.

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posed to air and oxygen. The organisms of putrefaction *destroy* oxygen and prepare the way for the multiplication of the septic vibrio.

The septic microbes develop in the dead human body at the point of beginning putrefaction which is never in the parts exposed to the air, but in the deeper portions in direct relation to the intestinal canal. These vibrios, inoculated in a living animal and continuing to develop, produce phenomena similar to those witnessed when it is conveyed to dead organized matter. Septicæmia is therefore merely putrefaction taking place in the living body.

There are, no doubt, other forms of microbes or organisms contained in putrefied liquids and animal matters than those two specific forms of Pasteur, but the properties of all are probably those which are common to the two forms described.

The researches conducted in the laboratory and fully set forth in the writings and teachings of Pasteur, Tyndale, Joubert, Koch and others have been made to serve the clinician in the advancement of the healing art. But long before the investigations of these scientists were consummated, or even thought of, a vague suspicion of the dangers of septic infection was recognized, though no one suspected the extent of the intervention, and a rational systematic method of combating these germs did not exist.

The history of midwifery practice in lying-in hospitals has been entirely revolutionized since Semmelweiss (1848) promulgated the doctrine that the infectious symptoms met with in puerperal women are nothing else than manifestations of a fever resulting from the absorption of putrescent animal substances which had become deposited upon the wounds of the genital tract of women. The mortality in these large institutions of the world has been reduced from eight or ten per cent. to less than one per cent. Dr. Henry J. Garrigues, of New York City, has done more than any other man in this country to demonstrate by the innovations which he wrought in the Maternity Hospital on Blackwell's Island, what may be accomplished by strict antisepsis and asepsis, in reducing maternal deaths, even under conditions the adverse of favorable for such experiments. During the nine years from 1875 to 1883 (inclusive) the mortality in the Maternity was $4^1/_6$ per cent., while in the two years and ten months which elapsed after the new method went into operation, the total mortality was 0.98 per cent. In six cases only, that is, 0.42 per cent., was death due to infection. The morbidity during this period was no less remarkable.

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In private practice in New York City during the years from 1880 to 1884 (inclusive) out of 120,418 puerperal women there were 1,005 deaths from puerperal fever, or one death in 120 women who had borne children. These statistics were obtained from the President of the Board of Health, and reported by Dr. Hanks, of New York, to the Academy of Medicine in a discussion on "The Prevention and Treatment of Puerperal Fever," (*Medical Record*, Vol. xxv., 1884, p. 191).

What the maternal mortality may have been in the City of New York since 1884, and especially during the last two or three years, we have no means of knowing at the present time. No greater lesson could be given on the value of antiseptics in private practice than that which might be obtained from the Board of Health of this city. The writer has reason to believe the death-rate in New York City from puerperal septicæmia, and the various inflammatory diseases of the puerperal women, which properly belong in this category, is much greater than it ought to be in the light of the knowledge which physicians of the present day possess on this subject. I think it is no exaggeration to state that it is in reality much safer for a woman to be confined in the Maternity on Blackwell's Island, or in any of the other well-regulated lying-in hospitals of this city, than it is in the houses of the middle and poorer classes; certainly the hospital patient is far better off than the poor woman in the tenement house, who has few comforts and often the most slovenly attendance. The writer does not intend to imply that the physicians who attend the poorer classes are incompetent or wilfully slovenly, but the surroundings of their patients are such, and the fee received so small, the inclination is, in spite of the recognized necessity for unusual cleanliness, in cases where filth and over-crowding abounds, to slight the details of the toilet, and leave their patients in the most favorable condition for the absorption of disease-producing germs.

The brief description of the laws which govern the action of the vibrios of purulent infection and septicæmia, are well known by all educated physicians of the present day, and they have only been reiterated here to emphasize the practical fact that the infectious germs are *carried to the patient from without*, and there finding a suitable soil and numerous channels of entrance, they proceed at once to do their deadly work, if not speedily destroyed by antiseptic agents.

Two cases have recently come within the writer's personal observation in private practice in the houses of luxury, which well illustrate the necessity for the strictest care in the application of aseptic and antiseptic principles.

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Mrs. B., delivered of her fourth child in December, 1890. Labor normal in every respect. The third stage of labor was uncomplicated except that the placenta was somewhat slow in being delivered. As it was withdrawn from the genital tract, it seemed to be entire, and on inspection there was no break in the placental tufts, nor was there apparently any missing portions of the membranes. The convalescence was perfect during the first forty-eight hours. So satisfactory seemed the condition of the patient, that the visit on the third day was not made until about four o'clock in the afternoon. The change in the patient's condition since the visit of the day before was simply startling. During the night previous, the patient had suffered a chill, followed by high fever, severe backache, throbbing headache, flushed face, suppression of the lochia, and pain in the uterus.

In the morning, feeling somewhat better, the nurse deferred sending for the physician, expecting him to call early in the day. When he did arrive, what a change met his eyes, as he entered the chamber! The patient's cheeks were flushed, of a purplish hue, the temperature was 104°, the pain in the abdomen and sacral region was intense, and all the indications showed an alarmingly sick woman.

Delay in seeking the cause and removing it, would have led surely to most disastrous results; prompt action turned the unfavorable symptoms back into the normal channel. Without delay the long glass intra-uterine douche tube was attached to the fountain syringe and a hot solution of the bichloride of mercury, 1–4000, was employed to irrigate the uterine cavity. As the tube was withdrawn, a slender rope of the membranes came with it, black from decomposition. Here was the solution of the unfavorable change in the patient's condition. This fragment of the secundines broke off from the main mass, owing, perhaps, to an attachment of the amnion to the wall of the uterus, or possibly on account of inherent fragility of texture. Putrefaction and septic infection were rapid sequences of this slight accident. After the uterine douche, the temperature fell two degrees; a second injection within a few hours from the first, caused the temperature to fall to the normal within twenty-four hours. The future gave a rapid and uninterrupted convalescence. Veratrum viride θ and sulpho-carbolate of soda were given alternately every hour and no doubt assisted materially in effecting the rapid recovery.

In sad contrast to this history, is another which the writer saw recently. The patient was confined on January 15, 1891, the labor being normal. The nurse stated that the physician in attendance (I am glad to say he was not of our school) refused to inspect the placenta, and employed no antiseptic precautions. All went well until the third day, when the patient had a severe chill, followed by high fever, temperature 104°. Instead of seeking the cause as he should have done, the physician gave *quinine* and *phenacetine*. In fact he began to give *quinine* in considerable doses, immediately after the child was born, and continued it without apparent reason until the third day, when the quantity was increased and *phenacetine* was added to keep down the temperature. Four days were allowed to pass away

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during which time this barbarous treatment was kept up and nothing was done to ascertain the state of the uterine cavity. The patient's condition grew more serious each day. Late on the fourth day, a celebrated gynæcologist was called, who curetted the uterus, removing a considerable quantity of fœtid placental *débris*, and washed the cavity with a *creolin* solution. But it was too late! One week had elapsed since the birth of the child; decomposition and absorption had gone on to such an extent that nothing could save the patient, There was either pyæmia, or septicæmia, or both, a mixed infection. a purulent septicæmia, to such a degree that remedies to combat the blood poisoning had no effect whatever. A pleuro-pneumonia had developed, the joints were tender, the complexion was dusky, fever and delirium were high. The writer saw the patient on the twelfth day after her confinement, and she died on the thirteenth day, a victim of slovenly, reckless, not to say criminal practice.

It is such experiences as these in private practice, in contrast with the opposite results obtained in hospital practice by the adoption of antiseptic methods, which has impelled the writer to urge the adoption of strict aseptic and antiseptic methods in private midwifery practice.

Personal hygiene is one of the most important preliminary steps in the conduct of midwifery cases. A woman in labor should not be touched until the hands and instruments have been rendered thoroughly clean by washing in hot water and castile or green soap, and then rinsed in a solution of the bichloride of mercury, of the strength of 1 to 2000.

If the physician has been in contact with scarlet fever, or any of the other zymotic diseases, he should not approach the lying-in chamber until his body, including hair and whiskers, has been bathed in a saturated solution of boracic acid, or in the bichloride solution 1 to 2000. The nurse should be compelled to comply with the same rigid rules with regard to personal cleanliness, especially of the hands and arms.

The writer is of the opinion, based upon considerable experience, that it is perfectly safe for a physician to go from a case of septicæmia, or scarlet fever, or even from a post-mortem examination, to the lying-in chamber, provided he changes his clothing, bathes his body, and especially the hair and whiskers, and thoroughly cleans the nails and hands, employing for the toilet a solution of the bichloride of mercury. All instruments, particularly the forceps and catheter should be cleaned in boiling water and rinsed in the bichloride solution. If possible, the patient should avoid selecting an accouchement chamber which is not capable of being well ventilated, and the closets and

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waste water pipes should be well cleaned before the room is occupied. Avoid a room which has been unoccupied for a long time, particularly if the water pipes have been long unused. Dr. E. Noeggerath, formerly of New York City, read a paper in 1886 (*American Journal of Obstetrics*, Vol. xix, p. 449) "On a Puerperal Fever Microbe and its Habitat in New York." This article was based on a case of puerperal fever which presented peculiar features. The most complete aseptic management was adopted throughout, but in spite of this a moderate fever of long duration and obstinacy attacked the patient. The uterus was enlarged, tender and hardened; a uterine lymphangitis was present. The cause of the fever was a mystery, but Dr. Noeggerath being a scientific man was not content with the diagnosis of "malaria" which most men would have been satisfied with. He sought the cause and found it. He took home for examination a clot which had recently been expelled from the uterus. The clot looked fresh, but smelled as if in beginning decomposition. Upon examination with the microscope it was found to contain all through its tissue such an amount of a certain form of bacterium, that it was exactly a pure culture of the identical microbe, which he afterward developed from some scrapings from the inside of the central stopper of one of the wash basins. This particular microbe Dr. Noeggerath called the *Saphrophytes*, and the fever a *Sapræmia*, and not a true septicæmia. The basin from which these scrapings were taken had been sealed up before labor began, and no discharge from the patient, or in fact, fluids of any kind had been poured into it. The inference was that the bacteria must have been present in the air contained within the pipes long before they entered the genital tract of the puerperal woman. This patient became sick immediately after she entered this room, and before her labor came on, with symptoms of gastric catarrh, diarrhœa, and albuminuria; she was undoubtedly poisoned before labor set in and the remittent fever with the uterine symptoms were only the local manifestations of a general infection. To return to the subject of prophylaxis: The physician should carry in his obstetric bag a supply of tablets of the bichloride of mercury. A bottle of pure creolin or glacial carbolic acid, either of which for repeated vaginal douchings is to be preferred to the bichloride, should therefore be included in the contents of the bag, as well as an intra-uterine douche tube (Chamberlain's or Hank's). It is impossible to thoroughly wash the cavity of the uterus without the long glass tube: a soft rubber catheter has been recommended instead of the tube, since being smaller it affords a freer exit for the antiseptic solution.

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It is unnecessary to do more than call attention to the importance of closing all lacerations of the genital tract before leaving the bedside of the patient. Examinations during delivery should not be made oftener than is necessary to note the progress of the case, or to afford such aid as is imperatively demanded. The greatest care should be taken to insure the thorough and complete emptying of the uterus. The placenta should be very slowly withdrawn. If a portion is missing it should be sought for at once and removed. Inspection of the placenta should be the rule in all cases. During the progress of the labor it is a good plan to follow the suggestions of Garrigues and have a bowl of the antiseptic solution (bichloride 1–2000) on a table or on the floor by the side of the bed, into which the hand of the physician can be placed and kept for a moment before each examination. The patient should never be touched without first immersing the hand in the antiseptic solution. The too common practice of not washing the hands at all in the intervals between examinations, and then annointing the fingers with vaseline, which already contains more or less blood and mucous *débris*, cannot be too strongly condemned. In fact, it is better not to use greasy applications for the hands during a labor. After each examination the hand should be well washed and then immersed in the antiseptic solution; while it is still wet and the water dripping from it, it should be introduced for the examination. Dr. Wilcox, of New York, recommends creolin in preference to the bichloride, as it has a slightly oily quality which makes it an excellent lubricant at the same time that it is highly antiseptic. A solution of 2 per cent. strength is recommended. At the close of the third stage of labor the physician should supervise the toilet of the patient. He should see that the external genitals are rendered absolutely clean with whatever antiseptic is used. The bed linen must be scrupulously clean. In those cases where it has been necessary to introduce the hand into the vagina or uterus, the intra-uterine douche should be employed immediately after the close of the third stage of labor. In all cases of prolonged labor, with swelling of the maternal tissues, or in forceps cases, the vaginal douche should not be neglected. Among the antiseptic agents used, *listerine* is worthy of commendation. This remedy has not great antiseptic or germ destroying power, but it promotes repair and removes unpleasant odors. After completely emptying the genital tract and rendering it aseptically clean, little remains to be done except to apply the occlusion dressing. For private practice the antiseptic pad called the "Acme" pad, manufactured by Am Ende, of New York, or the Antiseptic Wood Wool Pad, sold by the

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Antiseptic Wood Wool Co., of New York, are the most convenient dressings. These dressings, particularly the latter, can be procured in most large towns. A thoroughly impervious and aseptic dressing can be improvised in any household by taking ordinary absorbent cotton and soaking it in a solution of the bichloride of mercury 1 to 2000. This dressing should be prepared in advance in sufficient quantity to answer the requirements of the case from beginning to end. Dr. Garrigues recommends the following: "The vulva is closed with a thick pad of absorbent cotton, wrung out in the solution 1–2000. Outside that comes a piece of oiled silk, preferably thick gutta-percha tissue, dipped in the solution. The cotton pad should reach from one genito-femoral furrow to the other and cover the symphysis in front and the anus behind. The water-proof tissue must go one finger-breadth beyond the pad in all directions, and is folded forward against the inside of the thighs. To keep this part of the antiseptic dressing in place, a large pad of dry absorbent cotton should be made and a rectangular piece of canton flannel, or a square piece of unbleached muslin, half a yard in both directions, and folded diagonally like a cravat. The ends are likewise folded in, so as to obtain a rectangular bandage five inches wide and about fourteen long, which is pinned with four pins in front and two behind the binder, so as to fit the parts tightly. This dressing is removed in the morning, the afternoon and the evening. The patient passes her urine spontaneously, or, if she is unable to do it herself, it is drawn with the catheter. A stream of luke-warm solution is directed by means of a syringe, over the outside of the genitals and the adjacent parts, and a fresh dressing is applied."

The dressing as described is inexpensive and as readily applied as the ordinary napkin. The patient should be directed to procure in advance a pound package of absorbent cotton and a yard of gutta-percha tissue, or a yard of oiled silk. After the completion of the third stage of labor, which should be completed if possible by the Credé method of placental expulsion, the vagina should be douched with the bichloride solution 1–5000, a quart of water, temperature 115° F., and the uterus only in case it has been necessary to pass the hand or instrument within the organ. The occlusion dressing having been applied, no other local treatment is necessary except the reapplication of the dressings once in three hours during the first twenty four hours, and on subsequent days once in four to six hours, according to the quantity of the lochia. Vaginal douches are superfluous and sometimes dangerous, except after the fourth or fifth day, when

the lochia-rubra is changed to the lochia-purulenta, and then only for simple cleansing purposes. *Listerine* is then preferable to the more active antiseptics. If the directions herein set forth were carried out strictly in every puerperal case, septicæmia would practically disappear from the lying-in chamber.

THE NERVOUS AND MENTAL DISTURBANCES OF INFLUENZA.* BY LUDWIG KIRN FREIBURG.

By S. LILIENTHAL, M.D.,

San Francisco.

NERVOUS symptoms belong to the typical manifestations of every genuine grippe, which may appear during the disease or as a sequela; they remain mostly functional, and only exceptionally deeper anatomical changes were found.

1. *Nervous disturbances of la grippe.*—It commonly sets in without a previous stage, all nervous functions are depressed, general malaise with the sensation of great debility and bodily as well as mental lassitude, in fact the patient feels sick all over and mostly complains of headache, sometimes accompanied by general cutaneous hyperæsthesia of the scalp and neck. In some cases an initial chill is followed by intense headache with heat and radiates from the forehead to all parts of the head, but it may also have its seat in the vertex or occiput, combined with nervous earache, and though continual, shows nocturnal aggravations. It may also appear as migraine. Other initial symptoms are the muscular and nervous pains; worse from the slightest motion, especially the insertions of the muscles are painful. Sacral pains (especially in women), pains in the hip-joints, in the calves of the legs, in the biceps, etc., which cannot bear the least pressure, in the muscles of the neck, of the spine, of the epigastrium, not rarely also of the oculo-motorii, which may be either steady or wander about from one place to another. The patient is thus forced to keep perfectly quiet, or in spite of the pain he tosses about in his bed. Sometimes the pain becomes localized in particular nerves and are described as neuralgic, though they are continuous and not paroxysmal, and therefore ought to be considered as a neuritis acuta, attacking particularly the trigeminus in the supraorbital branch, more rarely the infraorbital, sometimes the intercostalis or ischiatici.

* Volkmann's klin. Vortraege, 23, new series.

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Disturbed sleep or sleeplessness is often present, more rarely a morbid sleepiness. The innervation of the heart is also disturbed, pulse very frequent (up to 180) and irregular, while during the decrease of the fever the very opposite may take place and the pulse sink to 60–48, giving a full picture of a neurosis of the vagus. Many sufferers complain of dizziness with nervous vomiting. One meets either a perfect obtuseness of the mental faculties, or the irritation of the brain manifests itself by hyperæsthesia of the opticus and acousticus, by convulsions in children; in adults by a tendency to deliria or unconsciousness, by restlessness and anguish. Even meningitis was observed in children, as also spotted fever with stiff neck, deliria and lethal coma. Extensive hyperæmia of the brain may also become dangerous to old people, as atherosis and cardiac hypertrophy may lead to rupture of blood vessels and hemiplegia.

Let us study now the nervous symptoms after the febrile state of influenza has run its course. There is bodily and psychic loss of tension, a perfect inability to exert himself, which may last for several weeks. Even where there has been no neuralgia before, it may appear now or one already existing may become aggravated and last for weeks, notwithstanding treatment. Sensory disturbances of the muscles, as a tired sensation of heaviness, a lassitude all over, as though the patient had been overworked or just come out of a convulsive attack. Disturbances in trophic or vaso-motor nerves may lead to disturbances of nutrition, etc. The senses suffer more or less; retrobulbar optic atrophy with loss of vision, hyperæsthesia with otalgia, nervous deafness, faulty sensation in taste and smell are recorded by several authors. Pareses of accommodation are frequent, which, though obstinate, may finally disappear. Paretic states of one or more extremities, arising from a multiple degeneration, neuritis, paresis or paralysis of the bladder, remind one strongly of similar sequelæ, following after diphtheria and other acute infectious diseases, as polyarthritis rheumatica, erysipelas, angina follicularis, scarlatina and tussis convulsiva. Erlenmeyer observed after influenza a case of Jacksonian epilepsy and chorea is not a rare sequela. Even organic spinal affections were observed, as myelitis ascendens acuta. Neurasthenia in its different branches is the output of nearly every case of influenza: this infectious disease renders the patient below par and thus more liable to disease.

2. *The mental disturbances of la grippe.*—During the febrile stage deliria are common in cases where cephalic disturbances prevail, and they might be considered as acute transitory psychoses. Cases are

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observed, where influenza starts with a high degree of well-feeling and steadily increasing temperature and deliria, when hardly any other symptom is yet perceivable. Hallucinations and illusions with motor excitability stamp the character of these deliria, and they are more often observed where pneumonia complicates influenza; but it differs from the deliria of usual pneumonia, in that it stands in no proportion to the extent of the inflammation, and that it shows itself *ab initio*, when adynamia is still absent. Such deliria may proceed the localization of influenza in any other organ, accompany it, follow it or alternate with other cerebral manifestations. In most cases unconsciousness prevails, in others, the patient, being conscious, tries to overcome his hallucinations and illusions. Such a febrile psychosis may set in during the initial stage, more frequently during the acme of the fever, on the second or third day of the influenza, reaching rapidly its height and lasting longer than the fever, but disappears again after several weeks. He lives as in a dream, unable to have cognizance of himself or of the outside world. Depression with anxiety, increased motility are most frequent; he considers himself persecuted, lost, or hypochondriasis is present. Illusions and delusions prevail, especially in the senses of hearing and of sight; insomnia or disturbed sleep. Appetite may be increased, but more often food is refused, fearing poisoning by food; temperature is at first increased, but soon becomes normal. Prognosis good. Alcoholists, when attacked by influenza, are more apt to suffer from this acute mental disturbance and its course may be more protracted, and *per contra* cases are on record where an attack of influenza stopped a grave delirium potatorum.

Post-febrile psychosis may set in in a week or several weeks after la grippe has run its course, though during that interval other nervous symptoms are not absent and may appear in various forms. Acute disturbances from exhaustion show themselves mostly as hallucinatory dementia with great somatic debility and anæmia, and it may take weeks till the patient is himself again. Kirn finds thirty cases of melancholia reported during the last epidemic, sometimes a simple one with consciousness retained. It is always ominous when insomnia keeps up during the stage of reconvalescence, as it is mostly combined with general malaise, discontent, fear and anxiety, restlessness and constant complaints against doctors, nurses or everybody. Melancholia may remain on this simple grade or increase to tedium vitæ, for no appetite and refusal of taking food, no sleep and steadily increasing emaciation make life a burden to them, and it may take

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months before such patients can be discharged from the hospitals or asylums. Maniacal irritation may develop itself in about a week after the invasion of influenza and rapidly reach its acme. Sometimes it is simple typical mania without delusions or hallucinations. Good-humored restlessless shows itself in his features and in his actions, and nonsensical loquacity, jumping from one subject to another, is characteristic; more rarely he will be irritable to his surroundings. It may last six to eight months, or it may become protracted and take on the chronic character.

3. *Pathogenesis of the nervous and psychic disturbances.*—The etiology of neuroses and psychoses most frequently consists of different factors. It is a well known fact that in all epidemics persons whose state of health is below par, are more apt to suffer from it, and while during the febrile state healthy persons may be attacked with these transitory neuroses and psychoses, we meet in the post-febrile disturbances this predisposition markedly prevailing. Such predisposition may be congenital and hereditary, or acquired by a trauma during youth or early neuroses (hysteria, neurasthenia), or by diverse chronic affections, (gastric, pulmonary, cardiac, cephalic) acquired during life, which gradually undermine the constitution and cause anæmia and general hebetude. Though proofs are still wanting, the supposition is justifiable that the nervous and psychic disturbances of la grippe originate from a toxine, which causes a high fever with its characteristic symptoms, and which keeps up its noxious action after the disappearance of the fever in defective constitutions.

Looking over many a text-book it is astonishing that during the many epidemics, which are reported, so little notice has been taken of these neuroses and psychoses, especially the post-febrile ones, while the catarrhal, gastric or respiratory forms are minutely described. The writer of these notes fell into the same error, for in the third edition of my Therapeutics, mental and nervous affections are entirely neglected. The same omission might be noticed in an article, "The Grippe Symptoms of Gelsemium," by Dr. Ch. W. Smith, of Brooklyn, (N. A. J. of H., June, 1891) where he gives some symptoms relating to neurotic affections, but, I may be pardoned for the expression, there is not individualization enough, and hence my intention to fill up this gap. Dr. Smith as well as our text-books, or those of the old school, deal more with the prodromal and febrile state and thus no mention is made of the post-febrile stage with its psoric predisposition to nervous and psychic troubles. We are in full accord with Dr. Van Dennter (Wood's Monographs, June, 1891) where he says: "In these

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(post-febrile affections) cases the prognosis seems to be favorable, when the patient is brought into better surroundings, his nutrition improved and no other etiological factors come into play. The unfavorable course of many cases seems to be due to the original bad surroundings. When these can be corrected, a favorable prognosis may also be given in cases of chronic alcoholism. Good results will be obtained by complete psychical and bodily rest and cheering admonitions." Though perhaps the similimum might cure everything without noticing hygienic and dietetic measures, still it is best, whenever possible to combine the one with the other and thus reassure success.

Now to our task and let us begin with *gelsemium:* chilliness, languid feeling in back and limbs; fever heat with drowsiness, particularly hot head and face with cold extremities; wants to lie still and desires to be let alone; inability to attend to anything requiring mental effort; intense prostration of muscular system and still full of myalgic pains; deliria as soon as he falls asleep; incoherent loquacity; asthenic fever.

Gelsemium reminds one immediately of *bryonia*, which also has from the start this aching confusion of the head, with dull pressing pains, as if everything would be pressed out of the forehead; desire to be left unmolested; sleepy in daytime and sleeplessness or sleep broken by frightful dreams at night; mental exhaustion and confusion of mind, often indicated after *gels.*

The bruised sensation all over the body is characteristic of the boneset; in fact, in some epidemics *eupatorium perfol.* was a standard remedy, and though the proving shows only a few mental symptoms, still its catarrhal and gastro-hepatic symptoms will often indicate it from the start, especially where malaria has undermined a formerly strong constitution.

I read lately Lewis' essay on Insanity at the puerperal, lactational and climacteric periods. Here he hints at the poisonous germs circulating in the blood, especially in anæmic, worn-out women. In several such cases *actæa racemosa* restored the oppressed mental functions, and it does the same in both stages of influenza. It affects directly the whole nervous system, and irritable weakness is characteristic. Obstinate insomnia is one of the most common symptoms of threatening mental troubles, and hardly any remedy has it more outspoken than our *cimicifuga.* The patient is full of suspicion, refuses food, feels as though a heavy cloud weighs him down, alcoholic tremors and deliria render him unfit for society; neurotic spasms, often

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more a neuritis than rheumatism, disturb the fitful rest which he craves, and in his suffering death is often welcomed.

A syphilitic patient is very apt to fall victim to la grippe, for his whole constitution is undermined and we know now that there is hardly an organ or tissue which does not suffer from this or the gonorrhœic poison, working its way from the periphery to the centre or *vice versa*, poliomyelitis or neuritis. Mania may alternate with melancholia, for excessive restlessness and indifference prevail in spite of lassitude and prostration, and the syphilitic headaches is no idle dream, often obstinately refusing to yield even to combined mercurial and iod. treatment.

Some of our writers claim *sabadilla* as one of the chief remedies in influenza, and it is too much neglected in mental affections with its imaginary delusions; the grey, dingy color of the face demonstrates that he is below par and liable to run down bodily and mentally.

Here its compeer may be *rhus toxicodendron*, and its asthenic character is well-known. Here also we meet anxiety with restlessness, satiety of life with fear of death, or a suicidal mood with desire to drown himself, and low, mild delirium, with stupefaction and insensibility; dizziness with staggering, rheumatic and neurotic pains all over; paralytic weakness; insomnia with restless tossing about; too often a herpetic diathesis must bear the blame.

What an array of remedies this word herpes or psora brings to our mind! the three blessed S, sepia, silicea, sulphur, the salts of lime, and what could we do without calcarea and its adjuvantia, psorinum and thuja, both with their fixed delusions, and thus I might go on individualizing and comparing remedies, having the idea in my mind that it is better to prevent than to heal such direful sequelæ, for I fear that allopathic measures, especially their antipyretics, be it chininum or antipyrine, etc., may often be blamed for these secondary effects of unnecessary drugging. Let us be faithful to our law and thus faithful to our patients, and la grippe has lost its terrors.

A CASE OF METRORRHAGIA CURED BY GERANIUM MACULATUM.

By HENRY C. ALDRICH, M.D.

Adjunct Professor Materia Medica and Therapeutics, Minnesota University.

METRORRHAGIA is a condition, a symptom, if you please, which is often cropping up to annoy the general practitioner, as well as the specialist in gynæcology.

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Oftentimes it is made a matter of treatment, and not of diagnosis. As unfortunately happens again and again, either through perversity on the part of the patients, or lack of moral courage on the part of the physician; complete examinations upon which so much depend are not made, and quite frequently preventable hæmorrhage is allowed to go on for want of a proper examination in the first instance.

Each and every case of metrorrhagia should be diagnosed and treated on its merits.

Some little time since Mrs. M. B. was sent to me for electrical treatment, as she was supposed to be suffering from malignant disease of the uterus with profuse hæmorrhage.

The galvanic current applied after the method of Apostoli proved of no benefit.

Every little exertion brought on a profuse hæmorrhage, so that the patient was obliged to keep in bed or lying down almost constantly, and, as she put it, "life was a burden."

Examination showed a woman aged 45 (mother of one child aged 22), emaciated, nervous, hysterical and irritable. I could find nothing abnormal in her general condition. All the bodily functions normal, except this one thing, and I could detect nothing abnormal about the ovaries. No evidence of a growth in the uterus could be detected. In short, it seemed one of those cases of persistent hæmorrhage that will worry one half to death. Remedy after remedy was tried. Each seemed to relieve for a time, but soon lost their efficacy, each in turn having to be replaced by another on account of the hæmorrhage returning.

After using *calcarea* and *china*, *secale*, *trillium* and *sabina*, with no permanent relief, I curetted the cavity of the uterus, after dilating the cervix with the Goodell dilator. The scrapings I examined microscopically, and found nothing malignant, and no evidence of degeneration of the mucous membrane.

The hæmorrhage again returning, I tried *ustilago*, *hamamelis*, *crocus* and *cinnamon* in various potencies and strengths, with varying results, and always my patient would tell me sooner or later that she was "flowing again."

These remedies were all used in the lower potencies, from the tincture to the 3x and 6x dilutions.

Cinnamon tea checked the hæmorrhage for a period of five weeks, but it returned and continued more or less for seven weeks.

Now this hæmorrhage had resisted the ordinary homœopathic remedies perseveringly used.

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"Homœopathists have rejected—rightly or not—all the so-called astringent remedies for the cure of abnormal discharges" (Hale's new remedies).

There had been a doubt in my mind also as to the necessity for the rejection of some, at least of the vegetable astringents, and as every other remedy had proven totally inefficient, in desperation I turned to the vegetable astringents and to "geranium" in particular, because of the leucorrhœa from which the patient suffered when not losing blood, and was repaid by the most gratifying results.

I prescribed the *geranium* in tincture, ten drops four times a day, with a douche (vaginal) twice a day, of a decoction of the same.

After the first day there was a noticeable decrease in the quantity of blood lost, and the hæmorrhage gradually ceased, until at the end of a week there was none at all.

Six months and more have passed, and there has been no return of the hæmorrhages; the menstrual flow has become natural in quantity and perfectly regular. Any slight bad feeling referable to the pelvis, or any slight leucorrhœal discharge is at once relieved by the remedy.

A recent letter from the husband (in Iowa) tells me that the wife is apparently in perfect health, and they both ascribe her improved condition, as do I, to the *geranium*.

THE IMPORTANCE OF DIETS IN DISEASES OF CHILDREN.*

By WM. OWENS, M.D.,

Cincinnati, O.

THERE is, perhaps, no one subject of more importance to the medical profession and the public generally, than the relation of foods to infants, who, by reason of their helplessness, commend themselves to our warmest sympathies.

Of foods generally it may be said that the medical profession in its wisdom has not yet discovered a diet uniformly suitable for all infants and children, under apparently similar conditions, nor is it likely that such discovery will soon be made. It is not long since milk was regarded as the universal diet for these little ones. If the mother failed a wet nurse was often called; if this could not be done, cow's milk,

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goat's milk, or ass's milk was substituted. Now various artificial foods of more or less value have taken the place of these.

A very worthy class of physicians, with Sir William Roberts at their head, maintain that the palate is the dietetic conscience, and recommend that whatever the party relishes, in health or disease, is his best diet.

While this may have a shadow of truth in it, it cannot be accepted as a guide under ordinary circumstances. The caprices of appetite, as society is now constituted, if indulged would, in a large number of cases, prove unfortunate. It is well known that under all morbid processes, the functions of nutrition are very liable to become perverted, the appetite suffering more frequently and profoundly than any other.

And this is especially true of children whose discretion is not of the highest order, being often over-fed, under-fed, or badly fed.

We are indebted to Dr. Holt for certain measurements of infants' stomachs. He reports the measurements of 143 infants' stomachs, in which it was found: first, that at birth average capacity was one ounce and that there was an average increase of one ounce per month for the next three months, or a capacity of four ounces at the end of three months; second, it was found that from this time to the end of the eighth month the capacity was increased to about six and one-half ounces; third, from the eighth month to the fourteenth, the increase reached nine ounces, and that these quantities may be taken by the infant every two, three or four hours, according to the age of the infant, and that quantities in excess of these tend to overload the stomach, derange digestion and disturb the bowels, giving rise to sour eructations of curdled milk, mucus, bile and other substances, or the food may pass downward upon the bowels, inducing colic, diarrhœa, and possibly acute or chronic entero-colitis, and not unfrequently, catarrh and ulceration of the intestines.

THE INFANTS SURROUNDINGS.—Let us call your attention to the hygienic conditions which should attend every child as a birthright.

First. He should be well born, of healthy parents, with happy surroundings, of good moral and mental characteristics.

Second. The infant should occupy a room well lighted and ventilated and kept comfortably warm for the reason that the infant has but little resisting power against cold. He should have warm clothing suitable to the season without regard to fashion; the clothing should cover all parts of the body and limbs; the clothing should be soft and loosely fitting. In winter it should be flannels or woollens,

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and fastened with buttons or hooks, avoiding all elastics, securing warmth, freedom of motion and cleanliness; all children desire to be in the open air in suitable weather; this desire should be indulged, and they should have such amusement as can be readily provided.

SLEEP.—Infants usually spend most of the time between birth and the end of the third month in sleep, and in this should not be disturbed except for nursing or other attention. From this time he may be required to sleep from seven to eight hours each night and take two or three short naps during the day. From eight months to the end of two years he should be required to take a good nap every day and retire at an early hour of the night. From birth to two years of age he should be bathed once each day, and in warm weather he will be benefited by two or three baths a day. Bathing for the young and growing child is a necessity and a valuable tonic to the nervous system: it allays irritation and promotes a healthy condition of the skin.

FOOD.—But all other conditions combined are by no means equal to the importance of diet and principles which govern its selection. All foods may be described under two heads—nitrogenous and non-nitrogenous (carbo-hydrates). The first includes the albumens of meat, milk and eggs, and the gluten from the cereals. To the second belong all the carbo-hydrates (starch and sugar) of vegetables, grains and fruits, etc.

Feeding also may be described under two heads—nursing and hand- or bottle-feeding. Milk, from whatever source, belongs to the nitrogenous variety of foods—and if good in quality and agrees with the child, should be used chiefly as a diet until he is six or eight months old, and in combination with other foods until he is at least one year old. The same is true with regard to the hand- or bottle-feeding of infants; when under these foods if the child remains healthy and happy, the physician is seldom consulted.

When the infant shows indications of disease, it becomes the physician's duty to rigidly inquire into the cause or conditions which gave rise to it and as to the child's antecedents and manner of living: whether he has had too much food or has taken it too often, or has taken improper food, or has taken improperly prepared food, or whether the illness may not have arisen from cold or other causes.

While the mother's milk may be the best food for a child in health, it does not follow that it is always the best in disease. It will often be found that the mother or wet nurse have been indulging in objectionable articles of food or drink; when this is found to be the case, the conditions must be changed.

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It has been stated on good authority that more than one-third of the mortality among infants arises from dietetic errors on the part of the mother or nurse; also it has been said that nature is prodigal of life. It is true also that the absence of wisdom is prolific of death. Nature produces no offspring for sacrifice to our ignorance, or carelessness, and, therefore, needs no Besant or Bradlaugh to counsel limitations to her efforts.

Statistics show that forty-three and seven hundredths (43.07) per cent. of all the children born alive die before the age of five years, and that of this number more than one-third succumb to diseases of the alimentary canal—usually the result of errors in diet. If this be true, the great question of the age arises before us. How shall we modify or arrest this appalling evil? Three ways are suggested, by hygiene, by diet and by therapeutics. The first we have discussed briefly but sufficiently. The second is the more important and should receive our most careful and earnest consideration.

In selecting food for infants, due regard should always be had to the age of the infant, to his condition, as well as the quality and quantity of his food. We have already mentioned the fact that all food is made up of nitrogenous and non-nitrogenous substances; we have also mentioned that the nitrogenous are composed of the albumens of meat, milk and eggs, and the non-nitrogenous are the carbo-hydrates of fruits, vegetables and grains—each is suitable for infant diet under certain but different conditions. The following rules may serve as a guide for their proper selection when certain conditions exist in connection with derangements of the alimentary canal.

First. If the infant throws up its food, give it less; if it passes through the bowels undigested, change it; if it has been partaking too freely of nitrogenous food, give of the carbo-hydrates; if it has been partaking too freely of the carbo-hydrates, substitute one of the nitrogenous articles, or mix them as in some of the following forms and dilute with hot water:

Young Infants.—Form I. Cream, two teaspoonsful; whey, three teaspoonsful; hot water, three teaspoonsful; milk sugar, one-fourth teaspoonful. This may be repeated every two hours.

Form II. Milk, nine parts; cream, one part; Mellin's food, one part; hot water, two parts. Dissolve Mellin's food in hot water and add the other, stirring slowly.

Form III., or still better, the following: Lamb or veal broth; barley water, *a. a.* Use as a substitute for milk foods.

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Form IV. Milk, two parts; cream, one part; milk sugar, one part; barley water, four parts.

Form V. Condensed milk, one part; cream, one part; hot water, four parts.

These two last may be well substituted for carbo-hydrates when they disagree with the infant.

Should milk in every form disagree with the infant, or ferment in the child's stomach, it would indicate an excess of lactic acid in the child's stomach. When such is the case, we must substitute the "Flour Ball," "Mellin's Food," or some other farinaceous article of food instead.

If it be found that the carbo-hydrates or farinaceous articles of food ferment, or become sour, the following may be substituted:

Barley jelly, two parts; milk sugar, one part; warm milk, sixteen parts.

A pint of this, and no more, may be given to a child six months old in twenty-four hours, by which time the stomach will be restored to its normal condition, when his former diet may be gradually resumed. If the discharges from the bowels have a putrid, offensive odor, it would indicate the decomposition of nitrogenous food. This food must be immediately changed and not resumed again until the child has become thoroughly restored, on account of the very great liability to formation of albuminous putrefactive changes, resulting from ptomaines remaining in the alimentary tract. As a result of these changes, the infant may suddenly succumb to their poisonous effects; or these conditions may become continuous, giving rise to flatulence, colic, diarrhœa, acute or chronic intestinal catarrh, followed by ulceration and not infrequently death.

A knowledge of the causes which give rise to these conditions will enable us to select a food favorable for the modification of these diseases, and favor successful application of our therapeutics.

Infants should not be allowed to partake to any extent of meat fibre, or fibrous vegetables, until they are two or two and a half years of age, or until the first teeth are fully developed, nor of starchy food until they are from eight to twelve months old, or until ptyaline is developed in the saliva.

During the period of teething, children are usually more or less peevish and demand largely of liquids, or liquid food. The best fluid under these circumstances is water, and they should be allowed to partake of it liberally.

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Lamb and veal broths may be given to infants of three months; barley water, barley jelly and rice water may be mixed with them and given at four months, beef tea at six months, cream and whey may be given sparingly the second month, and milk well diluted after two or three days from birth but should always be sweetened with milk sugar.

A most valuable adjunct to the dietetic management of infants, afflicted with entero-colitis occuring as a result of errors in diet during the second summer, or earlier, should it so happen, is the fat of ham or breakfast bacon, with the grease well fried out; give the infant a piece and allow it to suck at it freely; it is usually very grateful and soothing to the mucous membrane of the alimentary canal and tends to correct the most serious and dangerous form of putrefactive fermentation; that which arises from the chemical changes in nitrogenous substances developing albumoses, tyrotoxicon and ptomaines which are now demonstrated to be most deadly poisons, and cause large infantile mortality.

The butyric fermentation is not often encountered in infantile diseases. A third form of fermentation, the lactic, arises from chemical changes in milk, meat, etc., and while annoying, is frequent; less dangerous than others is the acetous, produced by the fermentation of saccharine substances under the influence of the chemico-vital processes within the stomach. The indications to be met in the management of these affections is first, if the hygiene has been faulty, correct it; second, if the diet be faulty, select a diet suitable to the child's condition, and third, select a drug which will aid nature and proper diet and hygiene, to correct these aberrations.

The physician, by wise and judicious counsel, often succeeds in averting many of the serious consequences arising from errors in diet and hygiene. In addition to these, when the conditions do not yield promptly, the following drugs, may be consulted and administered should the indications demand them. In suggesting these drugs it is not the intention of the writer to forestall full and free discussions of the views herein expressed. He desires to cover a few, only, of the leading conditions in the symptomatology of these ailments.

THERAPEUTICS.—If the derangements arise from nitrogenous substances attended with putrid, offensive stools, which are usually large and thin, but seldom watery, *ars. iodat.*, *bry.*, *bell.*, *cham.*, *croton tig.*, *ipecac.*, *creosote*, *merc. dulc.*, *pulsatilla* and *rheum* are usually indicated by the following symptoms:

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Ars. iodat. stools from three to eight or ten, during the twenty-four hours, putrid, offensive smell, scenting the whole room, the child's body has an offensive odor.

Bryonia, if aggravated by changes from cool to warm weather, stool yellow, thin or soft, attended with much flatulence in left colon.

Bell., stools frequently grass green, attended with pain and griping, face pale.

Chamomilla, stools frequent, like curd of undigested milk, attended with pain and griping, the child cries, is restless, wants to be carried.

Croton. tig., stools large, frequent, watery, come with a gush, followed by straining, child is very thirsty, cries as if in pain, restless, exhausted after stool.

Ipecac, when the child is constantly gagging as if sick at stomach, stools usually large, frequent and painless.

Merc. dulcis, tongue coated with white fur, nausea, pain in abdomen, griping, stools small or large, green, or like scrambled eggs, bloody, excoriating nates.

Creosote, derangement from meats, milk or eggs, nausea, vomiting of undigested substances, stools usually large, thin, putrid and offensive, thirst; rawness, redness and soreness of mouth and tongue.

Pulsatilla, when diarrhœa arises from eating too rich food, stools large, offensive, green, white, like batter, or brownish.

Rheum, when stools are large, dark, or light yellow, or brown, exceeding sour smelling.

THERAPEUTICS.—Carbo-hydrates. When derangements arise from food containing chiefly carbo-hydrates, the following are the chief drugs:

Acid stomach: *carbo veg.*, *rheum.*

Retching and vomiting: *ipecac* and *rheum.*

Colic, diarrhœa, stools sour: *rheum.*

Great restlessness, red face, cries to be carried: *cham.*

In therapeutics of chronic entero-colitis, *ipecac* is the chief remedy given in trituration for frequent daily discharges of fæcal matter, mucus and undigested food; *ars. iodat.* and *strychnia* may be consulted also in scrofulous children. *Baryta c.* and *cal. phos.*

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MEDICAL JURISPRUDENCE.

By HENRY A. RILEY, ESQ.,

New York.

THE writer published in this journal in the May number an article on "Medicine and the Law," containing a paragraph taken from an Omaha paper which purported to give the sad experience of a sick stranger who could not get any medical attendance from the city authorities, and was obliged to trust to the kind offices of a policeman who administered some morphine tablets.

The writer criticised quite severely the apparent neglect of the physicians to answer an urgent call, and quoted a reported decision of a New Haven police justice who fined a physician who refused to answer such a call, $10. This paragraph was commented on editorially in the June issue, and the writer was taken to task for his fact, his law and his medical ethics.

It seems to the writer that his views and those of the editor are not so dissimilar as might at first appear, and it will be well to discuss the matter, which is an important one, a little further. In the first place, the quotation was given for what it was worth, and as it appeared in one of the principal papers in Omaha and an examination of the files of the paper since its publication does not show that any of the physicians who were mentioned have denied the charge, it is probable that the statement was a true one. The editor thinks that an error was made in the law of testimony by not ascertaining what the other side had to say, but there does not seem to have been any defence put in at all. I think therefore, it must be taken as proved that five physicians refused to answer a call which was said to have been urgent. Possibly it was not an urgent one except in the imagination of the patient, but the record does not show this and I think the case as made up proves at least, that the physicians refused to answer the call without knowing that it was not "urgent."

If such was the case, and as some of the physicians held public office, their refusal to treat a stranger, seemed and still seems a gross breach of humanity.

The writer does not doubt that the general public view the matter in the same light, and other cases where the circumstances are similar will probably receive public condemnation at the hands of the press.

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The paragraph shows that the stranger did not get any treatment at all, so that the physicians are shut out from the excuse that among the numerous physicians of Omaha it would be easy to get attendance from some one.

In all that has been said it must not be understood that the writer thought or intended to say that physicians generally refused to answer urgent calls when their pay was an uncertain matter. The writer agrees with the editor in believing that physicians do more than most other professional men in giving their services without pay, and their readiness to do this is one of the great glories of the profession.

It was because such a case as that mentioned was a rare one, that the criticism becomes so pointed. If it were the usual custom of physicians to refuse to leave their offices until their fees had been paid, the matter would have passed without special notice.

The writer has more than once in medical papers made the statement that physicians were under no legal obligations to answer even "urgent" calls; but he has also stated that considerations of compensation seldom deterred a physician from helping a suffering fellow-being.

The New Haven case which was cited is very likely an apochryphal one and it certainly is bad law, but we sometimes pass lightly over an exercise of authority which is strictly extra-judicial when it meets demands of substantial justice; and that was the reason for the apparent approval of the fine of $10.

A Point in Expert Evidence.—The following question was recently asked of a medical expert in an action to recover damages for physical injuries: "Assuming the man's age to be from fifty-eight to sixty years and judging from that and from the whole history of his case and what you have learned of it in all ways, would you say that it is your opinion that the trouble of the heart is likely to improve to any extent or not?"

The question was objected to as incompetent and irrelevant. The Court ruled, however, that while the question was objectionable as calling for an opinion based on the witness's knowledge of the plaintiff's physical condition and not as predicated solely upon the facts in evidence, and allowed him to state possible consequences, yet as the objection did not state these grounds and give the examining counsel a chance to change the form, and as the question was not altogether an improper one, the evidence was properly admitted.

The Prevention of Contagious Diseases Among Cattle.—The Federal Government is actively carrying out the provisions of the recent

law providing for the inspection of cattle so as to prevent the spread of contagious diseases, and it is said that the law is now working perfectly and no disease is known of in the country. The facts of the freedom from disease and the rigidness of inspection are to be brought to the attention of foreign governments, and it is believed the restrictions now in force in many European countries will be relaxed.

CRUELTY AND ITS PUNISHMENT.—A remarkable story was published some two months since of a farmer in New Jersey who was beaten and tied in an excruciatingly painful manner in an outhouse, and left to die by starvation or exhaustion.

The motive of the crime was robbery, but very little money was obtained and it was thought that anger at the failure prompted the cruelty. The farmer was discovered, after about two days had passed by, and liberated.

After a time the perpetrators of the outrage were discovered and they have now been tried and convicted. The sentence in each case was twenty years at hard labor in the State Prison.

TRUSTS FOR THE CARE OF GRAVES, ETC.—In a late Rhode Island case, a testator gave his estate to trustees for the purpose of keeping in repair the graves of himself and sister, also keeping in repair his clock, and directed furthermore that his house should be kept open forever for the reception of ministers and others of his faith when traveling in the service of truth. Books proclaiming the principles and beliefs of the Early Friends were also to be printed. These trusts were held to be vague and uncertain and were not of a charitable nature, and in consequence could not be carried out.

THE CONTRACT LABOR LAW AND SLUGGERS.—Under the recent Federal law restricting immigration and prohibiting the introduction into this country of foreigners under contract to work, a novel question has arisen. The prize fighters, Slavin and Mitchell, came to this country not long since under an agreement to go about the country and give pugilistic exhibitions. For some reason the scheme was broken up, and Slavin after his victery over Kilrain has taken his departure for Europe. There seems to be no doubt as to the fact of the agreement and Dr. J. A. Dougherty, the man it was made with, will have to pay a heavy fine unless he can show that Slavin and Mitchell are "artists." The exception in favor of artists was probably not thought to be wide enough at the time of the enactment of the law to cover prize-ring champions, and it will be interesting to see if the claim is made.

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HYGIENE: ITS RELATION TO HOMŒOPATHY AND THE COMING DOCTOR.*

By J. P. DARGITZ, M.D.,

Wellsville, N. Y.

A SUBJECT that has always been accorded too little attention, but which is of vast importance to the future of homœopathy. Who therefore can say what a prominent part it must have played in inducing the teaching of Samuel Hahnemann. If I can induce the profession to give the subject more consideration I shall have accomplished my purpose, while if but a single doctor is quickened in this direction my labors will not have been in vain.

I shall quote from the fifth American edition of the Organon translated from the fifth German edition by C. Wesselhoeft, M.D.

Some surprise may be created by saying that in the Organon was foreshadowed all the hygienic and health reform teaching of the present day. If this should be a surprise, what will it be when I have proven it?

You may there see metaphysical, magnetic and spiritual healing, the physiological action of drugs and even "pillules" and "parvules." Quite one-third of all the paragraphs in the Organon breathe forth a spirit of hygiene.

The foundation for metaphysical healing is given us in page 226, wherein we are told that certain ailments "admit of speedy cure by psychical treatment; gentleness, kind admonition, appeals to reason, and often skilful deception, will soon restore health and comfort to the mind, while careful regulation of habits will reëstablish the health of the body also." Could anything be more plainly metaphysical? Could mental healing have been more clearly indicated in the then existing condition of medicine?

On pages 227 to 230 is given a much better explanation of magnetic healing by personal magnetism than the majority of educated people of to-day can give, although a century ought to give additional light.

Par. 16 reads: "Our vital force, that spirit like dynamis, cannot be reached nor affected except by a spirit-like process." And again in par. 29 we read: "We have seen THAT EVERY DISEASE, (NOT SUBJECT

* Presented at the International Homœopathic Congress at Atlantic City, June, 1891.

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TO SURGERY ALONE) IS BASED UPON SOME PARTICULAR MORBID DERANGEMENT IN THE FEELINGS AND FUNCTIONS OF THE VITAL FORCE." Isn't that a very good foundation for spiritual healing to rest upon? Take that much out of spiritual philosophy to-day and how much will remain? Little indeed.

In par. 150 and 245 we find a seed thought leading up to the proposition that we are to give no medicine whatever so long as we can get improvement from simple hygienic measures.

In par. 228 we read: "Although diseases of the mind and temperament, of physical origin, are only to be cured by antipsoric homœopathic medicine, combined with carefully regulated habits, it is necessary, also, to unite this treatment with proper hygiene and psychical regimen of the mind."

On page 222 we find these words: "Let them (ordinary practitioners) touch for fifteen minutes a magnet capable of supporting a hundred pounds and be convinced by painful sensations that even imponderable influences may produce the most violent medicinal effects upon the human body." Can any one deny that these words were the starting point for magnetic appliances as used at the present day?

These teachings may not be in detail as much as at the present day, but they were sufficient to show what might be done. No man is infallible and we should not be content to sit idly down and dwell on the work done by others. We must be up and doing. I think I have clearly proven that all these and in fact every other health reform movement of to-day is by rights a part of homœopathy because a part of the teachings of Samuel Hahnemann. Such being the case why do we not make more use of them? Is homœopathy growing? Is it going to supercede all other methods of treatment? I hope it will not because we, being fallible, need a certain amount of opposition to keep us progressing.

All methods of treating the sick without the use of drugs may be comprehended under the very broad term of hygiene. Are the people ready for hygiene? Are they not growing more and more opposed to the idea of swallowing drugs for everything? Else why this rapid growth of homœopathy? What makes it possible for such ideas as "Christian Science" to gain the foothold they do? Simply the pendulum always has to swing from one extreme to the other and, being tired of drugging the people, are trying to find something better.

Is it to our credit to let a large part of the teachings of Hahnemann be taken up by unskilled hands and possibly brought into disrepute; or to let even skilled allopaths develop it and call it by other names to

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the detriment of homœopathy? From the "Review of Physic" in the Organon, we can easily conceive that hygiene was born with homœopathy, is one of the strong points taught by Hahnemann and therefore a component part and distinctive feature of homœopathy.

Let us give all honor due to Graham, Trall, Jackson and others, for doing what we have neglected to do; but remember all is not yet done. Let us profit by the good these men have accomplished, assert our full rights as homœopaths before it is too late and the next fifty years will witness all that Hahnemann might have desired. Did he favor keeping the people in ignorance? On the contrary did he not repeatedly condemn other physicians for so doing? If the general practitioner has neither the time nor inclination to do this teaching, some other means must be adopted even if we have to do as in China, pay the doctor while his patients are well and stop the pay when they fall sick. What we need is more sanitariums where homœopathy will be taught and practiced in its entirety and simplicity.

In the light of these facts who will be the coming doctor and will he be a homœopath or no? It goes without saying that he must be some one whose methods meet the demands of the people. To the careful observer these demands will certainly include all that may be embraced in the general term hygiene, and as that was originally and is now by rights a distinctive feature of homœopathy, it is quite certain, if we do our duty, that the coming doctor will be a homœopath in the fullest sense.

USES OF ICHTHYOL.—Many observers have ascribed to ichthyol an almost specific influence in erysipelas. Fessler, of Munich, found that in cultures the effect of a small amount of ichthyol was to prevent the development of streptococcus erysipelatis, but that a large amount was needed to restrain the growth of the already developed staphylococcus. Fessler recommends the following in treating erysipelas: Application of ichthyol at the earliest possible moment, and intensive application, extending a hand's breadth beyond the limits of the disease, rubbing in well, with subsequent plentiful use of the drug by pouring over the affected part; no impermeable material is to be applied, the after-dressing being cotton-wool. The treatment by ichthyol is to be done twice a day. Ichthyol in stomach and intestinal troubles has proven to be of service only in acute catarrh of the stomach. In diseases of women vaginal applications have been used. 1. Of ammon. sulphoichthyol, 10 parts to 100 of glycerine, cotton tampons. 2. Rubbing in of ichthyol-lanolin ointment (20 per cent.) 3. Ichthyol suppositories (to 1.5 grains). 4. Internally, three or four ichthyoi pills (to 1.5 grains each) per day. The results were very favorable in parametritis, pelveo-peritoneal and retro-uterine exudations were in part cured, in part improved. It was not tried in metritis; in erosions no special influence was noted. Further, ichthyol has a remarkable analgesic action, so that the use of narcotics could often be dispensed with.—*Berliner klin. Wochensch.*, 28, 1891. O'C.

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ORIGINAL ARTICLES IN SURGERY.

GYNÆCOLOGICAL CLINIC, UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT.*

SESSION OF 1890–1891.

By JAMES C. WOOD, M.D.

DURING the present college session, which is not yet terminated, I have presented in my clinic the following:

Uterine displacements.		Pedunculated sub-mucous fibroma	1
(a) Retroversion	10	Hypertrophic elongation of the cervix	2
(b) Retroflexion	6	Chronic metritis and endometritis	10
(c) Prolapse	8	Cystic degeneration of cervix	1
Carcinoma of the labia majora and minora	1	Hæmorrhoids	6
Ovarian cysts	3	Chronic cystitis	3
Pelvic abscess	1	Vesico-vaginal fistula	1
Carcinoma of the uterus	4	General peritonitis	1
Carcinoma of the ovaries	1	Menorrhagia	8
Disease of the appendages	5	Dysmenorrhœa	10
Complete laceration of the perineum	1	Amenorrhœa	5
Laceration of the cervix	15	Hæmatocele (pelvic)	1
Laceration and relaxation of pelvic floor	5	Total	110
Fibroma of the cervix	1		

I have operated upon the foregoing series of cases as follows:

Ovariotomies	3	Pedunculated sub-mucous fibroma	1
Vaginal hysterectomy	1	Amputation of the cervix	2
Removal of the appendages	1	Divulsion of the sphincter ani	6
Exploratory incision	1	Divulsion of the urethra	1
Abdominal section for pelvic abscess	1	Divulsion and dilation of the cervical canal	6
Complete laceration of the perineum	1	Cystotomy	3
Laceration and relaxation of pelvic floor	5	Closure vesico-vaginal fistula	1
Laceration of the cervix	8	Removal of the entire labia majora and minora	1
Fibroma of the cervix	1	Total	43

* Read before the Homœopathic Medical Society of the State of Michigan.

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In the brief time allotted me I can do nothing more than refer, in a general way, to some of the more interesting surgical cases included in the foregoing *résumé.* Nor is it possible at this time to give reliable data bearing upon the permanent results obtained in some cases; for, as is well known, improvement does not always manifest itself until some time after surgical interference. This is especially true of cervical operations. As regards mortality, I have lost but one case—an exploratory incision—which will be again referred to.

Commencing with the abdominal sections, two of the three ovariotomies were uncomplicated, and present in their history nothing remarkable. One was a simple unilocular cyst, weighing perhaps twenty pounds, and was removed with perfect ease, there being but one adhesion. The left ovary was enlarged and was therefore removed. The patient, an unmarried woman of thirty-three, convalesced nicely and in due time was turned over to her physician, Dr. Farnsworth, of East Saginaw. The second case came to my clinic through the kindness of Dr. Deffendorf, of Fowlerville. The cyst was multilocular, proliferous, and intra-ligamentary, weighing twenty-five pounds, but was removed without any trouble. The second ovary was also removed. The convalescence of this case was indeed an ideal one. The operation was performed February 20th. The drainage tube was removed twenty-four hours after the operation, a part of the abdominal stitches on the fifth day, and all at the end of the seventh day. On the tenth day she sat up, and on the twentieth left for her home in Fowlerville, feeling perfectly well. The only pain experienced was due to the tube, which entirely disappeared upon its withdrawal. There was not the slightest nausea, and the pulse and temperature remained perfectly normal.

The third case of ovariotomy represents pretty much all that there is difficult in abdominal surgery. So interesting is the history that I desire to give it somewhat in detail. The patient, through the efforts of Dr. A. B. Cornell, of Kalamazoo, came to my clinic January 20, 1891. She is twenty-eight years old and began to menstruate at thirteen, the function being perfectly natural. At eighteen she was married, since which time her health has been poor. Eleven months after marriage she gave birth to a still-born child, and a year later to a second child which lived but a month. A third child was still-born eighteen months after the birth of the second, and a fourth, born twelve months after the birth of the third, lived but three weeks. There have been two miscarriages since the birth of the fourth child. Labor in all instances was very severe and the loss of blood excess-

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ive. One year before presenting herself to me she had a severe "inflammation of the bowels," which kept her in bed some weeks. Her general health, when I first saw her, was not bad, though she was losing flesh rapidly. Her complexion was of a peculiar sallow hue, and her breath was exceedingly disagreeable. After the attack of inflammation the menses were scanty.

A local examination revealed a mass of some kind filling the pelvis and lower portion of the abdomen. It was but slightly mobile and seemed to be attached to the uterus. She had been through the hands of several physicians, and came to me with as many different opinions. One had called it an extra-uterine pregnancy; another a fibroid; another an ovarian cyst; and still another the products of inflammation. I myself believed it to be a fibroid. At any rate, with the rapid failure of health I deemed at least an exploratory operation justifiable, and accordingly opened the abdomen on January 27th.

Upon reaching the peritoneum I found the omentum very closely adherent to it, and it was with much difficulty that I could separate them so as to expose the field of operation. There were apparently two tumors, each about the size of a fœtal head, occupying either side of the pelvis. The adhesions were universal, the omentum, mesentery, uterus, tumors and intestines being matted together.

In fact, the tumors seemed to be imbedded in the inflammatory exudates, and I could not determine their true nature even after the abdomen had been opened. I made my explorations with reasonable care and had about decided to close the abdomen, when to my great surprise, the tumor on the left side ruptured and pus rapidly escaped into the peritoneal cavity. Its escape could not be prevented in any way, and the walls of the cavity were so tense and fragile that it was utterly impossible to stitch them to the abdominal wall and to drain in this manner. Realizing that the patient would certainly die if left in this condition, I undertook a cautious and careful dissection and enucleation, tying and cutting adhesions until I had tied in sections the entire left broad-ligament between whose folds the abscess was, and removing it with the pus cavity. I then directed my attention to the tumor of the right side, and removed from between the folds of that ligament, together with the greater portion of its posterior layer, a dermoid cyst, containing hair, bone, pus, etc. The appendix-vermiformis seemed to penetrate the tumor of the right side and had to be removed entire. The process of enucleation of the right tumor carried me to the base of the corresponding ligament. After the uterus was freed I found a cystic tumor in the region of the *cul-de-sac*, which

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was ruptured and discharged blood. The intestinal adhesions were separated as thoroughly as possible, the abdominal cavity washed out many times with sterilized water, and the abdomen closed with the intestines floating in water. The operation occupied two hours, and I do not think it any exaggeration to say that I tied within the abdomen at least fifty ligatures.

The patient rallied from the operation nicely, and for the first two weeks did remarkably well. Owing to the large quantity of pus which had escaped into the peritoneal cavity, the drainage tube was not removed until the end of the fourth day. As a result, a sinuous tract was left which, instead of healing, continued to discharge pus, and this so contaminated the abdominal wound that a parietal abscess formed. Notwithstanding these several complications, the patient continued to gain in strength, and in four weeks was up and about. The sinus continued, however, to discharge variable quantities of pus, and evidently there was a large pus-cavity on the right side extending almost as high up as the umbilicus. At the end of six weeks chloroform was given, the sinus enlarged, and an effort made to carry the drainage tube to its bottom, but owing to the pain the patient could not tolerate it. At the end of twelve weeks the discharge had diminished but little, and further exploration seemed imperative. Accordingly, on April 21st, preparations for any emergency were made, and the abdomen reopened. The sinus led to the base of the right broad ligament down the colon, and the accumulation of pus had dissected up what was left of the posterior layer of the right ligament, which, together with the peritoneal investment, formed the abscess wall. At the very bottom of the abscess two ligatures were found which had failed to become encysted. This was undoubtedly the secret of the persistent discharge, and in due time the ligatures would probably have found their way to the surface. The next step in the operation was to stitch the abscess wall to the lower angle of the abdominal wound. A rubber drainage tube was carried to the bottom of the abscess cavity and a glass tube into the Douglas pouch, after which the abdominal cavity was washed and the abdomen closed in the usual way.

The patient again quickly rallied and promised a speedy convalescence, when, on the fifth day, she began to have a fæcal discharge through the sinus leading to the abscess. The discharge increased in quantity for ten days notwithstanding the fact that the bowels were moved every other day by the aid of an enema It then began to decrease, and at the present time (May 16, 1891) the quantity is not one

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tenth of what it was at the beginning and the sinus is almost closed. The patient is sitting up, and I think that the fistula will heal spontaneously. If it does not, a third operation may be necessary. Whatever the ultimate outcome may be I shall not regret my first operation, for, with an abscess filled with nearly two quarts of offensive pus, and separated from the peritoneal cavity only by a fragile abscess wall, the patient certainly would have been killed in due time by its rupture had an operation not been resorted to. It is possible that the second operation was unnecessary. I rather regret now that it was done, yet the obstinacy of the discharge seemed to demand operative interference.

My only death during the year was caused by an exploratory incision. The case is a most interesting one, as it exemplifies most fully the dictum that in abdominal surgery there is nothing so utterly unreliable as subjective symptoms. The unfortunate woman was an American, æt. sixty-three, and a patient of Dr. Mills, of Howell, who referred her to me. The abdomen was large and evidently contained a tumor of some kind. It was apparently cystic but clearly not monocystic. Until coming to the hospital the patient worked daily with but little inconvenience, and, to use her own expression, "could do more than half the young women." There was no pain, no disturbance of digestion and the appetite was good. On making the first examination, however, two symptoms, early emaciation and the quantity of ascitic fluid which seemed to be present, aroused my suspicions of malignancy; and I so announced to the class, and to her physician who was present. Other than this there was absolutely no evidence of malignancy.

On April 24th I made an exploratory operation and found the pelvis absolutely filled with the products of malignancy. I carefully closed the wound after removing a portion of the ascitic fluid. The patient came very nearly dying from immediate shock and was only saved by the most energetic measures. She finally rallied, passed through the night splendidly, and the next morning was feeling unusually well, with pulse and temperature normal. At ten o'clock she began to vomit "typical coffee-grounds matter" and rapidly passed into collapse, dying two hours later from heart failure.

A *post-mortem* was made four hours after death by Dr. Rogers, assistant pathologist of the university. The peritoneum was studded with cancerous nodules as well as the omentum. The omentum was closely adherent to the tumor. The tumor sprang from the right side, and the pelvis and abdomen were literally packed with tumor, uterus

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and broad ligament; all of which were implicated in the cancerous process, and from the surface of which projected malignant nodules. (Fig. 1). The intestines were dark, nodular and matted together. The liver was indurated and contained one nodule which was undoubtedly cancerous. The gall-bladder was enormously distended and contained nearly a pint of fluid. The stomach was so soft that it could be readily torn with the finger, and contained the peculiar, dark, grumous matter similar to that vomited just before death.

Notwithstanding the fearful inroads of malignancy, there were no subjective symptoms other than those mentioned, suggesting the condition present. It is true that the patient had been under the care of her physician at variable intervals for years, but until the tumor made its appearance her symptoms yielded kindly to treatment and she had never been seriously ill. It is such cases as this which tend to make the abdominal surgeon modest in his claims as regards diagnosis and charitable in his criticisms of the mistakes of his *confrères*.

Under the head of diseases of the appendages I have included only those cases where actual disease could be determined by bi-manual examination. I have excluded from the list those cases of ovarian tenderness, due to slight irritation or congestion, which are so common. Of the five cases, I have seen fit to operate upon but one, though two of the remaining four will require an operation before they can get well.

FIG. 1.—Carcinoma of the Uterus. Cystic Distension of Right Ovary. Cancerous Nodule in Left Cornu. Removed per Vaginam.

The case operated upon was sent to the clinic by Dr. Geo. W. Baily, of Buchanan. She was almost bed-ridden and suffered intensely with pains and abdominal tenderness. An examination revealed much thickening of both tubes, with exquisite sensitiveness of the ovaries. I operated December 9th, removing both ovaries and tubes. The patient convalesced uninterruptedly and is already quite a different woman.

One other case of disease of the appendages, which should have been operated upon, is of peculiar interest. This patient came to my clinic through the recommendation of Dr. W. I. Tyler, of Niles. Mrs.

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R. is thirty-five years of age and an American. She has been a victim of menorrhagia from girlhood and is exceedingly anæmic. As a result of *la grippe* she became paraplegic in January, 1890. A local examination revealed what seemed to be a cystic degeneration of the right ovary, the organ being as large as a small orange. In making a bi-manual under ether, I was not a little startled to have this cyst collapse between my fingers, evidently the result of rupture. The patient was placed in bed, every precaution taken to guard against peritonitis, and I held myself in readiness to make an abdominal section should the symptoms indicate the escape of pus into the peritoneal cavity. The cyst, whatever was its nature, probably contained innocent fluid, for no disturbance followed its rupture. Owing to the bad sanitary condition of the ward at that time I declined to operate and, after a palliative curetting, the patient left the hospital to return later.

Of the four cases of carcinoma of the uterus, all but one had passed beyond the operative stage. This case was the patient of Dr. E. F. Chase, of Dexter. Mrs. M. is thirty-one years of age and was married at nineteen. She is the mother of three children, the youngest being six years old. For three years preceding the operation she was kept almost exsanguinated from the excessive uterine hæmorrhages and offensive leucorrhœa. Occasionally growths resembling "bloody polypi" would come away. The uterus had been thoroughly curetted five times but without benefit. Before coming to the clinic I resorted to the curette under anæsthesia, for diagnostic purposes. The curettings were submitted to Prof. H. Gibbes, Professor of Pathology in the University of Michigan, who found "unmistakable evidences of malignancy." On November 4th I performed vaginal hysterectomy, securing the broad ligaments with forceps. Both ovaries and tubes were removed, the right ovary being as large as an orange and cystically degenerated (Fig. 2). The operation lasted but twenty-eight minutes, and at least ten minutes of this time were consumed in securing a portion of the left broad ligament, which had slipped from the grasp of newly fashioned forceps, which, to my regret, I experimented with. There was quite a good deal of capillary oozing and I very foolishly, as subsequent events proved, crowded iodoform gauze into the vaginal wound for the purpose of controlling it.

Shock was intense owing to the prostrated condition of the patient before the operation. After rallying from this she got on splendidly for the first ten days, having scarcely any temperature and but little pain. The forceps and gauze were removed at the end of thirty-six

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hours. With the removal of the gauze the omentum was drawn into the vagina. This was carefully washed with a 1–5000 bi-chloride solution, and returned to the abdominal cavity, after which the vagina was again packed with iodoform gauze. No bad results seemed to follow this accident, but on the tenth day urine began to escape through the vagina, and three days later none passed through the urethra. Frequent vaginal douches were resorted to, and a vaginal exploration revealed a piece of the gauze protruding through the vaginal wound. After this was removed the fistula quickly healed spontaneously, and the patient is now perfectly well. She left the hospital December 2d, just one month from the day of her operation.

The iodoform gauze in this case was undoubtedly unnecessary, as the oozing was not alarming. I shall not use it again under similar circumstances, for in removing it there is danger of dragging the contents of the pelvis into the vagina, as happened in this case, and the fistula was undoubtedly due to sloughing caused by the small portion left behind.

I have nothing of special interest to offer bearing upon the operations for injuries to the perineum and pelvic floor. I do not confine myself to any one operation; though if the perineal body is to be restored, and a colporrhaphy necessary, the modified Hegar operation, using the buried cat-gut suture within the vagina, and silver wire for closing the perineum is one of my favorite methods. For simple relaxation there is no operation which, in my mind, equals Emmet's, although it is not an easy one to perform. In the one case of complete laceration which was of many years standing, I succeeded in restoring the parts perfectly by Tait's flap-splitting operation. Private experience has given me every reason to be perfectly satisfied with this operation for complete tears. It does not, in my opinion, so perfectly restore the pelvic floor in simple relaxation as does the Emmet operation.

In trachelorrhaphy there is no suture which pleases me so well as fine silver wire secured by perforated shot. The silver wire is an ideal suture. If not too coarse, it is almost as flexible as silk or silk-worm gut; if aseptic it is perfectly non-irritating and can remain in the tissues for an indefinite length of time without causing trouble. Its removal is accompanied with no more difficulty than is silk-worm gut or silk. As an inventor of a wire twister, I have adopted the perforated shot as the preferable means of securing the suture; simply because the twisted wire, no matter how cautiously the end is bent upon itself, is very liable to become buried and lost. More than once

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I have left twisted sutures behind, and only the other day a patient came to me from a neighboring town, upon whom I had operated eighteen months ago, for the purpose of having two sutures removed from the cervix which her physician had failed to find. That this experience is not unique is proven by the writings of Mundé, Emmet and others.

There is no class of operations so satisfactory to me and to my patients as is trachelorrhaphy in properly selected cases. The type of cases in which the results have been most satisfactory in my hands is that of subinvolution with menorrhagia, due to fungoid endometritis, and where there is much hyperplasia of the cervix, with a large amount of cicatricial tissue. In such cases it is my practice after the parts have been thoroughly prepared and disinfected, first to divulse the cervical canal, then to apply the sharp wire curette over the entire endometrium, following this operation with an application of the compound tincture of iodine. I then make an effort to remove *all* of the cicatricial tissue invading the cervical canal. To accomplish this end I have many times cut the circular artery, if necessary, and never have had any bad results follow. My observation is that unless the morbid tissue is completely removed the results are not perfect. If I fear occlusion of the cervical canal I insert a plug of my own contrivance, but rarely is there danger of such an accident if the sutures are properly inserted. In a patient of Dr. Ruggles, of White Cloud, I unwittingly penetrated the folds of broad ligament on each side, in my efforts to remove all of the cicatricial tissue, so that the two fingers could be readily passed to the fundus uteri. The cervix seemed to be abnormally short in some way and I was both astonished and uneasy when I found what had been done. Under a stream of bi-chloride I carefully inserted the requisite number of sutures, and before closing the wound the uterine cavity was packed with iodoform gauze for the purpose of controlling the free oozing of blood. The gauze was removed on the second day, and the patient made an uninterrupted recovery, notwithstanding the fact that on the third day she jumped out of bed to catch a falling babe. I believe that she is now perfectly well. Although the results were fortunate in this case, such extensive dissection is unsafe, and, in the vast majority of instances, unnecessary. But the danger following the cutting of the circular artery, is, I believe, greatly exaggerated, and while its integrity is at all times to be preserved if possible, it is, in my judgment, better to sever it than to leave a large plug in the angle of the wound. Hæmorrhage can be

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controlled either by tying it with cat-gut or by a deep silver suture passed through the cervix high up.

Of the two Alexander operations performed during the year, one was an entire success and the other an entire failure. In the successful case the ligaments were found without the least trouble, were of good size, and were readily drawn through the inguinal canal and secured. It is now seven months since this operation was performed, and inasmuch as the patient has returned to Prof. McLachlan's clinic, I have examined her within a few days. The uterus remains fixed in front and the patient has been relieved of the many distressing symptoms incident to a bad retroversion.

The unsuccessful case was brought to me by Dr. Jackson, of Milford. It seemed one eminently appropriate for the operation, as the fundus, which was perfectly mobile, was so sensitive as to make a pessary intolerable. I failed utterly in finding the ligaments, and my patient had at the end of two weeks nothing but two unnecessary scars to compensate for the operation.

There is no operation which I undertake with more uncertainty than the Alexander. I have, in the dead room, examined the round ligaments of a goodly number of subjects. and have studied the technique of the operation under the personal demonstration of a number of men, including Dr. Alexander, who have often performed it; yet, of my eight operations, three have been either absolute or partial failures. It is this element of uncertainty in finding the round ligaments which has made the best operators of the country loath to adopt it. There is absolutely no way of determining the degree of development of the ligaments before the canal is opened. If they are very small the most profound anatomist may fail to find them.

Both of the two operations for amputation of the cervix were performed for hypertrophic elongation. The first case is also a patient of Dr. Jackson, of Milford, and in one of the hypertrophied lips was a small fibroid about the size of a walnut. The second case belongs to the Drs. Palmer of Albion, and was exceedingly interesting, inasmuch as the hypertrophic elongation was of such a character as to resemble a polypus with a pedicle not thicker than the finger. The elongation was so great that the tumor presented externally. A confusing feature was added by the manner in which the external os presented at the side of the elongated mass nearly an inch from its distal end. In both instances I operated by the double flap method of Simon, fixing a plug in the cervical canal to prevent closure. In neither case

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was there the slightest interruption to convalescence, though in one I subsequently opened the bladder for an old cystitis.

The artificial vesico-vaginal fistulas or cystotomies were made for chronic cystitis. Two were made but a few days ago, one of which is referred to above. The third demonstrates most conclusively the benefits of the operation when indicated. Miss M., æt. twenty-two, is a patient of Dr. Ritter, of Dexter. One year ago last July she was taken with cystitis, since which time she has been through many hands and has been treated by many methods, both local and general. Upon coming to the hospital her symptoms were those of chronic cystitis; frequent and painful urination and the urine loaded with pus; emaciation with loss of appetite; sallow complexion and almost constant suffering. On January 16th I opened the bladder, stitching the vesical and vaginal mucous membrane together with a continuous catgut suture. At that time she weighed 97 pounds; last Friday she presented herself at my clinic weighing 127 pounds, a gain of 30 pounds and looking the picture of health. I do not think it yet quite time to close the fistula, as the bladder walls are still somewhat thickened and it is unsafe to attempt a closure until they have been restored to a normal condition. In chronic cystitis I cannot but subscribe to the dictum of Emmet, viz: "Our means of curing it are limited to a single procedure, that of vaginal cystotomy, and all other means yet known to us are but adjuvants." The operation is simple and free from danger, and the closure of the opening is nearly if not quite as simple. It is the only method of giving the bladder *physiological rest*, and it should be resorted to before the system is saturated with septic matter or the kidneys irreparably damaged.

The unfortunate possessor of the vesico-vaginal fistula is a patient of Dr. Burk, of Centreville. As a result of long continued pressure of the fœtal head, sloughing occurred, which left an opening into the bladder, through which two fingers could be inserted. The fistula was high up in the anterior vaginal fornix, and in order to close it I had to utilize the cervix uteri by vivifying the anterior lip, and with silver sutures stitch it to the vivified surfaces of the fistula. About twenty shotted sutures were required and the results were perfect.

The removal of the labia majora and minora for cancer was a purely palliative measure, though the operation granted but a short respite from the disease. The tissues were removed as completely as possible with a Paquelin, and with the loss of no blood. The groin was thoroughly emptied, and the parts healed kindly, but in three months time she returned with a hopeless invasion of the disease.

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Cancer of the external genitalia of women is not common and the history of this case is curious. There were no signs of the disease three months before coming to the hospital, at which time she was being treated for hæmorrhoids. Her physician was so unfortunate as to spill the fluid with which he was injecting the tumors and it burned her severely. This accident was followed by inflammation and ulceration which took on a malignant type (Fig. 2).

The last case with which I shall weary your patience is as unique as it is interesting. The patient is yet in the hospital where she was sent two weeks ago, by Dr. O. W. Hartson, of Jackson, who, however, had no opportunity to make a local examination. The trouble for which she came is of three years' duration, at which time she began to flow excessively after the menses had been suppressed for a year. She is now fifty-three years of age. For six years she has had what she supposed was prolapsus uteri—a tumor of some kind within the vagina. For three years the loss of blood has been more or less constant, and much of the time there has been an exceedingly offensive discharge which resembled in appearance "meat washings." Three days before coming to the hospital a tumor about as large as a goose egg presented externally (Fig. 3). This rapidly enlarged, owing to constriction, and became exceedingly offensive. At the time of entering the hospital it was fully as large as a fœtal head. She was then suffering from septicæmia with a temperature of 106° F. An examination showed that it was connected to the cervix by a large pedicle. This was tied close to the cervix, and removed with a Paquelin. The uterus was not enlarged and the tumor had undoubtedly been within

FIG. 2.—Carcinoma of External Genitalia.

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the vagina for years, being mistaken for prolapsus uteri. The temperature on the morning following the operation dropped to normal and so remained for seven days. On the seventh day I made an examination preparatory to sending her home and found that the pedicle had nearly healed. The day following she was taken with a swelling of the left ankle which rapidly included the whole limb, and was very like *phlegmasia alba dolens*. This is rapidly subsiding and she will return to her home in a few days.

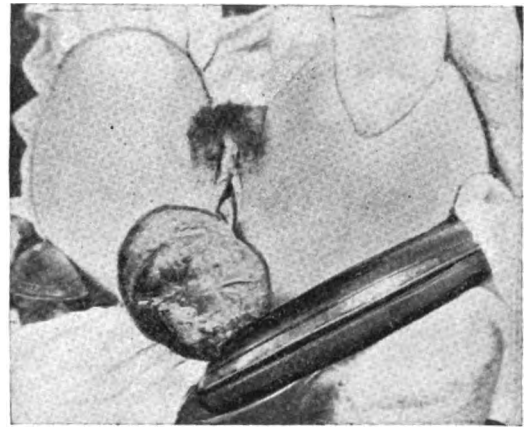

FIG. 3.—Myo-fibroma Springing from Cervix.

EUROPHEN: A NEW IODINE COMPOUND.—Under the patent granted in Germany for a process of iodizing phenol and related bodies a whole new class of compounds having important chemical and physiological properties has appeared. One of these is the now well-known aristol. Another and the most recent one, is isobutylorthocresal iodide to which the simpler name of "europhen" has been given. It is an amorphous yellow powder having an aromatic odor somewhat resembling that of saffron, which is, however, scarcely noticeable in ointments made from the substance. It is more soluble (in all vehicles) than either aristol or iodoform; is insoluble in water and in glycerine, is readily soluble in alcohol, very easily in ether and chloroform and hence also in collodion and traumaticin; it dissolves easily in oil. Any residue undissolved is not europhen itself, but is a secondary insoluble (in oil) iodine combination that must be filtered out from the solution. The substance owes its specific powers to the ready separation of nascent iodine. Experiments by Dr. Eichhoff, of Elberfeld, show its high value as an antisyphilitic in primary, secondary and tertiary manifestations; it is used locally, and by subcutaneous injection of a solution in olive oil, 1.5 to 100, a syringeful containing about a quarter of a grain of europhen. Its influence is favorable in soft chancre, scrofuloderma, lupus exulcerans, and in burns. In gonorrhœa (injection) it was of no service.—*Therap. Monatshefte*, July, 1891. O'C.

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RATIONAL MEDICINE AND RESULTS.

ALTHOUGH notable in many respects, the most characteristic feature of the recent semi-annual meeting of the Homœopathic Medical Society of the State of New York was furnished by the President, Dr. F. Park Lewis, who ornamented and accented the occasion by an important address upon the "Rights and Duties of Homœopathy." The line of his thought was that, inasmuch as it has been given to the homœopathic school to discover and develop the principles of one of Nature's great laws, it therefore becomes the duty, as well as the right and dignity of the school, to illuminate and promulgate these principles until their acceptance shall become universal. He accordingly endeavored to do his individual duty by an illumination and promulgation, through a telling exemplification of how Nature has been working relatively with the two schools of medicine, as constituted in the city of Buffalo during the year that has passed. He said:

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"There are, in the city of Buffalo, about two hundred and ninety-nine (299) old school physicians engaged in the treatment of acute disease. There are probably a good many less than that number, as many names in the city directory are unknown to me. But in order that the estimate may be entirely fair, I have given the old school credit for every doubtful name.

"There are forty-seven (47) homœopathic physicians, every one of whom I know to be treating the diseases upon which these estimates are made. I have taken five widely different diseases in which the effects of intelligent treatment should be most conspicuous. My records have been taken from the Bureau of Vital Statistics as filed with the clerk of Erie County. The proportion of old-school physicians is certainly not more, and is probably less than six to one (6:1). The following is the record of deaths under the treatment of the two schools ending July 1, 1891:

Diseases.	Old School.	New School.	Proportion.
Measles - - -	44	5	9:1—
Cholera Infantum and Diarrhœa - - -	370	40	9:1+
Influenza - - -	62	6	10+:1
Pneumonia - - -	528	41	13:1—
Croup - - - -	159	11	$14\frac{1}{2}$:1

"In other words, the total number of deaths from these five diseases recorded by old school practitioners during the past year is eleven hundred and sixty-three (1163), while those recorded by homœopathic physicians were only one hundred and three (103). Multiply our record of deaths by six to make the proportion even—and that number is too large—we still have a death-rate of but six hundred and eighteen (618) to their eleven hundred and sixty-three (1163), or a loss on their part of almost two to our one; while in such diseases as in pneumonia and croup the proportion is very much larger. . .

"Facts and figures such as these belong to the public as much as they do to us; in the interest of suffering humanity we should publish throughout the length and breadth of the land, the possibilities of scientific medicine."

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We have extracted this portion of the address, in advance of its publication in full in the next number of the NORTH AMERICAN, in order to emphasize the very evident duty expressed in the last sentence we have quoted. If homœopathic therapeutics show superior results over more irrational methods of using drugs, it is true that the interests of suffering humanity demand that these results should be systematically collated and published for the information of the people. So far as private practice goes, the records are as readily obtainable through other Bureaus of Vital Statistics, established in the cities throughout the Union, as they are in the city of Buffalo. The possibilities of proving which is the more scientific medicine are probably as great elsewhere as in Erie County. It is to be hoped that the example so candidly and ethically set by President Lewis will be followed everywhere, and that the duty which he has inculcated in so practical a fashion will be seen to be a duty of the time. Homœopathy has long enough accepted the apologetic attitude into which it has been beguiled by the tactics of the scoffing majority, who lose no opportunity for exaltation in the public eye and have no scruples about educating the public into the belief that homœopathy is a snare and a delusion. It seems to be a growing conviction that homœopathic practitioners as a body have carried reluctance to inform and educate public opinion beyond the limits of just consideration. There has been too much defence and too little aggression; for if there be merit in the full courage of conviction, aggression is demanded in the service of human life. The present practical needs of the people are more binding than the established rules of any class of professional men, and, if more lives are being saved by one method of practice than by another, the school whose method saves the greater number is under a solemn obligation to let the people know it The experience of nearly a hundred years has proven that the hand of the people must be laid upon the eyes of our perverse brethren in order to open their vision to the rationality of gauging what is scientific in medical treatment by the test of results. Against the assumption that, since homœopathy can be conceived to be irrational, therefore its method does not cure, there is a demonstration that is conclusive

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and crushing: Homœopathy *is* rational, because it does save more lives than any other known method of administering drugs. In proportion as such proofs are known to and recognized by the public, will the mass of the profession cast aside its theoretical and speculative prepossessions and enter upon a candid investigation of the sound reason and common-sense in homœopathy. The necessity for self-preservation has an uncommonly clariflying effect upon the perceptive and reasoning faculties, and the law of survival of the fittest, judiciously brought to bear upon the prejudices of the profession, is the quickest solution of the problem of how to bring them to a realizing sense of the advantage of following Nature's law in the application of drugs for the cure of the sick.

ON MEDICAL COMMERCIALISM AND SHOO!

OUR readers will remember that during the heated term, the editor of the *Medical News*, unpleasantly affected by the proximity of the International Homœopathic Congress and the respectful attention accorded it by the Philadelphia press, was so afflicted with midsummer madness that he snapped at the air in a way that awakened the liveliest apprehension for his unhappy condition. Our readers will also remember that, through the medium of our columns, the publishers who were responsible for placing him where he could afflict the ears of the public, were made aware that they were maintaining a public nuisance which, out of courteous considerations, they were under obligations to abate. Since then it may be inferred that, though they have not retired the editor, they have endeavored to cool him down by some antipyretic counsel, which has in a measure reduced his temperature but which has not yet entirely restored him to a balance of faculties. For in his number of September 12th, he publishes under the title of "Commercialism and the Medical News," "a few plain words of confession and resolution," in which he consecrates himself anew to the holy work of exterminating medical heresy by the methods of insulting innuendo and false suggestion. After informing the world how pious he is and how independent of commercial motives, he berates the fathers for having evaded their obvious duty, and thereupon

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announces that he will no longer sit on a stile and continue to smile. He is fully resolved to shoo homœopathy out of the universe by means of wry faces and direful names. So he proceeds to suggest that homœopathy is an animal that lo! would threaten, and that it is a part of that hundred-headed, horrid, hissing, barking beast which he denominates medical obscurantism. Whereupon he invents a fable, in which he substantially says to homœopathy: "You are an old, cackling, screaming, blustering, pecking, untrodden, setting, hommypatic hen, and I shall egg my grandma on to tell me why she doesn't kill you."

The fatuity of this heroic resolve is not worthy of notice except as it exhibits the editor's calculation upon the animus of the school he assumes to represent. Whether or no the calculation is directed by commercial intent, it certainly is true that no enemy of the allopathic school could wish worse for it than to have the *News* succeed in leading it into the course of folly which carries its own discredit. The policy of the *News* is simply a reversion to the antiquated methods which "the fathers" have proven to be disastrous, and in the face of which the power of the homœopathic school has grown into appalling proportions. The concern about it all lies not with homœopathy, but with the new- and old-coders struggling for supremacy within the old school ranks. The juvenile cries of the *News* are only indications of the extremity of the proscriptive policy, rallying in the last ditches of the Bourbons of sectarianism. That such a view has substantial ground in fact, is well illustrated in the following editorial from the *Medical Record*, September 5th, entitled, "The Drift." It is especially commended to the attention of the Lea Brothers, who publish the *Medical News*, as a lesson of the times that is worthy of careful thought.

"Under the title 'whither drifting,' the editor of the *American Lancet* gives us the following interesting historical sketch. It is valuable reading.

"It is stated as an historic fact that Hahnemann was once an honorary member of the New York State Medical Society. For some reason not quite clear, those members of the society who took up with the new doctrines and attempted to prove or disprove them, were attacked and expelled from the society. Being persecuted, these

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banded together, and hence the beginning of the distinctive organization of the homœopaths. As time passed along, some members of the profession desired to consult with these parties. Their reasons for this does not matter, though it is not denied that if there had been plenty of fat consultations exclusive of these, the desire would not have been so strong. Finally, in New York this part of the profession became so strong that they captured the State Medical Society, and conducted it upon the distinctive features known as the new code. The peculiarity of this code is its elasticity respecting consultations. Its votaries consult with any person they choose. True, a new State society arose in New York, and maintains a vigorous existence; does splendid work—better than that of the old society, or any other State society. However, the new doctrine, with New York as a centre, spreads. Its influence can be seen anywhere. In every city consultations of regulars and irregulars is said to be a common occurrence. In Detroit the Homœopathic Hospital is filled largely with the patients of regular physicians. The carriages of the two sects alternate upon the adjacent streets during regular visiting hours. The Montgomery (Ala.) Medical Society has unanimously adopted resolutions favoring consultations with homœopaths and eclectics. The relations already existing between these practitioners in that State is such that it is no wonder this result follows. All this in the home of the late Dr. Baldwin, of Montgomery, the stalwart opponent of such consultations!

Columbus, Ind., has formed a medical society, in which all physicians meet on one common plane. It is reported that that staunch friend of the medical profession, Dr. T. A. Reany, of Cincinnati, spent an evening with this society.

The editor of the *American Lancet* betrays between the lines a sense of apprehension and gloom. We do not share it. The tendency which he describes is a good one, and its results are beneficial. We are getting better physicians and more honest physicians every year. Sectarianism is disappearing and is bound to be abolished entirely. The test of a man will be his education, his moral worth, and his practical skill. If he has a "fad," or a dogma he will not be ostracised therefor, but will be given a fair show, and time will in these days soon prove how much his views are worth."

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EDITORIAL COMMENTS.

THE COLLEGE YEAR.—The regular year of the medical college may be said to begin without exception in October. Then gather together these aspiring young men (and maidens) who long to write the magic M.D. after their names. This year will probably see no diminution of the throng, for the popularity of medicine as a profession to follow is at its height. Some of those who enter the dens of a medical college for the first time this fall are unfit to begin the study of medicine because unprepared by previous study. But they will not hesitate, it the college interposes no objection. Yet if these raw students could see clearly the difficulties and dangers of the road before them, could they understand even dimly the conditions and limitations which determine the success of the young and ambitious physician, many would withdraw, and wisely from the struggle. For it is a struggle—and a hard and long one before the young practitioner can feel that he is fairly established in business. The time has gone by when men without education, save that obtained by a brief attendance at the public school, without any special training or study can hope to obtain any of the prizes that are offered in the medical world. The educated and scientifically trained physician now leads the van. And he is there not only because in the nature of things, he must be there and always has been there, but he is there because the public now think he ought to be there. There was a time when the people might be said with slight exaggeration, to regard an educated man as an unreliable doctor. But that notion has faded away. People no longer employ the rough, unpolished disciple of medicine, who has to offer but the smattering of medicine he picked up in his brief college course. They prefer the man who, having a university education, with special training towards medicine, afterwards engrafts upon this sturdy stock of knowledge a knowledge of medicine. Now is this enough? He must, if he has aspirations for the best success, take a hospital course of several years, pursuing his studies arduously all the time and then he is ready to begin the practice of his profession. Nor need even the best prepared man look for large reward in a pecuniary sense. The average doctor makes but a modest living. The practice of medicine is no longer an easy and simple matter. It is a hard and difficult road to travel. But there will be this year a larger proportion of college graduates, a greater number of those whose minds are prepared by special study and who realize the tedious task before them; and those who come not so prepared are handicapped, no matter how great the native ability may be nor how warm the enthusiasm.

A PRACTICAL LAW.—The custom of undertakers in indiscriminately and often hastily embalming bodies, has been productive of so much mischief that an effort has been made in some States to stop it by law. More than one murderer has escaped because of the stupidity and greed of an undertaker, who although perhaps aware of the suspicious features of the case, has persisted in embalming the body. As the fluid

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used in embalming contains the poisons most used by those who kill in this manner, a conviction before a jury is almost an impossibility, if the embalmer has embalmed the victim before the stomach and other organs are removed for purposes of analysis. Then, too, it is more easy for a murderer to see that his crime is safely covered from human sight and knowledge by his unconscious confederate—the undertaker. In Michigan the matter has taken practical shape. The Committee on Special Legislation of the State Medical Society agreed upon the following bill which was then sent to the Legislature for consideration. The bill reads: "No body shall be embalmed without the consent of the physician attending or the health officer of the village, or a justice of the peace. When the body is embalmed, a license shall be first procured, and a written record kept in the County Clerk's office, stating the name of the deceased, cause of death and the name of the embalmer." A similar law in New York would serve to correct an evil that at times works great mischief.

"SHALL THEY DISPENSE?"—Between the astute contributor troubled with a conscience who writes letters to his old-school journal that, after a preface proving his undoubted orthodoxy, contain an inquiry as to why the allopathic school does not at once and manfully and honestly admit the truth of homœopathy since it is known to be true, and stop stealing homœopathic methods of curing and then denying it—between this disturber of the peace, and the one who makes the druggist the burden of his complaint and inquires, "Shall Physicians Dispense Their Own Medicines?" there seems little chance for quiet in the allopathic camp. Nothing could be more ludicrous than the great and indignant ruffling of feathers over the fact that the druggists sometimes prescribe for people, in place of sending them to the hungry allopathic doctor, and that he also sometimes repeats the filling of a prescription again to the doctor's detriment. Now while it is not attempted to defend the prescribing of the druggist on legal grounds, yet from every other point he seems to be as entitled to give drugs for ills as the censorious doctor. Now the doctor states that the druggist gives people certain drugs or certain prescriptions because they (the drugs) are said "to be good" for those certain maladies. What better reason can an allopathic friend give for the great majority of his prescriptions? Are they not very largely empirical, based on the fact that it is recorded somewhere that such a drug "is good" for such a disease? And when he assails the druggist for selling patent medicine is he not tarred with the same stick? Does not he himself prescribe these same patent medicines and recommend them to the patient? The charge that the smiling but disingenuous apothecary generally fools and hoodwinks the average allopathic doctor. may be readily believed by those who know the species. It must be remembered that these same men who inveigh so bitterly against the druggists are themselves stealing, and worse, for they steal and then deny it—are pilfering the homœopathic materia medica and giving the remedies on the sly (like the druggist), and because he heard that the remedy was "good" (like the druggist) for that disease. It would

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seem to be a clear case of the pot calling the kettle black. It is curious, too, to observe how, when an honest contributor's letter regarding homœopathy gains admission in most of our old school contemporaries, the communication is either ignored editorially or the facts stated have nothing to do with the subject-matter of the latter. The morality of the allopathic school gives a philosopher cause for reflection.

REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE 40th semi-annual meeting, held in the Buffalo Young Men's Christian Association building, was an exceptional meeting in every respect. The lecture-room had been tastefully decorated with flags and portraits of Hahnemann, Detweiler and other veterans of homœopathy. The centre-piece was an original engraving of Hahnemann, which had been presented by the Master with his autograph, to Mrs. Frank S. Coit's grandfather, Mr. Alexander Eustaphieve, in Russia. The roll showed an attendance of 131, 77 of whom were members and the rest visitors. Fifty new members were elected.

After the opening prayer, President F. Park Lewis introduced the Mayor of the city, whose welcoming remarks were punctuated with laughter and applause by the audience.

The President's address,* was based in part upon a study of the deaths in Buffalo reported by physicians of the two schools. He said: "Let the public understand that, strictly speaking, there is no such thing as a homœopathic medicine, that no drug belongs by divine right to one school or another. It is the principle upon which drugs are prescribed that makes them homœopathic. The time has come when, if homœopathists should stand apart as a separate school, the people should know why."

A thousand copies of the address were ordered printed and twice as many more were ordered for distribution by subscription. The courtesies of the floor were extended to visitors.

Asa S. Couch reported that the Legislative Committee hopes and expects that at the next session of the Legislature the Middletown Asylum will be placed beyond reach of the animosity of the Chairman of the Commission in Lunacy, who has demonstrated his desire to throttle that institution. The Committee on Midwives reported that nothing had been done, owing to confusion at the latter part of the last legislative session. On motion, the committee was continued.

In response to a call for reports on County Organizations, J. W. Candee stated that the disruption four years ago of the Onondaga County Society on account of the potency question, has been healed and the society is now working harmoniously.

In the absence of the Chairman, E. P. Hussey gave an abstract of M. W. Van Denburg's report of the Committee on Investigation of Drug Effects.

"According to the law of evolution, the study of materia medica is becoming more and more specialized; one department is the study of drug effects pure and simple. Some of the questions here, are: How much variation of results shall be allowed to the personal equation of the

* Will appear in this Journal.

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prover? How much to the changing physical state of the same prover? How much variation in re-proving must be allowed in consideration that the drug has already once had an effect upon the system?

The most keenly felt need of the time is *a new arrangement* of our present materia medica; this is a department by itself. Our present materia medica is antiquated in form, but not in matter; its facts never grow obsolete.

Our materia medica should be so arranged that the physician can ascertain the relationships of antecedence, concomitance and sequence of each symptom, with the least expenditure of time and effort. The combining of all individual provers in one composite drug picture will greatly obscure, if not destroy, individuality; and individualization is the core of homœopathic practice."

After going into this at length, Dr. VanDenburg submitted a sample arrangement of a drug as it will appear in his forthcoming *New Materia Medica.*

The Bureau of Clinical Medicine presented several papers. J. T. Cook reported two cases of Grave's disease and came to the conclusion that excessive strain to the nervous system is a chief factor in its etiology. Dr. Couch protested against naming diseases after people, and preferred the name exophthalmic goitre; he considers this trouble closely associated with some disturbance of the reproductive system, often (especially in the male) with deficient sexual energy. Burt J. Maycock differed from the last speaker; in his experience what little sexual irritation he observed appeared to be secondary to the disease.

A paper by H. B. Minton called attention to the use of tea as a potent cause of indigestion.

In the Bureau of Surgery, H. Willis read interesting papers on "Strangulated Hernia,"* and "Peri-nephritic Abscess." For over twenty-one years he has treated strangulated hernia (fifty cases) by the open method altogether, simply tucking in a piece of marine lint and taking no stitches.

W. T. Helmuth.—I did not know that one of our school had been so far ahead of all others and practiced this open method for so many years; Dr. Willis should have credit for this.

President T. Y. Kinne, of the American Institute of Homœopathy, was here invited to the platform. In declining he said: "The profession in the other States is looking to you, the Empire State, to take the lead. I feel that the deliberations of this body will strengthen homœopathy everywhere."

A paper by Prof. Jas. C. Wood, of Ann Arbor, reported "Three Fatal Cases of Acute Intestinal Obstruction."

"The surgeon is morally bound to report his unfavorable as well as his favorable cases, for often more is to be learned from the former than the latter. If the obstruction is in the upper part of the small intestine *regular movements of the bowels may take place for several days after the occlusion occurs;* vomiting is an early and persistent symptom, although never feculent; the pain is very great and meteorism is absent. If in the lower part of the small intestine, meteorism and fæcal vomiting are both marked, and there may be some escape of fæcal matter and gas per anum; usually, however, both are absent. In occlusion of the large intestine there is usually no passage of fæces or flatus and meteorism is an early and marked symptom; vomiting, if it occurs at all, usually happens at the beginning of the attack, and the pain, though intense, is paroxysmal."

Dr. Willis detailed a case where there was no guide to go by except

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that she had had no stool for ten days and was in collapse. A large gall stone was found occluding the small intestine and taken out through a small incision, which was sewed up; the patient lived about twenty-six hours.

H. F. Biggar, of Cleveland, suggested as a substitute when an operation is refused, give every hour about a half teaspoonful of sulphur in a tablespoonful of West Indies molasses, flush the bowels with from one to four pints of glycerine and water, 1:4.

Dr. Helmuth.—The presence or absence of tympanites is decidedly our most important guiding symptom in making the diagnosis; we find it most in volvulus—which it is important to diagnose from intussusception. A history of pelvic peritonitis and a sudden obstruction will generally mean volvulus; intussusception is indicated by persistent pain following sudden exertion (without much previous pain), and no action of the bowels. In this latter case, as the invagination occurs from above downward, no purgatives must be given, but the obstruction attacked from below. I relieved one case with a couple of syphons of vichy and a rectal tube inserted as high as I could.

N. Schneider, of Cleveland, believes in dissecting the peritoneal sac loose from the walls of the inguinal canal, tying it and cutting it off when making the radical operation for hernia; this leaves simply a little depression instead of a peritoneal pouch or fold (if the sac be returned to the abdomen) which invites a recurrence.

W. V-R. Blighton has reduced strangulated hernia of thirty-six hours' standing, by holding on the tumor for half an hour a pledget of cotton saturated with sulphuric ether.

Papers were read by Dr. Helmuth, "Contributions to Renal Surgery;"* M. O. Terry, "The Superiority of the Sliding Flap Over Skin Grafting;" and G. T. Moseley, "Vaginal Hysterectomy."

The latter believes that amputating the cervix is futile, unless one can absolutely prove the absence of sarcomatous degeneration of the corporeal endometrium. A simple non-nodular thickening of the broad ligaments, with consequent fixation of the uterus, need not be considered a contra-indication, as in many cases it is purely inflammatory and antedates the malignant deposit. The tendency of cancer of the cervix is always to spread primarily toward the vagina and parametrium; and, even where no induration can be felt there a few morbid cells may have been deposited in the vagina or broad ligaments. It is therefore wise to remove a ring of vaginal tissue surrounding the cervix and as much of the broad ligaments as can be taken with the uterus.

The doctor exhibited a new clamp, having on its posterior or lower blade a hooked extremity, containing a conical cavity terminating in an orifice, into which the end of the upper blade fits and locks. In applying it the posterior blade is first passed up behind the broad ligament and hooked over its upper edge; this can be done without the finger as a guide, and no matter how narrow the pelvis or inaccessible the ligaments. Using this blade and the side of the uterus as a guide, the anterior blade is inserted in front of the ligament and passed up until its point enters the wide conical opening in the hook of the other blade; pushing it home the end locks by means of a simple notch on its upper surface. The blades are then approximated by a screw and nut at the end of the handles, and, by sliding a chisel-shaped knife along the grooves in the side of the clamp, the uterus is cut away at a stroke. The locking can be started with the blades at any angle or parallel; and the lock cannot be fouled by a fold of membrane or adhesion, as by push-

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ing the blades upward together the lock can be carried beyond the obstruction.

Dr. Biggar recommended in cases of invaded womb where the neck is almost obliterated with surrounding infiltrations and adhesions: first make a high amputation, then treat the womb with fl. ext. of *thuja*—diluted, if painful, with *glycerine*—and then later perform vaginal hysterectomy, being sure to remove all the adnexa.

J. M. Lee's paper, "Abdominal Pregnancy,"* gave the details of a successful operation, with photographs of the cicatrix and fœtus.

The Bureau of Gynæcology presented various forms of dysmenorrhœa: "Neuralgic," by B. S. Partridge; "Neurotic,"* by Sarah I. Lee; "Fallopian,"* by John C. Morgan, of Philadelphia; "Treatment of Endocervicitis and Endometritis," by S. N. Brayton; and "Episeiotomy," by W. M. L. Fiske.

Dr. Partridge's paper recommended dilatation of the cervix and galvanism from within the cervix to the back or abdomen.

Dr. Brayton advocated suppositories of *belladonna*.

Dr. Biggar has found marked benefit from the following remedies: *sepia* 6, *caul.*, *gels.*, *guaiac.*, *bell.*, *collin.* (if there be fissures anywhere) *elat.* 3, *secale*, and *xanthoxyllum* (a sluggish condition of the nerves and blood-vessels).

Dr. Blighton relieved a most obstinate case with *magn. phos.* 200.

Sarah H. Morris asked if members had found this trouble more prevalent among the refined, educated or the working classes, and protested against the too common charge that this was one of the penalties of the higher education. She has found it most frequently in girls who do manual labor in the house, factory or farm.

J. L. Moffat has found it more frequently and more intractable in shop girls who have to stand all day without proper rest.

Dr. Kinne.—Education *per se* has nothing to do with dysmenorrhœa. The principal causes are (1) the continuous standing at the work with the long hours at our factories (Paterson is the Lyons of America), and (2) the thoughtlessness and injudicious care of the mothers.

Discussing Dr. Fiske's paper, Dr. Brayton considers episeiotomy a superfluous operation.

Dr. Moffat believes in it for cases where the vulvar opening is manifestly too small for the passage of the head and progress is checked on that account. He cuts in the median line.

In the evening a most enjoyable reception and supper were given to the visiting physicians by the ladies in the Chapter House of the Alumnæ of the Buffalo Female Seminary. Dr. Couch was toastmaster; Prof. Helmuth recited one of his inimitable poems, "Gaudeamus Igitur;" President Kinne spoke eloquently on "The Future of Homœopathy," and it was after midnight when the Rev. T. R. Slicer elicited the last round of applause.

Second Day—Wednesday.

President Lewis called the meeting to order at 10 A.M., and Dr. O'Connor, for the Committee on State Care of the Insane, offered these resolutions, which were adopted.

Whereas, In the statute providing for the establishment of the State Homœopathic Insane Asylum at Middletown, the State of New York by legislative action, accepted nearly $50,000 of money subscribed by homœopathic citizens and tax-payers of the state who are adherents of the homœopathic system of treatment of disease, the right to an insane asylum under State supervision under homœopathic auspices, and

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Whereas, The working of the law establishing a new State Commission in Lunacy, as well as the passage of the "State Care Act," has resulted in nullifying the accorded rights of adherents of homœopathy throughout the State of New York; 1st, by limiting admission to said Middletown Asylum to persons living in the counties of Sullivan, Orange, Suffolk, Ulster, Richmond, Rockland and Queens, thus excluding from the benefit of homœopathic treatment, cases of insanity outside of said counties, except by special permission of the Chairman of the State Commission in Lunacy; and 2d, by refusing admission to cases of insanity for whom homœopathic treatment is desired, when the friends or relatives of such insane are able to pay for the treatment of such insane in said hospital more than $10 per week, thus compelling such cases if even in moderate circumstances to send such patients to costly private asylums; and

Whereas, Such action of the law and the State Commission in Lunacy is destructive of the rights of citizens who are adherents of homœopathy and who reside in any part of the state outside of the seven counties, as well as of such citizens resident in said counties who are not in humble pecuniary circumstances; therefore be it

Resolved, That it is the sense of the Homœopathic Medical Society of the State of New York that such action as has been taken by the State Commission in Lunacy under the State Care Act, is and has been subversive of the rights of the adherents of homœopathy in the state as set forth in the foregoing.

Resolved, That the Committee on Legislation of this society be and is hereby instructed to prepare a bill exempting the Middletown State Hospital from the limitations as prescribed by said Commission to such an extent as shall be acceptable to the Board of Trustees of said hospital, and from the limitations as to the amount to be paid by patients under the State Care Act.

Resolved, That the Committee on Legislation be instructed to urge upon the Legislature the early passage of such bill or amendment to the act, of whose injurious working the homœopathic profession unanimously complains.

The Committee on Revision of the By-Laws, recommended (1) the first year's dues be but three dollars, and that certificates of membership be issued only to such new members as choose to pay for them; (2) that the names of those failing to qualify be published with those dropped for dues; (3) to add Rhinology to the Bureau of Laryngology.

The report was accepted, thus making it a virtual notice of amendments to be acted upon next February.

The Bureau of Clinical Medicine was re-opened and three more papers presented: "New Mexico for Consumptives," by T. C. Duncan, of Chicago; "Croup," by C. Spencer Kinney; and "A Therapeutic Note on the Grippe," by A. R. Wright. The latter gave indications for *gels.*, *bry.*, *rhus.*, *dulc.*, *tereb.*, *sticta*, *sang.*, *arum*, *rumex*, *bell.*, and *chinin. ars.* Dr. Blighton uses *ars. iod.* 3 or 6.

The Bureau of Mental and Nervous Diseases had papers by Dr. O'Connor,* "Morbid Fears and Imperative Conceptions;" Geo. Allen, * "The Grip as a Cause of Insanity;" M. S. Purdy,* "The Use of Massage and Nerve Gymnastics in Chorea and Spinal Irritation;" and W. M. Butler,* "A Remarkable Case of Traumatic Insanity."

Chas. Deady, in charge of the Bureau of Ophthalmology and Otology, announced five papers. A. B. Norton's paper described "Pyoktanin and its Application in Diseases of the Eye and Ear."*

Dr. Moffat has been using blue pyoktanin for over a year in these

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cases and also in abscesses generally; 1:1000 sometimes is painful, but not 1:5000. It has so frequently disappointed him that he endeavored to account for its irregularity by assuming that suppurations not checked by it were non-microbic.

E. J. Bissell thinks this remedy will pursue the course of so many allopathic fads. Except in blenorrhœa of the lachrymal sac he has not found it equal to remedies already in use, and does not like it in ear troubles.

Dr. Deady's experience in the N. Y. Ophthalmic Hospital leads him to agree with the last speaker. In some cases it would seem to work wonders for a short time, but when persisted with, would not prevent a relapse. It has given good results in corneal ulceration. In some cases it has changed the odor without reducing the amount of an otorrhœa.

Dr. Norton attributed such unfavorable opinions possibly to the use of an impure or improperly prepared article; he uses a fresh solution each time. Yellow pyoktanin seemed to improve a case of lupus of the ear.

Dr. Bissel, in his paper "Ciliary Spasm," holds that a diagnosis of spasm can not be made from any examination which incites the ciliary muscle to action, as occurs in all subjective tests, and further, the term spasm is misapplied to all cases in which, when there is nothing to call the accommodation into play, we find the muscle relaxed. If exophoria is markedly present it is a contra-indication for the use of atropine.

Dr. Norton related a case of spasm in a myope with exophoria checked by jaborandi, atropine and exercises to strengthen the internal recti.

H. D. Schenck read papers on "Mastoid Disease," and the use of "Ice in Iritis," one case of the syphilitic and two of the rheumatic form. He applied it in a small muslin bag wrapped in a towel, and none of the corneæ became hazy.

Dr. Deady told of a case in which ice gave more improvement in three days than had been obtained in the previous three weeks of the attack. The cornea must be watched with the greatest care in people who are not robust and the ice taken off at the first intimation of haziness. He agreed with Dr. Schenck in the use of hydrogen peroxide for thick discharges from the ear, and narrated a case of mastoid disease that had neither swelling, redness nor tenderness of the mastoid process, the patient died in four months and the bone covering the back part of his head was found to be utterly riddled.

Dr. Willis.—If in doubt, cut down and ascertain the condition of the bone.

President Lewis obtained very nice results from the ice bag on the mastoid for this complication of the grip, which was quite common in last year's epidemic.

N. B. Covert detailed a case of profuse suppuration that for the first ten days had no tenderness or redness of the mastoid.

Harold Wilson, of Detroit, sent an interesting paper on "Hereditary Congenital Cataract," with a genealogical table showing its occurrence in 2 of the 6 in the second generation; in 6 out of 9 in the third; and in 8 out of 16 in the fourth, making a total of 17 individuals out of 32.

In the Bureau of Laryngology, Irving Townsend read a paper on "Proximate and Remote Effects of Nasal Obstruction," and C. E. Teets one on "The Pharyngeal Tonsil."

The report of a special committee on ways and means for reinstating former members, excited much discussion and the matter was laid on the table until the next meeting.

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On motion of Dr. Butler, the thanks of the society were unanimously voted to the Erie County Society and the ladies for their cordial hospitality.

Dr. W. P. Roberts, of Wisconsin, by permission, addressed the society upon the value of the climate of New Mexico for consumptives, and invited the society to appoint a delegate to inspect it at the expense (from Chicago) of the American Health Resort Association. On motion this was referred to the Executive Board with power. Adjourned.

Tuesday evening a meeting was held by the surgeons in attendance to consider the advisability of organizing a National Association of Surgeons of the Homœopathic School. Prof. Helmuth was chosen chairman and J. M. Lee, secretary. Drs. Terry, Lee and H. C. Frost were appointed a committee to draft by-laws, and Profs. Helmuth, Biggar and Schneider an advisory committee, to report at the next meeting of the American Institute of Homœopathy, when it is expected the organization will be completed.

RECORD OF MEDICAL PROGRESS.

PATHOLOGY AND TREATMENT OF FISSURED ANUS.—Chas. B. Ball in the *Brit. Med. Jour.*, Sept. 12th, doubts the correctness of the present views of the pathology of fissured anus, and referring to the anatomy of the rectum and anus, quotes experiments upon frozen sections by which it was proven that the anus is not merely an opening but a canal nearly an inch long. At its point of junction with the rectum, the mucous membrane is gathered up to form pouches, called rectal sinuses, resembling somewhat the sinuses of Valsalva, behind the semi-lunar valves of the aorta. These pouches may be large, constituting diverticula, or may be scarcely noticeable. Many authors have noted that painful fissures apparently begin in the rectal sinuses above and terminate at what is called an external pile below, and have stated that for the cure to be complete this pile must be removed in addition to the usual operation for the cure of fissure. These authors believe that the original fissure is a crack caused by over-distension. I believe what happens is that one of these valves is caught by some projection in the fæcal mass, its lateral attachments torn and the laceration and irritation extended at each subsequent motion in a manner similar to that by which hangnails are produced, until ultimately the swollen and œdematous valve constitutes the "sentinel pile." Now dilatation and division of the sphincter forcibly tears the valve down and relaxes the part to such an extent that subsequent movements do not re-open the wound. I would recommend in these cases of painful fissures, to administer an aperient, and under an anæsthetic dilate the anus sufficiently to obtain a good view of the muco-cutaneous junction, and if a sentinel pile exists, catch it in a forcep and with a fine pair of scissors remove it by a V-shape incision. G. W. R.

DETAILS NECESSARY IN THE PERFORMANCE OF ABDOMINAL SECTION.—In a lecture delivered at Queen's College and reported in *The Lancet*, Sept. 12th, Lawson Tait gives a concise description of his methods in simple abdominal section. The simplest form of abdominal section we term exploratory incision and up to that point all abdominal sections are alike, but as an exploratory incision may result in one of the most difficult and dangerous operations, the surgeon must be prepared for the greatest emergency. The operation should be performed in an institution used for that purpose only, and only operations of

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emergency are justifiable at the house of the patient. The nurse should be trained in the care of laparotomy cases, a general training is not sufficient. An aperient should be given the night before and the bowel washed out by an enema a few minutes before the operation, the reason of this being two fold; (1) the distended intestines get in the way of the operator's fingers to an extent that empty ones do not, and (2) abdominal rest during the first forty-eight hours after the operation is very important. The operating table is a simple deal board, resting upon two trestles and on it is laid a folded blanket and a couple of pillows. The patient having been anæsthetized, is secured by two webbing belts, one tied tightly just above the knees and the other passed around the forearms and tied under the table so that no kind of assistance is required in case of struggling. A warm wrapper is placed about the limbs and a clean towel over the wrapper and over the chest. Simplicity and cleanliness are the prime requisites, and the whole armentarium of weapons consists of simple little knives, simple catch forceps, a simple canular trocar, and for the special operation of hysterectomy, a simple wire clamp. "You can carry the whole set in the coat pocket." The knife is held as if intending to cut and not to write a prescription; with the pad of the forefinger at the junction of the handle and the blade on the right hand side it is steadied with point downward at an angle of forty-five degrees and drawn rapidly through the part of the skin to be divided. Everything down to the tendinous aponeurosis is divided at one blow. The tendinous aponeurosis is divided in a way exactly opposite to that in which you are told to divide it in the text-book, *i.e.*, instead of dividing the linea alba, you open the sheath of one of the recti muscles, and drawing the muscles outward divide the posterior coat of the sheath on the inner side of the muscle and then, by a few touches you divide the sub-tendinous fat down to the transversalis fascia. Instead of a director the surgeon takes his catch forceps and with them takes a delicate grip of the transversalis fascia, including if he likes, the peritoneum, and he will take another smaller grip about one-half an inch away from the first in the same horizontal line. When these two forceps are pulled upward and outward by himself and assistant a ridge of fascia and peritoneum will rise, and a slight notch with the knife opening the peritoneum will allow the air to enter and all below it at once falls away. This done, the forefinger of the left hand must enter the cavity and the extension of the excision made by a ripping process without the use of the knife. During the incision all bleeding points are caught by Koeberle's catch forceps, which are left on until the operation is complete, it being quite rare to use a ligature. The operation within the abdomen having been completed, the blood clot is thoroughly sponged away, and now you must be sure that you take away from the operating table the same number of sponges and instruments that you brought to it. You have only to restore the parts as nearly as possible to their original condition, and for this purpose there is nothing so good as a common sewing needle and a piece of pure silk introduced as a continuous suture, but not drawn tight. A large loop of thread is left at each stitch as a guide in the insertion of the needle and to allow sponging again if necessary. Having introduced the stitches with such evenness and regularity that the parts are brought into apposition—skin to skin, muscle to muscle, and peritoneum to peritoneum—the loops are divided, thus changing the continuous into an interrupted suture, which are fastened first by a double hitch, then one hitch over this, in order to diminish the chances of a "granny knot." The dressings consist of a drying powder of boracic acid and simple dry cotton wool.

G. W. R.

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MICROCIDIN: A NEW ANTISEPTIC.—When *beta* naphthol is heated to its melting point and half its weight of caustic soda is added and the resulting mass cooled slowly, there results a white powder consisting mostly of naphthol-natrium, the remainder being combinations containing naphthol and phenol. The latter play a great rôle in the activities of the substance which Berlioz terms microcidin. It is soluble in three parts of water, concentrated solutions being brown, dilute ones almost without color. From a hygienic point of view the substance has the double advantage of costing but little and of being but slightly toxic. Its antiseptic properties are less than those of mercuric chloride and of naphthol, but are ten-fold greater than those of carbolic acid. The toxicity of the substance is less than that of naphthol and incomparably less than that of the bichloride. Microcidin is excreted chiefly through the kidneys. B. has employed it as an antiseptic in three per cent. solution, and has observed that under such bandages ulcers of the foot and suppurating wounds become covered with healthy granulations and that their edges do not become irritated. Patients suffer no pain from the use of microcidin. In fresh, non-infected wounds, microcidin deserves a place as one of the most useful and least injurious antiseptics.—*Wien. med. Wochensch.*, 19, 1891. O'C.

ANOTHER NEW TREATMENT FOR PULMONARY TUBERCULOSIS.—Dr. Tranjen reports, in *Berliner klinische Wochenschrift*, No. 16, 1891, the method which he has used in a number of cases of pulmonary tuberculosis. It consists in the intra-muscular (glutei) injection of thymoloacetate of mercury, 7.5 parts to 100 of liquid paraffin. A Pravaz syringeful is given once every week or ten days. After the second or third injection the patient gets three times a day a tablespoonful of a two and a half per cent. solution of potassium iodide (about six grains).

The author holds that tuberculosis has many similarities with syphilis. Upon the bacilli no characteristic changes have so far been observed, but in some cases their number in the sputa were diminished. No reaction, either general or local, followed the injections.

Prof. Ewald, while combating the author's views as to similarity or relationship between syphilis and tuberculosis, adds that too great hopes must not be built upon the favorable results already attained, but he admits that the results in suitable cases have been better than from any other method that he has yet seen. Any specific action that thymoloacetate of mercury may have can only be tested by experience with it in cases of lupus, tuberculosis of the skin and of bone, in laryngeal tuberculosis, etc. O'C.

ANALGESIC AND ANTIRHEUMATIC ACTION OF EUPHORIN.—Phenylurethan or euphorin, introduced by Sansoni (vide abstract, N. A. J. H., 1890 p. 844) has been subjected to further trial by Dr. F. Adler, of Buda-Pesth, in some thirty cases, twenty-four of them being in hospital. Of the latter three were neuralgia supraorbitalis, one cephalalgia nervosa chronica, three sciatica, three polyarthritis acuta, nine rheumatismus articulorum chronicus, and two cephalalgia occurring in the reaction stage following injection of Koch's lymph. The six private cases were all habitual hemicrania and in them the drug produced remarkable results.

In the three cases of supra-orbital neuralgia cure followed, and also in the three cases of sciatica. The chronic nervous cephalalgia was materially bettered. Of polyarthritis only two cases were cured, while in one case of acute polyarthritis with recent endocarditis in which salicylate of soda afterward was effective, euphorin was of no service. In all the cases of chronic articular rheumatism, no cure resulted although

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temporary improvement followed. The three cases of muscular rheumatism were rapidly cured. The dosage was begun at three grains, but with this amount very slight results if any were obtained. After dose of six grains, the pains disappeared as a rule in a short time after taking. This dose was given three, four, or five times a day *pro re nata*. The powder was given in oblates, or dissolved in white wine, or simply suspended in water, and in each form was well borne.

The absence of disagreeable after-effects even when the digestive tract or heart were diseased, is a noticeable point in favor of the remedy and with its rapid and certain action causes A. to recommend it highly. —*Wien. med. Wochensch.*, 17, 1891. O'C.

THE ANAL REFLEX.—Dr. G. Rossolimo, *privatdocent* at the University of Moscow, reports investigations on this subject in *Neurologisches Centralblatt*, No. 9, 1891. He finds in all normal human beings, without exception, that when the skin and mucous membrane of the anus is touched, there follows a contraction of the sphincter muscle. As is well-known, the skin of the anus, its mucous membrane and the external sphincter muscle are innervated by the terminal branches of the pudendo-hæmorrhoidal nerve, which arises from the third and fourth roots of the sacral plexus. Reasoning from this anatomical basis it must be assumed that the centre for the anal reflex is situated somewhere in the neighborhood of the third and fourth sacral roots, and hence in the conus medullaris.

For producing the reflex a light, stiff object must be used as the tactile irritant, such as the head of a pin, a chip of wood, a feather, a rolled paper lighter, etc. The subject may either stand or lie; in the first case, he bends forward and separates the buttocks with the hands, in the second he lies on one side with the thighs drawn up. The reflex appears as a plainly evident contraction of the external sphincter muscle, and if the tactile irritation be very active it is accompanied by a drawing-in of the anus, and then in some cases there is a contraction of the glutei muscles. Increase of the anal reflex has been observed in neurasthenia with increase of the general skin reflexes, in high transverse myelitis and in anatomical diseases of the nervous system with increased function of the sensory apparatus. Lessening and disappearance of this reflex has been noted in multiple neuritis with extension of the process high up in the sacral plexus, in cases of tabes with disturbance in the pelvic organs and some anæsthesia of the anal region, and in myelitis of the lower segments of the lumbar enlargement accompanied, as a rule, by anæsthesia of anus, rectum and urethra. The anal reflex remains normal in functional neuroses of evacuation of bladder or bowels or of sexual powers. As a conclusion from the foregoing the behavior of the anal reflex helps in differential diagnosis between functional and organic disturbances of the pelvic organs, and in a more exact localization of morbid processes in the cord. O'C.

DERMATOL—A SUBSTITUTE FOR IODOFORM.—Heinz and Liebrecht, of the Pharmacological Institute at Breslau, have introduced as a substitute for iodoform the basic gallate of bismuth. Why they have chosen a salt from gallic acid instead of other bismuth compounds they reserve for a later communication. The substance is a very fine, saffron-yellow powder, non-hygroscopic, and permanent in light and air. It looks like iodoform, but has the advantage that it is without the slightest odor. It is a powerful dry antiseptic, and as it is insoluble in ordinary solvents, its anti-bacterial properties only appear upon direct contact. Its drying properties (or astringent) influence the healing process in the skin (wounds, ulcers, etc.) in a most favorable manner. Injurious or dis-

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agreeable associated action has not been observed from it; it is absolutely without irritating properties, and on account of its insolubility and its extraordinary constancy, in contrast with other bismuth compounds, it is non-poisonous. It has been used so far only in surgical, gynæcological and dermatological practice. The authors warn against the dangers of impure preparations made from bismuth that have not been entirely deprived of arsenic, lead, etc., or which contain free gallic acid.—*Berlin. klin. Wochensch.*, 24, 1891. O'C.

THE ETIOLOGICAL RELATION OF SYPHILIS TO TABES.—Erb, in a recent article in *Berliner klinische Wochenschrift*, Nos. 29 and 30, 1891, gives a critical analysis of some 370 cases of tabes observed by him since his last paper on the subject in 1883. He finds his former conclusions fully supported by the new list. Of these cases, 300 were men in the higher walks of life, and of them 89 per cent. had been previously infected, 63.3 per cent. having had positive secondary symptoms and 25.7 per cent. had chancre without observable secondary symptoms. Of the remaining 11 per cent., 8 per cent. had had gonorrhœa, most of them several times. They had therefore been exposed to infection by syphilis. It may then be safely said that but 3 per cent. were free from the suspicion of syphilis. Of 50 cases of men from the lower walks of life, 76 per cent. had been previously infected, and of these 52 per cent. had secondary symptoms, and 24 per cent. had chancre only. Of the 24 per cent. alleged to be without previous infection, ignorance may well have made their statements in many instances untrustworthy, and besides several had had gonorrhœa and of these latter one had a cicatrix on the penis with enlarged glands; the wife of one had an abortion and three still-births, etc. Hence, the number of the infected ones should probably be greater. Of women, his list has 19 cases, 10 being from the lower and and 9 from the higher ranks of life. Of these cases 47.4 per cent. were positively syphilitic and 42.1 per cent. were syphilitic almost without doubt. Of those without suspicion of syphilis there were 10.5 per cent. Of all the cases in which any information could be obtained concerning the apparent cause of the disease, there were only 11 per cent. in which syphilis had not been present and half of these justified a suspicion. The influence of exposure to cold, of excessive fatigue, of sexual excess, of trauma and of neuropathic heredity or of combination of these, without syphilis, must be very slight although Erb will not agree with Strümpell, Binswanger and others to hold it as of no value, but the table in which these causes as given in the history of the cases appear in syphilitic individuals is startling in its percentage proportions of such cases. He concludes that syphilis is by far the chief and most important cause of tabes, that other injurious influences play only a very subordinate rôle, but that in not a few cases they arouse it into this specialized activity. O'C.

REMEDY FOR WHOOPING-COUGH.—Neovius has used infusion of thymus vulgaris in about one hundred cases of whooping-cough with great success. He makes the infusion of one hundred parts of thyme, seven hundred of water, and fifty of syrup of althea. Of this he gives from a teaspoonful to a tablespoonful from eight to twelve times in the twenty-four hours. After two or three days a slight diarrhœa occurs, caused probably by the syrup. The action on the disease was always remarkably prompt; the cough lost at once its peculiar character, becoming like that of a slight cold.—*Therap. Monatshefte*, July, 1891. O'C.

GOITRE: ITS PATHOLOGY, DIAGNOSIS AND SURGICAL TREATMENT.—In three lectures delivered at the Royal College of Surgeons (published

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in the *British Medical Journal*, June 13th, 20th and 27th), James Berry, F.R.C.S., brings before the profession the result of his extensive investigations concerning goitre. All goitres are divided into five classes: 1. parenchymatous; 2. cystic; 3. fibro-adenomatous; 4. malignant; 5. exophthalmic. All these varieties, with the exception of the last, run into one another, giving mixed forms. Exophthalmic goitre, however, stands apart both structurally and clinically. The geographical distribution of goitre is very fully discussed and, while no cause can be assigned, the conclusion is arrived at that climatic and atmospheric conditions, heredity, intermarriage and habits, and want of air and sunshine have nothing to do with its causation. It is clear that there exists some relation between goitre and some poison in the soil upon which it is found, but it is also highly probable that the poison referred to is not the sulphate carbonate of lime, carbonate of magnesia, nor carbonate of iron. This poison probably gains access to the body through the drinking water. In the treatment of parenchymatous by various injections the object is to cause sufficient inflammation to obliterate some of the minute vesicles of the gland, and to promote the absorption of their colloid contents. Many substances have been recommended for this purpose but iodine is probably as efficient as any. The results of this method while in the main satisfactory are by no means uniform. Injection must be regarded as an operation attended with more or less danger in some cases, although ordinarily safe. The seton is regarded as obsolete. The old method, by ligature of the thyroid arteries has been revived. The superior thyroids have been ligated more frequently on account of the ease with which they are reached, but the most successful method is the simultaneous application of ligature to both the superior and inferior thyroids on either side. Division of the isthmus is considered inefficient and uncertain. Extirpation is very fully discussed under a number of subdivisions and recommended as the best treatment for *parenchymatous* goitre. 1. *Total extirpation* is not now recommended on account of the grave after-results which usually follow. 2. *Partial extirpation.* A. *Extirpation of one lobe.*—Stress is laid upon the importance of ascertaining before the operation the most favorable position for the patient's head and neck, and having an assistant hold the head throughout the operation. The incision may be vertical, oblique, angular, curved or transverse. The vertical incision is chosen for small goitres situated near the median line. Oblique is ordinarily the most convenient. The angular gives a little more room for the extirpation of large goitres, while the transverse although more difficult to execute is sometimes chosen on account of its coincidence with the natural fold of the neck. The infra-hyoid muscles are frequently much thinned and spread out, and must not be mistaken for the proper capsule of the goitre, but should be drawn outward to avoid rupturing the nerves which enter external borders. The arteries and veins which enter and leave the capsule should be isolated and tied before division. In dissecting toward the outer edge of the goitre great care should be used to avoid wounding the internal jugular vein, as its position may vary greatly. The gland should now be raised from its bed and the inferior thyroid sought for and ligated, care being taken to avoid the recurrent laryngeal nerve. If possible the isthmus is ligated last *in sections*. Irrigation should not be practiced, but the wound is immediately closed with deep sutures and without drainage except in rare instances. Too much stress cannot be laid upon the importance of the patient keeping the head absolutely still for the first few days.

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B. *Mikulicz's resection* has for its object the removal of a large portion of one or both lateral lobes without the risk of wounding the recurrent laryngeal nerves and at the same time leaving enough tissue to carry on the functions of the gland. The lateral lobe is isolated as far as possible in the same manner as in the preceding operation. That portion of the tumor in contact with the front and sides of the trachea is freed with the scissors till the whole tumor is attached to the trachea and œsophagus only where the inferior thyroid artery enters. The pedicle thus formed is ligated by a row of cat-gut ligatures, leaving a lump of the gland about as large as a chestnut. Kocher's method by resection and by resection-enucleation is very similar to the above. He first isolates the lateral lobe, then cuts through the isthmus vertically and after tying the vessel at its upper and lower borders separates the outer capsule from the inner border of the tumor till the posterior surface has been reached, outside the region of the recurrent nerve. The glandular capsule is then cut vertically. The advantage of Kocher's method over that of Mikulicz is that the former avoids separating the gland from the surface of the trachea, and especially avoids tying up masses of thyroid tissue.

C. *Resection of the Isthmus.*—This operation closely resembles division of the isthmus and is applicable to few cases.

Cystic Goitre and its treatment is discussed at great length and the conclusion arrived at that single, large cystic goitres may best be treated by enucleation, but if the cysts are numerous and scattered throughout the gland, resection is preferable.

Fibro-Adenomatous Goitres.—This form includes all kinds of goitre in which fibrous tissue predominates. The goitre may consist of one or more solid tumors imbedded in an otherwise healthy gland or a whole lobe, or even an entire gland may be fibrous. The former is treated by enucleation, the latter by extirpation.

Malignant Disease is briefly considered and all operations save tracheotomy are deprecated.

Exophthalmic goitre is quite fully discussed and the experience and opinions of different authorities given. The conclusion is reached that total thyroidectomy should not be attempted on account of the liability, although not certainty, of producing cachexia strumipriva. It is also stated that partial thyroidectomy may produce the same cachexia, tending, however, toward recovery. G. W. R.

THE RADICAL CURE OF HERNIA.—In *The Lancet*, Sept. 12th, Wm. H. Bennett, F.R.C.S., in summing up his experiences in the treatment of hernia, reports and discusses a new method for radical cure, which, while it follows certain old lines, presents at the same time new features which are worthy of note. He divides all cases for practical purposes into two classes: (1) cases in which the sac contains either bowel or omentum alone; (2) cases in which the sac contains both bowel and omentum. In the first class of cases the indication seems to be effectually met by invagination of the sac, and attaching the fundus of the invaginated portion at a point some distance above the abdominal orifice of the canal. The upper part of the sac is freely exposed by an incision in the direction of the long axis of the tumor. The sac after having been isolated from its connections just below the external ring, is opened and its contents reduced into the abdomen; it is now divided just below the external ring and after all hæmorrhage is controlled, the distal portion is dropped back into the scrotum. The proximal part of the sac is separated from the sides of the canal as high as the internal ring, and one finger is passed through the sac into the abdominal cavity. An ordinary

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pile needle is passed through the abdominal aponeurosis three-fourths of an inch above the upper margin of the external ring, a little to the outside of its middle line, and transfixing the whole of the aponeurosis and peritoneum, impinges upon the finger and is guided down the inside of the sac and made to pierce its outer wall about one-half inch from the cut edge. The needle is now threaded with a tendon or catgut suture twelve inches long, and withdrawn, taking one end of suture with it; the needle is now passed through the abdominal wall about one-half inch internal to the point at which it entered before, and traversing the sac in the same manner, pierces the inner wall about half an inch from its cut edge. The needle is now threaded with the lower end of the suture and withdrawn. Thus the two ends of the suture take their exit from the abdominal wall three-fourths of an inch above the upper margin of the external ring, while the loop passes through and over the end of the sac. The open end of the sac is now occluded by a few stitches of catgut or by a silk ligature tied around it as close as possible to the place where the suture pierces its wall. The index finger of the left hand, placed upon the end of the sac, is pushed up though the canal at the same time that the long sutures are drawn tight. Thus the sac is turned inside out and its fundus attached to the peritoneal surface of the abdominal wall some distance above the internal ring. The walls of the canal are brought together with horse-hair stitches, a drainage tube is placed in the position of the distal end of the sac and an antiseptic dressing applied. It is better to pass the upper suture which brings the wall of the canal together before the end of the sac is ligated, and by using the finger as a guide to make it transfix the anterior wall of the sac, passing in front, however, of the invagination suture.

The sutures which transfix the sac are left loose until the invagination is complete and then tightened, bringing the sides of the canal together and at the same time fixing the anterior wall of the sac across the internal aspect of the ring.

The important points of this operation are: that it establishes a barrier across the abdominal orifice of the canal without leaving a lump to act as a wedge, and its completely obliterating the hernial fossa in the peritoneum by dragging up the posterior wall of the sac. The barrier being composed of a double layer of peritoneum with the serous surfaces in contact, speedily adheres and results in the rapid matting together of the parts. It is also considered unnecessary to free the lower portion of the sac in this operation. In femoral hernia the proceeding is the same, the invagination sutures being introduced above Poupart's ligament, and avoiding the epigastric arteries, pass out through the femoral canal and attach the sac to the abdominal wall above the femoral ring.

II.—*Cases in which the contents of the sac consist of both omentum and bowel,* are by far the most difficult to cure on account of the large size of the ring and the rigidity of the sutures. Believing that amputation of that portion of the omentum is a waste of valuable material, Mr. Bennett recommends its utilization in forming a barrier at the internal ring. The parts having been exposed, the bowel is returned and a flattened piece of omentum large enough to cover the internal ring and overlap for some distance, is selected and transfixed on either side by two sutures of catgut, each about twelve inches long, care being taken not to wound any vessel. One or more fingers of the left hand are introduced into the abdomen through the neck of the sac, and an unthreaded pile needle is passed through the abdominal aponeurosis about one-half inch from the outer margin of the external ring, and guided by the finger,

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traverses the sac. This needle is now threaded with one end of the outer of the two sutures which transfix the omental flap and is withdrawn, taking the thread with it. The other end of the thread is dealt with in the same manner, the needle having been passed about one-half inch below the first puncture. The internal thread having been passed in the same way, the operator is able to return the omental flap inside the ring and hold it in close apposition to the ring by tightening the catgut sutures. If thought best the sac can be invaginated, in which case the final tightening of the sutures is left until the sac has been invaginated, and care is taken that the invagination sutures passes through the sac in front of the omental pad. These sutures are now tied and cut short, and the external parts approximated as closely as possible by stout silk sutures.

In umbilical hernia the proceeding is practically the same, four sutures, however, being used. G. W. R.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THE PROPER TITLE.—The writer of a novel has an undoubted right to dub his literary production with any title that may seize his fancy, no matter how strange or uncouth. And the further removed it is from revealing the nature of the tale the better the name seems to please not only the author, but the reader. But the contributor to a medical journal has no such liberty. His article should bear a title that indicates at once, and unmistakably, the subject treated of. What meaning is conveyed by such titles as "A Peculiar Case," or "A Case from Practice?" Yet the journals are full of them; and how is it possible to index such articles? Every writer for a medical journal should be certain that his titles selected are clear and significant.

OBITUARY NOTE.—Dr. E. A. Guilbert, an active practitioner of homœopathy in Jackson, Miss., died suddenly, Tuesday, Sept. 14, 1891. He was subject to heart disease. He went South soon after the war, and practiced in New Orleans and Yazoo City. Several years ago he went to Jackson.

OBITUARY.—Dr. P. K. Guild. The following notice of the death of Dr. Guild, forwarded by Dr. H. C. Houghton, his firm friend, will be of interest to many readers of the NORTH AMERICAN: "P. K. Guild, M.D., died at Santa Barbara, June 13, 1891. Dr. Guild was born at West Halifax, Vt., March 9, 1827; studied medicine and graduated at the University of New York, 1853. In the fall of 1861 he joined the 52d Illinois Regiment as assistant surgeon. In 1862 he was commissioned surgeon of the 120th Illinois Regiment, which position he was compelled to resign. In 1864 he commenced practice in Boston, Mass., succeeding Dr. C. M. Weed, where he enjoyed the patronage and the confidence of a large and influential class of citizens. Ill health again caused a break in labors, and he removed to Santa Barbara where he practiced ever since against odds that would have daunted any but a brave soul. Few appreciated the extent of the infirmity that bore him down, but suffice it to say, that with the constant horrors of asthma for fifteen or more years, and possibly no comfortable night's rest during ten of them, the doctor maintained his ground steadily, (sturdily) and continued his daily round of practice until within a few weeks, when a sharp attack of acute pleurisy, with rapid effusion, some consolidation, and a weak, dilated heart brought the end."

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(Dr. Richard Hall.) "Dr. Guilbert was a man of fearless honesty and stern integrity. Broadly intellectual, he was gifted with a keen insight in diagnosis; an early convert from the old school, he tried to prove all things and held fast that which was good. Handicapped by disease from almost the commencement of his career, he made such a gallant struggle against adverse fate, that when the books of life are made up, his name will doubtless stand in the roll of honor—for though the battle seemed ever a losing one, he never gave up the fight till his forces were utterly routed. He leaves a widow, Dr. Caroline B. Guild, and five children, who, forgetting the pain, will enshrine him in their hearts, learning the lesson of a life of brave endurance and rare fortitude."—*Cal. Homœopath.*

MARYLAND STATE SOCIETY.—The annual meeting of the Maryland State Homœopathic Medical Society was held at the Southern Homœopathic Medical College in Baltimore, Oct. 6th and 7th, 1891. The second day of the session was given up to the opening exercises of the first session of the new college, at which there were addresses by many well-known men. A banquet followed in the evening. Fuller information regarding the college and its prospects will be given next month.

A NEW GERMAN JOURNAL.—Dr. Villers writes that he has resigned the editorship of the *Allgemeine homœopathische Zeitung* because of its sale to an apothecary, and has established a new medical periodical entitled *Archiv fur Homœopathie.* The leading writers of the new school will join with him in the venture.

THE GRIP AGAIN.—It is thought now by some of the most experienced physicians in New York, that la grippe has again made its appearance, and that its visitation will be as severe as during the winter of 1890–91. Certainly many cases have been seen whose symptoms were those of the epidemic influenza.

THE TEXAS MEMORIAL.—The Board of Regents of the University of Texas have elected a number of professors for the new medical department which is to begin work this fall. The homœopaths have presented a very clear and forcible memorial to the board, showing conclusively the right of the homœopathic school to be accorded representation in the faculty of the college. The memorial has been referred and no action has been taken as yet. It is probable that the decision of the Regents will be adverse to the interests and rights of homœopathy. But that set-back will be temporary. Texas is so far to the southwest that she has not yet felt the full force of the rapidly increasing confidence which the public is growing to have in homœopathic treatment. It was, however, wise to present the memorial. It is time for the new school to demand its rights. Silence under injustice has been too long the order of the day.

THE WESTBOROUGH TRAINING-SCHOOL.—The *Westborough Tribune* lately contained an article describing in detail the training-school for nurses at the Westborough Insane Asylum. This school has been made an object of especial study and care by Dr. Paine, and the result of his labor seems to be very satisfactory. Not only are the nurses trained in the care of the insane, but they have to attend several courses of lectures and recitations, spend some months in a general hospital in Boston, attend obstetrical cases, take lessons in cooking and massage, and pass several rigid examinations. It is a little singular that some homœopathic physicians require so much time to ascertain the superior qualifications of a homœopathic nurse for cases treated homœopathically. Our own nurses should be given the preference. They are the best there are.

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OREGON SOCIETY.—At a recent meeting of the Oregon State Homœopathic Medical Society, the following officers were elected: President, R. E. Muller, M.D.; Rec. Secretary, O. D. Baldwin, M.D.; Cor. Secretary, H. F. Stevens, M.D.; Treasurer, C. L. Nichols, M.D.

TWO MORE COLLEGES.—News comes from Chicago that two new homœopathic colleges are to be started in that city this fall. This is sad news—for Chicago, but it will not cause a very large ripple of excitement elsewhere. The crying need of homœopathy is not just at present more colleges, Those we have can easily take care of all students of homœopathic medicine. What we need are endowed colleges—institutions that have means enough to be independent and able to furnish the very best instruction in every department of medicine. If a new college comes with these advantages it has then some strong arguments for its establishment. However, since Chicago is to have the great Fair, by all means let her also have four homœopathic colleges. Perhaps by '93 she will be able to unearth several more.

MEDICAL EDUCATION.—Dr. Haughton moved "that, in the opinion of the Medical Council, university graduates in medicine should be required to have spent not less than two years in the study of mechanics, physics, chemistry and natural history; and not less than four years in the study of medicine, surgery and midwifery." He said that the time had come when universities, in conferring their degrees, should differentiate themselves from corporations and bodies giving licenses of qualification to practice. The proposal for the five years' curriculum stank particularly in the nostrils of the authorities of Dublin University, because of the extraordinary proposal to spend six months of the last year in learning medicine from a practitioner who had forgotten all he knew forty or fifty years before.

They would never consent to such a degradation of the university degree. He was here proposing a better thing in conformity with the practice of the University of Dublin and the growing and prosperous medical schools of Cambridge. In Dublin they did not look upon these physical sciences as belonging to medicine; they were general sciences, and ought to be studied, and were studied, by young men intended for other professions. In subjects of natural history, Scotland and her universities had held for many years a well-deserved and most honorable supremacy. To accept a three-years curriculum would be to admit a suppressed premise that these subjects—mechanics, physics, chemistry and natural history—were branches of medicine. And there was another fallacy, which implied that these great subjects could be learned in one year. As a teacher for over forty years, he maintained that in one year no knowledge of them that was worth possessing could be obtained. It was notorious that these subjects were not taught in schools, and therefore the universities ought to claim from their graduates in medicine a far higher knowledge of these important scientific subjects than was absolutely necessary for the bare feeling of a pulse, using a stethoscope, or cutting off a leg. He had never been convinced that four years was not amply sufficient to learn all that was necessary to fit a man for practice in medicine, surgery and midwifery, if these four years were commenced with an adequate knowledge of mechanics, chemistry, physics and natural history before medical studies were undertaken.

Although these were not medical studies, they were the pillars on which medicine rested, and a more intimate knowledge of these subjects ought to be required of university graduates. Unless some such change was brought about, he knew the time would come when universities would cease to have degrees which were valued as higher than those of an ordinary qualification.—*Lancet*, May 30, 1891.

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ORIGINAL ARTICLES IN MEDICINE.

THE RIGHTS AND DUTIES OF HOMŒOPATHY.*

By F. PARK LEWIS, M.D.,

Buffalo, N. Y.

IN the church of Santa Maria Sopra Minerva, at Rome, the curious or reverent pilgrim may stand on the very stones, where, nearly three hundred years ago, an old man is said to have stood, to receive his sentence for heresy; and, standing there, forced to recant his over-strange doctrine, threatened with imprisonment and torture if he spoke the truth that was in his heart, he whispered to the coming ages, "it DOES move."

In his mind, if we could but follow, what thoughts might we perceive struggling with his hampered utterance! Yet under all, and stronger than all, that SURE SENSE OF LAW governing all things in this universe of ours, by which, reaching into the eternal verities, he was able to give his message to the world!

It has always been strongly impressive to me, the picture of the man Galileo standing there, knowing and realizing more than in this nineteenth century it is easy for us to realize, that this one man's brain was set against the brain of the world, that he alone knew that it *did* move.

And not unlike this picture in its pathetic grandeur, is another, that of an old man, too, who, a century later, stood, not less convinced, or less secure, or less alone, "one man against all the world,"

* Presidential address before the Hom. Med. Soc., State of New York, Sept. 14, 1891.

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as the other had been, saying to himself as that other had said: "There is nothing without law;" adding to the great fact of the rhythmical movement of the spheres another great fact, at that time only a theory, that in this wonderful, revolving earth, Nature had written a law, so plain that all who would might read, for the physical healing of the nations.

A law that has since been demonstrated, not by that one man alone, but by every homœopathic physician living and practicing since his time, that LAW OF CURE which is the essential and distinctive mark of homœopathic practice, and which gives to our school the right and dignity of an individual existence!

It is of this right and this dignity, together with the duties which these involve, that I wish to speak to-day.

The existence of schools of medicine, in the light of the nineteenth century knowledge, is an anomaly, I might say, an anachronism. The reason is this: Strictly speaking, "schools" and "sects" are only possible outside of the sciences, where, as in art, literature or religion, honest differences of opinion may exist concerning fundamental principles, because even the *fundamental principles are not capable of demonstration but are matters of opinion or belief.*

Science means knowledge, not theory. It is progressive, but it must be founded upon law. That only is scientific which is guided by ascertained principles and not by empiricism.

Now, if a distinct law of therapeutic action can be demonstrated, medicine becomes a science, and remains so, whatever differences of opinion may be held upon minor points, so long as the fundamental proposition governing practice is a matter not of faith but of fact.

This has been done. The knowledge of homœopathy has raised medical practice from an art to a science; not—from the nature of the complex elements entering into it—an exact science. No such system of medicine could spring, Minerva-like, perfect from the head of Jove. But since all our observation, all our experience, all our reasoning and our judgment are referable to law, and can be regulated and systemized by law—law which has been proven over and over again during the past half century—I say that our medicine is a science.

There should, therefore, be no "schools" of medicine. In years to come there will be no "schools" of medicine, for all medicine will be founded upon a rock—the LAW of Similia Similibus Curantur.

Let me reiterate. We have a law. The fact of our practice being based upon law makes our medicine a science. The fact of its being

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a science should preclude the possibility of the existence of any "schools" denying this law, unless the law can be disproved.

Now, in all other departments of thought to-day, the tendency is not towards dogmatism, but toward rigid investigation. We no longer dogmatize, we study. It is the spirit of the age, a spirit we are justly proud of. And this is the ground-work of my argument. When an important law, so important as to change the point of view of medical practice, and modify the deductions drawn from the "experience" upon which the old school practice is so largely based; so important as to deal with questions of life and death, so important as to make it a serious charge for a man to be ignorant of it if it were proven true; when, I say, a law so important has been laid down and said to be proven, by men who in other things are logical, scientific, truthful and trusted, what should be the attitude of educated men toward it?

Is it to be imagined that they would do less than inquire into its truth until at least its purport has been thoroughly understood?

And yet this one thing a great majority of our brothers in the medical profession have not done; will not do. We *cannot* look at things from their stand-point, they *will not* look from ours.

I wish, therefore, to throw the burden of the existence of homœopathy as a separate school, upon the shoulders of the allopathists where it properly belongs. The attitude of the old school toward the new has been almost identical with that of the most puritanical and bigoted Calvinists toward the doctrine of evolution, with this difference, that neither Mr. Darwin nor any of his followers claimed for their beliefs that they were as yet not more than theories, while we offer to all who will take the trouble to investigate, an indisputable aggregation of proof. That it is an indisputable aggregation of proof, the allopathists, of course, deny, but denial without disproval has its weight only with a limited class of minds.

It must be remembered that homœopathic therapeusis is a difficult and exacting study, as is all science properly so-called; that while the law is simple, the application of it requires the most trained judgment and nicest discrimination; and that to have a convincing proof of the principle, its truth must be carefully verified and clinically demonstrated.

But to question, in the light of to-day, that *there is a law governing medicine*, to denounce without disproving, is less enlightened than in the old days to have condemned Galileo with a contemptuous "The world does *not* move."

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Without law there can be no progress. When we look out into the world with less pharisaic eyes, we shall see deeper than we now do, and more truly, and then we shall discern, not less law but more law. It is only when blinded by wilfulness, arrogance or prejudice, that men fail to perceive that every smallest thing in this universe falls under some great law, which, if we could but humbly learn and understand, it would be well with us.

I hesitate, in addressing a body of homœopathic physicians, to discuss facts with which all are perfectly familiar. It is like beating over old straw to define our position, and to give, again and again, reasons for the "faith that is in us." But the time has come when, if we must stand apart as a separate school, the *people* should know why.

Logically, we occupy the only tenable position. But the onward movement of the world meets with some opposition even to-day. We are often fiercely assailed by misrepresentation, and not seldom by bitter innuendo and abuse.

Our position falsely stated, does not make that position less secure, nor affect the truth of that which we believe. But those who look to us for healing, may with justice look to us also, not to defend our right to heal—our results do that for us—but to give them an intelligent understanding of what our healing science actually is.

We should institute an educational campaign, not for the profession but for the public.

The people should know, those who care to know, what we believe and what we practice, what we are doing and what are the results, who constitute our practitioners, and who our *clientèle*.

LET IT BE KNOWN that our great law to which homœopathy owes its right to be, relates simply to the therapeutic action of drugs; that it is founded on the belief that the only certain way to determine the action of drugs, is by trying them upon the healthy, and carefully observing what tissues are affected by them. The most advanced of the old school physicians are beginning to realize this truth also, and profit by its results, though they fail to apprehend the fact that its acceptance leads directly to the law upon which the homœopathic school stands, *that drugs will cure conditions similar to those which they produce when taken by the healthy*. Only this and nothing more. We should emphasize the fact that all questions of dose and all theories as to the nature of disease, are extrinsic and are merely theories, that they have been and are to-day theorized upon by men of both schools, and that their acceptance or rejection is wholly independent of the law of homœopathic practice.

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"The allopathic mind," as one of our own able writers has said, "seems utterly unable to grasp and retain a knowledge of the fact that homœopathic practice is not confined to the use of small and infinitesimal doses."

LET IT BE KNOWN also, that while our law of cure has been freely maligned by the old-school press and practitioner, it has, nevertheless, within the past few years materially modified their practice. We find them recommending, to-day, for certain conditions, remedies which we have found to be homœopathic to those conditions, that is to say, which will cause exactly similar symptoms when taken by the well person. When the old school borrows from our therapeutics, however, the remedies are empirically and not scientifically given, and the results, as might be expected, are not always satisfactory.

Such facts as these we should let the people know, so that when the old school physician says that he gives homœopathic medicine when his patients want it, they will know how he gives "homœopathic medicine," and how much real homœopathic treatment they are likely to receive.

LET THEM UNDERSTAND that, strictly speaking, there is no such thing as "homœopathic medicine;" that no drug belongs by divine right to one school or to another school; that it is the principle upon which these drugs are prescribed, and that alone, that marks the homœopathic school of treatment, and seals its immense superiority over any other school or schools whatsoever.

Define clearly and assert the fact that we expound a specific and comprehensive law of cure; that its demonstration makes therapeutics a science; its denial places *all* medicine on the insecure and fallible basis of empiricism:

That, therefore, there can be but two schools of medicine; all the practitioners of varied method and belief, called as they may be, allopathists, eclectics, hydropathists and what not, whose therapeusis is based upon empiricism constituting, on the one hand, the great body of irregulars, and, on the other hand, the also large and rapidly increasing body of medical practitioners, whose therapeutics are founded upon a demonstrated law, whose practice is, therefore, a science, and whose practitioners are consequently the regulars in the medical world.

Incidentally, let me say, regarding the question of dose, that a well-known pharmacist, one of the best in the country, came to me not long since, and among the drugs which he had commonly for sale were some put up in smaller quantities than I am in the habit of using,

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but which he explained were satisfactory to many of the old school physicians by whom they were used. I have had from still another reputable pharmacist, exactly similar statements. The fact is, that a few progressive old school physicians have opened their eyes and perceived that results can be obtained, and often better results, by giving drugs in small quantities, than would follow the administration of crude doses. They have, therefore, without being burdened by much rule or research, lessened their doses until they have out-Heroded Herod, and in some instances have given medicines in quantities smaller than are commonly used by the average homœopathist.

For any member of the old school of practice, in the face of these facts, to revile us now on the subject of doses, is—unbecoming.

To return to our educational policy:

LET IT BE KNOWN that what we practice is *medicine* in its entirety; that our great law, while it may modify and govern our judgment on other points, relates only to the administration of drugs; and that every manual and technical point of surgery, every antiseptic or aseptic precaution, every method belonging to special practice, EVERYTHING *outside of the giving of medicine and sometimes inside*, belongs as much to one school of practice as to another.

The old school has nothing that we may not have. Experience and judgment are not exclusive possessions. If we do not use all the methods that they do, it is only because experience has shown us a better way. The homœopathists have access to all that the allopathists have, *plus* that which—I have statistics to show—has enabled them to save nearly twice as many patients in proportion to their numbers, in the city of Buffalo, during the past year, as those whose practice excludes a definite law of cure.

There are in the city of Buffalo, about two hundred and ninety-nine (299) old school physicians engaged in the treatment of acute disease. There are probably a good many less than that number, as many of the names in the City Directory are unknown to me. But in order that the estimate may be entirely fair, I have given the old school credit for every doubtful name.

There are forty-seven (47) homœopathic physicians, every one of whom, I know to be treating the diseases upon which these estimates are made. I have taken five widely different diseases, in which the effects of intelligent treatment should be most conspicuous. My records have been taken from the Bureau of Vital Statistics, as filed with the Clerk of Erie County. The proportion of old school physicians is certainly not more, and is probably less, than six to one.

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The following is the record of deaths under the treatment of the two schools for the year ending July 1, 1891:

Diseases.	Old School.	New School.	Proportion.
Measles - - -	44	5	9:1—
Cholera Infantum and Diarrhœa - - -	370	40	9:1+
Influenza - - -	62	6	10:1+
Pneumonia - - -	528	41	13:1—
Croup - - - -	159	11	$14^1/_2$:1

In other words, the total number of deaths from these five diseases recorded by old school practitioners during the past year is eleven hundred and sixty-three (1163), while those recorded by homœopathic physicians were only one hundred and three (103). Multiply our record of deaths by six to make the proportion even—and that number is too large—and we still have a death-rate of but six hundred and eighteen (618) to their eleven hundred and sixty-three (1163), or a loss on their part of almost two to our one; while in such diseases as pneumonia and croup the proportion is very much larger.

What is true here is true everywhere. In the Melbourne, Australia, Hospital, the death-rate for the year 1889 was $17^8/_{10}$ per cent. In the Alfred Hospital, also allopathic, the death-rate the same year was $15^1/_{10}$ per cent. In the Homœopathic Hospital in that city, the death-rate was but 9 per cent.

The class of cases treated in these institutions was similar, excepting that the Homœopathic Hospital had a much larger proportion of typhoid fever cases than either of the others.

Is it then to be wondered at that homœopathy is growing with a rapidity *phenomenally* disproportioned to the increase in population throughout the country? I quote from statistics collected by the Bureau of Organization of the Society of Illinois.

"The population is increased during the last twenty years $51^1/_2$ per cent. The number of homœopathic practitioners has increased $93^1/_2$ per cent. In Iowa, the population increased less than 60 per cent., while the homœopathic doctors grew 160 per cent. In California, the inhabitants augmented 115 per cent. and the number of homœopathists, 1655 per cent. In Missouri, against a 55 per cent. growth in the population is a growth of 250 per cent. in physicians of our school." Records from other States tell similar stories.

Facts and figures such as these belong to the public as much as they do to us; in the interest of suffering humanity we should pub-

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lish throughout the length and breadth of the land, the possibilities of scientific medicine.

LET IT BE KNOWN that among our physicians are as capable diagnosticians as any in the world; that our surgeons are fully as good in operative technique and manual dexterity; that our specialists in every department are as thoroughly equipped as are those of the old school, and this independent of their homœopathic training; that our colleges, not satisfied with the requirements of the old school colleges, have always been foremost in demands for higher medical education. In Boston University, a homœopathic college, the course of study was lengthened to four years, long before any allopathic institution had dared to limit its attendance by any such demands. There is not one allopathic college in the country, not even excepting the College of Physicians and Surgeons in New York City, in which the requirements are more rigid, in which the curriculum is more complete, in which the examinations are more comprehensive than in the New York Homœopathic Medical College.

In our colleges everything in medicine is taught. We have and demand for our students all that there is to know. Both homœopathic and allopathic text-books are used. In the old school colleges, on the other hand, everything appertaining to homœopathy is, whenever referred to, misunderstood, misrepresented, or villified.

Large numbers of our practitioners are graduates, also, of the old school of medicine, and in the great European cliniques, the proportionate *preponderance* of American students are homœopathists. Our physicians, as a rule, then, receive the broadest education, and are thoroughly instructed, always, aside from their own methods, in the principles and practice of old school therapeutics. The libraries of homœopathic physicians are filled with the freshest and newest of old school literature; they read the best allopathic journals; they acquaint themselves with, and make use of, everything that is valuable in medicine of whatever school. On the other hand, it is so rare as to be almost unique, to find an allopathic physician who has ever attended homœopathic lectures, who has anything more than a most superficial knowledge of homœopathic principles, who ever reads homœopathic books, or who has ever, at any period of his life, put in actual practice and tested the validity of the homœopathic law of cure. Many of them pretend to understand it, and probably believe that they do, but their attempts to apply it in empirical practice, their public denunciations of homœopathy in consequence of their inevitable failures, give abundant evidence of a profound misconception of its nature and its possibilities.

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The public is sometimes in sympathy with their voluble and often amusing accusations and epithets; but the American people have a keen sense of justice, and, once roused to the realization of the insuperable right and dignity of our position, *they* are the only Cæsar to whom we need appeal.

There are to-day, among the adherents of homœopathy, hundreds of thousands of the most intellectual, the wealthiest and the wisest people of America—the clearest headed and most practical people in the world—people who are not led in so serious a matter by sentimental notions, but who adopt the practice simply and solely because of its ascertained superiority over any other method of cure. There are in New York State alone, thirteen hundred homœopathic practitioners and a million avowed adherents of the homœopathic school.

Among the most eminent in every department of thought and in every sphere of life, have been advocates of homœopathy. Archbishop Whately, the master of logic; Jean Paul Richter, the poet philosopher; Benjamin Disraeli, the astute statesman; Wm. Cullen Bryant, the poet of Nature; senators, governors, bishops and judges, among the most brilliant of the world's great men and women, have been those, who, seeing deeper than their fellows, have recognized the marvelous importance and far-reaching significance of an established and demonstrated law of cure.

The President of the United States at present is a homœopathist; Garfield was a homœopathist; Roscoe Conkling and Roswell P. Flower are homœopathists. So is Ex-Governor Bullock, of Georgia, and so was Ex-Governor Robinson. But it is needless to swell the list. I simply wish to re-assert, that aside from the scientific basis of homœopathy, aside from its wonderful record of success as regards both numbers and results, aside from the unquestionable ability of its practitioners, the *personnel* of homœopathy is such as to demand recognition and respect.

I am convinced that the large majority even of our own people, are ignorant of, or but faintly appreciate, the points which I have outlined, and which are to most of *us* an old story re-told.

Many of them wish to know, but there is very little, if any, literature, that gives briefly and clearly such information free from technicalities. And now, since we are, as a school, often grossly misrepresented, and our principles and practice set forth by those whose ignorance of both is only equaled by their audacity, I would suggest that some of our best men be asked to write as clearly and concisely as possible, short essays on matters appertaining to homœopathy,

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that those who would like to know more of these things may have an opportunity to become informed.

We may as well face the fact that we cannot look for much fairness or fraternity from the majority of our professional brethren of the old school. However large minded, progressive and cultured the individual members of its ranks may be; however firm the grasp of friendship that we give and receive from these; however truly we appreciate the greatness of their devotion to their work of healing the sick and their largeness of intellect and of heart, we cannot in self-protection forget that such men are but small part, numerically, of the profession. In all modern literature, in all speaking and practice, everything looks towards a universal brotherhood. In medicine this growth is also exhibited, but the liberal tendency is toward men rather than ideas, and even this in many allopathic journals seems to be altogether and painfully lacking.

The only way we can gauge the leading thought of the school is by the leading journals of the school. They must be the gauge, the measure, the standard. The leading journals of the old school show themselves palpably ignorant of the principles upon which our school is founded, which means that the old school does not comprehend the first principles of homœopathy, and I therefore charge them with ignorance. They do not wish to comprehend it; they are content to remain uninformed in regard to it; therefore, I say that they are criminally ignorant. For to be ignorant of that which might be known, when to know it would be the saving of human life, is not merely to be non-progressive, to be unscientific, it is, I repeat, to be criminal.

What I have said has received recent illustration in an article published in the *Medical News*, of Philadelphia. The Philadelphia *News* is certainly one of the most representative, as it is one of the most widely circulated and responsible of the allopathic journals, making with the *Medical Record* and *Medical Journal*, a trio of the most important periodicals of the school. The editor of this journal, with the files of the Philadelphia daily papers open to him, containing remarkably full and accurate reports of the Homœopathic International Congress, held at Atlantic City, in June last, misstates and falsifies these records, and while commenting on this meeting, gives as facts, what neither occurred, nor was recorded in the daily papers to have occurred; at best giving only partial truths and in such a way as to warrant entirely erroneous deductions. Finally, he concludes with an astonishing summary of the articles of homœopathic belief as follows:

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"What, in brief, simple English, are these articles of the Hahnemannian homœopathic creed?

"First. That disease is immaterial, spiritual, its causes not perceptible to the senses, and that no attempt need be made to find them out.

"Second. That all chronic diseases, except syphilis and sycosis, are due to the itch.

"Third. That the more you weaken or dilute a drug with water the stronger it becomes, until all that is necessary is simply to smell the most diluted mixture, 'even though you have no smeller.'

"Fourth. That to put out a fire you must add fuel to it, to cure disease give a medicine that would cause it."

These doctrines he characterizes as "idiotic drivel" which those who believe in the real principles of homœopathy would be the last to deny. The editor subsequently charges the whole school with pretense and hypocrisy in so many words, and concludes as follows:

"The moral of it all is, that to indulge in good-humored contempt of these pestiferous doctrines and doctrinaires, to show them mercy, to be indifferent to them, to compromise and to play politics with them, is to be poltroon and renegade in the face of one's duty to science and humanity."

His summary of our creed reminds one of the student who, in describing a crab to his professor in natural history, said: "A crab is a little red animal that walks backward."

"The only correction that I would make," said the scientist, "is, that a crab is not always little, it is not red, specifically it is not an animal, and it does not walk backward."

I think that most fair-minded, thinking men, will uphold me in saying that wilful misrepresentation is at least as bad as wilful ignorance, and the latter, I claim in this instance, to be inexcusable. Further I say, and in this also I claim the support of the great mind of the public, that if the editor was ignorant, his denunciations put him on the low level of any man who, in whatever discussion, philosophical, religious or scientific, allows himself to launch wholesale abuse at his opponents without taking the trouble to inform himself as to the nature of that which he condemns.

While there are many broad and tolerant men in the old school of practice, that the editor whom I have quoted is by no means singular in the unjudicial, narrow and strabismic view which he takes of homœopathy, the controversy recently carried on between the two schools through the columns of the London *Times*, abundantly proves; and warrants the conclusion which the impartial editor draws, that "An

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Odium Medicum does exist exactly analogous to the Odium Theologicum of a less enlightened age, no whit less capable of blinding men, otherwise honest and kind-hearted to the most elementary views of candor and justice."

It is, therefore, a logical sequitur, and an imperative conclusion, that self-preservation requires, and self-respect demands, that no supervisory control of any of our institutions be permitted to remain in the hands of an antagonistic and hostile board. This was recognized at the last Legislative Session, by the erection of separate Boards of Medical Examiners. It must be further recognized by the establishment of separate Boards of Charities.

The chairman of the Commission in Lunacy is an allopathic physician. His rulings during the past year have shown his unfamiliarity with, or his indifference to, the fact that the therapeutic methods of the State Hospital at Middletown are radically and fundamentally different from those of every other public asylum in the State. The law by which the one homœopathic hospital is placed in the same apportionment with the old school institutions in the State and forced to fill its wards with poor unfortunates whose friends perhaps have no desire to place them under homœopathic care, practically locks its doors upon hundreds of homœopathists to whom it belongs, with whose money it was largely built, and to whom the faith of the State was plighted.

We demand as our right a separate Commission in Lunacy, or at least equal representation upon the one now established.

We want our own institutions for our own people throughout the entire State, unhampered and unimpeded by embarassing restrictions; we will be satisfied with nothing less.

To accomplish this we need a united profession throughout the State. Nearly one thousand physicians within the limits of the State are not represented in our society. To many the importance of such a connection has not been made sufficiently clear. But since a new responsibility has been thrown upon the society by making it the censor of medical education in the State, there rests upon every *practitioner* in the State a new responsibility, that of a wise and judicious choice for the State Board of Medical Examiners.

With increased numbers, also, comes increased power, and to secure the rights of homœopathy, the homœopathists throughout the State should realize the dignity of their calling, and know and do their duty.

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To the accomplishment of this end, I would suggest that the society consider the advisability of abolishing the initiation fee, and of making the dues as low as may be consistent with the absolute necessities of the society. The largely augmented membership which we might obtain would make such a reduction possible without embarrassment to the society.

Let us not forget that in geometrical proportion to our number is our power, and in direct ratio to our power is our responsibility.

It has been given to this school to discover and develop the principles of one of Nature's great laws. It becomes the duty, as well as the right and dignity, of this school, to illuminate and promulgate these principles until their acceptance shall become universal.

FALLOPIAN DYSMENORRHŒA.*

By JOHN C. MORGAN, M.D.,

Philadelphia.

THE literature of dysmenorrhœa, as a medical affection, has by no means kept pace with the advance in positive knowledge of its morbid anatomy. Indeed, this knowledge has rather subverted the faith of the majority in the curability of bad cases, except by extirpation of the diseased parts; hence, surgery does not scruple to claim the field, in our day. Dr. Robert Battey, of Alabama, and Mr. Lawson Tait, of London, have led in this, and their followers are legion. Even in the homœopathic school, the same views and practice obtain, and are advancing with rapidly increasing momentum.

The old medical nomenclature remains unimproved, and it is needless to recapitulate it here. In gynæcological surgery, it is thoroughly ignored, and we have instead the anatomical and physiological lesions named, regardless of symptomatic details, viz: endocervicitis, endometritis, salpingitis, hydrosalpinx, pyosalpinx, cystic degeneration of ovaries, uterine subinvolution, hyperplasia, hypertrophy, polypoid vegetation, fibroid, pre-menstrual pains, flexions, etc., etc.; all, for surgical uses. Inflammation ("salpingitis") and its results form the foundation of all of these. Let us, then, once more take a medical view of these cases, reviving the old title, "Dysmenorrhœa," and study them anew in the light of modern pathological discovery. Thus, we shall certainly learn that the anatomical lesions involved are but the analogues of all these which daily occupy the physician,

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especially in chronic diseases; that, therefore, they should not be relegated to the knife, as a matter of course. The tubal obstructions are those particularly in view at present. Ovarian lesions are usually coincident with these. That medicine has its limit at the line of incurable lesion is almost axiomatic; but this line is not all-inclusive, and its enclosed area, as defined to-day, is by far too large, or we have in vain read Hahnemann.

As a formal step in the direction indicated, I wish to erect a new division of the clinical affection called by this general title, viz: "Fallopian Dysmenorrhœa." This phrase is true, both to pathology and to individualizing homœopathy; corresponding, in Bœnninghausen's Therapeutic Pocket-Book, to "Abdominal Rings," right and left, (page 83, Allen's edition); with the various individual sensations, etc., and the modalities and concomitants, in their proper places.

Pathologically, these cases have doubtless been vaguely and ignorantly included under the two heads, "neuralgic" and "inflammatory,"—particularly the former, since inflammation has been thought of as uterine, whilst pains beyond its boundaries were considered as reflex, or sympathetic, either of uterine or of gastro-intestinal trouble, or as symptomatic of nerve pressure or malnutrition. And, of course, misguided and inefficient treatment followed. Then, when the gynæcological surgeons exhibited the extirpated appendages, the lesions were taken as the reason, not only for the past failure to cure, but also for the new dogma of incurability.

The symptoms of fallopian dysmenorrhœa are largely but not exclusively located in the course of the tubes; extending from the crest of the ilium, or lower, to the os uteri. The uterine cornua, containing the orifices of outlet, are indeed the seat of the functional disorder, above all other points, the various lesions agreeing in causing tubal stenosis at this locality; we have, hence, a form of "obstructive dysmenorrhœa;" and, like that of other canals, this stenosis is both spasmodic and organic. Secondarily, the damming back of menstrual blood seeking exit from the ovaries, creates spasm of the whole tubal muscular coat, vascular tension of the ovaries, with degeneration, severe pains, constant and distensive, with inguinal forcing and bearing down, with ovarian stitching, and with abdominal soreness and reflex distresses, gastric, hepatic, lumbar, cephalic, etc. The sufferings are often so extreme, that "an operation," even at the cost of certain sterility, is gladly welcomed. By-and-by, the stenosis partially and but slightly yields to the *vis a tergo*—a scanty flow occurs, and continues for a day or two; then ceases, leaving the organs and

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the concomitants, as well as the local symptoms, to gradually resume the inter-menstrual condition.

During the interval, the inguinal, abdominal, and sometimes the lumbar and hepatic congestion and soreness, and headache, are prominent in varying degrees Both inguinal regions may be affected, but not to an equal extent, one side being the principal seat of trouble. On that side the psoas muscle will be found, in a severe case, to be more or less checked and disabled, causing a limping gait by its proximity to, or involvement of, its sheath in the lesion of the uterine appendages. An acrid leucorrhœa may succeed the trivial menstrual flow—with engorgement of the uterus and vagina, and vaginismus. Rectal examination often reveals lesions, such as those to which Dr. E. H. Pratt has called our attention, and which are more or less severe. Again, as the period draws near, all the primary and collateral ailments begin to take on new intensity, and thus moves on the marred and suffering life.

The morbid anatomy of fallopian dysmenorrhœa is that of inflammation of the tube—"salpingitis"—of a type originally catarrhal, and subject to the same laws of development and of results which occur in other localities. It may be compared with catarrhal inflammation of the nasal duct, or of the eustachian tube. and of the male urethra, above all, since the structures surrounding the lumen of the canal, beginning with the lining membrane, and including the connective and muscular layers, and the nerve and blood supply, are similar, in part at least. In addition, the sphincter of the bladder is the inverted counterpart of that shutting off the tube from the cavity of the uterus. Both canals and sphincters are subject to spasmodic stricture—and from analogous causes; and both may suffer organic stenosis at any point or points. A composite form is possible to both—spasmodic contraction, reinforced by inflammatory thickening, induration and rigidity. Both are particularly liable to purulent degeneration and chronicity, with progressive alteration; "pyosalpinx" gleet. Both heal, if at all, with cicatricial contraction. Finally, both are amenable to analogous methods of treatment.

In distinction from the urethra, the fallopian tube, when constricted, may develop an adjacent sac-like cavity, with serous contents—"hydrosalpinx;" or sanguineous—"hæmatosalpinx."

Pyosalpinx may be predicated upon the history of the case, and the purulent leucorrhœa; also, sometimes, by the discovery of an abscess cyst, by bi-manual palpation. It is to be differentiated from sacs of the other varieties—by its history, symptoms, etc. With the

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thighs flexed, even a careful external palpation and comparison of the two groins may plainly show, on one side at least, an enlarged and thickened tube—say, as large, and almost as hard as one's finger; very sensitive to the touch—even of the skin, it may be; but particularly, on deep pressure. Every case, however, is in some ways, a law unto itself.

Ætiology.—The origin of the "pus-tube" is a grave question. Noeggerath's dictum is in point here, viz: "the woman who marries a man who has ever had gonorrhœa, cannot be a well woman." In other words, our allopathic brethren never cure gonorrhœa in the male; stricture, and a semi-specific pus-pocket behind it, are inevitable; and a woman who co-habits with such a man is sure to become a victim of endometritis, and not improbably, of pyosalpinx. She, as well as her offspring, from Hahnemann's point of view, suffer under the "sycotic miasm." The prognosis is that of this form of specific chronic disease, under homœopathic treatment, and our faith in Hahnemann will be the measure of our hope of radical cure—including the husband as well as the wife—and not least, the children. Of course, thuja is the type of our specific remedies.

Under the allopathic method, or even in the hands of an unconfirmed homœopath, extirpation of the diseased tubes, with the ovaries, thus ending the painful menstrual function for life, is the only resource whereby such a dysmenorrhœa can be cured, and also the depot of septic constitutional infection be abolished.

Tubal disease, pyosalpynx included, is not, however, without examples among virgins. It is possible, in such cases, that a sycotic taint has been transmitted by the parents, determining the characteristic type, when fallopian catarrh is set up by ordinary causes, as cold, wet feet during the menses, etc. Symptomatic, anti-sycotic, and finally, surgical treatment—singly, or in combination—are open to choice.

The differentiation of the other forms of tubal disease will of course modify the drug selection. Thus, the presence of serum will suggest apis, arsenic, lycopodium, etc.; of blood, arnica, hamamelis, ipec. and others; pus, hepar, sil., calc., sulph., etc. The indication of locality suggests, for the right ovarian region, acon., apis.; for the left, gelsem., lach.; for pains in the hip-joint, especially the left, stramonium. For rheumatic pains, colchicum. For sick stomach, with loathing of the smell of cooking, also colchicum. For inflammatory tension, pain and fever, phenacetin, 2x to 5x. For non-appearance of the menses for a long time, acid. citric. For spasmodic and conges-

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tive symptoms, acon., bell., caulophyllum, cuprum, plat. For headache, worse when stepping, calc. For rectal and vesical tenesmus, nux vomica, alumina. For stricture in general, clematis. These indications are partly clinical observations—partly pathogenetic. In one case, the gastric concomitants indicating colch., it was given, low and high, uniformly arresting all symptoms, immediately; as uniformly, ending all signs of menstrual effort (before any flow appeared). In the same patient—this drug having thus postponed it for five months—citric acid, 5000th, two doses, every second day, renewed it on the fifth day; and the same prescription uniformly induces menstruation, whenever delayed, in this patient. The remedy deserves further testing, in amenorrhœa. In another case, phenacetin distinctly favored the flow, when delayed.

On the whole, the indications for permanent cure seem to lie in a double line, viz: among the objective, pathological, post-diagnostic, tissue-modelling drugs, but with a choice, among these, of mental, moral and subjective symptom-similarity. Thus, in a case of this kind, with chronic suppuration, silicea has proved very useful when the patient was also painfully conscientious and self-accusing, started at the least sudden noise, and presented a further long list of subjective or personal sensations, found under that drug as characteristics.

The surgical treatment of fallopian dysmenorrhœa is of two kinds, viz: 1st. the radical, the extirpation of both ovaries and tubes, (Tait's operation), whereby menstruation is abolished, and permanent sterility insured; a proceeding analogous to the "sure cure for headache," by cutting off the head; repugnant, but effective; and 2d., the conservative, in which the principal element is a manœuvre, original, so far as I am aware, with myself, viz: catheterization of the tubes, or rather, the dilatation of the fallopian outlets by means of a properly curved uterine sound. Excessive force is not necessary or safe; but I have repeatedly performed it without ill effect, using the flexible Sims' sound, which bends before it can be made to do any harm. The operation may be done just preceding the period; and has, on each occasion, been followed by good effect, facilitating the escape of the menstrual blood, and greatly lessening pain. Like all other dilating operations, its efficacy is temporary, and it must be followed up by curative treatment. It is of the nature of "orificial surgery;" and it may be accompanied by the entire programme of that method, if the associated lesions demand it.

The sound is slightly curved in the last inch and a half; the last half inch more sharply so; it is then inserted into the uterus, up to the

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fundus, the left hand steadying this, externally. It is then slightly withdrawn, with the handle elevated, and the point turned toward the tube, simultaneously; the latter is now insinuated into and through the orifice, and retained for a while. By reverse movements, it is then returned to the fundus. Lastly, the procedure is repeated upon the other tube.

CASES OF INSANITY FOLLOWING "LA GRIPPE."*

By GEORGE ALLEN, M.D.,

Middletown.

THE causes of *insanity* are usually spoken of as *predisposing* and *exciting* causes. It is probable that where "La Grippe" figures as a cause of insanity it should be classed among *exciting causes.* A few writers in those journals devoted exclusively to mental and nervous diseases, have called attention briefly to the fact that a considerable number of cases of insanity had appeared as a sequel to "La Grippe," during the epidemics which prevailed so generally throughout the country during the past two years. No systematic writer on insanity has alluded to this subject at any length, and the ordinary writers on practice do not allude to insanity among the *sequelæ* of "La Grippe." I doubt, moreover, if the profession at large have generally recognized the likelihood of insanity resulting from this disease. It is only after such extensive epidemics as we have recently witnessed that the results in the direction of mental disease become apparent in asylum practice. It is my purpose to call your attention briefly to this subject, basing what I have to say upon such cases as have been admitted to the Middletown State Homœopathic Hospital since February, 1890.

Since that time there have been admitted at the above-named hospital, nineteen cases of insanity in which "La Grippe" figured as an exciting cause. Twelve of these cases suffered from acute melancholia, four from acute mania, two from general paresis, and one from senile dementia.

Discussing these in a reverse order, it is probable that the attack of "grip" hastened those changes incident to old age, so that the senile dementia ensued rapidly, whereas in the ordinary course of events mental enfeeblement might have been deferred for several years, and then have advanced by more gradual steps. This case is still at the hospital.

* Read before the N. Y. State Homœopathic Medical Society, Sept., 1891.

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In regard to the two cases of general paresis included in the list, it appears likely that "La Grippe" entered as one of the links in the chain of causes which brought about as a final result this grave form of mental disease. Regarding the causes of paresis, the opinions of alienists are divided; the general *consensus* of opinion, however, attributes the disease to a general overstrain of the physical and mental forces of the individual, such as is incident to the intense struggle for wealth, power, and position amid the rush and whirl of the nineteenth century. The intense exertion thus displayed, combined with excesses of various kinds, tend to lay the foundations for those parenchymatous or interstitial cortical brain changes which go to make up the pathological conditions characteristic of general paresis. To such a person, predisposed by his mode of life, his habits, and possibly by heredity to mental disease, an attack of "La Grippe" would be likely by its enervating influences to introduce an element of rapidity into the cerebral changes already begun, and so might be the exciting cause of general paresis. This was probably the fact in the two cases mentioned, for a careful study of their history shows that other causes contributed to the production of the disease, and the attack of "grip" merely served to precipitate the outbreak. These cases are still at the hospital.

Anyone who has suffered from a genuine attack of "La Grippe," and has experienced the intense physical prostration which accompanies it, together with the acute pain which from sheer weakness one feels totally unable to endure, can easily imagine how mental depression and despair might seize upon an individual to the extent of driving him into a seated melancholy. We have read in the newspapers of numerous cases of suicide occurring in persons who were suffering from "La Grippe," and the despair which might drive a person to suicide would, if life were prolonged, undoubtedly find refuge —as a case of melancholia—in a hospital for the insane. Of the cases of melancholia in our list, we find six of each sex. Of these, three have recovered; one has been discharged somewhat improved; and one died. The remainder are still under treatment.

Of the four cases of mania, two were men and two were women, and all recovered.

The percentages are then as follows:

Whole number of cases	19
Deaths	1
Percentage	5.26
Recoveries	7
Percentage	36.84

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The latter may yet be increased by still further discharges, and if the percentage be reckoned on the number discharged, which is the only method of estimating a completed work (the remaining cases being still under treatment and recovery possible), the percentage of recoveries would be as 7 to 10. But to this should be added two cases of general paresis and one of terminal dementia, as practically incurable, making the proportion seven recoveries to thirteen cases, or a percentage of 53.8. But while these facts have a certain interest from a statistical standpoint, there is for the general practitioner a more practical lesson. This consists, first, in a recognition of the fact that insanity may result from "La Grippe;" and second, following the recognition of the danger, should come the endeavor to conduct each case in such a manner as to prevent the occurrence of insanity as a sequel of this disease. The feature of the disease which favors termination in insanity, is doubtless the great physical prostration and sense of utter weakness and mental depression, which is so frequently present. Everything should be done to combat this symptom. The diet of the patient should be nutritious and easily digested, mostly of a liquid nature. Of the available articles of food, probably milk meets the necessities of the case better than any single article of diet. It should be administered hot, and at frequent intervals. If a more nutritious and stimulating food is desired, Mellin's Food and Bovinine may be added, in the proportions of a tablespoonful of the former and a teaspoonful of the latter to each half pint of hot milk. This combination will be found to be fairly palatable, easily digestible, and to combine the essential elements of nutrition in the proper proportions for strengthening the weak and nervously exhausted invalid such as one meets at the termination of "La Grippe."

Regarding the medical treatment, it should be strictly homœopathic. The fact that fourteen of the nineteen cases of insanity above mentioned, originated under allopathic treatment is a sufficiently striking commentary upon the danger of old school methods. If, however, more facts are needed, the number of cases of "Grip" which have terminated in pneumonia under "old school" treatment, and the large percentage of deaths from the resulting pneumonia, should secure a sweeping condemnation of "old school" methods of treatment for this disease. It is to be feared, however, that homœopathic practitioners are too prone to make use of the questionable methods adopted by the members of the regular school, and that antipyrin, antifebrin, salol, and other drugs of like ilk, have too fre-

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quently been prescribed by those whose teachings should have led them to follow the more effective and safer methods of Hahnemann. I venture to assert, however, that in proportion as the homœopathic method has been abandoned in the treatment of "La Grippe," in just the same proportion have the results been disastrous to the life or subsequent health of the patient. A study of the comparative results obtained by the two schools of medicine in the treatment of this disease, shows overwhelmingly in favor of the homœopathic system.

In the treatment of "La Grippe," then, adhere strictly to the "law of similars." As of additional advantage, induce your patient to remain quietly in bed and refrain from any exertion, physical or mental, till the acute symptoms of the disease are past and his strength is restored to its normal status. Any symptoms of serious depression or mental or nervous disorder should receive careful attention; and such symptoms are likely to call for prolonged treatment in bed as the only means of restoring the weakened vitality to its normal tone. By careful observance of the methods suggested, it is believed that the disease in question may in a majority of cases be conducted to a successful issue, and that insanity and other dangerous *sequelæ* may be avoided.

THE USE OF MASSAGE AND NERVE GYMNASTICS IN CHOREA AND SPINAL IRRITATION.*

By MARK S. PURDY, B.S., M.D.,

Corning, N. Y.

WHEN the writer began, about six years ago, the use of Swedish movements and massage in connection with the treatment of chronic diseases, particularly those of a nervous or congestive type, these remedial agencies were used comparatively little. With the exception of Taylor of New York, Graham of Boston, Weir-Mitchell and Lee of Philadelphia, and Playfair of London, there was but little attempt made to use massage scientifically. To-day, we might say unfortunately, the treatment has become almost a "fad."

The popular conception of massage is that it is a kind of rubbing, and that the operator should begin at the feet and gradually traverse the whole body.

This is the form of massage usually prescribed by physicians, and while of value as a means of increasing the waste of the body and as

* Presented to the N. Y. State Homœopathic Medical Society, Sept., 1891.

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a mild sedative, it is not the kind or form of massage which should be used in connection with the true Swedish Movement Cure, and but feeble and often injurious results may be expected from this prescription.

Massage which is used in connection with the rest cure for the purpose of avoiding the evil effects of functional rest, is a vastly different treatment from curative massage.

The number of operators who are accustomed to use medical massage can probably be counted upon the fingers of one hand.

One disease for which massage is indicated is chorea.

Chorea may be defined as a neurosis affecting the voluntary muscles and "consisting of irregularity of voluntary motions, or, when severe, the spontaneous development of irregular motions apart from the intervention of the will."

A variety of opinion has been held, as to the exact seat of this malady. Some trace its origin to the basal ganglia, while others of equal eminence consider the disease of spinal origin. It seems extremely probable that cases vary in their exact pathology, which may account for their variability in yielding to treatment.

It may be said in a general way that in all cases of chorea there is a lack of coördination between muscle and nerve. The muscles seem incapable of following the will of the patient.

A few years ago, Dubois-Raymond called attention to the fact that exercise of the voluntary muscles is exercise of the nerve centres, and of the gray matter of the brain. It then becomes obvious that if we can devise exercises which do not exhaust the nerve centres but which fix the will upon the use of specified sets of muscles, we shall in chorea have a beneficial effect upon the centres of coördination.

The use of movements in chorea is not a matter of recent date. As far back as the sixth century chorea was cured by dancing for three hours, after which the subjects of it were free for a whole year.

The first public test of the use of massage in chorea was made in 1847, when the Children's Hospital of Paris appointed Napoleon Laisne to use massage and movements in the treatment of choreic children. M. Blache, one of the physicians of the hospital, reported the results to the French Academy of Medicine. No other treatment had ever given such results. Ninety-five of the cases, all of which Laisne cured, had resisted other means of treatment, and M. Blache stated in his report that after a trial of the treatment for four years not a single relapse had occurred. Of 108 cases submitted to the treatment a rapid

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recovery resulted in all except 6, and they recovered in 122 days, after 73 treatments.

With patients afflicted with chorea of medium intensity, recovery occurred on an average of twenty-eight days, while the severest cases recovered after fifty-five days with thirty-one treatments.

I have treated several cases of chorea by means of Swedish movements, and the results have been uniformly satisfactory. The cases have all been of the semi-lateral variety of chorea, but I have witnessed the same results in the severest cases treated by Dr. G. H. Taylor, of New York. Such results are to be expected when we consider that the greatest number of cures ever claimed in the case of writer's cramp was obtained by Herr Wolff with the use of massage and movements. These brilliant cures in this intractable malady were verified by Charcot, Vigouroux, Billroth, Esmarch, Nussbaum, Benedict and others.

The class of movements which I have been accustomed to use in chorea are such as distribute the blood toward the extremities and away from the brain and spine, and known as derivative movements; that form of massage known as *pétrissage* (or a form of pinching) upon each side of the spine and near to the spinous processes; semi-passive twistings and rotations of the trunk which have a derivative action upon the nerve centres; and lastly, what are known as resistive movements—a class of movements wherein the operator offers a slight resistance to the voluntary movement of the patient, or *vice versa*.

This class of movements seems to be particularly valuable in affording the patient means of controlling voluntary motion. Every effort should be used to economize the strength of the patient. The intervals between movements should be devoted to complete rest, and the patient should, if possible, rest during the remainder of the day. Movements requiring the exercise of will-power should be used cautiously, and all treatment should be given by the physician personally.

There is one very common affection of the nervous system for which massage is uniformly successful. It is that condition popularly known as spinal irritation. In this malady the spine is excessively tender on the least touch, more often in the occipital region, between the shoulder blades, and in the lumbar region. Often the spine is super-sensitive the entire length. With this condition are the usual accompaniments of neurasthenia, viz: an increase of pain and exhaustion on the least effort at mental or physical exertion. The whole

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nervous system is hyperæsthetic; alternating heat and chills, and in fact the myriad symptoms of exhausted and congested nerve centres. Pelvic congestion, loss of flesh and general anæmia are frequent accompaniments.

Whether the pathology of the disease is a congestion or anæmia of the posterior columns of the cord, it matters not. The effects of properly applied massage are unequivocal. After each application there is found to be a diminution of the tenderness. Points which would at first scarcely tolerate the lightest touch, now permit the use of more vigorous and deeper massage. Before many treatments the patient, instead of flinching whenever the tender points are approached, is delighted with the relief obtained from what before would have been intolerable. The spine soon endures percussion with the entire side of the hand.

General massage and movements should accompany the spinal massage, to assist the nutrition. The patient should, if possible, receive treatment away from home, where the diet, periods of rest, and habits of life may be regulated. When there is a manifest loss of flesh, some good malt preparation, or occasionally, cod liver oil are of benefit. Galvanism and static electricity are valuable accessions.

I have treated a large number of cases of spinal irritation and I can say with some pride, I can always promise the surety of relief, and, if the treatment is continued, a perfect cure.

It is a matter of no little curiosity to me, why physicians will persist in the use of the thermo-cautery and blisters to the spine, when an agent which is so painless, and at the same time so well indicated, can be employed. The only explanations are the fear of the physician to pass the patient into other hands, or what is more frequently the case, the lack of competent operators.

A PLEA FOR THE FARADIC BATTERY IN THE TREATMENT OF UTERINE DISEASES.

By JENNIE W. NEWELL, M.D.,

Jersey City, N. J.

SINCE Apostoli has attempted to demonstrate to the profession what galvanism would accomplish in the treatment of uterine diseases faradism seems to have fallen behind in the race, and the benefits to be derived from its use are almost forgotten.

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The physician imagines in this era of "Apostolism," that unless his office is equipped with an expensive galvanic battery it will be impossible for him to use electricity in these diseases.

The object of this article is to attempt to prove that faradism by no means deserves to be neglected, and that it is the far more useful current of the two and can be used with benefit a dozen times where galvanism is necessary once. It is quite true that in some conditions, especially fibroids, galvanism alone is of benefit. But has it yet been proved to the entire satisfaction of any one, that it will do, even in these tumors, all that is claimed for it? In nearly all other cases faradism will prove fully as efficient without the attendant risks of the continuous current, which to obtain results uniformly successful, should only be used in the hands of experienced electricians.

In theory it is very alluring, but in practice often exceedingly deceptive, and experience gained at the expense of the patient is many times dearly purchased, especially in the use of powerful currents which may work a permanent injury.

If the advocates of galvanism would speak less of the success of this form of treatment and more of its undoubted failures, many physicians would hesitate considerably before buying an expensive outfit.

I do not wish by any means to condemn the use of galvanism, as in proper hands and properly used it is a valuable agent in the cure of many diseases. I merely wish to show that faradism combined with other treatment may do equally as well in nine cases out of ten, and without the slightest risk. It is easily applied and causes no unpleasant after effects, and we need have no fear after an application of being called up in the night to check an incipient peritonitis brought on by its use, which danger we often incur from even a mild current of galvanism, some subjects being peculiarly susceptible to its influence.

I should certainly advise every physician to let galvanism alone unless he has the time to thoroughly investigate all its peculiarities, and when he does begin its use to remember he is handling a two-edged sword, and that in no branch of medicine or surgery is more conservatism needed.

The faradic battery, on the contrary, requires but little skill and is positively safe, if a few simple rules are followed. Any ordinary battery will answer for uncomplicated cases, but when we really desire to obtain the full effects of this mode of treatment, Englishmann's

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battery, manufactured by Waite & Bartlett, is the most complete in all its parts of any made in this country.

Each coil of wire is on a separate removable cylinder, so there can be no mistake in connections and no danger of using a short thick wire when a long thin one is desired, which might be the case where all the wires are wound on one cylinder; the quality and tension of a faradic battery as produced by the different coils being its most important therapeutic factor. So the way the coils are arranged, their thickness and the length of the different wires are therefore of paramount importance, and any one not understanding their several uses and their different therapeutic effects, stands but a poor chance of accomplishing much with this form of electricity.

Perhaps the cause of its many failures is that it was used with the idea that the only thing necessary to learn about it was how to keep the machine running, and the method of applying the sponges.

The first and most important use of faradism is the relief it affords to pain, from almost any cause. It is of equal service, whether due to simple neuralgia or the inflammation of acute muscular rheumatism; and in chronic ovarian pain, which galvanism had only aggravated, I have found it of untold benefit.

Case I.—Woman, æt. 27, married seven years, sterile. Been treated for constant pain in left ovary for nearly a year with galvanism, purulent discharge and uterus enlarged and sensitive. I diagnosed a prolapsed and enlarged ovary with endometritis.

Thoroughly curetted uterus and applied twice a week the faradic battery half-hour each time; used the coil of long, fine wire, which gives high tension and not much quality, its effect being to soothe the irritability of the nerves and at the same time cause gentle contractions which stimulate the parts to healthy action.

I used a small, flat electrode on abdomen, covered with turkish towelling, with a large ball electrode uncovered in vagina. About once in ten days I used an intra-uterine electrode for ten minutes.

After each application of electricity I applied iodine with a glycerine tampon.

She treated with me for five months, and to-day says she does not know she has an ovary. Probably the curetting and iodine did more towards really perfecting a cure, but faradism certainly gave relief from pain after every application.

The last time I examined her it was almost impossible to feel the ovary, it having returned to its natural position and normal size. If faradism will restore a prolapsed uterus, why not an ovary?

I am convinced that many of the ovarian pains complained of are due to the displacement of these organs, as much as to their diseased condition. Congestion and enlargement naturally follow an abnormal

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position of organs as delicate as the ovaries, and where these factors are present pain of course will be produced: the proof of which is the fact that so many ovaries that have been removed for unbearable pain are found to present no organic changes.

Case II.—Was a woman, æt. 33, an invalid nearly seven years, since the birth of her only child. Had tried all kinds of treatment including galvanism. On examination found both ovaries much enlarged, very sensitive and prolapsed, uterus retroverted, cavity measured three and a half inches. Almost constant bloody discharge.

The treatment was very similar to first case.

I removed, however, with the curette, a great many granulations or fungosities from the endometrium which arrested the sanguineous discharge at once.

I saw her a few weeks ago, and she was five months pregnant and everything was in a normal condition.

She was under treatment off and on for a year.

I could mention many cases nearly similar, but these sufficiently demonstrate the benefits of faradism in cases where galvanism has failed, it may be because improperly used.

Faradism is also of great benefit in dysmenorrhœa, especially when due to congestion, flexion or partial displacement.

In stenosis it also may be used with advantage after the dilator has sufficiently stretched the parts to admit the bipolar intra-uterine electrode. It seems to prevent the canal from closing again, as we all know it is very apt to do, and also the inflammation caused by the division.

In cases of congestion, displacements, flexions or stenosis, where I use faradism I use the bipolar electrode, which, however, differs altogether as to size from the one known as Apostoli's, which is so large that its use is contra-indicated except in a case of sub-involution where the uterine canal is enlarged and softened; and even in these cases, owing to the fact that the electrode is nearly straight and not flexible, it is sometimes impossible to introduce it.

Finding this to be the case I had Waite & Bartlett, two years ago make me this one, which is, as you see, no larger than an ordinary sound and sufficiently flexible to suit any curve the uterine canal may take. Great care must be exercised in making intra-uterine applications, and but few patients can stand more than ten minutes at a time; not from any pain experienced, but with many it induces a peculiar feeling of weakness and dizziness, and unless the current is stopped at once they become unconscious, which occurred to me in two cases, and both of them told me on recovering they had never fainted before.

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I have never heard of any one else having a like experience, and can only account for it by the reason that I use a bipolar electrode where others are unable to do so, owing to its large size.

In spite, however, of this drawback, if such it can be called, any one giving faradism a thorough trial as applied with the bipolar method will feel as I do, that a galvanic battery is not a matter of necessity.

In these cases I always begin with the coil of long fine wire. In displacements or flexions I gradually work up to the heaviest coil, but of course it all depends on the sensitiveness of the patient, as no one rule in the use of electricity will apply to all. It is in amenorrhœa, however, that this current wins its laurels, and I have never seen it fail to bring on the menses when persevered in.

As a rule the bipolar applications are best; when impossible to use it in the uterus the bipolar vaginal electrode will answer; in the latter case, it is necessary to give it for half an hour at least twice a week. Sometimes you will find a patient who complains after a treatment of not being able to walk straight, and as if she had been drinking something intoxicating; if such is the case, merely shorten the time.

In cases of sterility with amenorrhœa in large fleshy women, faradism acts like a charm, and I have had several of these cases become pregnant after years of marriage. In fact it is one of our best aids in sterility, as it seems to stimulate the generative organs and cause the ovum to take upon itself new life, and it will prove successful where everything else has failed.

There is one class of cases where faradism has failed with me and yet is generally supposed to succeed, and that is in complete prolapse of the uterus. When it is only due to want of tone of its supporting muscles and the case is a recent one, we sometimes meet with success, but these cases are rare, as the ligaments are always more or less stretched and there is no form of electricity discovered as yet that will cause them to contract. If the uterus is enlarged faradism will cause it to return to its normal size, so that with a proper fitting pessary we can make our patients very comfortable without subjecting them to an operation that is more often a failure than a success.

Before closing I wish to speak of the use of this current in constipation, a condition generally existing where uterine disease is present and one often neglected, but extremely necessary to treat if we would be successful in curing our patient.

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The simplest and best way to apply it and one generally successful, is to use the bipolar vaginal electrode in rectum; one made with a curve would probably be better, but I have never experienced any difficulty in introducing my vaginal one. Five or ten minutes is long enough to apply it about twice a week, and the results will surprise you.

Faradism will certainly do all I have claimed for it and more, and I only wish I were better able to do justice to the subject.

NEUROTIC FORMS OF DYSMENORRHŒA.*

By SARAH I. LEE, M.D.,

Rochester.

THOSE cases of painful menstruation which are directly traceable to neurotic conditions are few; and after consulting all the leading authorities, with comparatively negative results, I think it will not savor of egotism if I claim some degree of originality, enough at least to save me from the scathing criticism of "text-book article." I do not believe that there is another subject between the lids of gynæcological works of which so little is said, and that little said so indefinitely, as of the neurotic form of the disease in question, if disease it may be termed.

It is my opinion, however, that it would be far better if we never spoke of dysmenorrhœa as a disease. As a matter of fact, it is only a symptom, but one capable of manifesting itself in as many forms as there are organs engaged in the function of menstruation, multiplied by the number of pathological changes to which those organs are subject. No wonder, then, scarcely any two authors agree as to the classifications of the various forms. We read about the inflammatory, the membranous, the neurotic, the ovarian, the rheumatic, the obstructive, etc. All this is confusing, and not consistent with the pathology. Few cases can be placed in any one of these classes to the exclusion of one or more of the others. Therefore, we cannot emphasize too strongly the fact that dysmenorrhœa is not a disease, but rather a symptom of many diseases.

It will be my purpose to present for your consideration two classes of cases. First, those whose etiology is confined to the nervous system. Second, those which are reflex from disease within the pelvis.

* Read before the N. Y. State Homœopathic Medical Society, Sept., 1891.

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The diagnosis of the first class must be made by exclusion, and even then it is more or less a matter of conjecture.

Many of us have seen cases of dysmenorrhœa which, when carefully examined, revealed no signs of pathological changes. The uterus is found in its normal position; the sound can be passed without difficulty or pain; there is no tenderness on pressure, of the cervix or peri-uterine tissues; the ovaries and their tubes are found in position, are movable, and manipulation of them does not give undue pain; in short, there is no reason to suspect disease within the pelvis. Notwithstanding all this, the patient suffers from dysmenorrhœa, with severe neuralgic pains, which radiate in all directions. Occasionally the pain leaves the pelvis and goes to the head, face, eyes, etc.; there may be nausea, vomiting, and general hyperæsthesia; chilliness is almost always complained of.

Such cases are not often met, but when they do occur they are very apt to be treated blindly and with no definite diagnosis. Understand me, I do not mean that the symptoms just mentioned are at all uncommon, but it is not usual to find them unaccompanied by pathological changes of uterus, ovaries and tubes, and, when they thus appear, resist all treatment which is not based on a proper diagnosis. The various plans of treatment so efficacious in all other forms of dysmenorrhœa, will only aggravate these cases.

The trouble is reflex, and its cause must be sought for outside the pelvis. It is my custom to make a careful examination of the nervous system in all such patients. I have never yet failed to find tenderness of all or a portion of the spinal column. The mechanism of the nervous system is so intricate and its functions so varied that many times it is difficult to tell whether neurotic changes are the cause or effect of disease, but there certainly is sufficient relation between the class of cases just mentioned and the condition known as neurasthenia, to warrant an association of the two. I am aware that symptoms of neurasthenia are more apt to follow disease of the pelvis than they are to precede it, but when such is the case they are the effect and not the cause, and treatment applied to the spine would be as ineffectual as would intra-uterine applications, dilatation, tampons, douches, to remove dysmenorrhœa dependent upon disease of the nervous system.

To the careful diagnostician, my remarks upon this point may seem uncalled for; but I have known of more than one patient whose uterus has been dilated and vagina plied with tampons week after

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week, for the cure of a dysmenorrhœa not at all dependent upon any disease of these organs.

TREATMENT.—The first point to be made in the treatment of these cases, is to convince the patient that she is not suffering from disease of any of the reproductive organs.

This is often not an easy task, and instead of joyfully accepting this bit of intelligence they look at you as if trying to determine which they pity you most for, your mental aberration or your utter lack of skill.

Galvanism combined with massage has proved more effectual than any other line of treatment which I have tried. I use two flat sponge electrodes about the size of the hand. Taking one in each hand, apply lateral galvanism each side the spinal column; pass from above downwards and break the current as soon as the lower part of the diseased portion is reached. The sittings last from ten to twenty minutes, and the strength of the current is gradually increased.

At intervals of four or five minutes the sponges are laid aside, and the integument and muscles covering the back manipulated.

When there is tenderness I often use the electric brush, for the purpose of counter-irritation in place of the actual cautery.

Thus far the treatment given would apply equally well to both classes of cases; but when we come to the general treatment, they are not at all similar. The patient suffering from dysmenorrhœa which is simply a symptom of spinal irritation, should be urged to take exercise, which could not be allowed if she were suffering from a displaced uterus, ovaritis, salpingitis, or pelvic peritonitis.

Now let us pass to the consideration of the second class, or those which are due to disease within the pelvis. This class of cases claim the attention of the physician much oftener; and it is more difficult to define their limitations. When we remember that every act of life as well as every sensation and all nutritive changes are the result of nerve action, we may say there can be no disease with which the nervous system does not sympathize.

As the entire work of this bureau is to be devoted to the various forms of dysmenorrhœa, I shall only briefly refer to some conditions which give rise to neuralgic pains during menstruation.

Spasm of the circular fibres of the cervix is not a very infrequent cause of neuralgic dysmenorrhœa. This may be effectually treated by sufficient dilatation to introduce a hard rubber stem pessary, a few hours before the flow is expected. This, together with the indicated remedy, will usually overcome the trouble in two or three periods.

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In the "American System of Gynæcology," Vol. I., the idea is advanced that hyperæsthesia of the lining membrane of the uterus is the sole cause of dysmenorrhœa. Now, in spinal disease, especially spinal irritation, one of the most common symptoms is general hyperæsthesia of the surface of the body. Is it at all irrational, then, to suppose that a similar condition of the lining membrane of the uterus might find its etiology in the nervous system?

Ovaritis and adherent ovaries are often referred to as the cause of painful menses; notably so in the neurotic form. It is true that very formidable nervous disorders, which either reach their height or are greatly aggravated at the menstrual epoch, are often cured by treating or removing the ovaries. Yet the pain from ovarian disease always precedes the flow, and therefore ought not to be spoken of as ovarian dysmenorrhœa.

Prolonged ovarian irritation may cause secondary changes in the uterus which produce dysmenorrhœa, but in this way only can they be made to account for the painful egress of the flow.

Lastly, a neuralgic diathesis may cause dysmenorrhœa. When so, it demands constitutional treatment and is very stubborn, as anything which tends to lower the vitality will cause a return of the trouble.

ON WHAT LINES SHOULD WE WORK?

By N. W. VAN DENBURG, A.M., M.D.,

Fort Edward, N. Y.

DIVISION of labor always marks a stage of advancement in the evolution of any great science.

Botanists long ago separated into phænogamic and cryptogamic groups, and these subdivided into specialists on certain orders, specialists on certain genera, even to specialists on a single genus. The genus Carex has not a few specialists. A similar division of theoretical research exists in chemistry, and even greater specialization in physics, while the long list of natural and metaphysical, legal and theological sciences, has subdivisions, entirely proportioned to their growth.

A division of labor is beginning to be hinted in materia medica. It is a sure sign of increasing knowledge, when individuals begin to cultivate more limited fields. The sum total of knowledge is sure to be hereby increased, and the researches of the one become the acquisitions of the many.

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When the repertory specialist appeared in the early history of homœopathy, it was a most beautiful sign. He attempted too much, as is often the case in a new field, but he had a just right to claim recognition.

No one man, however wide his experience, is capable of an exhaustive differentiation of all the symptoms in any large number of drugs. Boenninghousen was right in thinking that such distinctions belonged to a repertory, but they did not fall especially in his province, as a repertory maker.

To differentiate symptoms is one thing, to arrange them in the most convenient form for reference is quite another.

The former belongs not to one man, but to many; not to the experience of a single prescriber, but to the combined experience of many. It is a most encouraging feature in the present, that so many of our leading magazines are devoting a special department in clinical confirmations of pathogenetic symptoms.

It is only by repeated verifications by many prescribers under all the varying phases of individual experience, that the bed-rock foundation of homœopathic materia medica can be laid. To this division belong also clinical confirmations of clinical symptoms. Not a few such to-day stand in homœopathic materia medica, whose loss would be a real calamity.

This work of sifting symptoms is, then, a department by itself; it is not possible for it to be accomplished by any one man, nor in the lifetime of any one man. It is too extended in its demands in time and numbers, to be reduced to a rigid set of rules that will apply to the present materia medica. By its processes, all drugs are to be subjected to that crucial test, the bedside experience, and those that experimental proof confirm are to stand. It is far from being the narrow field that many imagine; it embraces not only certain symptoms, but groups of symptoms; not only a given drug, but groups of drugs are to be the result; not merely confirmation, but the physiological ***why***, as far as that is possible. This great special field has too frequently been confounded with the arranging of materia medica, and the making of repertories.

Another department that is just finishing the process of regeneration from the mass we usually denominate materia medica, is drug-proving. It is beginning to be felt that this is a department of materia medica too long neglected and hitherto too loosely restricted.

Modern methods of scientific research are to be rigidly applied to this, as to other experimentation.

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This requires special training and special adaptation. It is not right to expect either the repertorian or the sifter of symptoms, to be at the same time an expert engaged in proving drugs. He should be a theoretical expert in proving, that he may judge rightly the value of a proving when offered for use; but his *work* lies elsewhere.

Another department of labor not distinctly recognized, is the *arranging of symptoms.* This has too often been confounded with other things, and too much has been expected. Or on the other hand, too much has been attempted. The arranger of symptoms has often attempted to be the sifter also; not unfrequently he has assumed the rôle of prover as well; sometimes even the maker of repertories has been added to his other functions.

His real function is to so arrange all the symptoms attributed to each drug, that they may show with the least expenditure of time and labor, the relationship between the symptoms, and their authority for standing in the symptom-list. He has nothing to do with sifting and rejecting; that belongs to another department. He has nothing to do with differential valuation, that is the sifter's business. He has no right to reject any symptom that stands in the list; that is the clinical sifter's business: he has need for the sifter's work, and uses all of this he can find, but it is *on the authority of others, not on his own* that he makes his distinctions. In other words, when he has placed all the facts before the reader, as far as now determined, suppressing none, altering none, not misleading by any false arrangement, he has done his full duty. It will be seen by this, that one man may, if he have the courage, patience, time and perseverance, arrange the materia medica *of his day* on the best possible plan, providing he can find or invent such a plan. This work is not of necessity the result of combined effort as in proving and in sifting.

Of course as provings increase, he will need to add them to his symptom-list; as sifting eliminates useless symptoms he will drop them on the one hand and elevate obscure symptoms to a higher rank as sifting shows them entitled to higher standing. In this way he will incorporate the results of others' labors in his revised records from time to time; but the grouping and the arrangement will remain the same.

Again it is worth noting that the work of the repertory-maker is of the same sort. He is to give *all* the symptoms, good, bad and indifferent. Has he the authority to reject any? Not at all. All he professes to do is to stand as a finger-post and say, "the symptom you seek is given under such and such drugs. Look for them there; find there by

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what authority they are placed in the lists and what is their relationship to others." Such a repertory is a puzzle to the repertory-prescriber, who usually uses only one or two symptoms, upon which to base the selection of his drug. But to the prescriber who attempts to grasp the genius of the drug, who considers the mutual relationship of symptoms, their antecedents, concomitants and sequents, such a repertory is of the highest type. It contains *all the possibilities* of homœopathic materia medica, and places them in the form that renders them most easily and quickly found. With the repertory it is really a choice of *method*, not of materials; and the author cannot be blamed if much he sees is unreliable. That is the fault of others, those who placed these questionable symptoms in the lists; his work is to arrange, not to sift.

As is usually the case, in other sciences the evolution of materia medica does not always progress in an evenly proportioned logical manner.

The logical order of development would be, proving of drugs, confirmation of the pathogenetic symptoms by repeated clinical confirmations, the careful addition of frequently confirmed clinical symptoms, the arranging of these symptoms under a schematic or other form, the rearranging them in repertory form.

If it were possible to have the first two steps, which are really departments, completed before the third was begun, then, provided the plan of arrangement was the best to show relationship and save time and labor, the materia medica would need no revision. It would show only reliable symptoms, and show them in their differential value relations.

The repertory-maker would take these and put them in shape to make it possible to find each *symptom* in the shortest time and with the least labor. Here his work would end.

As it is, the first two departments are, from the nature of the case, in an imperfect state. They require time, and a number. That is they require time for their development, for they are not of rapid growth; they require many independent confirmations by many observers. Their imperfections should not be laid at the door of the next two departments. For the arranger of symptoms to attempt "to go behind the returns" in the case of every questionable symptom, to prove in each case whether it is reliable or unreliable before he admits it to his lists, is to propose a labor utterly beyond human possibilities.

He can not "go behind the returns." All he can do is to give the authorities who admitted the symptoms to the lists, place all the facts

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in the case before the reader, and leave him to use his own personal judgment as to their reliability, waiting for that good time in the not near future, when every symptom shall have been confirmed at the bedside, and granted a full certificate of sound character, or condemned at the bedside, and banished from the lists.

AVENA SATIVA AND ITS INDICATIONS.

By H. E. RUSSELL, M.D.,

New York.

TINCTURE of Avena Sativa is indicated to those familiar with its action almost as frequently as that sheet-anchor of the homœopathic school, aconitum napellus, yet it is a drug which is but little known, and rarely employed by the great majority of homœopathic physicians. This is not to be wondered at, for although it has been upon the market for years it is not mentioned in any of the homœopathic works upon materia medica, so far as the writer is aware, nor has any proving of the remedy ever been made. Medical journals generally seem to be equally reticent upon the subject, the *Homœopathic Recorder* being apparently the only magazine which has referred to the drug.

Avena sativa is preëminently an antineurotic, quieting the nervous system to a remarkable degree. Its special sphere of action seems to be upon the male sexual organs, regulating the functional irregularities of these parts perhaps as much as any drug can. It is a most useful remedy in all cases of nervous exhaustion, general debility, nervous palpitation of the heart, insomnia, inability to keep the mind fixed upon any one subject, etc., more especially when any or all of these troubles is apparently due to nocturnal emissions, masturbation, over sexual-intercourse, and the like. For these disorders it is truly specific. It is one of the most valuable means for overcoming the bad effects of the morphine habit. In most cases in which the habitué has not used more than four grains daily, the opiate may be abruptly discontinued and even substituted, without any serious results. If a larger quantity than this amount has been taken for some time it is better to gradually reduce the daily dose of morphine, in the usual manner, simply prescribing the avena in addition. The latter should be given in the same dose, as a rule, regardless of the amount of morphine taken. In other words it is not necessary to increase the avena as the opiate is withdrawn. When the quantity of

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morphine has not exceeded four grains daily it should be stopped at once as stated above, and avena given in its stead in fifteen-drop doses, four times a day, in a wineglassful of hot water. By this method the disagreeable after-effects will be much less then though the dose of morphine is gradually reduced, and the patient will find life quite bearable, as a rule, at the end of a week.

Avena sativa should always be given in appreciable doses of the tincture. Fifteen drops three or four times a day, well diluted, will usually meet the case. It may be given in doses of from five to sixty drops in rare instances. It should, however, never be given in larger quantities than twenty minims unless the patient is thoroughly accustomed to the remedy, and has found the usual dose insufficient. Otherwise there is danger of getting the physiological effect of the drug, which is *pain at the base of the brain.* When this symptom makes its appearance the medicine should be discontinued for a day or two, and then given in reduced doses. There seems to be no danger whatever of forming the habit of taking this drug, as it can be suddenly abandoned at any time without evil consequences, even when given in large quantities. In one case it was prescribed by the writer in sixty-drop doses, night and morning, *for one year*, and then abruptly stopped, nothing being substitued therefor, without bad effects.

Whenever a quick action is desired, and in all cases where avena is given to overcome the morphine habit, it should be prepared in hot water. It is also a good plan to prescribe it in this fashion wherever indigestion complicates the case.

The writer has employed this drug in his private practice for a number of years with the most gratifying results. He has very rarely found it to fail when indicated, and on account of his high opinion of the remedy he takes great pleasure in thus bringing it prominently to the attention of the medical profession.

TRICHLORACETIC ACID IN DISEASES OF THE NOSE AND THROAT.—On the recommendation of Von Stein, of Moscow, trichloracetic acid has been extensively used in the Juroz Nose and Throat Clinic, at Heidelberg, and is said to be preferable to chromic acid as a caustic agent. Immediately after the application of trichloracetic acid, a dry, ivory-white adherent eschar is made which disappears by the sixth day. It can be used in the mouth or throat without an anæsthetic, but in the nose it is best to precede its use by an application of cocaine. The colorless hygroscopic crystals are to be applied on a silver carrier. As an astringent application, Von Stein recommends: *iod. pur.* 0.15, *kali iodat.* 0.2, *acid trichloracet.* 0.15, *glycerine* 0.30.—*Centralblatt f. Chirurgie*, No. 29. W. F. H.

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ORIGINAL ARTICLES IN SURGERY.

A CONTRIBUTION TO THE STUDY OF RENAL SURGERY.*

NEPHROTOMY FOR PYO-NEPHROSIS; NEPHRO-LITHOTOMY AND NEPHRECTOMY FOR RENAL CALCULI.

By WM. TOD HELMUTH, M.D.,

New York.

THESE three cases of operations upon the kidneys are presented to this society, because they are in a manner typical. They exhibit the great value of surgical interference in a class of diseases which would certainly prove fatal without it, and illustrate the methods of reaching the kidneys both through the loin and through the abdominal wall. These diseases for which these operations were done were all of long standing. The sufferings of the patients had been intense and prolonged; the best medical skill had been exhibited in vain; the exhaustion was progressive and extreme; the relief immediate and permanent.

The first case I record was the last treated. The patient, æt. fifty-six, a gentleman of influence and position in the West, had been a great sufferer for over twenty years—as far back as 1868 symptoms of vesical disease had manifested themselves and had been combated in various ways by many physicians. In July, 1885, the sufferings became almost unendurable and a litholapaxy was made by a specialist of New York. I am not informed exactly as to the quantity of débris removed but, from what I can learn, the stones must have been very small. The operation did not materially relieve him and his symptoms continued for four or five years, when a specialist from Johns-Hopkins University was summoned in consultation. At that time, about February, 1889, the catheter was being used from twenty to thirty times daily; indeed, for the space of ten years, the patient had not a satisfactory passage of urine.

When I first saw him he presented all those appearances which indicate prolonged suffering, his most troublesome symptom being intense urinary tenesmus. The inclination to urinate would appear suddenly, and simultaneously therewith a spasm of the bladder,

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*Read before the New York State Homœopathic Medical Society, Sept., 1891.

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with complete retention. The introduction of the catheter would relieve him for an hour, the suffering only to return with the same degree of violence. He had exhausted the list of anti-spasmodics, whether in the shape of vesical injections, internal medicines and suppositories. Some of these had given him temporary relief, but soon became inert. The patient also complained of a sensation of weight in the perineum, necessarily occasioned by the prolonged and violent straining, and, as frequently happens, hæmorrhoids made their appearance. The tumors were at times very painful, and added much to his discomfort.

Upon examining the prostate, I found it enlarged, hard and sensitive; the right lobe was nearly twice the size of the left and the introduction of the finger was difficult, on account of severe anal spasm. I procured a portion of his urine for examination and proposed immediately to stretch the *sphincter ani*, to which he gladly consented.

He entered Helmuth House on Nov. 21, 1890, was placed under ether and the sphincter thoroughly dilated: after an interval of a few days, the operation was repeated. The relief following these dilatations was so thorough and so complete that he left for his home on Nov. 30th, with the understanding that he was to return for further treatment as soon as his business would permit.

An analysis of his urine at this time, showed enormous quantities of pus, some blood corpuscles, an increase of the solid constituents and comparatively few casts, with a large proportion of albumin. I have not now by me the records of the exact proportions of these equivalents (which however, I can procure at any time), but know that in addition there was a quantity of rather anomalous connective tissue, which was very puzzling, leading one to suppose that perhaps a tumor of the bladder (villous or papillomatous) might exist.

The patient returned to New York on Jan. 8, 1891, and re-entered Helmuth House. The bladder symptoms were better, the vesical spasms had disappeared and the catheter had been dispensed with. The urine, however, still showed an increased quantity of pus and his temperature was rarely below 100° or 101°. His sweats were exhausting and his strength perceptibly failing. Upon careful examination of the left loin, I found the same physical conditions existing as before, viz: a loss of roundness, and by bi-manual palpation, distinct fluctuation. Every symptom of septicæmia was present and I therefore concluded, whether there was suppurative pyelitis or pyo-nephrosis, that pus was there, was being absorbed and would soon terminate life. Indeed, its presence in the kidney was proven by this

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fact—the patient at one time would pass urine almost normal in color, consistency and translucency, and in half an hour he would void a water, thick, opaque and so loaded with pus as to be absolutely stringy. To verify the diagnosis, Dr. Dillow, whose opinion based upon several analyses of the urine had confirmed the physical signs, was called in consultation. He agreed with me regarding the presence of the pus, and the necessity of its immediate removal. I may mention here that, as the urine had presented from the first numerous shreds of newly-formed connective tissue and anomalous epithelia, at Dr. Dillow's request, a portion of the sediment was sent to another expert for further opinion upon their origin. The gentleman reported, with other things, epithelia smaller than those from the middle layers of the bladder, in moderate numbers, and also shreds of connective tissue, abundant, partly vacuoled and coiled, partly studded with micrococci, indications of ulceration; and gave a diagnosis of slight catarrhal nephritis, very probably ulcerating papilloma of the cervix of the bladder. The principal urinary data, as found by Dr. Dillow, are well shown in the examination of Jan. 13th, as follows:

Quantity in twenty-four hours, f.℥ 54 (1620 cu. cm.), reaction slighty alkaline; sp. gr. 1.014; total solids, 53 grammes; albumin, one-third of one per cent. (80 grains in twenty-four hours); sediment after standing twenty-four hours does not gelatinize and measures f.℥ii.; pus corpuscles very numerous; blood corpuscles scanty; numerous shreds of newly-formed connective tissue, some looped and vacuoled; epithelia from bladder, superficial and middle layers, moderately numerous; epithelia from pelvis of kidney, moderately numerous; epithelia from kidney, straight and convoluted tubules, both moderately scanty; small epithelia apparently from new growth (villous tumor); micrococci; accidental presence of lycopodium seeds. The morning specimen remained acid after twenty-four hours' standing, resembling the twenty-four hours' specimen in microscopic appearances.

In view of all these facts, the operation of nephrotomy with a possible nephrectomy, was proposed to the patient as the only means of relief. He was anxious to avail himself of any opportunity of ameliorating his condition, no matter at what risk, for he had suffered so long and had undergone such a variety of treatment that he declared he would rather end his life at once than continue from day to day growing more and more wretched. His fortitude, which had been great, was exhausted.

The operation was performed on January 26th, of this year. Before describing the steps of the procedure and for the better under-

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standing of the cases to follow, it is well to refresh one's memory regarding the "land marks" of those regions of the body through which the kidneys may be reached.

It is of the first importance to locate the last rib (sometimes a difficult matter) for, as Lange and others have shown, the lower margin of the pleural cavity sometimes extends below the bone, and is thus liable to be opened by the first incision. A line drawn around the body on a level with the umbilicus will about touch the lower margin of each kidney. This it is important to remember when making abdominal nephrectomy through the linea semi-lunaris (Langenbuch's). In the loin, the regional anatomy of the kidney may be defined by drawing a line from the tip of the spinous process of the eleventh dorsal, to the spinous process of the fourth lumbar vertebra. Measure one inch and a quarter from this line, on the loin in which the incision is to be made, and draw a line parallel with and the same length as the first line. This is the first line of the parallelogram in which the kidney is to be found. From the top of this line, draw a horizontal line outwards, two and a half inches in length; from the bottom of it, a similar horizontal line of two and a half inches in length, and connect the horizontal lines by a perpendicular; thus is the kidney area marked out.

The incision in this case was begun an inch below the lower margin of the last rib and two and one-half inches from the spine and carried parallel with the rib for five inches outward, dividing the skin and the fascia. The fibres of the latissimus dorsi, the external and internal oblique were cut through on a director with a scissors, and the lumbar fascia divided in like manner. At this stage of the operation the peri-renal fat generally bulges into the wound and has to be torn through. I was looking for this adipose when what appeared to me to be the colon, from its whitish color and bladder-like feel, rose up into the incision. I called for a small aspirator and inserting the needle drew into it a quantity of pus. I was now sure that this was the enormously distended pelvis of the kidney, and without removing the needle (to prevent any drop of pus entering the abdominal cavity) I drew the organ carefully into the wound and packed around it iodoform gauze. Then holding up the sac with two pairs of forceps (one at each end of the incision) I divided it lengthwise. Nearly a pint and a half of greenish, thick pus was discharged, the odor of which was intolerable. I then introduced my finger into the incision, and discovered that not only was the pelvis of the kidney affected, but that

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nearly one-third of the cortical substance was gone. I then explored the organ for the presence of calculi, but could find none.

The important questions now to be decided were: 1st. Should a nephrectomy be done? 2d. Was there sufficient kidney secretive substance left to assist the other organ in its eliminating power? The extreme exhaustion of the patient answered the first in the negative, and pure urine flowing in considerable quantities from the wound while these deliberations were being made, decided the second. I therefore carefully stitched the walls of the sac to the surrounding muscular tissue, and having thoroughly irrigated the wound, a large glass drainage tube was fixed in it and the balance of the cavity thoroughly packed with iodoform gauze. The patient bore the operation well, and without much shock. Immediately the urine from the bladder became almost clear and the patient began to improve greatly. The wound was dressed twice or thrice daily. The sweats diminished and the appetite returned. This improvement was so rapid that he left Helmuth House for the Fifth Avenue Hotel, on Feb. 16, 1891, the operation having been performed on the 26th of January. For thirty days he gained one pound of flesh per day. The urine became clear generally, but occasionally the purulent secretion would pass into the bladder. The entire wound healed with great rapidity and at present there is some difficulty in retaining the drainage tube. The tube is made of soft rubber, with two counter-sunk eyelets at its end, about the size of an English No. 14 bougie. This is removed every morning and night, the wound washed with a solution of the per-oxide of hydrogen and the drainage tube re-inserted. Then a flat bit of felt about four inches long and two inches wide, with a hole in its centre to admit the end of the drainage tube, is placed over the wound and the end of the tube brought out through the hole in the felt. A safety pin is then passed through the tube close to the felt and over this a hard rubber plate applied, also having a hole in its middle for the passage of the tube. This is held to the body with adhesive straps. Over this is then placed a large wad of absorbent cotton, and a gauze bandage completes the dressing. The patient is wearing this apparatus to-day. I am not willing to have it permanently removed for several reasons: first, he is doing very well with it; second, when it is plugged for a day or two, the pus again appears in the urine, and there may be a tendency to a return of septicæmia; third, if the pyo-nephrosis is secondary to prostatic and vesical disease, to close the wound would immediately induce a condition of things which existed before the operation, and the last state of that man would be worse than the first. As soon as the

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quantity of pus appearing through the drainage tube is reduced to a minimum, I shall allow its removal, but until I am satisfied that there is no danger of recurrence of the symptoms, it must remain *in statu quo*.

On October 25, 1891, the patient visited me at Helmuth House. He appeared in perfect health, had remained the entire summer at his home in Detroit, carrying on an extensive business. All traces of suffering have passed and what is still more remarkable is the fact that the anomalous connective tissue which so puzzled the microscopists has disappeared from the urine.

There were very many other symptoms presented by this peculiar case, but I have already extended the details of it beyond the limits I had intended, and must, therefore, pass to the consideration of the next cases, which I take from the reports of Helmuth House.

NEPHRO-LITHOTOMY.—The next case, one of nephro-lithotomy, is also of great interest. Nephro-lithotomy, in its technique, is a comparatively new operation devised by Mr. Henry Morris, in 1880, and has since gone by his name. He thus writes:

"This operation was first performed by myself, in 1880. It has since been repeated by several other surgeons; altogether the operation has been performed twenty-one times, and in nineteen instances with good results."

Stones, however, have been frequently removed from the kidney when incision was required for pyo-nephrosis, and according to Mr. J. Greig Smith, the operation was recommended by Hippocrates "should the parts swell and become elevated," and Avicen says, "There are some who attempt to take the stone out of the kidneys by incision of the ilea, but there is great danger therein." This and other information given by Mr. Smith points to the fact generally elicited by the performance of a new operation, viz.: that the idea has been conceived and, perhaps, put into practice long before the times of the man who systematized it and brought it into the legitimate domain of surgery.

The chief difficulty in these cases is that of diagnosis, and in quite a number of instances operations have been performed without finding the offending material. In the case about to be recorded, there were several conditions that presented themselves as demanding serious consideration, before proceeding with the operation, because, from previous experience, I was aware that certain pathological conditions present symptoms nearly resembling those of kidney calculus. Once I had been quite certain of the existence of a stone in

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the kidney, but could find none when the exploratory incision was made. I may remark here, that the methods of making the latter are, to my mind, neither satisfactory nor conclusive. Even acid urine, or urine charged with excess of uric acid, may cause many of the symptoms belonging to stone. Slight, but constant, albuminuria and pus may be present, with peculiar pain. The appearance of blood, which is the symptom mainly relied upon by many, may arise from increased blood pressure, cystic degeneration and other causes. The symptoms resulting from a strumous kidney are also similar, as indeed an abscess resulting from spinal caries may be taken for stone in the kidney. I was much struck by reading the following passage from Mr. Bennett May, who says: "If we remember the great number of symptoms which may be present in renal calculus, and on the other hand, bear in mind that no two of them necessarily co-exist in cases where stone is present, we shall see that occasionally there is much difficulty. Thus, where a local patch of caries of a vertebral body exists, and especially where deep suppuration occurs and presses down upon the kidney, as in a case of my own and one or two others that I have seen, nearly all the symptoms of calculus have been present. In my own case, without any deformity or tenderness of the spine, there was unilateral rigidity, testicular pain, intermission of the symptoms, increased frequency of micturition, nausea during attacks and oxaluria with local pain and tenderness; subsequently an abscess developed and in exploration a small patch of caries was found and the kidney was felt exposed in the anterior wall of the abscess cavity."

To illustrate the symptoms, I will give them as appearing in the case I record.

Mr. B., from Halifax, Nova Scotia, æt. 45, was admitted to Helmuth House, April 1, 1890; had always enjoyed good health until about two years ago, when peculiar symptoms manifested themselves. He was suddenly seized, while in his office, with a violent pain in the left loin, which was so severe that he had to be carried home. Before this time he had been in good health, but had noticed the lateritious appearance of his urine some two months previous to this attack. Following this acute seizure, came a constant pain of dull aching character, which was always referred to the same locality, accompanied, especially during rainy weather, by rheumatic pains through his entire body. Walking and riding especially aggravated the suffering. Many analyses of his urine were made, all showing, together with albumin in small quantity, a little blood and pus and oxalate of lime in abundance. The following is an analysis made by Dr. C. Heitzmann: "Specific gravity 1.027; reaction, acid; sugar, none; al-

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bumen, some (1-90 of 1 per cent.). *Under the microscope:* Oxalate of lime crystals greatly varying in size, abundant; red blood corpuscles in moderate numbers; pus corpuscles in moderate numbers; epithelia from the middle layers of the bladder in small numbers; epithelia from the pelvis of the kidney in small numbers; epithelia from the convoluted tubules of the kidney in moderate numbers: mucus, abundant. Diagnosis: Oxaluria, catarrhal pyelo-nephritis of moderate intensity, accompanying slight catarrhal cystitis; constitution, originally excellent, at present noticeably impaired; prognosis, favorable."

I was quite sure from these symptoms, especially the aggravation of the sufferings from riding, that stone in the kidney existed and therefore, operated upon the patient as soon as possible. The incisions were exactly similar to those already described and as the perirenal fat bulged into the cut, I caught it with a pair of bulldog forceps, held it steadily with the left hand and, with the index of the right, gradually tore the adipose through, until I could distinctly outline the kidney. Inserting then the finger of the left hand also into the opening (the right finger already being therein) I completely tore through the fat the whole length of the wound. By inserting large retractors covered with antiseptic gauze, I was enabled to bring the kidney into view, but found it was very movable; it slipped about upon slight pressure. A small pillow folded upon itself, to render it firm, was thrust under the opposite side of the abdomen and held there by an assistant. This steadied the kidney, and with my finger I began systematically to explore the cortical surface. About the middle of the gland and deeply imbedded, I was quite sure that I came upon an elevated surface which was firmer to the touch than the surrounding parts. I found by steady pressure that the mass could be moved, and I forced it gently toward the pelvis, where the overlying structures were thinner. By continued scratching the stone was soon exposed, but it was impossible to grasp it with forceps on account of its tendency to slip back into its original position. Additional pressure was now made upon the abdomen, which brought the kidney nearer to the surface, when the calculus was readily lifted out with the fingers. The kidney was then explored between the thumb and forefinger of the right hand and no other inequality found. There was but a slight hæmorrhage, and plugging was unnecessary. The wound was then thoroughly irrigated (as had been done several times during the necessary manipulations) with hot water, and an antiseptic drainage tube put into the kidney wound. Around this was packed lightly iodoform gauze, and the wound closed by three deep silk worm-gut (button and plate) sutures, and continuous cat-gut surface suture. Usual antiseptic dressing applied.

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The urine continued to soak the dressings, which were changed twice daily, for a period of twenty-five days, always being clear; that which passed through the natural channel contained blood, but only for the three days beginning on April 9th.

Temperature during first week: Highest 104°; lowest 99.2°; average 100.3°.

Temperature during second week: Highest 100.4°; lowest 98°; average 99.4°.

Temperature during third week: Highest 101°; lowest 98.4°; average 100.2°.

Temperature during fourth week: Highest 102.4°; lowest 98.8°; average 101.2°.

The temperature appears a little high for the fourth week, probably caused by retention of a slight quantity of pus, as the drainage tube sometimes failed to carry away all of the discharge; generally, however, the pus came to the surface, and after discharging, left a small granulating surface which soon healed. The patient left the hospital cured, on May 15, 1890.

NEPHRECTOMY THROUGH THE ABDOMINAL WALL.—The next case is one of nephrectomy, the kidney in this instance being reached through the abdominal wall.

As long ago as April, 1869, Gustav Simon, of Heidelberg, cut for and removed the kidney, he being the first to operate on a living person. Up to that time diseases of these organs belonged to the physician. Blundell, however, had experimented some years before on rabbits, but had not put the operation into execution, the experiments not being altogether satisfactory. Simon's case recovered, but, unfortunately for the reputation of the operation, in the next twelve cases but two were successful. In the year 1873, however, six recoveries followed one another in succession. Since that time, according to Dr. Schuester, there have been 132 recorded cases up to 1884; of these, seventy recovered and sixty-two died; the mortality being forty-seven per cent. This is not a bad record for such an operation, when the disadvantages under which the older surgeons labored are considered; no antiseptics, no aspirator nor microscope to assist in diagnosis or treatment. At the present time however, with the introduction of more approved methods, combined with the increased experience in abdominal surgery, the death rate ought to be reduced materially, and the operation attempted at least as often as hysterectomy. The following is the anamnesis:

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Mrs. L., æt. 28, married, with no children. Admitted into Helmuth House, February 27, 1888. Previous to her admission she had suffered from a long array of symptoms, and had been treated for various diseases until she came under the supervision of Dr. B. G. Clark, who diagnosed the case as that of pyo-nephrosis, and greatly relieved her general symptoms by judicious medication. On examination she was found to be much emaciated. with a comparatively large semi-solid tumor in the left loin, immovable and very tender to the touch. No other physical signs were found by percussion. While in the hospital, prior to the operation, she suffered greatly with her stomach; vomiting often, and suffering from attacks of prostration, headache, constipation and nervousness. Her temperature ranged from 99° to 102°. The urine when first passed was acid, containing pus in various quantities, the tumor diminishing in size in proportion to the purulent secretion found in the urine. On March 3d, the patient being in a comparatively good condition, she was given a warm bath in the morning, and the abdomen was carefully scrubbed, shaved, and enema given. At 12.30 she complained of pain in the affected kidney, and in urinating passed a large quantity of pus, the tumor diminishing so much in size as to render it almost imperceptible. At 2 P.M. she received a hypodermic injection of atropine, 1-100, and morphia 1-6, and thirty minutes later was anæsthetized and carried into the operating room, which was heated to 80 degrees F. to prevent shock from chilled intestines, if exposed. The chest and limbs were wrapped in blankets, and the abdomen was again washed with a 1-2000 bi-chloride solution. The instruments were the same as those used in an ordinary laparotomy, with the exception of two very large retractors, covered with sterilized gauze, to hold back the intestines. No sponges were employed, gauze pads being substituted which had been stored and sterilized in steam of a 1-2000 bi-chloride solution.

The incision was made in the linea semi-lunaris, and care was taken to catch all bleeding points until the peritonæum was reached. This was carefully divided, and the intestines coming into view were pushed aside and held out of the way by the large retractors before mentioned. The condition of the other kidney was now ascertained by passing the hand into the abdominal cavity. Careful dissection followed, the fingers being used almost entirely to separate the mesocolon and adhesions which were found binding the diseased organ tightly to the surrounding structures. By slow and gentle teasing the ureter was at length brought into view, very much distended, and resembling a cyst the size of a pullet's egg, overlapping the artery and vein. A large, blunt aneurism needle was threaded with ovariotomy silk and passed beneath the ureter close to the kidney; the needle was then withdrawn and the ligature securely tied. The tenaculum was again threaded and again passed beneath the ureter about an inch and a half from the first ligature. In tying this, the distended and rotten ureter gave way, and a small quantity of fœtid pus escaped, which was immediately absorbed with the sterilized pads, which had been packed around the intestines. The ureter was then divided between

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the ligatures. The artery and vein were tied in their turn, and, for greater security, a second ligature was placed around the pedicle and the tumor removed.

Whether to ligate the artery and vein separately or together, stitch the ureter to the external wound; allow it to remain open; or unite them all together, are questions which the condition of each case must determine. The entire cavity was irrigated with hot water, a drainage tube carried to its bottom and the opening closed, cat-gut being used for the peritonæum and silver wire for the deep and superficial sutures. Nothing unusual save that some vomiting occurred (which latter made it necessary to feed her with nutritive enemas) until the morning of the tenth day, when the temperature rose to 101° and a spot appeared on the bandage. The wound was immediately undressed and about four ounces of fœtid pus withdrawn. Again the whole cavity was washed with bi-chloride solution, 1 to 10000, which process was repeated daily, save that unmedicated hot water was used. The sutures were removed on the twelfth day, and she left the hospital on March 28th. On May 22d, she came from her home in Harlem to 299 Madison Avenue, with but little fatigue.

Almost the entire cortical substance of the kidney was destroyed. There were five calculi imbedded in different portions of the gland, besides large cavities filled with pus separated by trabeculæ from remnants of the malpighian pyramids.

This was certainly a most satisfactory case, and the patient is alive to-day and enjoying a fair average health.

CARCINOMA OF BRAIN SECONDARY TO THAT OF THE BREAST.—Mr. Cecil F. Beadles in *The Lancet* of Oct. 3d, reports a case of a widow, æt. forty-one, who was admitted to the cancer hospital, Jan. 16, 1891. There was no history of cancer in the family, but in June, 1887, the right breast was amputated for scirrhus of two months' duration. The tumor was the size of a hen's egg, not adherent. Though there was no enlargement of axillary glands, the space was cleared. In May, 1888, a recurrent nodule was removed from the muscular tissue at the edge of the scapula. On Oct. 30, 1888 and August 23, 1890, other nodules were removed, the last operation being for removal of two small glands at "the root of the neck some distance above the clavicle." About this time the patient developed headaches, slight at first but becoming severe and being accompanied by other cerebral symptoms, ending finally in death on April 25th. Autopsy showed "a large deposit of carcinoma" in the posterior part of the left occipital lobe, and another deposit in the posterior extremity of the third frontal convolution and the adjacent parts of the ascending frontal of the left side. This localization is the more interesting because of the symptoms presented by the patient while under observation in the hospital.

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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.

Contributors are respectfully requested to send manuscripts and communicate respecting them directly with the Editors, according to subject, as follows: *Concerning Medicine, News, Personals, and Correspondence, 181 West 73d Street: concerning Surgery, 256 West 57th Street: concerning Societies and Hospitals, 17 Schermerhorn Street, Brooklyn, N. Y.: concerning Therapeutic Notes, 51 W. 47th Street.*

Communications to the Editor-in-Chief, *Exchanges* and *New Books* for notice should be addressed to *102 West 43d Street.*

SAMUEL LILIENTHAL, M.D.

WITHIN the strict limits of truth it may be said that no name was known to a wider circle of readers of homœopathic literature than that of Samuel Lilienthal, the familiar "S. L." Associated with the late Dr. Constantine Hering in the conduct of the NORTH AMERICAN from 1857 to 1872, sole editor from 1872 to 1885, and since his retirement a constant contributor not only to his own old columns, but to several other American journals, his active brain never ceased the work, which was prompted by a nature as perennial in its sources and outpourings as a spring. So, too, he was ever at meetings of physicians, where he always had a paper to present,

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and as a teacher, he became known to many students and was valued by them as a friend. But it was to his "Homœopathic Therapeutics," a book probably more often referred to by homœopathic physicians for hints in prescription than any extant, that his chief fame is due. Thus Dr. Lilienthal's personality, through benevolence of character manifested in untiring and affectionate activity, has left a lasting impression and has entered into the lives and fortunes of many men and women throughout the world. The following just and appreciative tribute by his long associate and friend, Prof. Martin Deschere, which has been contributed by special request, will be felt as the voice of all, speaking in sorrow and in gratitude for him whose spirit was single-hearted and of charity, and who, having worked from the dawn to the evening, has said eternally, "Good-bye! God bless you, my dear old readers!"

"The sad news has reached us from San Francisco, that Prof. Samuel Lilienthal, M.D. departed this life on the 3d of October, at 1 A.M.

"The pen that for many years ably and courageously defended the rights of our school in the editorial columns of this journal, has been laid down by him who conducted, with love and devotion, the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, and who unceasingly and indefatigably culled, for the benefit of his readers, from his vast experience and constant search for truth.

"Although Dr. Lilienthal had practically laid down the editorship in 1885, as his advancing years obliged him to resign from the responsibilities connected therewith, he nevertheless continued to contribute, as our readers are well aware. This literary work was the mirror of his active life. Whatever he wrote was full of advice and practical value. He thus endeavored to gather everything which bore the stamp of ripe experience, and as a result, gave us his favorite work, the "Homœopathic Therapeutics," the fourth edition of which was in preparation when a higher wisdom stopped his busy mind. We can learn a great deal in reviewing the life of this truly earnest student, as he was the most ardent defender of homœopathy in its purest sense, holding strictly to the laws of the Organon, at the same time, liberal minded, despising bigotry, and one-sidedness.

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His great knowledge of medical literature enabled him to prove, from advanced discoveries in all branches of medical science, the truth of *Similia Similibus Curantur.* He thus rendered many translations valuable by his notes and deductions, and showed that cures proclaimed by old-school writers, through the influence of certain drugs, were involuntarily homœopathic. He was ever ready to reply to attacks upon our school, not only in medical journalism, but also in current publications. Not only in writing, but in debate he defended the right of truth everywhere. He was therefore always present at the meetings of our local as well as state and national societies.

In his professional life at the bedside he acted not simply as a learned physician, but as a loving friend and comforter. His ever-cheerful face brought sunshine into the sick room, and his visits were anxiously awaited, as his very presence gave relief to the sufferer. His departure is therefore deeply mourned by all who ever came in contact with him. His colleagues have lost a trustworthy adviser, his patients a sympathetic benefactor, his friends a loyal companion; for his childlike, candid devotion to all dear to him gained him many a heart unto death.

"Samuel Lilienthal was born in Munich, Germany, November 5, 1813. After a thorough fundamental education he entered the university of his native city in 1834, from which he graduated as Doctor of Medicine in 1838, and after serving a year at the Municipal Hospital of Munich, he came to America. For fifty-two years he spent his life in unceasing professional activity in this country. After a short stay in Heidelberg, Pa., he went to South Carolina, whence he returned north to Lockport, N. Y., in 1847. Here was the turning point in his medical career, for witnessing the extraordinary success of homœopathy through the efforts of a resident physician, his very love of truth forced him to study this, to him entirely new method of treatment, which he penetrated deeper and deeper, becoming more attracted with every step forward. In the fall of 1850, he moved to Haverstraw, N. Y., and in 1857 he made his home in New York City, where he remained for thirty years.

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"Shortly after the opening of the New York Homœopathic Medical College he became identified with the faculty of this institution, filling the chair of Clinical Medicine and that of Nervous and Mental Diseases until his departure for San Francisco in the spring of 1887, as his advancing years induced him to seek rest from active engagements. In San Francisco, in the midst of his family circle he led a life of peace, only seeking pleasure in contributing to the various homœopathic journals of this country, and in lecturing for a short period in the college of that city.

"The weakened condition of his heart finally gave way, and he peacefully went to sleep the sleep of eternity. Let us honor his memory in trying to follow his example as a true man, a true physician!"

Requiescat in pace.

MEDICAL CHARITY AND ITS RESULTS.

IT seems to be the general opinion that doctors revel in wealth and when they go to another world leave large tortunes behind them. This rose-colored view of the laity is not sustained by the testimony of those best fitted to know. The facts are that the average doctor does well if he makes a good living. Very few physicians accumulate wealth from their practice. Those who leave large estates have made the most of their money by judicious investments. Recently an evening paper had an editorial, treating of the difficulties experienced by a doctor in collecting his bills and showing the large percentage of loss. Out of 309 patients treated by the physician in question 73 or nearly one-quarter either paid nothing at all or but trifling amounts. And this occurred in a prosperous community. Most of those who did not pay could not plead poverty. They simply cheated the doctor out of his just dues. This is a form of compulsory charity that every physician has to consider as part of his work, as well as that charity extended to the really poor. And the number of those who delay

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indefinitely the payment of the doctor and finally cheat him out of his bill if possible is fast increasing. The cause of the rapid increase will be considered further on. The number of patients who did not pay their bills, however, explains why doctors have formed and probably will continue to form associations for the purpose of reducing such losses to a minimum. These associations make out a list of those who refuse to pay and are deemed able to do so, and the physicians agree to give them no more service except for cash. But as the paper remarks, these organizations always fail after a little time. Doctors cannot refuse to go to urgent cases—their humanity forbids if nothing else urges. So little by little the agreement falls through, and matters go on as before. In the city matters are not much if any better. There is almost the same proportion of people who can pay but won't, and an increased number of the very poor, so that the doctor never lacks for an opportunity to exercise charity, and he bestows it daily on the poor and on the dishonest alike. The editorial in question attempts quite ingeniously to account for the existence of a growing class of people who have acquired a warped notion of their "right" to free medical services. The explanation offered, while it does credit to the writer, is not the true one. He says: "The mental process by which such a class of patients, for the most part uneducated, reach their conclusions is a little obscure. Possibly it is accounted for in part by the fact that the man who was well two weeks ago, and finds himself well again to-day makes a sort of stupid mental equation of the two conditions and finds nothing of debt, of loss, or of gratitude in between—except the loss of salary or wages which he wants to force the doctor to share." This, while subtle, does not explain. Why is it that this class who think they have a "right" to gratuitous attendance is increasing so rapidly? Why is it that the tendency is steadily towards lower fees for services rendered by the profession? Why is it that the young doctor finds it each year more difficult to find any patients? It is not necessary to look far or long for an answer. It is true that the allopaths eager for patients will go for from fifty or seventy-five cents; these charges have to be met by decent physicians and the fees are thereby lowered. Then we have the druggist-doctor

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who prescribes gratis and only charges for filling his own prescriptions. Then come the various dispensaries, hospitals, clinics and guilds which treat indiscriminately every one that applies. This is not all by any means. There must be taken into account the medical societies which engage a physician to attend to all the members of that particular society for so much a year—usually a mere pittance per head. This custom is of foreign origin, but has been imported here and is rapidly growing. The "society" doctor in these cases is the drudge of the members of the organization. His work is sometimes enormous and his remuneration pitiful. In England families are treated by this plan for fifty cents per year. In New Orleans doctors have agreed to treat one hundred and fifty families for thirty dollars. In Berlin the fee for office visits to the "society" doctor is two cents. Fancy the joy of the doctor when, after making a physical examination in six seconds, examining the urine in two and a half seconds, and writing a prescription in seven seconds, he receives the princely fee of two cents! The greatest evil is, however, done by the dispensaries. Those in charge thoroughly understand the pauperization that is going on by reason of their stupid and degrading management. Not even the semblance of an attempt is made to distinguish between those who are really poor and those who are well able to pay. Here is where people learn to think they have a "right" to free medical service. The result of all this hypocritical charity is disastrous. Young physicians cannot starve. So they fight the evil by organizing dispensaries of their own, or becoming a "society" doctor, or by cutting rates. The final result is the lowering of the profession in the public estimation and a cheapening of its services.

EDITORIAL COMMENTS.

THE NON-RESIDENT PLAN IN MEDICAL EDUCATION.—Over a year ago, it will be remembered, the American Institute of Homœopathy decided that the term of study required for graduation in any homœopathic college should be not less than four years, three of which should be spent in actual attendance upon lectures and clinics. The first

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year is to be devoted to preparatory subjects and no student may be admitted to the second year's course until he has passed a satisfactory examination upon the branches pursued during the first year. An entrance examination is also required before the first year's work may be commenced, This departure from the well beaten path of medical education called forth much comment and criticism mostly of a commendatory kind. Even the allopathic journals were obliged to admit that these requirements were ahead of anything in their own schools, and was an advance in the right direction. Stimulated doubtless by this action of the Institute, the Chicago College of Physicians and Surgeons has adopted what it terms a non-resident course. It is proposed to make the course cover four years but to allow the student, after matriculating, to spend the first year at home, under the guidance of a preceptor selected by one satisfactory to the college and who will coöperate with the faculty in conducting the year's work and give a certificate to the student at the close of the year. The course covers thirty weeks and the student must make weekly reports to the faculty in the manner provided. Not more than five weekly reports may be unsatisfactory without debarring the student from the credit of the course. When the course is satisfactorily completed a certificate from the secretary of the college, together with the certificate of the preceptor, will be accepted by the faculty in lieu of one year's work. While these plans are essentially the same in providing a fourth year, which is in reality preparatory for the medical work in the college, yet they differ quite a little in detail. The Chicago college has devised a method by which it hopes to supervise in some measure the work of the preparatory year, and in so far as it does this makes the first year more tangibly a part of the regular college course. It requires not only an examination in certain branches, but directs the work of the student. This binds the student more closely to the college, and gives reality and harmoniousness to the four years' course. The Institute plan of study, while much more comprehensive, leaves the student entirely free. He is subject to no supervision and has no direct connection with the college except to appear for examination at the close of the year. As both these plans are experimental, it will be interesting to note with what measure of success they meet. Neither will succeed if entrusted to those who neglect to give the thought and time requisite to compel success. Both plans have their weak points and trial will determine which is the more practical.

A Cure for Drunkenness.—Whatever of interest is taken by the profession in the alleged cure for dipsomania, is due to the sudden popularity of the treatment among the laity. The discoverers of the so-called specific keep the formula secret, so that it is impossible to make a scientific investigation as to the validity of their claims. The newspaper reports must be taken as usually they are taken, with a little salt. If the remedy is all that is claimed for it, no greater discovery was ever made in the domain of medicine. But it will not do to take too much for granted. Not only must the formula of the medicine be known, but a sufficient time must elapse to determine defin-

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itely the effect of the treatment, before judgment can be given. Our allopathic friends handle the subject gingerly, remembering Koch's lymph.

More "Shoo."—The "midsummer madness" of the *Medical News* seems likely to pass into midwinter lunacy. Like all men of one idea, the editor is still scraping his bow on his solitary string, and pours out his incoherent torrent of abuse in one weak, washy, everlasting flood. His condition is evidently getting serious. As but one idea can be managed at a time, care should be taken not to undertake the discussion of one too large for the mental power. Speaking in a general way, a diet of one idea is deleterious to the morals. Still, a man might as well get the scurvy in biscuit as in salt pork. The idea of destroying homœopathy, has not, it is true, the merit of being particularly new, but it will serve to render the deluded builder of it a target for ridicule, as well as any other notion would. Just now the editor's emotional insanity has taken a new turn. He has opened the flood gates of his wrath upon those allopathic contemporaries who have not supported the *News* in its warfare. They are called "silent," "evasive," "compromising," "flattering." Also they are termed the "dishonest friends" of homœopathy, "cloaking concealed contempt." If the *News* would illustrate its articles it might yet achieve a reputation as a socialistic journal of disassociated medical tendencies. But a consultation should be had in the case of the editor.

The Life Insurance Question.—Some of the speakers at the International Congress, last June, expressed themselves vigorously on the subject of life insurance and its relation to the homœopathic school, and advocated the idea of instituting a retaliatory warfare upon those companies that declined to appoint homœopathic physicians as examiners. Such a plan of action might at first seem to be wise, but a very little reflection will show the folly of it. In the first place, there is but slight evidence to show that any company has deliberately planned to ostracise homœopathic physicians. The most of the strong companies were established before there were many members of the homœopathic school in this country. They were obliged to begin with allopaths for medical examiners; and as this department is under the supervision and control of an allopathic chief, what else could be looked for than the appointment of allopaths? The officers of these companies in all probability have no animosity towards homœopathy; indeed, many of them are the patients of homœopathic physicians. Much more may be done by appealing to their reason and sense of justice, than by threats of war. Time and intelligent action by the new school will right this matter, but an attempt to use force will never do so.

Titles After Authors' Names—Some time ago a flutter was caused in the Toledo Allopathic Medical Association, by the introduction of a resolution which, after stating that it had become customary for physicians to place after their names every title to which they had a shadow of a claim, so that the collection headed by "Prof." and ter-

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minated by "etc.," became prodigious in length, continued as follows: "Whereas, such an array of titles in no degree adds to the value of the paper at the head of which they are placed; and, Whereas, such practice savors of unprofessional advertising, and in that degree is undignified; Resolved, That we regard the mention of these titles, except that of M.D., as unnecessary and liable to suggest insidious distinctions, and therefore we advise their discontinuance for the future." These resolutions were "referred" to the Executive Committee. There has been undoubtedly and will again be, abuse of the use of titles. Little men, by cunning and sharp practice, may obtain great titles. But the fact remains that he who wins rank must work to hold it and, in the main, titles are justly bestowed. Then too, the reader desires to know something about the author, and the titles appended afford some indication of his work and ability. His article stands or falls by itself. It is probable that the resolution will remain "referred."

BOOK REVIEWS.

POCKET MEDICAL DICTIONARY FOR THE USE OF STUDENTS OF MEDICINE. CONTAINING TEN THOUSAND WORDS, INCLUDING ALL THE ESSENTIAL TERMS USED IN MEDICINE AND THE ALLIED SCIENCES. By CHARLES GATCHELL, M.D., Professor in the University of Michigan. Era Publishing Co., Chicago: 1891.

An examination of this tasteful little volume shows it to be the right thing done at the right time. This may be termed an era of dictionaries and encyclopædias. The older medical dictionaries have been revised and brought up to date, and new ones have been issued until choice is difficult. But there was no small, compact, reliable pocket dictionary that contained the latest terms pertaining to medicine and the allied sciences to be had. This lack Dr. Gatchell has supplied. His work is well done and may be commended without reserve. The ten thousand words to be found in this pocket edition are just the ones that the medical student needs to know about. The definitions are almost always good and clear, and not many important terms are omitted. An appendix lends greater value to the work. The publishers deserve much credit for the handsome dress they have given the book. It will doubtless meet with a wide sale. P.

STORIES OF A COUNTRY DOCTOR. By WILLIS P. KING, M.D. First Vice-President of the American Medical Association, etc. Illustrated. Hummel & Parmele, 612 Drexel Building, Philadelphia, 1891.

The flaring pages of advertisements that obtrude between the dedication and table of contents, and again before the preface, are not calculated to predispose one in favor of the book. Nor is the beauty of the volume enhanced by the gilt lettered proclamation of a drug firm on the outside of the last cover. But you will read the doctor's stories if you begin the volume, in spite of the advertisements. There is something fresh, original and breezy about the book that induces the

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reader to continue to the very last line. While the literary style is not especially praiseworthy, the frankness and earnestness of the writer give a flavor that is distinctive. It is not, of course, a book of great weight, nor is it intended to be. But it will make many a weary doctor laugh and forget his troubles for a time. P.

SEXUAL HEALTH. By HENRY G. HANCHETT, M.D., F.A.A., etc. Revised by A. H. LAIDLAW, A.M., M.D. Third edition. The Hahnemann Publishing House, Philadelphia, 1891.

This treatise, already reviewed in this journal, needs but a brief notice. It is a work for the laity exclusively and its teachings on sexual matters are in general in the right direction. It is well printed and bound. P

PRINCIPLES OF SURGERY.—By N. SENN, M.D., Ph.D. Professor of Principles of Surgery and Surgical Pathology in the Rush Medical College; Professor of Surgery in the Chicago Polyclinic, etc. Illustrated with 109 wood engravings. F. A. Davis, Philadelphia and London, 1890.

The student or practitioner who wishes to obtain a knowledge of the fundamental principles of the art and science of surgery, can not do better than to read this book. It has marked originality—has departed from the beaten path in many instances and is the more valuable on that account. The work fills a gap in surgical literature. It does not deal with the merely practical, is not a collection of symptoms, but is a systematic treatise on the principles of surgery. Bacteriology is given much space, and the relationship of this new science to the etiology and pathology of surgical affections is shown to be most intimate. Sepsis and antisepsis are exhaustively considered. Every chapter is valuable and contains much information that may be immediately applied. Regeneration, Inflammation, Necrosis, Suppuration, Tuberculosis and Hydrophobia are among the subjects treated of at length. It is a good book for the doctor to have in his library. P.

THERAPEUTICS: ITS PRINCIPLES AND PRACTICE. By H. C. WOOD, M.D., LL.D. Professor of Materia Medica, etc., in the University of Pennsylvania. A work on Medical Agencies, Drugs and Poisons, with especial reference to the relations between Physiology and Clinical Medicine. The eighth edition of a Treatise on Therapeutics. Rearranged, rewritten and enlarged. Philadelphia: J. B. Lippincott Co., 1891. 8vo. Pp. 937.

The author states in his preface to this eighth edition of his well-known treatise that its preparation has necessitated a careful study of more than seven hundred memoirs. Every portion has been thoroughly revised, a number of articles completely rewritten, and a few new drugs noticed. Among the portions of the book practically new, may be mentioned the whole subject of anæsthetics, and the articles upon Cocaine, Strophanthus, Caffein, Antipyrin, Antifebrin, Phenacetin, Hydrastine, Paraldehyde, Lead Poisoning, etc. The work is that

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of an able scholar, dealing with a vast and vague subject, regarded from the limited point of view of his school of therapeutics. Within this limitation, his discussion of the powers of drugs as applied to disease is perhaps more worthy of the consideration of homœopathic physicians than any other of its kind. It is especially valuable in presenting a summary of the so-called physiological effects of drugs, or in other words, the pathogenetic effects of drugs reduced to physiological terms of expression. Taken in connection with study of drug pathogenesy in homœopathic works, it will oftentimes assist in forming generalized conceptions of drug action, as nuclei about which to group the individual symptoms that give differential character. The book is rich in information upon the latest researches in pharmacodynamics, and affords an excellent starting point for the study of the homœopathic application of the many new toxic agents which are flooding old school therapeutics. There is also much that is worthy of attention in the part devoted to methods of therapeutics, independent of medicinal substances.

The volume furnishes an interesting opportunity for examination of the question of how much impression homœopathy, as a philosophy and science in therapeutics, has made upon allopathic thought as exemplified in a leading exponent. One looks in vain for anything like appreciation of the principle of similars in Prof. Wood's philosophy of either practical or scientific therapeutics. In fact, it is apparent that his prepossessions against it are such as to lead him to cover up, whenever possible, ear-marks that may suggest the homœopathic principle. He says, indeed, "that it is plain that neither of the alleged therapeutic laws of similars or of dissimilars is, in truth, a law. They are the results of coincidence, the expressions of half truths. Symptoms are, indeed, but the surface-play of disease, and the rational therapeutist always seeks their hidden meaning. The conscientious physician refuses to practice upon homœopathic, allopathic, or any other restricted basis, but gleans therapeutic knowledge from all sources, guiding himself as far as may be by the light of reason and science, but hesitating not to go beyond into the region of the unknown and the uncertain when distinctly led by the lantern of empiricism." In other words, Prof. Wood, who accepts a law of advancement, and a law of successful human effort, and laws that govern the action of drugs upon different animals, says that there is no law that governs the relation between the pathogenetic and therapeutic effects of drugs. There is the light of reason and science, but reason and science in therapeutics have no light of law. Instead of law there are only indications for remedies; and by indications he says is meant "the pointings of nature, or, in other words, the evident needs of the system." But when one endeavors to ascertain what is meant by this extremely luminous and definite definition of indication, whose meaning, he says, ought to be distinctly understood, the meaning has to be searched in the examples which follow, and which evidently show that "nature" points her nose toward the law of contraries, and turns her tail upon the law of similars. Thus a dry colon, containing dry fæces,

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indicates a purgative that produces watery secretion; relaxed parts indicate a remedy that excites contractility, *i.e.*, an astringent; vomiting from depression of the stomach indicates a stomachic stimulant as ipecacuanha which irritates to vomiting the healthy stomach; vomiting from an irritated stomach indicates a sedative like bismuth, which he says in one place will not induce vomiting in health, but which he says, in another place, does induce gastro-intestinal irritation as a specific effect. And of like kind will be found his indications throughout the work, wherever he does not fall back upon the indications of empiricism, or experience, which in his preface he says, has in medicine been verily a blind leader of the blind. Thus, although the author disclaims law in therapeutics, his indications are really those of the law of contraries, which is in truth the basic principle of physiological therapeutics. The only points in which Prof. Wood really approaches homœopathy is in his recognition that the law of success demands knowledge of the thing to be done, and knowledge of the instruments with which one works. And, while he does not appreciate that there is a third element in success, namely, knowledge of a general principle of application, there is an effort to bring his school up to knowledge of the effects of drugs upon the healthy human body, which was the starting point of homœopathy and has been ever since the ground-work of its practice. There is, also, in his work a glimmering perception of the difference between the effects of large and small doses of the same drug in disease, not however as a general principle, but as an empirical conclusion in certain cases. It is not, therefore, as a philosophical therapeutist that Prof. Wood can be commended to attention—rather he is the old and characteristic allopath in modern guise—but it is as a student of drug pathogenesy that he deserves consideration from the homœopathic therapeutist. In many of his empirical indications followers of the principle of similars will find illustrations of the law, and in his discussions of drug actions may be gleaned many indications that are genuine pointings of nature, construed in the light of more reason and science than that admitted by Dr. Wood.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By William D. Gentry, M.D. Six volumes. Cloth. Octavo. New York: A. L. Chatterton & Co.

The issue of the sixth and last volume of Dr. Gentry's colossal work makes a fitting occasion for an extended critical notice in the pages of the North American Journal. A review of a work of this nature is an impossibility since the function of these volumes is that of an index or directory to the separate symptoms existing in our materia medica, and criticism of an index or directory must be limited chiefly to two points, viz.: completeness and correctness of the statements made and readiness of access thereto for the inquirer.

Concerning the first of these points, the title page itself tells us by implication that we must not expect to find in this work every symptom in our materia medica; it deals only with the more characteristic

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ones. As to completeness, it would seem from some months' use of the first five volumes that the compiler has erred, if he have erred at all, on the safe side by not refusing place to symptoms that have been found fairly characteristic by even one trustworthy reporter. The older, well-known characteristics greet the eye on every page accompanied in many instances by the newer ones that have attained a well-earned currency, while the repeated appearance of symptoms that the observant reader meets in turning over these pages and recognizes as lately found friends, is a source of satisfaction.

To test the trustworthiness of all the symptoms offered by Dr. Gentry is manifestly beyond the power of one critic, but the writer of this notice has taken pains during the past six months to ask the opinion of many physicians owning the work as to its reliability. He was, it must be admitted, surprised at the uniformity of favorable opinion, especially as prescribers of both the low and the high school were interrogated. In the recently published announcement of a projected publication on materia medica, Gentry's Concordance is given as one of the sources from which material for the forthcoming work is to be derived.

As to the readiness in responding to the searcher's quest for a symptom and its appropriate remedy, the method of repeating each symptom under different rubrics, such as the noun, verb, or essential adjective in the aggregation has been carried to the utmost degree. This method has of course greatly increased the size of the work, but the rapidity of reference attained thereby more than compensates for the necessary additional cost of the volumes.

The rapid progress through the press of a work of this magnitude, the first volume having appeared in January, 1890, is evidence enough that Dr. Gentry had his material well garnered and sifted, and speaks well for the facilities of the publishers and for their profound faith in the willingness of the homœopathic profession to support their enterprise. O'C.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

A Lycopodium Case.—From Dr. John Arschagouni, Ward's Island Homœopathic Hospital, New York. G. A., æt. fifty-five, shoemaker, admitted on August 25, 1891, to Ward's Island Homœopathic Hospital,

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with a negative history of venereal disease, chronic dyspepsia, rheumatism of twenty-seven years' standing, contracted while in the army, and still troubled at times with it; somewhat gouty; uses stimulants (whiskey and ale); smokes and chews.

He meantime exhibited the following symptoms: despondent, sad, memory failing, mind confused, dizziness, violent frontal headache, *photophobia to night light;* the headache in the afternoon agg. by heat or sun; hearing somewhat difficult, once in a while buzzing in the ears; some coryza; tongue clean, jaws aching so much so that to put the tongue out he has to use his hand; once in a while bitter taste in the mornings; thirsty day and night, due to dryness of the lips, mouth, tongue and throat. Appetite very poor. Vomits at times, generally in the mornings, a shiny, greenish, tough substance with bitter taste; pain after eating; a mouthful makes him feel heavy and sick at stomach; dry belching which relieves; pain, on pressure, at the pit of the stomach. Warm drinks agreeable to his stomach. Sleeps none, due to cough with smothering sensation. Cough all night; not half as much during the day; cough is dry, he hardly expectorates. He has to sit up, otherwise he cannot get breath; he must even get up and walk, sometimes for hours. Cough amel. after 3 to 4 A.M. Sticking pain in right side from inner edge of the inframammary region following an oblique line and ending at the pit of stomach; amel. by hot drinks. Rheumatic pains at both shoulders, neck and hips, cramps in fingers and toes; bowels more or less costive; abdomen tympanitic and painful; flatulence at times, passed downward, but mostly upwards. Urine red, little at time and often, and lately of a peculiar smell which he cannot describe. Backache amel. by passing water, pains from thighs down, similar to those at the upper regions; cramps in toes of both feet, mostly at night. All pains agg. by damp weather. Feels very weak; genitals relaxed with weakness. Symptoms amel. in open air. He had *nux vom.* 3x, *ars.* 3x, *kali carb.* 3x, at different intervals, without any improvement. On August 28th, according to totality of symptoms, I prescribed *lycopodium* 30x, *ch.* vi. Next morning feels much better; frontal headache almost gone, the pains at the right side had subsided. ℞ *Lycop.* 30x, *ch.* iv.

Sept. 2d. General condition much better; coughs generally at night, hardly during the day. Cramps in feet every night. ℞ *Lycop.* 30x.

Sept. 3d. Slept well; *above described symptoms all disappeared,* except some stiffness of shoulders and neck. Coughs a great deal, sputa yellowish, pain on the right side agg. by breathing and coughing. ℞ *Rhus tox.* 3x.

Sept. 4th. Pains on the right side gone entirely, breathing free, sleeps very well last two nights. ℞ *Rhus tox.* 6x.

Sept. 8th. Feels better; some cramps in the calves yet. ℞ *Sulph.* 30x *ch.* ii.

Sept. 11th. Patient discharged cured.

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Verifications of Carbo Veg. Symptoms.—By Dr. A. M. Linn, Des Moines, Ia.* These verifications are contributed for the purpose of confirming the faith of two members at least, of this association, who are somewhat skeptical as to the remedial virtues of *carbo veg.*

That we should vary in the estimate in which we hold different remedies is natural enough.

For one, however, I should not want to omit this remedy from my available therapeutic means.

CASE I.—Mr. G. wrote me from a distant city detailing his wife's symptoms as follows: As often as once or twice a fortnight she suffers from large accumulations of gas in the stomach and bowels. This condition usually follows the ingestion of a meal, even coming sometimes before the meal is completed. The distress which these attacks occasion is usually very severe and leaves the patient much prostrated for several days. Any close mental application, any fatigue or unusual excitement or worry tend to produce an attack. Some forms of food seem to occasion them and are therefore proscribed. During an attack she rolls on the bed or floor or assumes any position for temporary relief. She is much distressed for breath, wants all the doors and windows thrown open, wants to be fanned. The heart's action becomes somewhat excited and irregular. No organic lesion exists. She suffers from mental depression, is irritable and impatient, complains of burning and sourness of eructations. She had been subject to these attacks for five years and they are increasing in force and frequency. A study of the symptoms led me to conclude that *carbo veg.* would prove useful and it was accordingly sent in the 3x tr. A few weeks later Mr. G. wrote enthusiastically of the result. He was evidently in a very happy mood, stating that I was the "Doctor he had been hunting for five years." Subsequently *ignatia* was prescribed and the *carbo veg.* given only when an attack threatened.

CASE II.—Mrs. T., æt. sixty-six, spare habit, blonde, presented a case somewhat analogous to the preceding but very much more severe. Here also the vegetative system was largely at fault. Frequently after a meal and sometimes in the interval and without warning, large quantities of gas would accumulate in the stomach and bowels. The walls of the abdomen became tense and resonant on percussion. Breathing difficult and labored. The lips blue, the hands and feet cold. The distended abdomen crowded upon the diaphragm and limited the lung space. The heart, affected reflexly and thus crowded upon, lost force and vigor and an active congestion of the lungs followed. These congestions were often intense and so severe as to threaten the life of the patient. Their history was uniform. They invariably began with the accumulation of gas in the abdomen. During an attack the distress was extreme, the dyspnœa was intense, and the suffering very severe. Dur-

* Read before the Des Moines Hom. Medical Association, Oct. 12, 1891.

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ing this stage the patient expectorated considerable quantities of frothy, bloody mucus. Attack lasted from a half hour to four hours. As soon as the gas was eructated, relief followed together with an abatement of all the symptoms and recovery gradually succeeded. For this condition *carbo veg.* was exhibited with the happiest results. A threatened attack would quickly yield or when fairly started, was promptly subdued by repeated doses of the remedy. The symptoms subsequently changed and other remedies were given, but so long as indicated the *carbo veg*, was of the greatest benefit.

CASE III. is that of an old minister from an adjoining city, suffering from atonic dyspepsia. The tardy digestion permitted the generation of considerable quantities of gas in the intestinal tract. At such times the heart lost force and also became somewhat irregular. Beside the accumulation of gas, he complained of burning in stomach, hot and sour eructations, impaired and retarded digestion, shortness of breath, labored action of the heart causing much apprehension, sense of distention of abdomen, mental depression and despondency. His allopathic physician, following their present "*sine qua non*" for heart affections had prescribed *cactus* in material doses. He told me he felt worse every time he took it. No symptoms which I could elicit indicated the use of *cactus*. Indeed the heart symptoms so far as discoverable were secondary. *Carbo veg.* 3x tr. was prescribed. After using the remedy for a period of six months, the gentleman reported a few days since in the following language: "That remedy acted like a charm;" "I have not had an attack of stomach trouble since."

Cure of Heel Pains by Cyclamen.—From Dr. Geo. Royal, Des Moines, Ia. In the fall of 1883, a fellow practitioner came into my office and told me he had suffered with soreness of the heel for over three months. The soreness seemed to be in the bone; was worse while sitting or standing. He did not notice it much while walking. He had tried *rhus tox*, *kali b.* and *phos. acid.* We took down Allen's "Symptom Register," looked the symptom up. I gave him *cyclamen* 30th. He was well in a week. About three weeks ago a man came to me with the same symptoms. The only aggravation was while standing. The same remedy cured in three days. These are the only times I have ever used the remedy.

REPORTS OF SOCIETIES AND INSTITUTIONS.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE regular monthly meeting was called to order by President O'Connor, at 8.30 P.M., Thursday, Oct. 8, 1891, in the reception-room of the N. Y. Ophthalmic Hospital.

The Committee on Diseases of the Eye and Ear presented two papers: "The Artificial Membrana Tympani Considered as a Splint or Crutch," by Henry C. Houghton; and "The Homœopathic Treatment of Incip-

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ient Senile Cataract, with Tabulated Results of One Hundred Cases," by A. B. Norton.

Discussing Dr. Houghton's paper, which emphasized the action of the artificial drum as a crutch and asserted that it could be used by the laity without fear, Dr. Norton asked the length of time such a pellet can be worn during the suppurative stage as compared with one during a period of non-suppuration; also, whether the cases with suppurating ears hear as well as those without suppuration.

Dr. Houghton.—Some exceptional cases can tolerate the pellet constantly, but in most cases an irritation is produced; therein lies the benefit of teaching the patient to introduce them, so that they can be changed as often as necessary. After all suppuration had ceased one patient wore it eighteen months. Ordinary experience is that patients hear better during the stage of suppuration, and this has unfortunately led the laity to believe that the discharge should not be stopped. A patient with suppuration who is using an artificial membrana tympani usually has a good degree of hearing, but if anything increases the suppuration it interferes with hearing.

Dr. Schenck has found the cotton pellets of most benefit after suppuration has ceased.

Discussion of Dr. Norton's paper:

Dr. Schenck.—I recall some cases where the course of the cataract was checked for several years.

Dr. Deady.—There are three divisions of opinion as to the curability of cataract. 1st. A few, like Dr. Kalish, who claim to remove the opacity; 2d, a number of others, like Dr. Norton and myself, who claim that the progress can be checked and vision sometimes improved; and 3d, a large majority who believe that nothing can be done except recourse to the knife.

Cataract *per se* cannot be removed, but the haziness preceding degeneration which so often surrounds the opaque fibres can often be removed with medicine. Vision is improved only when the haziness is central and the opacity proper is peripheral. The course of cataract is subject to many vagaries; cases are reported where the vision has improved without any treatment.

J. M. Schley.—I am surprised that naphthaline has not been mentioned. In reading cases of poisoning by this drug, I noticed that it usually produced cataract.

Dr. Deady.—Various oculists have tried naphthaline, but without much effect. We must learn its characteristic symptoms in order to individualize it.

Dr. Norton.—In these cases the massage was carried out by the patients themselves.

The Committee on Public Health presented but one paper: "On the Present Condition of Croton Water According to Chemical Analysis," by Prof. L. H. Friedburg.

Dr. Schley.—It is abundantly proven that typhoid fever can be prevented. Murchison, of England, has proved that it is spread by water, impure ice, food and air. Impure water and ice account for most cases. Typhoid fever is growing more frequent every year, and I believe it is more prevalent than the profession credit. Children often have it, but it is mistaken for other fevers because the temperature does not rise and fall so uniformly and they have no diarrhœa. I saw two such cases recently, contracted in Newport, which terminated by crises in twenty-one days. A large number of cases diagnosed as intermittent, remittent and typho-malarial fevers are really typhoid.

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The only remedy for the growing evil is sanitary laws enforced as they are in England, where it has diminished both in prevalence and degree.

M. Leal.—I would like to compare analysis with clinical observations. While the presence of nitrites and nitrates in water or an excess of chlorides is a signal for danger, cases of infection have occurred where careful previous analysis had failed to detect them. During the middle of August we had a little flurry of diarrhœa, or a catarrhal inflammation of the bowels, which I attributed to the croton water.

H. M. Dearborn.—I have traced my cases of typhoid fever to the rural districts, and I do not believe many can be traced to the use of croton water. A pure water supply is of great importance and I consider it wise for the society to take some action. I think the cause of the diarrhœa spoken of by Dr. Leal was atmospherical.

M. Deschere.—If the croton water were the only cause we should find more cases, because everybody drinks. Diarrhœas where the catarrh seemed located in the small intestine are particularly prevalent this fall; I attribute them to the croton water.

R. McMurray.—People who remain in the country until late in the fall are apt to develop typhoid fever.

E. J. Pratt offered the following resolutions which were adopted and ordered sent to the Legislative Committee of the State Society, with an offer of coöperation. Copies were also ordered sent to the daily press.

Whereas, Recent analysis of croton water made by the Health Department of the City of New York are conclusive evidence of sewage contamination, and

Whereas, Inspection of the croton water-shed shows sufficient cause for such contamination, and

Whereas, The Board of Health declare it is without statutory authority to abate the evil, and

Whereas, The public health demands that stringent measures be taken to preserve the purity of the water of the City of New York, therefore be it

Resolved, That the Homœopathic Medical Society of the County of New York will heartily coöperate with the Board of Health in securing such legislation as may be necessary to protect the city from impure water; and furthermore be it

Resolved, That we will individually and collectively use our influence and endeavor to secure that of our clients to urge our respective assemblymen and senators to rectify this growing danger to the whole community, which threatens alike the poor as well as the rich.

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The 267th regular meeting was held Sept. 8, 1891, in the rooms of the Franklin Literary Society, 44 Court St., Brooklyn.

It was voted: "In default of special agreement, any member of this society rendering professional services at the request of and for another member, shall report to the latter the account of such services and be entitled to one-half of the fees when collected."

H. Willis read two interesting papers, as the report of the Bureau of Surgery. There was no discussion.

268th meeting, Oct. 13, 1891. Bureau of Gynæcology. H. I. Ostrom, of New York, read a paper on "Hysterectomy, Abdominal and Vagi-

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nal." He advocated performing the latter before the uterus becomes matted to the surrounding tissues, and—in the former—avoids the usual sequent obstruction of the bowels by stripping the peritoneum from the left side of the pedicle.

Dr. Willis read a paper describing his method of performing "Rapid Dilatation of the Os and Delivery." He uses his fingers, and at each step allows the uterus time to relax.

In response to an inquiry, he stated that in his experience about two-thirds of the children were saved in cases of convulsions, and two-thirds to three-fourths in cases of hæmorrhage—if it had not lasted too long.

G. C. Jeffery read a long paper entitled, "A Pathological Treatise of the Various Forms of Laceration of the Cervix Uteri," adding to the usual classification, a "hidden" variety where the os appears normal but there is a "rupture of the canal" within it; he cited one case in which his finger seemed to enter quite a cavity immediately after passing through the os externum.

J. B. Lawrence read a paper, narrating a case of uterine hæmorrhage controlled with vinegar, which called forth considerable discussion.

Dr. Jeffery in one case injected vinegar into the uterus with a syringe. Drs. Iler and J. L. Moffat reported cases of failure. Dr. Willis insisted that the one thing to do is to clear the uterus of clots. Dr. Burnham advocated manipulation of the fundus with the fingers, through the abdominal wall, and—if necessary—with the other hand within the uterus.

B. L'B. Baylies mentioned ipec., bell., ars. and secale as of service, especially when there is a tendency for the hæmorrhage to recur.

RECORD OF MEDICAL PROGRESS.

TOXICITY OF THE URINE AS A GUIDE TO DIAGNOSIS AND TREATMENT OF DISEASE.—Dr. Semmola, Professor in the University of Naples, publishes in the *Brit. Med. Jour.*, of Sept. 19th, an article in which he advocates a supplementary biological examination of the properties of urines in certain cases. By this he means the injection of the urine of the patient into animals, with a view of determining not only the urotoxic coefficient in general, as indicated by Bouchard and others, but more particularly to see the clinical signs of that toxicity in comparison with the symptoms of the patient. The author gives two cases in illustration: the first a "vast phlegmon" on the arm of a man æt. seventy, "with serious general and especially cerebral symptoms." The second was a case of "extensive fibrous pneumonia, certainly of infective nature." He claims that the results of the injections of these urines into animals enabled him to diagnose the diseases and treat the patients successfully, but his account is not detailed enough to render his conclusions clear.

DIPHTHERIA OR CROUP?—Mr. John Bowie reports in *The Lancet* of Sept. 19th, a case which is of great interest with respect to the question of the identity of these diseases. The patient, a boy of three, who had been two years in Central Africa, went in April, 1889, at the end of the rainy season, from Blantyre to Zomba, forty miles. On the way, the boy got soaked by rain. At Zomba, he remained for a fortnight, living in a well-built brick house which had been uninhabited for more than a year. During that time no fires were lit, as the weather was warm. Towards the end of the second week the boy became sick and eventually died. A *post-mortem* examination showed "marked œdema of the larynx, which was everywhere lined with a very distinct false membrane, which stripped off readily in small pieces, showing no ulcerated surface

below. Patches of similar membrane were found in the trachea and in the bronchi down to the third and fourth division. Several of the bronchi were plugged by masses, I suppose of inspissated secretion and altered membrane, corresponding in color and consistence to soft Russian toffy (whatever that may be)." It is unnecessary to quote the doctor's remarks further than to say he considers the case to have been one of diphtheria; but they are interesting and the report is a valuable addition to the literature of the discussion as to the unity or duality of croup and diphtheria.

DISPOSAL OF THE DEAD.—A discussion on the above subject at the meeting of the British Medical Association, is of special interest because it is led by Sir Spencer Wells. The *Brit. Med. Jour.* for Sept. 19th, publishes the discussion. After reviewing the advance cremation has made in popular favor, since his first advocacy of it in 1880, or more especially since 1884, Sir Spencer goes on to show that the efforts to abolish zymotic diseases are frustrated by the earth burial of the victims of scarlatina, diphtheria, etc. Quoting Darwin and Pasteur, he emphasized the probability of earth worms being the means by which the contagion is brought from the buried body to the surface. Indeed, Pasteur's observations would seem to be conclusive on this point, as he found germs in the mould over graves of diseased cattle. He also quotes Mr. Wheelhouse as authority for the report of a case where the germs of scarlatina developed after having been buried thirty years. Other illustrations are given all going to show that whether a body be buried in a coffin or in a basket, or a linen cloth, the danger is very much the same. Sir William Moore in discussion, said that he had compared the Christian burial, the Mohammedan burial, which was shallow in comparison, the Hindoo burning, and the Pharisee method of exposing bodies to be eaten by vultures, and that he had come to the conclusion that the Christian method was the most objectionable. He supplemented Sir Spencer's example by recounting a case occurring in Southern India, where the turning up of an old cholera burying ground was immediately followed by the appearance of cholera among the workmen. Also another instance. In making a railway, the workmen tapped a spring of very clear water. Many who drank this developed cholera, and investigation showed that an old cholera burying ground existed in the immediate locality. Still another illustration was the immediate outbreak of small-pox among the workmen who opened a small-pox burying ground 150 years old, in Quebec.

Dr. Parsons believed that there was danger in over-statements, and that while he would not discourage cremation, he believed that the evils quoted were due largely to faulty situations and defects of management of burial grounds. Mr. Ernest Hart said much in favor of cremation, and described the crematoria in Tokyo, in Japan, where an average of thirty bodies are separately cremated every evening. The body was taken to the temple where the service was read, and after usual ceremonies, was removed to the crematorium. The remains, after a portion of the ashes had been reserved for the family, were then taken back to the temple where they were interred by the priest. Public favor was entirely on the side of cremation in Japan. Mr. Blake thought that any method of boiling or burning the bodies would be a reform. He believed that deep burial in lime would not dispose of anthrax germs. Finally, Sir Spencer Wells in closing the discussion, presented the following resolution: "That this meeting disapproves the present custom of burying the dead, and desires to substitute some mode which shall rapidly resolve the body into its component elements, by a process which

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cannot offend the living, and shall render the remains perfectly innocuous. Until some better method is devised, the meeting approves that usually known as cremation, and would encourage public bodies in obtaining power to erect crematoria out of public funds."

DERMATOL.—Liebrecht recommends *dermatol*, which is a basic gallate of bismuth as a substitute for iodoform. It is a "dry antiseptic," insoluble and odorless. Also non-poisonous, non-irritating and an astringent. It diminishes secretions and is applicable to both fresh and granulating wounds. *Dermatol* has been used in diseases of the eye and ear, but will be particularly useful in gynæcological practice and in diseases of the skin.—*Centralblatt*, No. 35, 1891. W. F. H.

LAPAROTOMY UNDER COMBINED ETHER AND COCAINE ANÆSTHESIA.—Three months ago, Schleich, of Berlin, reported (*Deutsche med. Zeitung*, 1891, No. 44) that he had successfully and painlessly performed operations of some magnitude, such as resections of bones, amputations of fingers, radical operation for buboes and carbuncles, herniotomy, and removed deeply seated tumors, under anæsthesia produced by the local employment of ether and cocaine. Encouraged by these successes, he believed that his method could be employed in major operations, and on July 29th, performed the first laparotomy under this form of anæsthesia. This was quickly followed by two other abdominal sections, the anæsthetic being sufficient for every requirement in each case. The following, the details of the first laparotomy, illustrates the practical application of Schleich's method. The patient, a woman, æt. twenty-six, had a pelvic growth, which had been diagnosed as a cystic adenoma of the left ovary, and an operation for its removal had been decided upon. In a case of this magnitude it was deemed advisable to commence the anæsthesia by giving the patient a few inhalations of chloroform to quiet the attendant nervousness and divert her attention. This was not carried either to the point of abolition of reflexes or loss of consciousness. The usual preparations having been completed the face is covered and the abdomen exposed. The field of operation on the abdomen is lightly sprayed for three-quarters of a minute with a mixture of *ether sulph.* 1 part, and *ether petrol.* 4 parts, from a Richardson spray. A 0.75 per cent. solution of *cocaine* having been prepared with sterilized water, one and one-half syringefuls are inserted by right injections along the line of the proposed incision which is eight cm. in length. The skin and subcutaneous tissue are divided to the linea alba, into which one syringeful of the solution by six insertions are injected. The abdominal cavity is now opened and the tumor broken away from adhesions and brought into view. During this time the patient is occasionally questioned and returns intelligent responses. At no time during the operation did she give any evidence of pain or discomfort. One syringeful of the cocaine solution is injected into the pedicle of the tumor and the operation concluded in the usual way. No disturbance of pulse or respiration was noticed and afterwards the patient suffered little if any from the immediate effects of the operation. Her recovery was uneventful. Schleich believes his method to be equally efficacious in producing loss of sensation as by anæsthesia ordinarily induced without the disagreeable symptoms and dangers of the latter. As yet no conditions have been noted which would contra-indicate the employment of the local ether-cocaine anæsthesia. In the case reported, three syringefuls of a 0.75 per cent. solution of cocaine, representing 0.0225 gme. cocaine mur., were employed. The ether spray is to be frequently used not to freeze the parts, but to be moved about over the entire field of operation. This probably intensifies the action of the

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cocaine by preventing its diffusion. The preliminary use of chloroform is only necessary in capital operations. The other cases operated on in this manner were equally successful.—*Berlin. klin. Wochenschrift*, 1891, No. 34. W. F. H.

LINEAR ELECTROLYSIS IN URETHRAL STRICTURE.—For dilatation of urethral strictures, Fort employs an instrument modelled after the well-known Maisoneuve urethrotome which, instead of a knife, carries a dull platinum blade. A wire running through the instrument connects the blade with the negative pole of Gaiffe battery of ten elements. The instrument is introduced into the urethra, the platinum blade comes in contact with the stricture, and the positive electrode of the battery is placed over the patella. The current is kept on one to three minutes, after which the stricture will be found to be dilated so as to admit a No 18x or 19x bougie. There is little or no pain attendant upon this procedure, and hæmorrhage and urethral fever are very rare complications. —*Centralblatt f. Chirurgie*, No. 32, 1891. W. F. H.

NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THERE are in Russia 12,521 physicians, 409 of whom are women.

THERE are nine medical schools in Mexico the course of study in each being six years.

THE Common Council of Cincinnati has adopted an ordinance making public exhibitions of hypnotism misdemeanors.

SIR ANDREW CLARK, of London, once said, "I worked twelve years for bread, twelve for butter and twelve more for the luxuries of life."

MINNEAPOLIS HOSPITAL.—The demands on the Homœopathic Hospital at Minneapolis are so great that arrangements have been made for the construction of a new building. When this is completed the main hospital will be used as a surgical department.

CONNECTICUT MEDICAL LAW.—Both schools of medicine have agreed upon a bill to present to the legislature when it meets in November. If the bill becomes a law every physician will be obliged to obtain a certificate of registration before he can have the right to practice, and every doctor beginning practice will be obliged to pass a satisfactory examination before a committee appointed by the State Board of Health in order to obtain the certificate. All other physicians must file sworn statements with the Secretary of the State Board of Health before the certificate will be granted.

ASSOCIATION OF SURGEONS OF THE HOMŒOPATHIC SCHOOL.—An important step was taken by the surgeons present at the meeting of the New York State Homœopathic Society at Buffalo. It was decided to organize a society to be known as "The National Association of Surgeons of the Homœopathic School." Dr. W. Tod Helmuth was elected chairman and Dr. J. M. Lee, Secretary. Drs. M. O. Terry, J. M. Terry and H. C. Frost were chosen to draft by-laws. Profs. Helmuth, Biggar and Snyder were elected Advisory Committee, and instructed to report at the next meeting of the American Institute of Homœopathy at Washington, June, 1892.

IN MEMORIAM.—At the first monthly meeting of the Alumni Association of the New York Medical College and Hospital for Women, held October 20, 1891, the following resolutions were adopted: Whereas, It

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has pleased God to remove from us Dr. Samuel Lilienthal, who for twenty years was Professor in the New York Medical College and Hospital for Women; Resolved, That by the death of Dr. Lilienthal we have lost a wise counselor, a reliable friend, a sincere advocate of women in the medical profession, and one whose life was full of charity and good works among the sick and suffering; Resolved, That as a professor he was broad-minded while conservative, thorough and scientific; Resolved, That as a physician he always practiced and lived up to the highest standard of homœopathy, calling himself "an humble disciple of the great Hahnemann;" Resolved, That as a scientist our school has lost an untiring student and teacher, and as a writer our medical literature has lost its best translator and leader; Resolved, That we, his former pupils, deeply deplore his loss; Resolved, That these resolutions be entered upon the minutes of the association and a copy sent to the family and to the medical journals. Committee, Julia E. Bradner, M.D., Harriet C. Keatinge, M.D., Elizabeth Clarke, M.D., M. Belle Brown, M.D.

IN MEMORIAM.—Entered into rest October 21, 1891, Dr. Fannie M. Day. It would be difficult to write of Dr. Day other than a warm and loving tribute. She was a women of refined tastes, possessing a strong mind, pure, unselfish and true to every principle of honesty and integrity. While in much of her life she was physically afflicted she was unfaltering in every duty, endearing herself to the people of Newark where she had a large practice, not only as a physician, but as a Christian woman. No one loved the study and practice of medicine more than she did. She spared neither money, time, talents nor influence to benefit her patients or advance homœopathy. She was a true disciple of Hahnemann. While we offer this tribute to her memory which by those who knew her will be cherished with tender regard, we tearfully and lovingly resign her to His keeping "who doeth all things well." To her family we tender our sincerest sympathy.

MINNEAPOLIS MEDICAL SOCIETY.—For over a year the homœopathic physicians of Minneapolis have been practically without any organization. In October, however, they decided to mend their ways and assembling together proceeded to formally disband the old association and then formed a new one which is to be known as the "Minneapolis Homœopathic Medical Society." The officers elect are: President, Dr. George F. Roberts; Vice-President, Dr. Adele S. Hutchinson; Secretary and Treasurer, Dr. H. C. Aldrich; Censors, Drs. D. W. Horning, Asa S. Wilcox and H. W. Brazie. Meetings will be held semi-monthly.

THE STATE MEDICAL EXAMINERS.—The Questions Board of the New York State Board of Medical Examiners held a meeting October 8, 1891, in the Regents' room of the State capital at Albany. Those present were Dr. Wetmore, Dr. Searle, Dr. Fowler, Dr. Moore, Dr. Lewi and Dr. Watkins. Dr. Tuttle was unavoidably absent. Dr. Wetmore was elected Chairman and Dr. Lewi Secretary. The committee immediately proceeded to revise and arrange the questions submitted. This work being completed, it was moved by Dr. Searle that within a month four complete sets of questions be sent by each of the three sub-committees to the Secretary of the Board of Regents on the subject of therapeutics, including practice and materia medica. It was moved by Dr. Moore that previous to presenting the sets of examination papers, Dr. Lewi be requested to edit, arrange in logical sequence and revise all questions to be submitted at the licentiate examination. Both these motions were carried. The Questions Board is made up by each of the three State boards of medical examiners appointing two members from its separate board.

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THE DAILY MEDICAL NEWS.—This is the title of a paper published in Philadelphia which proposes to set before the physicians daily a condensed summary of all medical news. It will deserve success if it succeeds.

ARBITRATION TRIED.—It is a new thing in the history of malpractice suits, to record that a case was submitted to arbitration and that three physicians were chosen to act as a board of arbiters. Yet this method of settlement was tried in Chicago recently and succeeded admirably. A large amount of testimony was heard, the case occupying an entire week. The board found the case had been properly diagnosed and treated by the attending physician, and the plaintiff lost his suit. People who want to bring malpractice suits should be obliged to settle them in this manner or else give bonds for the costs if defendant wins the case.

APOSTOLIC SUCCESSION.—Our allopathic friends must be in desperate straits when they publish such delightfully irrelevant idiocy as that expressed by the following taken from *The Compass:* On page 7 of a report of a special committee of the Allopathic Medical Society of the District of Columbia, "Upon the Claims of Homœopaths and other Irregular Practitioners for Professional Recognition in the Medical Service of the United States Government," etc., are the words: "The power of our profession over the entire public rests not on jealousy and illiberality, nor on numbers, but on a consciousness in that public that we represent the progress of medicine from apostolic times in continuous succession from which all smaller shoots of practitioners are off-shoots fostered by ambition or vanity and continued by obliquity of intellect or sordid self-interest." A committee capable of bringing forth such a report should be at once added to the editorial staff of the *Medical News.* That somewhat hysterical journal would then become the heavy humorous paper of the country. It would not, however, ever become aware of the fact itself.

A NEW SOCIETY.—A meeting was held at Dr. Deschere's office last month for the purpose of organizing a special society for the study of diseases of children. It was decided to name the organization "The New York Pædological Society" (Homœopathic). The general plan is to have monthly meetings when a short paper, not exceeding fifteen minutes in length, will be read and discussion will follow. A prominent place will be given to "Discussion of Cases." Among those present were Drs. Carleton, Cornell, Roberts, Garrison, Vernooy and Porter.

THE EXTRAVAGANCE OF HOSPITALS.—The administration of modern hospitals is not disposed towards economy, if we may credit the figures given in an exchange. It appears that one London hospital spends $600 for each bed maintained during the year, of which not more than $84 reached the patient in the bed, the rest being taken up by salaries and indirect charges. Another hospital expends yearly cost per bed of $595, of which $155 benefited the patient directly. In the one case it cost $78 out of $100 to carry $22 to the patient; in the other $58 of $100 to carry $42. One of our New York hospitals in appealing for help, indirectly states that the cost of beds is over $500 per year. How much goes to the patient is not shown. Evidently there is a great chance for reform in these hospitals.

FRAUDULENT DIPLOMAS.—Some of the Western States are troubled with would-be practitioners who possess bogus medical diplomas. These counterfeit parchments purport to be issued by the University of Victoria, Montreal.

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ORIGINAL ARTICLES IN MEDICINE.

MORBID FEARS AND IMPERATIVE CONCEPTIONS—THEIR HOMŒOPATHIC TREATMENT.*

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OF the many abnormal conditions of the human intellectual and emotional nature, none are more puzzling to the general practitioner and at times more trying to the family of the sufferer than those known as morbid fears and the often associated and closely related imperative conceptions.

The term morbid fear expresses but dimly the actual experience of the individual under it; it is a nameless terror or dread that, as it were, takes possession of him when he attempts some action that can be done without annoyance by a person not so affected. The terror is often so great, so intense, that the victim loses control of his limbs, breaks out into a sweat, has severe palpitation and often vertigo. The occasions in which the morbid terror appears vary in different individuals, and according to the special cause a special name may be assigned to each manifestation. The most common of the morbid fears is agoraphobia, or fear of open spaces. In this form the patient cannot enter a large open space, such as a public square, especially if empty of human beings, without being at once seized by the state of terror referred to, and in some instances cannot even cross a street unaided. The association of another person, in some cases, will keep the morbid feeling away, in others the sufferer may get enough relief to continue

* Read before the N. Y. State Homœopathic Medical Society, Sept. 1891.

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his walk if he clings closely to the houses or if he follows closely a wagon, and in one case herein reported there was partial relief by keeping the head covered.

Another variety of the trouble is known as claustrophobia or clithrophobia. In this the patient cannot remain in a closed room without experiencing the terror.

Still another is the occurrence of the dreadful sensations when the patient is in a crowd, so that a gathering of people on the street or in a public hall or church is equally inimical. To this form the term koinoniphobia has been applied. An interesting case of this kind is reported below.

Fear when alone is not an uncommon form. It is a higher degree of agoraphobia (Kraepelin). For this the word eremophobia would serve as a designation, but it is misleading to attempt to give a name to each of the possible manifestations of morbid fear. The well-known word anthropophobia has been long used to express a misanthropic dread of men, and is also used to express fear or dread of men as an inexplicable terror; koinoniphobia means fear when in society or gatherings of people; amaxophobia has been applied to the fear occurring when driving in a wagon. The more common fears being under suitable terms all that is necessary in the way of bestowing names has been done. In fact, in many cases the morbid fear manifests itself in a number of circumstances, and then the title of the most prominent mode of appearance of the fear may serve to designate the whole condition. At times, however, the conditions in which fear occurs in an individual are so many that we might well employ the word pantophobia, meaning fearful of all, as designating the state, more especially as a recent writer in *Wiener medicinische Wochenschrift* has erroneously used the word pathophobia to express the idea of morbid fear as such; the correct word for this would be phobopathy, or the "fear disease."

The form known as mysophobia, or dread of defilement, is not, according to my view, to be classed with the morbid fears, since it is not so much an unaccountable horror that seizes the patient upon touching anything that may have upon it some defilement or infection, but rather an intensely disagreeable feeling at running the risk of defilement. This, I think, is a transition-form between the morbid fears proper and the imperative conceptions.

In the latter the patient has, first and predominant, a notion, imperative in its character, that if he does or omits to do, something as the case may be, he experiences a feeling that some calamity is im-

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pending over him, or it is a fear that he has done some ordinary duty in a faulty or incomplete manner. If the former, he must walk in a certain way or direction, or only along the joints of the pavement or else must avoid them, or he must touch certain objects on his way, etc.; if the latter, he is not sure that he has directed a letter correctly, or that he has signed it, or that he has locked a door properly, and consequently he does, over and over, the thing that has been already done and suffers increasing torment from yielding to this form of mental weakness.

One form, which I include in the imperative conceptions, is that of the "counting impulse." Of this I have seen two cases, and in both life had become a torment, as every thing had to be done over and over until the right number of times was reached, but I have been unable to elicit from either of the patients just what made the right number or how she knew when it was right.

Dressing in the morning took hours, and going to bed at night was so delayed that in one case sleep was materially shortened. In one case there was also the condition mentioned in an analogous instance by Kraepelin, where the patient was impelled to count everything, the words in a speech, the letters in a poem, etc., but in my case the patient would count the number of visitors, the number of words they spoke, etc., and was in distress lest the number would not "come out right," and at the end of the day was in additional distress because it had not, and as a matter of fact it usually did not.

Meynert reports a case in which this feature was present in some degree: "Any action that was begun, such as driving a nail, could not be completed without the aid of a verbal artifice, by repeating several times, 'one, two, three; now it is done.'"

The states in which the patient fears or dreads that he will do or not do certain actions, and thus bring upon himself or others some injury, have received the general term autophobia. Meynert says that in the lightest form the patient opens a letter repeatedly to see whether it has been properly written; after leaving home he returns worried lest he has not locked the door. A peasant, æt. twenty-three, who had for years suffered from headache, pressure on the head, and sense of constriction in the chest, was in fear at the sight of a loaded wagon, lest he would throw himself before the horses, or at the sight of a stone in the road lest he would kill some one with it, or in bed at night would be seized with the idea of shooting his father, or when on a bridge that he would throw a child into the river, or during a sermon that he would interrupt the preacher. He was tormented

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mentally by the consideration of his parent's suffering in dying, or the preacher's consternation at the interruption, and of other consequences of the entirely supposititious actions."

"Another case, æt. forty-two, had, since his twenty-first year, attacks of fear that when anything was lost he would be charged with its theft. These thoughts extended so that soon he could not read the account of a murder in the newspaper without fearing that he would fall under suspicion and then was added an imperative notion that he must identify himself with the real criminal. Latterly the attacks had increased so that he could not see a knife without fearing that he would use it criminally, or a needle, that he would stick it into a loaf of bread and so injure some one who should swallow it." Case VII., given below, has these and many more similar symptoms.

Concerning the etiology of these affections, even a novice will say that they depend upon a weakening of the central nervous system, and it is admitted by all experienced observers that such is the case. But a distinction has been made which it is worth while to consider. In the simple phobias, the state is purely an emotional one, a nameless terror, and intellectual dread, if present, is only in anticipation of a repetition of the experience. In the imperative conceptions the process is purely in the intellectual sphere and the abnormal state of feeling results therefrom.

In the first form we have to deal with a neurotic individual having well-marked neurasthenia, or it may be hysteria, most commonly acquired through the habits or environment of the individual. In the second form, which is much graver, we shall find the neurotic state, but this as the result of heredity plus habits and environment.

As a matter of fact, it is now admitted that the first form is often curable and generally amenable in a very marked degree to treatment, while the second is not considered curable nor even susceptible of more than partial amelioration.

In separating as distinctly as I have done the morbid fears or phobias, I have followed what appears to me, from such experience as I have had with both forms, actual clinical differences. I am aware, however, that Meynert, Krafft-Ebing, Schule and most observers include the morbid fears in the imperative conceptions, but without venturing to assail the conclusions of such authorities it seems to me that there are cases in which the terror, sense of impending evil, or anxiety overwhelm primarily the sufferer's powers psychical and physical, and only secondarily educe a formal conception or intellectual act in the higher sense. That the two states of morbid fear and im-

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perative conceptions do often co-exist is a matter of daily knowledge, and I look upon mysophobia as an instance of such combination.

Westphal has called the imperative conception an abortive paranoia, and another writer has said it is a rudimentary delusion. Following analogy, it seems to me that a pure phobia might be termed a temporary outbreak of the anxiety of melancholia.

Ziehen, of Jena, in Part I., Supplement to Eulenburg's Real-Encyclopædie, p. 34, shows that there are two forms of agoraphobia, one the pure form, in Westphal's sense, in which the feeling of dread, or anxiety, is entirely primary, appearing immediately upon or after certain visual perceptions (such as that of an open space) and wholly independent of any idea or notion whatever. In this pure form of agoraphobia ideas or conceptions occur only secondarily.

Kraepelin treats of the morbid fears as manifestations independent of imperative conceptions.

Further discussion of this point would lead us away from the purpose of this paper.

The future of these cases is largely dependent upon the degree in which the nervous system has been injuriously affected by the influence of heredity. The cases that are subjects of acquired neurasthenia may develop a tendency to morbid impulses, and even a typical agoraphobia has been the forerunner of dementia paralytica. The danger of subsequent insanity is greater where imperative conceptions exist. Kraepelin says that imperative conceptions are often the beginning of a real psychosis. In any case the existence of the psychically degenerative state offers a more fruitful ground for the outbreak of real mental impairment.

The treatment by medicines is not easy; yet a study of the annexed repertory will show that we have many remedies which, in the provings, have produced very similar and in some instances even identical symptoms. But the choice of a remedy must be made from all the symptoms of the patient, and the accompanying list will serve its purpose best to confirm by its special symptoms the choice of a drug already made from other rubrics of a general repertory.

The following cases are reported as contributions to the literature of the subjects and as illustrations of the principle just stated, viz., that where these troubles are the outcome of neurotic heredity very little relief is to be expected from medicinal treatment, the most valuable results being obtained from a radical change in the patient's mode of life. On the other hand, in those cases in which the underlying neurotic state has resulted from the patient's habits or environment,

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from traumatic influences, shock, etc., we may reasonably expect a cure by suitable homœopathic medication.

CASE I.—Mr. T., Jan., 1888, æt. twenty-four. On coming to an open space such as a public square or the intersection of streets, has a dreadful feeling come over him, and feels as if he would have a convulsion if he does not get under cover. His business requires a trip across the Atlantic, but not even the safety of his property could induce him to make the trip. Covering his head relieves certain associated sensory disturbances; this he thinks is due to the pressure rather than to the knowledge of being covered or to the warmth. Also has dread in a crowd and in looking up at a tall object, such as a church steeple. When on a high elevation is overcome by the fear that he might throw himself down.

The beginning of his trouble dates back thirteen years, when at a "funny" lecture an "uncanny" feeling came over him. Parents are both "nervous." Has nocturnal emissions two or three times a week; this has existed for twelve or thirteen years. He is tall, well built; feels strong; has been an athlete; does not drink, uses very little tobacco. Sleep is light and dreamful. Appetite good. Bowels in good order.

He thinks there is some weakness in limbs of right side with a sense of stiffness in right leg when walking; neither, however, can be shown objectively. Face feels to him as if drawn to the right, but nothing of the kind is apparent upon examination. This feeling was relieved by putting on his hat. Knee-jerks increased; slight ankle clonus; tremor of tongue; pupils react to light and in accommodation, pupillary reflex from neck good. On going to sleep has the feeling of falling from a height and wakes with the "stop." Is conscious of the beginning of morbid imperative impulses to do different things. Is readily affected by wine, two or three glasses making him talkative and slightly dizzy, and flushing his face.

This case came to me from Canada, and I saw him only at very long intervals. The influence of heredity and the absence of any of the commoner causes of neurasthenia made the prognosis of cure extremely doubtful. The peculiar sensory disturbances were a trying complication. He experienced considerable relief from them under the use of *dioscorea*, while *argentum nitricum* lessened considerably the morbid fears. After several prescriptions, with the partial success mentioned, I advised the use of electricity and have not heard from him since. The case was one of marked agoraphobia with sensory complications.

CASE II.—Mrs. G., Oct., 1890, æt. thirty-four. Her father had headaches and suffered from neuralgia. Her trouble began some eighteen months ago when she had a bad fright and within a day or two had dizziness. Now has a dreadful feeling if she has to leave her house; cannot do the ordinary shopping for her house, and comes to the doctor only under escort of her husband. The excitement produced by having to go to the physician causes diarrhœa, and on arriving she

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is almost fainting and complains of palpitation. Is afraid to be alone, even in her own apartments; a general sense of fear which she cannot explain, comes over her towards evening. Has tremor of hands and tongue and frequent globus hystericus. Gets low spirited, chiefly, however, from recognizing that the trouble has interfered with her usefulness. Is conscious all the time of being hurried. Left knee-jerk exaggerated; pupils equal and react.

The influence of heredity in this case cannot be excluded. Ordinary neurasthenic symptoms are not present, but the hysterical manifestation slight, as it is (globus), shows the character of the underlying neurosis. She has improved greatly under the use of *argentum nit.* and *aurum met. Gelsemium* had no influence, although it was indicated by the occurrence of diarrhœa from mental or emotional states. *Lilium tig.* did no better. Many other remedies were tried without any real effect except the two first mentioned.

The case must be classed as agoraphobia.

Case III.—Miss B., July, 1891, æt. twenty. Mother has headaches, one-sided. Father died of pneumonia, but is said to have been "nervous." Her trouble has existed for five years. On attempting to do anything has to do it over many times before it comes "right." Must count everthing she does, even her steps in walking. Says she has no fear, but cannot go out on account of the trouble in getting ready by reason of the need to repeat many times every step in preparation. Imagines that something will happen if she does not "count." Has always been "nervous;" as a child would lie awake at night in bed and worry. Cries while telling her symptoms. Denies masturbation. Lately has noticed that something rises in her throat (globus). Menses regular but painful. Is constipated, evacuation occuring only once a week. Appetite good. Sleeps well but feels bad in the morning on waking.

The heredity is shown by the existence of imperative conceptions and morbid fears in two cousins on the father's side. One of these, a girl, has possibly mysophobia, for when her clothing is returned by the laundress it must not be touched by any one except herself; in such case she sends it back to be relaundered. She also, so my patient's mother informs me, "dedicates" different articles of clothing to the devil, whether as imperative conception or actual delusion I have not been able to find out.

An uncle of the patient, her father's brother, is said to be "queer," refuses to go to his office except under certain conditions, etc.

With heredity so strongly marked I have but little hope of relieving this patient by medicines. The family is well-to-do and the girl leads a life of idleness and worry. I have advised the mother to make the girl do hard work for several hours a day, but as the mother is a weak, nervous individual, she is unable to carry out any such suggestion. The case has been under treatment too short a time to admit of estimating the effect of medicines given. At present time, four weeks since she was first seen, there is no apparent change in her state. The

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hysterical manifestation, the constipation and menstrual trouble will serve as guides in the selection of remedies.

The case is one of imperative conceptions.

CASE IV.—Mrs. M., May, 1891, æt. thirty-five. Was in a runaway some years ago; was dragged for a considerable distance and dreadfully bruised. In two months began to be nervous, and in sixteen months had melancholia with tendency to suicide. She was two years in this state, when it passed away in great part and she was pretty well till July, 1890. Now, if in a crowded place, an unspeakable terror comes over her, gets dizzy, and if not removed, faints. The ground seems as if unsteady, she feels as if she were sinking and there comes on a "jerking" of right upper arm. During the attacks she feels as if a moisture was springing through all the pores, feels a "panic through the nerves," with a sense of terror and overpowering depression, feels as if going to faint and staggers if she attempts to walk. A person blocking up the open doorway of a room in which she is, is sufficient to arouse her bad feelings.

Errors in diet will bring on feeling of apprehension with a sense of weakness in the neck so that she is unable to hold her head up. Has headaches every seven days, chiefly about right eye. Slight tremor of hands, knee-jerks normal, pupils equal and react.

In this case the entire absence of neurotic heredity, as well as the direct causation, (trauma) of her long chain of nervous ills led me to give a very favorable prognosis. As the patient lives in one of the Southern states and has no homœopathic physician within reach I had to trust her with the remedies. I gave *arnica* in the beginning with *gratiola, physostigma, argent. nit.* and *strophanthus*, to be used according to their indications. Under date of July 11, 1891, she wrote: "The horror that possessed me as I waked from sleep and the intangible dread of something awful about to happen have all disappeared. I sleep and wake with the calmness of a child. My headaches are less both in frequency and severity. . . . *Physostigma* met a very large part of my trouble, and later on, when I tried the *gratiola*, I was sure that they were the only two remedies I should need, but for a few days before and for a week after my periods, my nerves are in an uproar, though far less than they have been for a year past. Then a crowded church, an assembly of any sort, brings on some of the old condition, but even then not as bad as formerly."

The remarkable improvement in this case shows the freedom of the patient's nervous system from any degenerated inherited condition. In a letter dated Sept. 7, 1891, she writes concerning another matter, and, presumably, has not been bothered by her former fears as she does not mention them.

The case was one of koinonophobia, the outcome of a traumatic neurosis.

CASE V.—Mr. C., Jan., 1890, æt. forty-six. His trouble has lasted for five years. Six years ago had a bad attack of piles. Operation. Ever since his nervous system has been "upset." Has fear of traveling, cannot go to business unless accompanied by some one, because

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he cannot ride in the cars. Has had indigestion for years. Has a regular "hysterical" attack occasionally; had one two weeks ago. Takes several "drinks" a day. Complains of pains in head, in lower back and between the shoulders; sense of pressure in head, frontal region. Tremor of tongue and hands. Tongue deviates to left and the mouth to right. Power in left arm and leg distinctly weaker than right. Pupils equal and react. Knee-jerks present but weak. No difficulty in walking.

Here no history of neurotic antecedents could be obtained, but his habits as a mild yet constant drinker, his indigestion, business worries, etc., probably developed the neurasthenic state. But that there has been some slight cerebral lesion is distinctly shown; it may, however, have occurred in childhood or infancy.

This patient improved after a few weeks so that he was able to go to business unaccompanied. He felt himself so much better that he ceased coming to me for several months, and then returned, as a slight recurrence of his morbid fear had followed an attack of influenza.

Argentum nitricum was his remedy, and if it could have been continued under medical restrictions as to repetition I believe he would have been relieved of the only remaining part of his trouble, that is, an unwillingness or fear to cross the rivers surrounding New York.

His case must be classed as agoraphobia, since the unwillingness of going out alone was so marked, yet the special feature, terror, etc., on riding in the cars might make the term amaxaphobia more applicable. The difficulty of getting an exactly fitting word for each case is well shown in this instance.

Case VI.—Miss V., Oct., 1888, æt. twenty. Of marked nervous heredity; father a "crank," (afterwards went insane and was placed in an asylum); mother suffers from one-sided headaches. Patient stated to be a victim of masturbation; one prominent allopathic physician wanted to remove ovaries on this account. Patient refuses to go out of the house; sits in her room and cries, or says she is going crazy. When finally forced to go out gets in a state of terror, and, leaving her attendant, runs home after having gone a short distance. At home is continually counting everything that she herself does or that is done in her presence. Says she has to do it to get the numbers "right;" they do not "come right" and then she feels as if wild, as if going insane; at other times says she feels as if everything is unreal, as if she is in a dream, as if her head is empty.

Feels that "these things" will overpower her.

Patient has many symptoms of neurasthenia; spinal tenderness and occipital fulness and soreness; vaso-motor system involved, feet cold and then hot within a few minutes.

Slight tremor of tongue and hands. Pupils equal and react. Knee-jerks not exaggerated. Menses too early and profuse, with severe pain in left ovarian region. Appetite poor; constipation. No bladder difficulty.

Under treatment her physical state improved, digestion and sleep became nearly normal; no one remedy or set of remedies was of

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special value, and those given were chosen from the whole complex of symptoms.

Some of her symptoms seemed to me absolute lies, and assumed in order to wear upon the sympathies of her mother. From these and similar observations I came to the conclusion that she would only be cured through some change in her mode of life that would compel her to do physical work. Her parents being in good circumstances, this seemed out of the question. In the early summer she went with mother and nurse to a watering place, and once during the summer the nurse called upon me for some medicine for the girl, stating that she was then about the same as before. At the close of the summer, not hearing from her, I supposed that they had gone to some other physician. To my surprise, in the following winter her mother called on me, and on my asking after the patient told me that she was well. Of course I asked what had cured her, and the reply was, "Your words came true. You said if she had to go to work she would get well." The father had become insane, was then in an asylum, mother and daughter with their reduced means had to live in a small flat, and not being able to keep a servant the daughter had to do all the housework. All her troubles had vanished except the menstrual difficulty.

In this case the underlying psychically degenerate state was the bar to successful medical treatment of the abnormal mental condition. The neurotic condition existing, the indigestion, the constipation, were all removed by the treatment, but the imperative conceptions and the torment and anguish resulting from them were not affected in the least. The girl was well when I last heard of her, but any considerable mental strain or shock may throw her back into the old state or may advance her a step forward in the abnormal condition and give rise to some form of insanity.

Case VII.—Miss C., Jan., 1891, æt. thirty-five. Neurotic heredity. Father neurasthenic, mother suffers from neuralgic headaches. Patient is ambitious and intellectual. Has suffered from her present trouble for some years. Has hypochondriacal notions that her uterus is displaced and that her pericardium is adherent to left lung. The latter statement was made to her by her physician some years ago, but the former, although very likely correct at some previous time, is, I am assured by the physician, a prominent gynæcologist, who referred the patient to me, not so at present.

The condition is autophobia in its widest sense. The patient, after getting ready for bed, will spend from one to two hours hunting under her bed for a burning match, which she fancies that she may have thrown there. Her eyes ache from the strain of looking, with head in the necessarily dependent position.

After the family are ready to retire, the father has to go over the whole house and report to her his solemn assurance that he has examined every gas-cock and has found it properly turned off. Further, after she has finally decided to go to bed, one of the parents must lock her door from the outside lest she should get up in the night and wander out and do some mischief to herself or others.

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She refuses to make visits lest she should displace or even carry away some article from the house visited; she will not go to a physician's office lest she should "mix up" in some way his medicines and so cause injury to someone else.

Not only is she afraid lest she might do some injury in the future, but after having been in circumstances where she might have done something of this kind she worries herself sick, feeling that she must have perpetrated such injurious act.

More than once, on my visits to her, I have had to assure her, in reply to her expressed fears, that she had not removed some vials from my medicine case. Once, during the present Spring, while walking in front of a building undergoing alteration she noticed the tools of a workman lying in a barrow. She had not gone half a block berore she felt that she might have taken one or more of the tools and thrown them away or into a barrel standing near by. The conviction that she must have done something of the kind and the knowledge that it would work injury to the owner, made her, after long hesitation, turn back to assure herself of the facts in the case.

The most *bizarre* of all her notions is one that prevents her spending the summer at a resort near which grass grows. She says that if at any time she were sitting on the grass she might stick a pin into a blade of grass and that when the hay is made from that grass the pin would stick in the throat of some horse and injure him. Attempts on the part of the parents to rebel against the slavery imposed on them by the existing state of affairs have only led to hysterical or semi-maniacal out-breaks.

She has many neurasthenic symptoms, is sleepless, complains of stiffness in occiput, has tender spots along spine; becomes either excited or exhausted by conversation.

Treatment has helped in some degree the ordinary somatic symptoms of her neurasthenia, but has had no influence upon the morbid fears and notions. Here, as in Case VI., I am satisfied that if the patient had to earn her living as a house-servant she would be well; the heredity is not so bad as in that case. Under existing circumstances I can hold out but little hope of cure. Physical exercise is, in such cases, of the highest value to the moral and physical well-being of the patient, but the difficulty in the way of enforcing it as an obligation is practically insuperable.

No remedy that I have used has been of the slightest service, except. as has been already said, in relieving some of the physical symptoms.

Case VIII.—Mr. T., June, 1891, æt. thirty-eight. Seen only in consultation. Is the head of a very large business which he directs from his room. Agoraphobia and koinoniphobia. He cannot go out into the street unless accompanied by some one; fears to go into a crowd and dreads meeting strangers. Exercise (walking) having been recommended by his attending physician he takes it accompanied by his nurse, but cannot go more than two blocks away from his home,

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else the terror becomes overpowering; he walks during the allotted time always within that limit of distance.

There is in this case no nervous heredity, but for some years he was under severe mental and emotional strain, during which he used stimulants and tobacco to excess.

Knee-jerks exaggerated; pupils equal and react. For several years, but not of late, the use of strawberries, currants, cherries or lettuce would cause the outbreak of an eruption that he termed water-blisters, on face, hands and body.

Has nervous dyspepsia; complains of pressure on top of head and a pulling back at occiput. Sleeps poorly, has cold feet at night in bed.

This case being one of acquired neurasthenia, has a better prognosis for cure of the annoying symptoms than it otherwise would have. Besides the general hygienic treatment I recommended *argent. nil.* and *physostigma.*

REPERTORY.—MORBID FEARS AND IMPERATIVE CONCEPTIONS.

Anxiety.—When in company: *acon.*, *bell.*, *lyc.*, *petr.*, *plat.*, *cad.* When alone: *dros.*, *mezer.*, *phos.*, *tabac.*, *zinc.* When alone, aggrav.: *alcoh.* In house or room: *aster.*, *bry.*, *chel.*, *k. ca.*, *mag. m.*, *rhus*, *tilia.*, *valer.* In house or room, on entering: *rhod.* In house or room, *amel.* in: *ign.* When riding: *borax*, *lach.*, *psor.* When riding down hill: *borax.* When shaving: *calad.* When speaking: *alum.*, *ambr.*, *plat.* When speaking, aggravation: *nat. c.* On attempting to talk in company: *plat.* Walking, on: *anac.*, *arg.*, *arg. n.*, *bell.*, *cina.*, *clem.*, *hepar*, *nux vom.*, *plat.*, *staph.*, *tabac.*, *ign.* Walking on, in open air, amel: *rhus.* Walking on, in open air: *anac.*, *arg. n.*, *bell.*, *cina.*, *hepar*, *nux vom.*, *plat.*, *ign.* Walking on, in cool air: *nux vom.* Warmth, afternoon, during: *gamb.* Work, during: *anac.*, *graph*, *iod.* Work, had to stop, for anxiety: *aloe.* In the open air: *acon.* In the open air, relieved: *arundo maur.*, *carlsbad.*, *grat.*, *laur.*, *mg. m.* During motion: *acon.*, *borax*, *mg. c.*, *nicc.*, *rheum.*

Fear.—Of being alone: *ars.*, *calc.*, *camph.*, *con.*, *dros.*, *elaps.*, *hyos.*, *k. ca.*, *lyc.*, *ran. b.*, *sep.*, *stram.* Of being alone lest he injure himself: *ars.*, *arg. n.* Of others approaching him: *anac.*, *arn.*, *con.*, *ign.*, *iod.*, *lyc.* Of contagion: *bov.*, *calc.* Corners, to walk past pointed: *arg. n.* Crowd, of going into a: *acon.*, *aloe.*, *am. m.*, *ars.*, *aur.*, *bar.*, *bufo.*, *calc.*, *cic.*, *con.*, *dios.*, *ferr.*, *graph.*, *hepar*, *hydr. ac.*, *k. bi.*, *k. ca.*, *led.*, *lyc.*, *nat. c.*, *nat. m.*, *phos.*, *puls.*, *rhus*, *selen.*, *stann.*, *tabac.*, *tilia.*, *gels.* Of going on a high bridge or lofty place lest he throw himself down: *arg. n.* Of public places, going into: *arn.* Dark, of the: *acon.*, *bapt.*, *calc.*, *lyc.*, *puls.*, *stram.*, *valer.* Of death, when alone: *arg. n.*, *ars.* When alone: *ars.*, *brom.*, *con.*, *dros.*, *k. ca.*, *lyc.* When alone,

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as if something would happen, relieved by conversation: *ratan.* Of impending disease, worse walking in the open air: *hepar.* Of men: *bar. ac., puls.* That he might do mischief, night on waking: *physo.* Of persons: *acon., aloe., am. m., ars., aur., bar., bar. ac., calc., cic., con., croton., cupr., dios., ferr., graph., hepar, k. bi., k. ca., led., lyc., nat. c., nat. m., phos., puls., selen., sep., stann., tabac., thuja, carbo. v.*. Of public places: *arn.* Of society: *hell., tilia.* Of solitude: *ars., asaf., bell., bism., cadm,, camph., clem., con., dros., elaps., gal. ac., hyos., k. ca., lyc., plb., sep., stram., tabac., verat.* Of solitude, in evening: *ran. b., tabac.* Of strangers: *ambra., bar. ac., caus.* Of walking: *nat. m.* Of walking across busy streets: *acon.* Lest he should be run over: *anthemis. nob., phos.* Of doing harm: *cupr.* Of committing murder: *ars., derris., sulph.* Lest he should hurt himself: *calad., cann. i.* Of disease: *ars., bor., ca. c., carbol. ac., ether, iris, janipha., k. ca., lil., macrot., na. m., phos., podo.* When driving in open air: *lach., lip., sep.* When walking in open air: *alum., bar. ac., cina., hepar.* Walking: *anac., tarant.* Walking in evening: *nux v.* In the room: *alum., carlsbad.*; aggravation of fears: *bry.* By standing: *anac.* By standing, relieved: *iod.* As if from epigastrium: *dig., mez.* Apparently proceeding from abdomen: *asar.* Apparently proceeding from the heart: *aur., lyc., meny., merc. c., mez., phos.* Following hurry: *benz. ac.* On thinking of anything disagreeable: *phos.*

Hurry.—*acon., ambr., arg. n., ars., aur., benz. ac., calc., camph., cann. i., carb. an., carb. v., cocc., con., graph., hyos., ign., k. ca., lach., laur., lil. t., merc., nat. c., nat. m., op., phos., ph. ac., puls., sep., stram., sulph., sul. ac., thuj., viol. tr.*

Counting.—"Nothing was right, too many things in the room, continually counting them": *physo.* (from a proving with third trituration).

Vertigo.—(Under special conditions that bring it into relation with the morbid fears). By passing over a stream: *ang., brom., na. m., sulph., bell., bry., bor.* By seeing flowing water: *ferr. borax.* When he sees a large open plain: *sep.* On going along a narrow path: *bar. c.* In the room: *agar., ars., bell., clem., grat., iris., mg. m., merc., mosch., mur. ac., na. c., paeon., phel., ran. b., sil., staph., stram., sul. ac., tabac.* In a room, relieved: *agar., caus., cyc., grat., kreos.* In evening, if people stepped in front of her in doorway: *physo.* On looking at a height: *cupr., plb., thuja.*

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THE HOMŒOPATHIC TREATMENT OF INCIPIENT SENILE CATARACT, WITH TABULATED RESULTS OF ONE HUNDRED CASES.

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FOR the past two or three years I have been more and more convinced that homœopathic remedies will check the progress of incipient senile cataract and prevent blindness, so that when the Chairman of this Committee requested me to contribute a paper for this meeting, I replied that I would give my experience in the treatment of commencing cataracts with remedies. My intentions, at first, were simply to use those cases coming under my own personal observation, as taken from the records of my own private patients, as well as those treated in my clinic at the New York Ophthalmic Hospital; but, finding that out of the 73 cases treated in private practice, many of them had not been under observation for a sufficient length of time to form any positive data therefrom; and as all the hospital cases had necessarily been carried through many different case records, making it a difficult matter to trace them back from year to year, I then decided to include, as being far more valuable, all the cases of incipient senile cataract, *222* in number, treated by my brother, the late Dr. Geo. S. Norton, during the last ten years of his practice. This has been very easily and accurately accomplished, because his case records, which are now in my possession, have always been kept very complete. Many of these cases are now under my treatment, and a great many of the others have been frequently seen by me during the last ten years while associated with him.

In the preparation of this paper, *every* case of commencing senile cataract has been included, and all that have been under treatment for more than three months have been tabulated in the order in which they first came for treatment. All cases of matured, or nearly matured, cataracts, and all cases of other varieties of cataract, such as congenital, traumatic, zonular, polar, etc., have been excluded. This, then, is a complete report, *without selection*, of all cases of immature senile cataract seen during a period of ten years, ending January 1, 1891.

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* Read before the Homœopathic Medical Society of the County of New York, October 8, 1891.

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The records show a total of 295 cases, of which 100 cases have been under more or less treatment for a period of three months or over, and are therefore included in the following table. Of the 195 cases not included in the table, because not under treatment for three months, many of them have undoubtedly been treated by their family physician, as oftentimes we have recommended the line of treatment in these cases to be followed out by the general practitioner.

SUMMARY.—Under the heading of treatment those were classed irregular who had been seen but a few times during the period between the first and last examination, while those classed as having received regular treatment were seen at intervals as frequently as from two to six weeks during a part of the period at least. Under the heading of remedies are given simply the principal drugs used. In some cases the remedy given was the only one used throughout the treatment, but in a great many of the cases other drugs have been given temporarily to meet other indications or conditions that have arisen, usually returning to the original remedy as soon as those indications had been relieved.

An analysis of the table shows that there was an improvement in the vision in 13 per cent. of the cases under treatment; remained the same in 42 per cent.; became slightly less in 26 per cent.; and decidedly less in 19 per cent.; thus giving 55 per cent. of successes, 26 per cent. of what may be considered favorable results, and but 19 per cent. of failure.

Further, there were 34 cases under treatment about one year; of these the vision in 5 cases was better at the last examination than when first seen; in 13 the vision was the same; in 8 slightly less, and in 8 less. Of the 20 cases under treatment about two years, the vision in 5 was better, 9 the same, 4 slightly less, and 2 less. Fourteen cases were under treatment about three years, and of these the vision was the same in 8, slightly less in 5, and less in 1. Six were seen for about four years, 1 had better vision, 1 the same, 3 slightly less, and 1 less. Eleven were seen five years after the first examination, of which 1 had better vision, 4 the same, 4 slightly less, and 2 less. Eleven examined six years later showed better vision in 1, the same in 5, slightly less in 1 and less in 4 cases. One case seen seven years later had less vision. One after eight years had the same vision, and of two seen nine years after the first examination, 1 showed the same vision and the other one slightly less.

In explanation of the classification as slightly less, I would say that only those are included under this heading, where the vision had

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No.	First Examination.	Age.	Sex.	Vision.	Last Examination.	Vision.	Treatment.	Remedy.	Remarks.
1	Apr. 27, '81.	52	F.	O D 15-100. O S 15-40.	Feb. 7, '85.	O U 15-30 d.	Reg.	Varied	Striæ in each lens, especially right.
2	May 23, '81.	72	F.	O D 15-70 d + 12 15-30. O S 15-50 d + 12 15-30.	Oct. 12, '88.	O U 15-200 d + 12 15-50.	None.	None.	No treatment, vision had failed in 7 years from 15-30 to 15-50.
3	May 26, '81.	67	F.	O D 15-50 d. O S 15-40 d.	Jan. 29, '90.	O D 2-200. O S 15-40.	Reg.	Sepia.	Somewhat similar case to No. 2, this, under treatment, 9 years later had improved slightly in the best eye and failed in the other.
4	July 2, '81.	80	F.	O U 15-100 + 14 15-30 d.	Dec. 29, '83.	O U 15-100 + 14 15-30 d.	Reg.	Caust.	Striæ in each lens.
5	Oct. 5, '81.	68	F.	O U 15-100—18 15-50 d.	Nov. 1, '83.	O U 15-100 d — 18 15-50 d.	Reg.	Caust.	
6	Nov. 22, '81.	72	M.	O D 12-200—5 15-30. O S 3-200. No improvement.	Oct. 6, '86.	O D —5 15-30 d.	Reg.	Caust.	Rheumatic.
7	Dec. 9, '81.		F.	O D 15-200—30 15-40 d. O S 15-50 d—30 15-40.	Dec. 3, '83,	O D 15-70 d—30 15-40. O S 15-50 d—30 15-30 d.	Irreg.	Caust.	Striæ and spots of haziness in each lens, especially at periphery.
8	Dec. 10, '81.	76	F.	O U 15-40. No improvement	Apr. 15, '85.	O U 15-40 d.	Irreg.	Varied.	Paresis Rectus Internus O. S.
9	May 16, '82.	70	F.	O D 15-130. No improv. O S 15-50 d + 14 15-30.	Aug. 22, '83.	O D 15-130. O S 15-40 d + 14 15-30.	Reg.	Caust. Nitric ac.	O D vision poor for years. O S opacities of vitreous. Slight haziness periphery of each lens.
10	May 17, '82.	71	F.	O D 15-40 + 48 15-40. O S 15-100 + 48 15-100.	Apr. 24, '90.	O D 15-50 + 48 15-40. O S + 3 15-40.	Reg.	Caust. Nux vom	O S cataract increased and matured. Lens extracted in '89.
11	May 19, '82.		F.	O D 15-200 + 12 15-20 d. O S 15-100 + 12 15-30.	Feb. 10, '83.	O D + 12 15-130. O S + 12 15-50 d.	Reg.	Conium.	
12	June 7, '82.	54	F.	O D 15-100 d—5 15-50. O S 6-200—5 15-50 d.	Apr. 21, '91.	O U — 5 15-70.	Reg.	Ruta. Caust. Sepia.	Macula cornea and posterior staphyloma O. U.
13	July 8, '82.		F.	O D 15-50 + 24 15-20 d. O S 15-70 + 20 15-20.	Mar. 31, '85.	O D 15-50. O S 15-100.	Irreg.	Caust.	

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14	July 19, '82.	70	F.	O D 15-40 d + 20 15-20 d. O S 15-40 d + 20 15-30 d.	Mar. 18, '88.	O U 15-40 d.	Reg.	Puls. Sulph.	Strict. Duct. Lachry. O. S.
15	Jan. 30, '83.		F.	O D 15-100 + 50 15-70 d. O S 3-200.	Nov. 20, '83.	O D 6-200. O S 3-200.	Reg.	Caust. Phos.	Haziness of lens did not seem to increase proportionately with the loss of vision
16	Mar. 17, '83.		F.	O U 15-100 + 14 15-30.	Aug. 17, '89.	O U 15-50 d.	Reg.	Nux vom Caust. Sepia.	
17	May 31, '83.	55	F.	O D 15-200—10 15-70. O S 6-200.	July 3, '89.	O D 15-200 —10 15-70.	Reg.	Caust.	Cataract matured in left eye, and lens extracted in 1885 with resulting vision of 15-20 d.
18	Aug. 7, '83.		F.	O D 15-50 + 24 15-15 d. O S 15-200.	Sept. 28, '88.	O D + 24 15-30. O S 2-200.	Reg.	Caust.	
19	Oct. 31, '83.	63	F.	O U 15-40 d + 36 15-15 d.	Jan. 17, '89.	O D 15 50 + 36 15-20. O S 15-100 + 36 15-20 d.	Irreg.	Caust.	
20	Dec. 12, '83.		F.	O D 15-100. O S 15-15 d.	Nov. 6, '89.	O D 7-200. O S 15-15 d.	Reg.	Caust. Calc. ph. Nux vom	
21	Jan. 10, '84.	60	F.	O D 6-200—9 15-30 d. O S 15-130—14 15-30 d.	Jan. 30, '89.	O U 15-100 d.	Reg.	Nux vom Pulsat. Caust.	
22	Jan. 28, '84.	64	M.	O D 15-30 d. O S 15-40 + 24 15-15 d.	Feb. 23, '85.	O D 15-200. O S 15-40 d. + 24 15-15 d.	Reg.	Silicea. Kali mur.	
23	Mar. 25, '84.		F.	O D 15-30 d. O S 15-30.	Nov. 13, '90.	O D 15-30. O S 15-40 d.	Irreg.	Sepia.	
24	Apr. 21, '84.	74	M.	O S 15-50 d.	Feb. 9, '85.	O S 15-100.	Irreg.	Caust.	Matured cataract O. D.
25	July 1, '84.	50	M.	O D 15-50 d—36 15-30 d. O S 15-15 d + 60 15-15.	May 24, '90.	O D 15-70 d. O S 15-15 d.	None.	None.	
26	Oct. 18, '84.	78	F.	O D 15-30 + 16 15-70. O S 15-30 + 16 15-30 d.	Apr. 3, '88.	O D 15-200. O S 15-200.	Reg.	Caust. Calc. ph.	
27	Oct. 23, '84.		F.	O D 1-200. O S 15-20.	Apr. 6, '89.	O S 15-20 d.	Reg.	Caust.	

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No.	First Examination.	Age.	Sex.	Vision.	Last Examination.	Vision.	Treatment.	Remedy.	Remarks.
28	Nov. 14, '84.	76	M.	O U 15-15 d.	May 18, '90.	O U 15-50.	Irreg.	Caust.	Did not commence treatment until Oct. '88, when vision was 15-30 d.
29	Dec. 5, '84.	69	F.	O U 15-50.	Sept. 29, '90.	O U 15-40 d.	Reg.	Caust.	
30	Mar. 3, '85.	73	F.	O U 15-70—40 15-40 d.	Oct. 10, '90.	O U 15-70.		Caust. Nux vom.	
31	Mar. 23, '85.	68	F.	O D 15-20 d. O S 15-30 d.	May 12, '91.	O D 15-20. O S 15-30 d.	Reg.	Caust.	
32	Apr. 16, '85.	62	F.	O D 15-50 + 20 15-15 d. O S 15-70 + 30 15-20 d.	Apr. 28, '90.	O D 15-40 d + 20 15-15 d. O S 15-70 + 30 15-40 d.	Reg.	Varied.	
33	Apr. 21, '85.		F.	O D 2-200. O S 15-50 d + 36 15-40 d.	June 21, '86.	O S + 36 15-30.	Reg.	Caust.	
34	Apr. 23, '85.		F.	O D 15-70 + 15 15-20 d. O S 15-70 + 36 15-20 d.	Sept. 9, '86.	O U 15-40 d.	Irreg.	Lach.	
35	Apr. 27, '85.	82	M.	O D 5-200—7 15-70. O S 9-200—7 15-50 d.	Apr. 7, '91.	O U—7 15-70.	Reg.	Sepia. Caust.	
36	Jan. 24, '85.		F.	O U 15-50 d + 50 15-15 d.	Nov. 21, '85.	O U + 50 15-15 d.	Reg.	Nat.mur.	
37	July 13, '85.	70	F.	O D 7-200. O S 15-70.	Aug. 17, '91.	O S 6-200.	Reg.	Caust. Sepia.	
38	Oct. 27, '85.	59	F.	O D 8-200—5 15-70. O S 6-200—6 15-70.	Nov. 2, '88.	O D — 5 5-200. O S —6 15-100.	Reg.	Calc. ph. Caust.	
39	Dec. 5, '85.	80	F.	O D 15-200 + 20 15-50 d. O S 10-200 + 20 15-50 d.	July 6, '86.	O D + 20 15-70. O S + 20 15-100.	Reg.	Con.	
40	Feb. 17, '86.	68	F.	O D 15-200—12 15-50 d. O S 12 200—8 15-50 d.	Jan. 8, '91.	O D 15-100 — 12 15-50. O S 15-200 — 12 15-100.	Reg.	Caust. Nux vom	
41	Mar. 3, '86.	66	F.	O D 15-40 d. O S 15-40 d.	Mar. 25, '91.	O D 15-30 d. O S 15-30 d.	Irreg.	Gels. Caust. Sepia.	Large striæ in periphery of each lens extending nearly to centre, which is clear. Rheumatic.
42	Apr. 8, '86.	70	F.	O D 15-30 d. O S 15-40 d.	July 2, '88.	O D 15-20 d. O S 15-50 d.	Reg.	Caust. Calc. ph.	Diffuse haziness in each lens. Rheumatic.

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43	June 4, '86.	60	F.	O D 15-200—8 15-70. O S 15-20.	Sept. 10, '91.	O S 15-20 d.	Reg.	Caust.	
44	June 12, '86.	76	M.	O D 15-40 d. O S 15-200.	July 24, '86.	O D 15-40 d.	Reg.	Caust.	Peripheral opacity in each lens.
45	July 29, '86.	65	F.	O D 15-50 + 24 15-30. O S 15-50 + 24 15-20 d.	Oct. 18, '89.	O D + 24 15 50. O S + 24 15-20 d.	Reg.	Gels. Phos.	Striæ at periphery, each lens chronic glaucoma O D Iridectomy made Dec., '86.
46	Nov. 6, '86.	54	F.	O U 15-15 d.	June 10, '90.	O U 15-15 d.	Reg.	Caust. Napth.	Marked opacity at periphery.
47	Nov. 17, '86.		M.	O D 15-20. O S 10-200—8 15-200.	Jan. 6, '91.	O D 15-15 d. O S—6 1-2 2-200.	Reg.	Caust.	O D striæ at periphery. O S very hazy. Rheumatic.
48	Nov. 29, '86.	79	M.	O D 15-100. O S 15-15 d.	Dec. 6, '87.	O D 15-100. O S 15-15 d.	Reg.	Calc. ph.	O D Central opacity of lens.
49	Dec. 9, '86.	79	F.	O S 15-70 d.	July 10, '89	O S 15-100.	Irreg.	Caust. Silicea.	Cataract mature O. D.
50	Dec. 23, '86.		F.	O D 15-70 d + 20 15-20. O S 15-70 d + 20 15-20.	June 24, '89.	O D 15-100 d + 20 15-20 d. O S 15-70 d + 20 15-20.	Reg.	Sulph. Sepia.	
51	Dec. 28, '86.	55	F.	O D 15-30 d + 30 15-15 d. O S 15-20 d + 36 15-15 d.	Mar. 12, '87.	O U 15-20 d.	Reg.	Varied.	Striæ at periphery.
52	Jan. 10, '87.	46	F.	O D 15-15 + 48 15-15. O S 15-200—14 15-100.	Oct. 22, '90.	O D 15-15 d.	Reg.	Calc. ph.	O D densely opaque at the periphery. O S opacity both central and peripheral. Rheumatic.
53	Jan. 17, '87.	67	F.	O D 15-100 + 72 + 60c 15-40d. O S 15-200. No improvem't.	Oct. 23, '90.	O D + 72 + 60 c 15-40 d. O S + 3 3-4 15-20 d.	Reg.	Caust.	O S cataract matured and extracted Nov. '89, with v—15-20 d.
54	Jan. 19, '87.		F.	O D 15-40. O S 15-15.	July 5, '87.	O D 15-50. O S 15 15.	Reg.	Caust. Puls.	O D opacity below. O S striæ at periphery and Strict. Duct. Lachry.
55	Jan. 20, '87.		F.	O D 15-15 d + 30 15-15 d. O S Shadows.	Jan. 15, '89.	O D 15-200 + 16 15-70.	Irreg.	Caust.	O D marked striæ. O S cataract matured. Entropion.
56	Feb. 7, '87.	64	F.	O D 15-100 d—7 15-70. O S 10-200—7 15-200.	Sept. 30, '90.	O D 15-100 d—7 15-70.	Reg.	Chin ars Caust. Napth.	Glaucoma adherens and posterior staphyloma.

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No.	First Examination.	Age.	Sex.	Vision.	Last Examination.	Vision.	Treatment.	Remedy	Remarks.
57	Feb. 9, '87.	65	F.	O D 15-70 + 30 15-20 d. O S 15-40 d + 30 15-20 d.	Jan. 31, '89.	O U + 30 15-15 d.	Reg.	Caust.	
58	Mar. 1, '87.		F.	O U 15-30 d + 48 15-20 d.	Dec. 20, '89.	O U + 48 15-20 d.	Reg.	Caust.	Diffuse haziness in each lens.
59	Mar. 4, '87.	60	F.	O D 15-70. No improvement. O S 15-30.	Mar. 25, '90.	O D 15 70 d. O S 15-100.	Irreg.	Caust.	Haziness in each lens like fine dotted veil.
60	Mar. 5, '87.	73	M.	O D 15-70 + 14 15-15. O S 15-100 + 9 15-50.	Mar. 30, '87.	O D 15-70 d + 14 15-15 d. O S 15-200.	Reg,	Varied.	
61	Mar. 29, '87.	70	F.	O D 5-200. O S 15-100 d + 10 15-20.	June 5, '91.	O D + 3 15-20 d. O S 15-200 + 10 15-30.	Irreg.		O D Large spots of haziness not striated, Cataract matured and extracted with v 15-20 d.
62	May 3, '87.	66	F.	O U 15-50 d + 20 15-15 d.	Sept. 12, '90.	O U 15-50 d + 20 15-50 d.	Reg.	Caust.	O U Nuclear haziness and few striæ in O. S.
63	June 10, '87.	62	F.	O D 15-30 d. O S 15-40 + 60 15-15 d.	Nov. 26, '89.	O D 15-20 d. O S 15-50 d.	Reg.	Nux vom Caust.	Striæ in both lenses.
64	June 17, '87.	70	F.	O D 15-100 d—9 15-30. O S 5-200.	July 6, '88.	O D —9 15-40 d.	Irreg.	Caust.	O U Striæ at periphery and posterior staphyloma.
65	July 25, '87.	68	F.	O D 15-30 + 36 15-30. O S 15-20 d + 36 15-20 d.	Sept. 3, '91.	O U 15-30 d.	Reg.	Caust.	Striæ in both lenses.
66	Sept. 23, '87.		F.	O D 15-70. O S 15-30.	Oct. 22, '90.	O D 15-100. O S 15-30 d.	Reg.	Calc. ph.	
67	Oct. 18, '87.	34	F.	O D 15-70 + 20 c 15-30 d. O S 15-70 + 30 c 15-40.	Sept. 30, '89.	O D 15-50. O S 15 70 d.	Reg.	Calc. ph. Ignat.	Large irregular opacities in both lenses.
68	Nov. 10, '87.	70	F.	O U 15-70 + 36 15-30 d.	Jan. 16, '89.	O U 15-30 d + 36 15-20.	Reg.	Caust.	Nuclear haziness O. U.
69	Nov. 13, '87.	59	F.	O U 15-20.	May 27, 91.	O U 15-20 d.	Reg.	Caust.	Marked striæ all through both lenses. Rheumatic.
70	Nov. 20, '87.	60	F.	O D 15-200—14 15-70. O S 15-200—7 15-100 d.	Apr. 29, '90.	O D — 11 15-70 d. O S Shadows.	Reg.	Caust.	Irregular striæ in both lenses.
71	Dec. 14, '87.	49	F.	O D 15-100. O S 15-200.	June 28, '88.	O U 15-100 d.	Irreg.	Sepia.	

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72	Apr. 25, '88.	65	F.	O U 15-15. d.	Sept. 11, '88.	O U 15-15 d.	Reg.	Phos. Calc. ph.	O U Peripheral opacities. Rheumatic.
73	May 28, '88.	60	F.	O D 15-200 + 14 15-15 d. O S 15-100 d + 18 15-20.	Oct. 2, '89.	O U + 14 15-15 d.	Reg.	Senega.	O U Haziness at periphery.
74	May 29, '88.	65	M.	O D 15-40. O S 15-100 + 30 15-15 d.	Jan. 19, '89.	O D 2 200. O S 15-70 d + 30 15-15 d.	Reg.	Caust.	O U Peripheral opacity. O D Central opacity. Rheumatic.
75	Aug. 20, '88.	59	M.	O D Shadows. O S 2-200—3 15-200.	Aug. 2, '90.	O S — 3 9-200.	Irreg.	Phos. Con.	O U Post staphyloma and atrophy of choroid.
76	Oct. 31, '88.	64	F.	O D 15-200 + 14 15-20. O S 15-200 + 14 15-20 d.	Aug. 27, '90.	O U + 14 15-30 d.	Reg.	Caust.	
77	Nov. 12, '88.	55	F.	O U 4-200—5 20-100.	Aug. 13, '91.	O U — 5 15-100.	Reg.	Caust. Iodof.	O U Posterior staphyloma atrophy of choroid.
78	Nov. 20, '88.	68	F.	O D 15-20 + 12 15-15 d. O S 8-200 + 18 15-30.	June 11, '91.	O D + 13 15-15 d. O S + 16 15-200.	Reg.	Calc. ph. Arg. nit.	O D Peripheral opacity. O S Central opacity. Rheumatic.
79	Dec. 17, '88.	48	M.	O D 15-200. O S 15-100 d.	Dec. 16, '90.	O U 15-50.	Reg.	Calc. ph. Kali iod Kali mur	Diffuse haziness of both lenses.
80	Jan. 8, '89.	69	F.	O D 15-50 d + 36 15-30. O S 2-200 + 10 15-200.	Jan. 19, '90.	O D + 36 15-30 d.	Reg.	Caust. Lach.	O S Retinitis hæmorrhagica.
81	Jan. 11, '89.	76	F.	O D 4-200—5 15-70. O S 4-200—8 15-40.	Mar. 8, '90.	O D—5 15-50. O S—8 15-30.	Reg.	Arg. nit.	Diffuse haziness in centre of each lens. Rheumatic.
82	Jan. 23, '89.		F.	O D 15-30 + 60 15-20. O S 15-40 d.	Oct. 18, '89.	O U 15-20 d.	Reg.	Caust.	Striæ in both lenses.
83	Feb. 11, '89.	47	F.	O D 15-200 + 16 15-15 d. O S 15-200 + 16 15-30 d.	Mar. 27, '91.	O U 15-200 + 16 15-30.	Irreg.	Ignat. Con.	
84	Feb. 14, '89.	78	F.	O U 15-200 + 12 15-70 d.	Aug. 12, '89.	O U 15-200 + 12 15-70.	Reg.	Varied.	Both lenses opaque below. Rheumatic.
85	Feb. 22, '89.	74	F.	O D 15-30. O S 15-100 d.	Aug. 27, '91.	O D 15-30 d. O S 15-100.	Reg.	Phos.	O S Retinitis hæmorrhagica.
86	Apr. 22, '89.	54	F.	O D 15-200—10 15-20. O S 15-200—10 15-20.	Apr. 8, '90.	O U — 10 15-30.	Reg.	Nat. mur. Jabor.	

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No.	First Examination.	Age.	Sex.	Vision.	Last Examination.	Vision.	Treatment.	Remedy.	Remarks.
87	May 29, '89.	75	F.	O D 15-50 d. O S 15-40.	Jan. 2, '91.	O D 15-50. O S 15-30 d.	Irreg.	Caust.	
88	June 7, '89.	50	F.	O D 15-100 d. O S 15-70 d.	Oct. 8, '90.	O D 15-70. O S 15-50.	Reg.	Calc. ph.	Both lenses densely opaque at periphery.
89	July 17, '89.	70	F.	O D 15-50 d + 15 15-40. O S 15-40 + 20 15-30.	June 10, '91.	O D 15-70. O S 15-40.	Irreg.	Calc. ph.	Large striæ in both lenses. Rheumatic.
90	Sept. 16, '89.	60	F.	O U 3-200—6 15-200.	Sept. 29, '90.	O U 6-200 –6 15-200.	Irreg.	Caust.	Rheumatic.
91	Nov. 4, '89.	68	F.	O D 15-40 d. O S 15-50.	Nov. 16, '91.	O D 15-40 d. O S 15-50.	Reg.	Caust.	
92	Nov. 26, '89.	71	F.	O U 15-40.	Mar. 26, '90.	O U 15-50 d.	Reg.	Caust.	Rheumatic.
93	Dec. 18, '89.	63	F.	O U 10-200—11-40 c 15-30.	Aug. 19, '91.	O U — 11 — 16 c 15-30.	Reg.	Caust.	O U Dense opacity at periphery. Rheumatic.
94	Jan. 14, '90.	82	F.	O D 6-200. O S 15-70 + 16 15-30.	July 19, '90.	O S 15-70 d + 18 15-40.	Reg.	Calc. ph.	O D Densely opaque striæ in both lenses.
95	Feb. 27, '90.	63	F.	O D 15-40 d. O S 15-40.	Sept. 12, '91.	O U 15-20 d.	Reg.	Caust. Iodof.	Broad striæ in both lenses.
96	Mar. 13, '90.	78	F.	O U 15-70 d.	June 26, '91.	O U 15-70 d.	Irreg.	Caust.	Diffuse haziness both lenses.
97	Mar. 29, '90.	58	F.	O D 15-200 + 12 15-30. O S 6-200.	Sept. 3, '91.	O D + 12 15-70. O S Shadows.	Reg.	Iodof.	
98	May 3, '90.	65	F.	O U 15-40.	July 6, '91.	O U 15-40.	Reg.	Varied.	Rheumatic.
99	May 21, '90.	70	F.	O U 15-30.	Sept. 4, '91.	O U 15-20.	Reg.	Caust.	Striæ both lenses. Rheumatic.
100	July 15, '90.	73	F.	O D 2-200. O S 15-100 d + 16 15-30.	Apr. 27, '91.	O S + 16 15-30 d.	Reg.	Caust.	Cataract nearly matured O. D. Rheumatic.

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failed not more than one line of Snelling's test type, as for example from $^{15}/_{20}$ to $^{15}/_{30}$ etc.; where the failure in vision was greater than this they were classified as vision less, meaning that the progress of the cataract was following the usual course of this disease onwards to blindness without being checked by the treatment, although it is possible the progress would have been more rapid had the treatment not been followed out. This point is, of course, impossible to demonstrate, because it is a well-known fact that all cases do not progress alike, some leading to blindness within a few months while others will require years. Another feature of these one hundred cases is that nearly one-half of them, viz., 46, were seen over two years after the first examination, and the table shows that of these, three had better vision, 20 the same vision, in 14 it was slightly less, and in 9 less than when first seen, showing that one-half of all the cases under treatment over two years had had no failure in the sight, and in about one-third more there had been but a very slight loss of vision, leaving but one-fifth of the cases under treatment over two years, in which the vision had materially failed—a result more favorable than I had even suspected. One other interesting analysis of this table will show the results from the treatment in the different stages of the cataract, as compared or based upon the vision at time of first examination with that at the expiration of the treatment, viz:

VISION WHEN FIRST SEEN.	VISION AT LAST EXAMINATION.			
	BETTER.	SAME.	SLIGHTLY LESS.	LESS.
15/15	0	8	3	2
15/20	2	8	7	1
15/30	3	9	6	5
15/40	4	7	2	2
15/50	2	2	2	3
15/70	2	3	2	6
15/100	0	4	3	0
15/200	0	1	1	0

From which we find that in all cases where the vision at the time of commencing the treatment was better than $^{15}/_{50}$, the cataract, as shown by the vision, made no increase in 60 per cent. of the cases, slight increase in 26 per cent. and decided increase in 14 per cent.; but that in those cases where the vision at the first examination was not better than $^{15}/_{50}$, the cataract seemed checked in only 45 per cent. of the cases treated, increased slightly in 26 per cent. and increased

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decidedly in 29 per cent., thus showing that the possibility of checking the growth of cataract by treatment is far better in the early stages of the disease.

As to the refraction of these 100 cases, we find that 44 were hyperopic, 24 myopic, and 32 in which there was no record of any improvement with glasses.

One peculiarity noticed in looking over the records of these cataract cases is that of the total number of cases, 295, there were 232 females and 63 males. This large preponderance of cataracts in women seems to me hardly accounted for by the fact that more women come for treatment of the eyes than men. I also find that in the 100 cases recorded, 18 were noted as suffering more or less from rheumatism, and as this feature was not particularly searched for in the records of each case, I am positive that this number should be considerably larger. What relation, if any, rheumatism bears to the causation of cataract, I am unable to say, as it is certainly not generally recorded as a cause of cataract, and is only referred to because noticed in so many of these cases. As to the remedies used in this series of 100 cases, we find twenty-two different remedies mentioned as being the ones principally used, although, as previously stated, many others have been tried temporarily without any noticeably favorable results, or given to meet certain temporary indications or conditions.

Causticum, of all the remedies used, has undoubtedly proven of the most value in my hands, and, as the table shows, has been given in 64 of the 100 cases detailed, while in many of these it has been the only remedy used. The principal indications for *causticum* seem to be a feeling as if there was sand in the eyes, sensation of pressure in the eyes, heaviness of the lids, burning, itching of the eyes, with a desire to keep them closed, photophobia, flashes of light before the eyes, winking and twitching of the lids. One case, illustrating the action of *causticum*, was No. 47, Mr. H. H., first seen on November 17, 1886, with vision O. D. 15-20, no improvement with glasses, O. S. 10-200—8 V. 15-200, states that for one and a half years eyes have been growing worse, that they tire on using, feel sore and lame, are sensitive to the touch, burning and smarting of the eyes as though there was sand in them; eyes feel large and swollen, slight redness of the left eye, left lens very hazy, diffuse at centre, and with striæ at the periphery, right lens centre clear, but with fine striæ at periphery; general health good, with the exception of some stiffness of the joints of the hands.

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This patient was given *causticum* on nearly every visit up to the last, on January 6, 1891, at which time the vision was O. D. 15-15d, O. S.—6½, V. 2-200. The lens of the right eye still showed the fine striæ at periphery, while in the left eye it was very nearly matured. The treatment in this case was about as frequent as it should be, and more regular than the large majority of those so marked in the table, the case record showing 6 visits in the balance of the year 1886, 19 during the year 1887, 4 in 1888, 2 in 1889, 1 in 1890, and 1 in 1891. Possibly there were a few other visits in the first two years of which no note was made.

Calcarea phos., which seems to have been the next most useful remedy, is noted as having been given in 15 of the cases. The only reference to this drug in the Ophthalmic Therapeutics is, "In checking the progress of cataract it has appeared to be of decided service."

Our case records show it to have been given for the following symptoms: headaches, especially of the right side, pain around the right eye, aching pain in the right eye, tired feeling of the right eye. These have all been relieved by *calc. phos.* Other symptoms noted were: eyes feel stiff and weak, dizziness, rheumatic pains, etc.

Sepia was given in nine cases on the following symptoms: Eyes feel weak, worse towards evening and better in the middle of the day; some sharp pains in the eyes, heaviness of the lids, twitching of the lids, smarting of the eyes, relieved by eating; ***headaches which are worse morning and evening***, perspires very freely, worse morning and evening. The morning and evening aggravation seems to be characteristic of sepia, and it is a useful remedy in the cataracts of women.

Phosphorus has proven of value in some cases of cataract. The especial indication of the eyes seems to be the *colors before vision*, black floating spots before the eyes, flashes of light, and the concomitant symptoms of the drug.

Naphthaline is another remedy I have used, simply because it was found to have produced cataract in the eyes of animals, but my success with this drug has been very indifferent.

Iodoform is a remedy deserving of mention in this place, simply because of the most favorable results attributed to it by Dr. Wm. R. King, of Washington, D. C., who, in the April number of the "Journal of Ophthalmology, Otology and Laryngology," reports six cases of incipient cataract very much benefited by this drug. Since that date I have used iodoform in a good many cases, but my experience has extended over too short a period to lead me to form an opinion as to its value. The other remedies named in the table as having

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been used in incipient cataract are: *Argent. nit., chin. ars., con., gels., ignat., jab., kali iod., kali mur., lach., natr. mur., nitric acid, nux vom., pulsat., senega, silicea, sulph.*

Galvanism I have employed in a great many cases, but always together with remedies. The cases in which it has been used have shown no more favorable results than those treated with remedies alone, so am undecided whether it has any value or not. I think we are very apt to be deceived as to the *true* value of electricity in diseases of the eye, for when properly applied it seems to leave a very agreeable sense of relief in a great many conditions of the eye, and if we rely upon the opinion of the patients are apt to give it, perhaps, more credit than it really deserves.

Massage of the eye in incipient cataract has been credited with surprising results by some. I have employed it in three or four cases only, with no apparent results.

Remarks.—I desire, before closing, to say that I wish it distinctly understood that I do not claim to *cure* cataracts at any stage, that is, when we mean by a cure the clearing up or removing of an already existing haziness of the lens, *i. e.*, cataract, no matter what stage or form the opacity may assume; for in my opinion an opacity of the lens once present will always remain, and in those cases reported, in which the vision is recorded as better than when first seen, we have been able to determine no change in the opacity of the lens.

This is stated because frequently patients will come for treatment of cataract, saying that they did so because I had cured some one else of a cataract, and in this way a false report is circulated of my claiming to cure cataracts, while all that has ever been claimed, or is asserted now, is that commencing cataracts, when taken early, can usually be *checked* by homœopathic remedies.

The mere stopping the progress of a condition which, when left to itself, inevitably leads to a more or less complete loss of sight, demonstrates the superiority of our system of medicine over that of our old-school friends, as in none of their works upon the eye is there named any treatment to prevent the progress of cataract when it has once commenced. De Wecker says: "I know of no means of checking the growth of a senile cataract."

Berry says: "Some cases, for instance, rapidly advance till a considerable degree of opacity is reached, and then only progress slowly to maturity, while others advance slowly at first, and, after reaching a certain stage, very quickly end in complete opacity. Probably, however, no cases remain absolutely stationary, etc."

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As to the duration of treatment required, my method is to see the case every two weeks for the first six months of treatment; if there is then no increase of the opacity or loss in the vision, I will see the patient once a month for the next six or eight months. If, at the end of this period, there has been no progress in the growth of the cataract, I then desire to see my patient only every second or third month for another year, and if, at the end of this time, both the vision and opacity of the lens remain the same as when first seen, simply have them report about once a year for examination.

This has been my rule, because I do not believe we have any right to say that the growth of a senile cataract has been checked until it has been under observation, without increase, for at least two years.

Our literature in past years has, unfortunately, contained too many reports of cataracts cured within a short time and with a few doses of medicine. These, as a rule, can be disposed of as a mistake in the diagnosis, and as the growth of cataract may be so variable and so slow, there should be no credence placed upon any such report for a period of less than two years, or when the report was unaccompanied by the actual vision at the first and last examination, and, further, unless the diagnosis was made by one competent to use the ophthalmoscope.

One other feature, that seems to me of great importance, is that the treatment should be undertaken early, for the study of these cases shows that in 60 per cent. of the cases treated, where the vision was better than 15-50, the degenerative changes in the lens were stopped, while with a vision of but 15-50 less, but 45 per cent. were held in check. This difference, in my opinion, will as a rule probably be greater than less than the above proportion, as I have often seen cases where the cataract is further advanced in one eye than the other in which it will be controlled for years in the eye least affected, while the other will steadily progress to blindness.

A REMARKABLE CASE OF TRAUMATIC INSANITY.*

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MRS. A., widow, 45 years of age, mother of two children, came under my care Nov. 5th, 1888, with the following history:

When a child, nine years of age, in sliding down a bannis-

* Read before the N. Y. State Homœopathic Medical Society, Sept., 1891.

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ter lost her balance, and fell down two stories, striking her head upon a marble floor. A severe scalp-wound was inflicted requiring several stitches. Patient was unconscious, but soon recovered and showed no immediate effects from the accident. As a child was very impetuous, hasty, and inclined to have her own way. During her entire life has been subject to extreme fits of passion and has done many strange things which have been subjects of comment and greatly mortified her friends. When thirty-five years of age married and has since borne three children, the first of whom was deformed and did not live. Mother died of cancer. Father when seventy years of age, after a most active and successful business life, as merchant and manufacturer, lost his mind, and for the last two years of his life was unable to do anything. Five years ago, after birth of child was very nervous, but after a short stay at Clifton Springs recovered. Four years ago, had an attack of depression which lasted six months. In September took cold and had laryngitis and bronchitis, which lasted three weeks. Past two weeks has been peculiar. Nov. 2d commenced to be positively insane and has been growing worse ever since. Has not slept more than four hours in two weeks. Is very noisy, violent, and full of a variety of delusions. Patient has light sandy hair, is very stout, and has undoubtedly a fatty heart. Nov. 6th. Slept between six and seven hours. Sings and makes rhymes most of the time. Good-natured, takes nourishment well. 7th. Slept little, more noisy and excited, and not as amiable. No fixed delusions, wanders from one subject to another constantly. 8th. Very noisy and incoherent during day, yesterday and in the evening violent, bit, struck and kicked. Slept six hours. Takes milk and beef tea liberally. 30th. No marked change, sleeps from three to six hours. Exceedingly fickle in her moods, one moment laughs and sings, the next will become violent, biting, kicking and furiously attacking those about her. Mistakes her nurses and doctor for relatives and friends of former years. Much sexual excitement. Inclined to be filthy and soil bed and clothing. May 13th, 1889. During past three months no marked mental improvement except that she is less excitable. Has been taken out to drive twice, but was so much excited by it that it was not thought best to repeat the experiment. Was removed to-day to a quiet place in the country, bearing the journey very well. Sept. 26th. Has been much improved by her stay in the country, having been out-of-doors nearly every day walking and driving. At first was much excited by her increased liberty, but soon became accustomed to it. Returned to the city to-day and behaved beautifully all the way. Sleeps from seven to ten hours in

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24. Is seldom noisy or ugly. Continues to wet the bed and her clothing. Mistakes those around her for people that she has formerly known. Cannot endure excitement. Stays in bed most of the time except when taken out to drive. Menstruates regularly as to time, but only for a short time and scantily. May 8th, 1890. During the winter has improved somewhat, mentally. Most of the time quiet, sleeping well. Was able to drive two or three times a week until the last of January, when an attack of "Grippe" weakened her so much physically that it did not seem wise to expose her to the air. Has amused herself with books, crocheting, etc. Was removed to the country to-day without any trouble. Oct. 3d. During the summer has made great mental improvement so that at times she appears almost well. Amused herself when not driving or walking, by playing on the piano, or with dominoes, cards or reading. Occasional outbursts of excitement, but much less severe and of shorter duration. Returned to the city to-day, behaving as well as any lady could. During October and November continued to improve. Slept well, amused herself by reading, playing upon the piano, driving, and with light needlework. Still was troubled more or less by hallucinations of hearing, but much of the time showed very little mental aberration. In December commenced to complain of being very tired after any exertion, and her face became of a peculiar pale, waxy color, and the kidneys did not act freely. This debility, with sluggishness of the kidneys, continued to increase until Feby. 6th, 1891, when the quantity of urine excreted in 24 hours had become reduced to ten ounces. Under the influence of active medication the quantity of urine was increased to about the normal quantity, but the pallor, weakness, difficulty of respiration, and labored heart's action continued to increase, resulting in death March 7th, 1891.

About sixteen hours after death a most careful autopsy was made by W. W. Blackman, M.D., Professor of Anatomy in the New York Homœopathic Medical College, with the following results:

Cranial Cavity.—Vertical plate of frontal bone much thickened and its inner surface studded with bony protuberances, or tuberosities (eight in number) encroaching on the brain surface, evidently of long standing and the result of an injury.

Brain.—Surface pale. Frontal lobes of the cerebrum dented by bony projections from frontal bone; otherwise the brain appeared normal.

Thorax.—Lungs and pleura normal.

Heart.—Small. Walls of all the cavities thin and the substance very pale and soft. Fatty degeneration throughout the organ. Walls

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of right ventricle especially fatty, fully one-half the thickness changed to fat. A fibrinous deposit was found in right auricle extending through the right auriculo-ventricular opening to apex of right ventricle and thence into the pulmonary artery—light yellow in color and well organized. Cavities in left side empty.

VALVES.—Tricuspid and semi-lunar valves thin and weak. Mitral valve thickened and its margin nodulated—four or five nodules the size of a hemp-seed.

ABDOMINAL CAVITY.—Excessive accumulation of fat in the omentum and mesentery.

The whole alimentary canal appeared pale and anæmic, otherwise normal.

LIVER.—Pale, size normal. Gall bladder enormously distended. Spleen somewhat enlarged, otherwise normal. Pancreas—normal.

KIDNEYS AND SUPRA-RENAL CAPSULES.—Right kidney larger than left. Both somewhat enlarged. Substance of kidneys pale, soft and fatty. Cortical substance and pyramids both fatty.

UTERUS.—Normal.

OVARIES.—Right, normal; left contained cyst size of a filbert.

General appearance of all the organs was anæmic, and fat was found in excessive quantities everywhere it could be deposited.

The whole system appeared pale and the lack of blood was apparent in every part of the body. The fatty metamorphosis of the heart and kidneys enfeebled and depressed the whole system, and heart failure was the inevitable result.

This case presents several exceedingly interesting features.

The most remarkable is its ætiology. Had no post-mortem been made no alienist would have attributed the disease to the effects of a fall thirty-six years before. Without a dissenting voice heredity would have been assigned as the cause, yet there is no reason for believing, in the light of what we now know, that the father's mental trouble had any influence whatever upon this patient. A fall thirty-six years before (and almost forgotten by the family) had set up a slow inflammatory action in the inner table of the vertical plate of the frontal bone, resulting in eight bony protuberances, which by their pressure upon the brain warped the whole life of its victim and ultimately overthrew her reason. The brain, disturbed in its functions at all times by this abnormal pressure, needed only the additional fire of an acute laryngitis to call into action the whole train of inflammatory symptoms of acute mania with its wildest delusions and most fanciful hallucinations and illusions. Given the same cause, and a like result might be expected

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in any family, even if no mental or nervous disease could be traced to any branch of the ancestral tree.

Heredity plays an important part in the production of mental disease, but there can be no doubt that the knowledge of this fact produces havoc in many families. Often have we met persons who were perfectly sure that they must sooner or later become insane because some relative had. The effect of such an ever-present, fatalistic, pessimistic belief cannot help but be injurious to any person, whether of a highly nervous organization or not. Too frequently the constant brooding, for years, upon this subject at last has resulted in insanity. Would it not be well for the profession to strive and disabuse the general public of the idea that the members of an insane family are necessarily fated, and thus perhaps save some from this dread scourge?

The next question of interest which presents itself to us is, how could a patient with an organic lesion of the brain, precluding any possibility of permanent cure, show so much mental improvement? We can only answer that the almost complete fatty degeneration of the heart must have prevented that organ from supplying the brain with the fuel necessary for the continuance of the inflammatory action which produced the most active mental symptoms.

Another important point clearly emphasized by this case is the paucity of symptoms presented by fatty degeneration of the kidneys. Careful chemical and microscopical examinations of the urine by two most capable specialists in kidney diseases failed to positively reveal the condition of these organs, yet life could not long have been prolonged had this been the patient's only malady.

Whether the cystic degeneration of one of the ovaries was accountable for the sexual excitement prevailing, especially near menstruation, during the first year of her illness, it is impossible to say. This would seem highly probable did it not so frequently occur in the insane near the climacteric when the ovaries show no organic disease. We, therefore, feel incapable of giving a positive opinion upon this point.

Death occurred at last, from a general starvation of all the organs, caused by a heart completely worn out. When we beheld this organ with the walls of all its cavities thinned to one-half their normal thickness, and a large portion of the muscular tissue turned to fat, we could scarcely believe it possible that any person, with such a heart, could have been subjected to any muscular exertion without producing immediate death, yet she had lived through months of the most intense

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mental excitement, and within two weeks of her death been out to drive, walked up and down stairs, and afterwards enjoyed intensely a visit from a friend.

Surely this case in many points pronouncedly emphasizes the fact that much in our human economy "is hid from the eyes of all living."

A COMPARISON OF THE KALI SALTS.*

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THIS would be a paper of too great length if its subject were treated in the detailed manner that it deserves. Therefore, in a general way, and dealing only with the most important and best known, the "Comparison of the Kali Salts" will be duly considered.

There is no doubt that *causticum, kali carbonicum, kali bichromicum, kali iodatum, kali bromatum,* and *kali chloratum,* of all the "kalis," deserve the most attention. They are more exactly known by careful provings, and clincical experience testifies their faithful responses to every true indication. Therefore this paper will be confined to these limits.

However combined chemically, potassium always retains its characteristic features. For this reason, all the kali salts are distinctly related to each other. Of a truth, in every potash compound it is always easy to see that each individual symptomatical picture, however elaborate, is wrought upon the common kali background. Whether it be *kali carb.* or *kali mur.;* whether it be the iodide of potash, or the bromide; or whether it be *causticum,* the clear, bold background of potassium will first be recognized, before it will be certain, that it be the carbonate, or the chlorate, or the bichromate.

Any one who has ever studied these salts at all must have been impressed with the persistency of certain general potash symptoms in all of its compounds. Any one who has ever prescribed a potash salt knows the value of this background in choosing the remedy; and firm is his faith in its curative powers when he does recognize it.

If any one were imaginative enough to compare drug-symptoms to colors, (and it does not seem a hard thing to do in speaking of those peculiar symptoms that make up the "kali background,") it might be said that five distinct colors aid in forming this background.

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*Read before the Binghamton Hom. Med. Soc., 1891.

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Regardless of imagination, however, five grand symptoms may be said to be common to all the potash compounds, viz.:

(1) Lowered temperature.

(2) Heart depression, with tendency toward paralysis.

(3) Muscular paralysis everywhere.

(4) Profound prostration.

(5) Inflammation of mucous membranes, especially of the respiratory tract.

All five of these together make up a background that is unmistakable when found in the "totality of symptoms." Of these, perhaps, more certainly the first is the most distinctly characteristic. Next in importance are the third and fifth. Even in absence of all but the first, the one that imparts the distinctive coloring to the whole "kali background," the prescriber may select his remedy with considerable confidence. In illustration of this, a clinical case as related by Dr. T. F. Allen, is recalled:

CASE.—Woman with peritonitis; prostrated greatly; sharp cutting pains; cold extremities, and distended abdomen.

The cold extremities and the prostration called for potassium, while the distended abdomen and sharp cutting pains modified it to *kali carb.* The remedy, chosen on these indications, was entirely successful, and deservedly so, because it was selected in the most accurate and scientific manner, on indications that fully exemplified Hahnemann's law.

Causticum, in a marked degree, exhibits the coloring of the kalis. Three out of the five are plainly discernible in the background, viz., lowered temperature, muscular paralysis, and inflammation of mucous membranes, particularly of the respiratory tract. Nay, there is even a trace of a fourth in the great weakness and tendency to prostration.

Causticum is particularly a remedy for paralysis, most especially on taking cold. It is excellent in the paralysis following diphtheria; and it has frequently relieved that condition known as muscular asthenopia of the eye. Indeed, this paralysis, or tendency towards muscular atony, is a characteristic throughout of *causticum.* It may be facial paralysis due to a cold, or post-diphtheritic paralysis of larynx or legs. In the vesical region also, this same atony may be found, resulting in enuresis.

As a rule, the kali salts produce catarrhal conditions with scanty, tenacious and tough secretions. *Causticum* is no exception to this rule. It generates a bronchitis characterized by a raw, scraped feeling through the trachea and bronchi, with scanty, tenacious mucus. It also produces a paralysis or a catarrhal infiltration of the laryngeal

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muscles, resulting in a painless aphonia. In this same connection with catarrhal conditions, *causticum* produces too a hoarse, barking cough accompanied by great weakness in the larynx.

This paralytic tendency from cold is beautifully seen in the muscles of the neck. There is a lameness of the whole nape of the neck; the neck may feel as if bound, with inability to move it.

Kali carbonicum exhibits clearness and distinctness of coloring respecting its background. Three out of the five elemental colors are plainly distinguishable. There is always the lessened resistance to cold, the paralytic weakness, and the inflammation of mucous membranes characterized by scanty, tenacious secretions. Looking at the individual picture of *kali carb.*, besides the sharp, cutting, piercing pains and the periodical aggravation of all symptoms at two or three in the morning, the rest is made up of the aggravation from cold, the paralytic weakness, and the catarrhal condition of the mucous membranes, the latter three being colors of the common "kali background."

Like *causticum*, *kali carb.* produces a condition of weakness. The patient is weak, anæmic, thin, tired, and prone to develop phthisis pulmonalis with great rapidity. In *causticum*, however, the inflammation of the respiratory tract is much more violent, although the secretions in both are scanty and difficult to raise. In *kali carb.* there is also weakness on coughing, but it exists in the chest instead of in the larynx. There is, too, the same tendency towards muscular asthenopia of the eye, but in *kali carb.* there is apt to be a bag-like swelling between the brow and upper eyelid. In inflammations of mucous membranes *kali carb.* extends more into the gastric region. The stomach and epigastrium are distended after eating. Through the whole bowels there are distention and bloating. It is clinically valuable in chronic inflammation of the liver, in dropsical effusions; but the "kali background" is never absent, and lowering of the temperature is very apt to be observed at the same time.

Like all the potashes, *kali bichromicum* reduces the bodily temperature and affects the mucous membranes very particularly. Like *causticum* and *kali carb.*, the secretions are thick and tenacious, rather more in quantity, and having the individual peculiarity of being very stringy, often reaching in strings to the feet.

Even more than *kali carb.*, the bichromate of potash affects the gastric tract. Indeed, it produces violent inflammation of the whole alimentary canal. It even inflames the genito-urinary tract; and if the leucorrhœal and gonorrhœal discharges are tenacious and ropy, so the diarrhœal and vomited matters are stringy. Even the character-

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istic *kali bichr.* ulcers are covered with tenacious yellow secretions. *Kali bichr.* covers membranous and catarrhal croup, diphtheria and exudative bronchitis, all characterized by tough, ropy discharges; and, like *kali carb.*, a rough, barking cough, aggravated at two or three in the morning.

Kali bromatum does not depart from the other potash salts regarding the background, although this compound, more than any of the other kalis, shows a vagueness and indistinctness of coloring. It produces great debility, and lowers the bodily temperature to a marked degree. It does not, however, show any of that predilection for the mucous membranes that *causticum*, or the carbonate and the bichromate of potash do. Rather in this, the bromine predominates over the potassium, and all the nervous phenomena of bromium manifest themselves.

So in the iodide of potash, while the main features of the kali background are retained, the potash is in subjection to the iodine. It follows, however, more than the bromide, the general kali coloring. Besides the prostration, the inflammation of the mucous membranes is quite marked. In this compound, however, instead of scanty and tenacious secretions, the discharges are rather profuse and free; and unlike the other kali salts, the high temperature of iodine prevails. Like *kali bichr.* there is terrible distress at the root of the nose; a sensation of a saddle or plug there, but with freer secretions. In bronchial catarrh, in moist asthma, *kali iodatum* is very valuable when the secretions are quite free. Rapid emaciation, atrophy of the female mammary gland and of the mesenteric gland; also the higher temperature, all show in this drug the greater modification of the potassium by the iodine.

The chlorate of potash, the most poisonous of all the potash salts, shows most distinctly the kali coloring. It produces profound prostration, feeble pulse, and marked intolerance of cold. It acts powerfully on the kidneys, producing acute parenchymatous inflammation, with a reduction of the temperature Like the bichromate, it covers the inflammation of the gastro-intestinal tract, and produces gangrenous ulcers of the stomach and bowels; also terrible dysentery with extreme prostration. *Kali chloratum* generates true gangrene of the mouth; but, unlike any of the other kali salts, epithelioma of the cheek, lips and gums, have been cured by it.

Perhaps in comparing these compounds, or rather in summing up the comparison, still keeping in view the "kali background," it might be easiest to think of *causticum* as remarkable most for its

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paralytic tendency, *kali chloratum* for its profound prostration, *kali bichromicum*, for its especially tenacious, stringy secretions, *kali carbonicum* for its aggravation from cold, the iodide for its freer secretions and greater resistance to cold, and lastly, the bromide for the vagueness of its "kali coloring."

Finally, in comparing the kali salts, it might seem that the best understanding is to be gained by studying the characteristic symptoms common to all the potash compounds. If an effort is made to discover this peculiar coloring in every kali salt, the individual characteristics of each might be better separated and appreciated. At least this method seems easiest and simplest here; and if it has assisted the members of this society in any way, even if to their entertainment only, the purpose of this paper has been subserved.

CROUP.*

C. SPENCER KINNEY, M.D.,

Middletown, N. Y.

WHILE the title of this paper is placed under the caption of "Croup," reference is here made to a condition more properly called "Spasmodic Laryngitis," the disease commonly arising in children, and following a cold, characterized by a catarrhal inflammation of the larynx, with pronounced symptoms of dyspnœa, especially on inspiration; together with a cough that is known to all families as a croupy one. The symptoms, however, need not be given *in extenso*.

The first attack that our boy had was when he was about four years old, and was a simple, every-day attack of croup, and lasted about a week. One night he was given medicine every quarter to one-half hour. The difficulty kept him awake; trying to treat him kept us in motion. The text-books were consulted thoroughly, and *Aconite, Bryonia, Bromine, Cuprum, Ipecac, Kali bi., Spongia, Merc., Corr.*, etc., were tried in all sorts of potencies. He recovered from the attack, and from the medicine too; but we were on the outlook for treatment. Knowing that in some part of our Materia Medica there existed the proper remedy, search was made for it. As Bromine low and high had been tried, at the suggestion of a friend a solution of the tincture of Bromine was used with an atomizer on the next

* Read before the Semi-annual Meeting of the N. Y. State Hom. Med. Soc., 1891.

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attack, and given a thorough trial, as well as the indicated remedy. As something had to be done, recourse was had to an advertised remedy from the coal tar group, and judging from the letters of recommendation that accompanied the bottle, help was at hand. But it was smell, and not help, that the bottle contained; and the boy himself began to have doubts about the treatment. As the case increased in severity on the second attack, I found myself wondering what strange fate had induced me to study medicine, and probably many physicians will recall similar experiences when treating those who were dear to them. Some of us appreciate it to the extent that when sickness comes to our families another physician is called. Anyhow, the mother's anxiety began to evince itself in speech during the second trial, and from what I gathered from her remarks she felt as if, had she studied medicine, she would know how to treat croup. Another consultation with one of the Fathers of our School, and another remedy, and the uselessness of the change was distressing. At last, I thought of *Merc. Prot.*, as a remedy that should act well upon that part, and one that would be thoroughly homœopathic to the condition. It was given in the first centesimal, and the result was all that I had reason to expect. In twenty minutes the young man was sleeping and breathing quietly, and he got along without further annoyance. Subsequent attacks have yielded in the same manner. Others have tried it, and found it could be relied upon. As nearly four years of trial have been given it, it has ceased to be an experiment. When given at the first manifestation of hoarseness it aborts the attack, and effectually too. I have seen no occasion to give it more frequently than three hours apart, and then but for a day.

TREATMENT OF ENDOCERVICITIS AND ENDOMETRITIS.*

By S. N. BRAYTON, M.D.,

Buffalo, N. Y.

IN writing on any disease, for the public edification, it is the usual custom to give the ætiology, all symptoms in minute detail, the anatomy of the diseased organ, and a list of remedies from text-books; and yet, after all, imparting no new information on the subject. It is the fault of too many articles in our medical journals, which, while they disclose the writer's erudition, betray also his want

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of original and practical ideas. I shall honor this custom in the breach of it in what I have to say of the diseases under consideration.

I think it was in 1850 that the first text-book on woman and her diseases was published in the United States. It was more plethoric of egotism than of knowledge, and on perusing its pages to-day one is moved sometimes with mirth, but oftener with sadness. It seems incredible that medical men, deemed learned in those days, could have been so oblivious of knowledge of a matter of such grave importance as the special diseases of women. It was only twelve years ago that a patient came to me, from the most renowned gynæcologist of the city of New York, suffering from severe purulent endometritis, with the sad complaint that she never could be well until she had passed the climacteric period, when Nature alone could cure her; and assuring me that no physician on earth could restore the diseased uterus to health. Fortunately, however, under a line of treatment departing from the established routine, the disease yielded speedily.

The internal remedies on which I have relied are, *apis* 1st and 2d, and *cimicifuga* 1st. Of course, where the diseases are caused from flexions or versions, mechanical means must be resorted to, and, frequently, pessaries should be applied to keep the uterus in place while the patient is undergoing treatment.

In addition to these, the fluid extract of *salix nigra*, (black willow) made from either the green buds or bark, without heat, in doses from half to an entire teaspoonful, in a little water, three times a day, will work wonders. It lessens the discharge at once, reduces inflammation in the organ, and tones up the failing health and strength. Very unfortunately, however, it almost entirely suspends amorous inclinations, but only while the remedy is in use. I may incidentally remark that, for this reason, it is a most excellent remedy for nocturnal emissions. This constitutes nearly the entire treatment for the unmarried, excepting sometimes iron, and, may be, some other indicated remedies for a transient period.

Wherever local applications can be made, success is more assured. Painting the cervix and an internal application of iodine, about *three times the officinal strength*, every third day will establish a healthy surface, reduce the inflammation in the whole cervix, stimulate the absorbents so that the thickenings from old deposits are more rapidly removed, relieving the pain in the pelvis and surrounding parts to a great extent. One would think that this strength of iodine might erode the mucous membrane, but, on the contrary, in twenty-four hours

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after the application, the color is changed from red to a normal pink, and the patient gratefully expresses a satisfied sense of relief.

It is, however, to the galvanic current that we look for the most remarkable cure in this annoying and distressing complaint. Whether it arises from stenosis, flexion, version, irregular menstruation, ordinary catarrh, with or without ulceration, producing the glassy or purulent mucous discharges, metritis, small fibroid tumors, or from almost any cause whatsoever, except cancer, the positive pole applied within the cervix from the os to the fundus, the negative applied to the back with a large sized electrode of clay or any good conductor, with a strength of from twenty to thirty milliampères, from fifteen to twenty minutes every third day, following, each time, with the iodine treatment just spoken of, will cure these diseases in from three to ten *séances*. This current destroys diseased tissue, establishes healthy granulations, when the mucous membrane is ulcerated, thereby checking the discharges.

It is of the utmost importance to be possessed of a reliable milliampère meter; for, in using galvanism, it is to the gynæcologist what the compass is to the mariner. More harm than good will come from guessing.

I am aware that this is not strict homœopathic treatment, and for that reason the faithful may feel disposed to discountenance it; but it "gets there" all the same; and I must be permitted to express the sentiment that he who has the welfare of his patient, as well as his own success, more at heart than love of dogma, will readily grasp the good, no matter from what source it comes.

The law of similars is the law of cure, but we have not reached the goal of perfection, and until we do, if occasion require, we should not hesitate to step aside from the narrow path of theory and avail ourselves of the established wisdom of experience.

THE HOMŒOPATH'S DUTY IN PÆDIATRY.*

By MARTIN DESCHERE, M.D.,

New York.

TO reduce infant mortality is the first and most important feature in the study of diseases of children. The many causes for this early mortality are well known, and most of them belong to hygiene and the law. The crowding of the poor in cities, the filthy

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condition of streets, imperfect or wanting drainage, improper and unwholesome food, etc., are all points against which the individual physician is more or less powerless; but where health-boards and legislature have to be forever watching and improving. But even in his own domain, the treatment of sick infants and children, the physician, with the best of his knowledge and ability, is frequently unable to avoid fatal results. He may choose the most favorable surroundings, the most appropriate food and the best of care for his patients, select his remedies within the strictest indications, and administer them in the most suitable doses; there is *something* that resists all his best efforts, and that is, the want of reaction of the patient. Every one of you, who has had experience in this direction, will have met with such cases to his sorrow. Amongst the causes for such an utter inability to live, such a positive lack of resisting power, we find foremost feebleness or actual disease of the mother, before or during pregnancy, intemperate habits of both parents, etc.

Such children, coming into the world in a condition utterly unfit to combat the manifold attacks which await them during their tender early age, form a most potent lesson to the physician, as to his duty towards them, or rather, towards their kind, that are expected in the future; because the ones already born are doomed, with few exceptions.

It is evident, therefore, that our research and study must be directed to the fœtus, the embryo, and even before conception, to the man and woman who have joined or will join in matrimony. Hygiene and the law are here lacking immensely. It would perhaps be wise, for the sake of diminishing infant mortality, to adopt laws that were in vogue in ancient Athens and Sparta, namely, forbidding marriage to those in serious ill-health, as, for instance, consumptives, cancer patients, syphilitics, epileptics, and cripples from constitutional causes.

Only a few years ago the following case came to my observation. A young man, whose elder brother had recently died of phthisis, applied to me for treatment. I found him a tuberculous subject, and advised him to go to Davos, Switzerland, at once, as perhaps the only chance for his recovery. He told me that he could not leave the country, as he expected to be married shortly. All my persuasion to postpone this marriage until he enjoyed better health was in vain. Neither could I convince the bride-elect of the unfortunate outcome of such a union, although I painted it in the darkest colors. With characteristic hopefulness the young man did not consider himself ill enough to justify such a prognosis, and was happy to find another doctor, who promised to cure him in a short time.

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He married and died within the year. The result was a child born after his death, of feeble constitution. Late, difficult teething and slow development throughout have necessitated the most careful attention on the part of the mother and physician so far. What the final result will be if any serious illness overtakes it, I dread to apprehend, and even if it should survive, its life will be a constant struggle.

It would therefore be a blessing if the law would assist the physician in these efforts, and thus prevent many a disaster. It is a time-honored custom that bigotry and the clergy oppose, most strenuously, a union between man and woman of different religious creeds, no matter how devoted they are to each other, and how happy their life might be if united. It would lead me too far to enter into the description of the many tragic events that have been set forth by such religious restrictions, and which have their only foundation in tradition. How much more important would it be, if the state of health should be made the criterion, with a view to the improvement of the human race, and a reduction of human suffering. I hope to live to see the day when the physician will be consulted obligatorily, before a marriage certificate can be granted.

But to return to my subject. I have said above, that feebleness or actual disease of the mother, before or during pregnancy, is the fertile cause for the production of a non-resisting infantile organism. Here, then, lies the duty of the physician, and especially of the homœopathic physician, towards pædiatry.

The tiller tries to enrich the soil, to gain good and wholesome fruit. The body of the mother is the soil in which the offspring grows, and the improvement of the former must naturally benefit the latter. It may appear a very easy matter, at first sight, to do this. We may think that with good nourishment, good air, cleanliness, etc., a feeble body may become strengthened; or, as the fashionable treatment suggests, by dosing with appropriate medicines such as iron, quinine and stimulants. The practical result of such endeavors is, nevertheless, very insufficient in many cases. The causes for feebleness are so various within the organism, that the best food and the most energetic stimulation, by whichever means, may be useless.

In a paper on "Diet and Homœopathic Treatment," presented at the International Homœopathic Congress at Atlantic City last June, I endeavored to prove that *malnutrition* in its broadest sense is the *fundamental* cause of all diseases, excepting those produced by mechanical influences. The recent researches in bacteriology prove this supposition, by the fact that all pathologists to-day agree that micro-

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organisms will not be able to invade any living tissue (in a natural manner) the cellular structure of which is in a state of energetic health.

Any deviation from the normal condition in cell-life, however, will prove an open gate for the invasion of disease-carriers. The proper instruments for combating these attacks in cell territories can only be cellular therapeutics, that is, remedies in a form properly adapted for cellular assimilation, prepared after the homœopathic method. To be efficacious in this direction, it is necessary to select such therapeutic agents as stand in a proper relation to the cells in need of them, which can be done according to the law of *Similia* only.

Now we may ask how to get a clue for the selection of any remedy before disease has actually invaded the system; in other words, how can the homœopathic physician select a remedy without symptoms being present in the subject to be treated? Ah! my friends, here is a point where Homœopathy is ahead of Pathology. You all know how often cases present themselves that totally baffle diagnosis; that have been investigated by percussion, auscultation, palpation, all sorts of specula, laryngoscopes, rhinoscopes, ophthalmoscopes, microscopes, and the whole "scope" of diagnostic penetration; and where one expert will pronounce one thing, and the next one another, while no organic lesion whatever is present; until the poor victim is tired of all this, and he comes to a man who will tell him: "I do not pretend to know *what* ails you, as pathology has no name for it, but I can *cure* you." And that he can and does, by the homœopathic method only. Such cases are numerous, they are amongst those that form peculiar sets of symptoms, not originated by any of the known exciting causes of disease, but by a perversion within cell-life.

The female organism is rich in such mysterious phenomena. It has pleased pathologists, for the sake of abbreviation, to cover many of them with the cloak of Hysteria. Others are enlisted amongst ovarian and uterine affections, falling into the hands of gynæcologists, often to be tortured uselessly, or made worse by local interference, and perhaps to be made barren or crippled for life. I shall defer until another opportunity entering into details in this direction, and will only say that besides the instances just enumerated, perhaps the greatest benefit can be derived by treating the pregnant woman during the entire term whenever practicable and necessary. The disorders of pregnancy in their various manifestations form the best guides for the selection of the appropriate remedy, and should not be left to themselves, even if slight; with the excuse, that they will cease spontaneously. They mean something, for not every woman suffers

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from them, nor do all suffer alike, and many not at all; in fact they are in excellent health throughout the entire term of pregnancy, and thus it should be. If, therefore, such disturbances make their appearance, they should be treated at once, and we shall find, to our astonishment, that most of Hahnemann's anti-psorics, or remedies which enter into the chemistry of the body, are needed to cure them. That again means something; it means, to my mind, that the cells or tissues, of which these remedies are either a component part or to which they stand in close physiological relation, have lost their balance and vigor to withstand depressing influences; in other words, that they suffer from malnutrition. The fact remains that after the proper balance has been restored, pregnancy will go on normally, and the result will be a healthy child in all cases.

Frequently we can, by investigation or observing the history of families, learn from diseases of the first-born children what to expect and how to prevent similar occurrences in the future, and thus, even if the mother, during a recent gestation, gives no or insufficient data, we are well enabled to prescribe according to the symptoms that were present in those former cases. For history only repeats itself, and if we see effects reproduced, we must conclude that the hidden cause remains which must be counteracted to the best of our ability. The result in these cases also is most surprisingly satisfactory.

I do not expect to have related anything new in this paper; my only object in presenting it to you is to point out that infant mortality can be reduced effectively by the earnest efforts of every family physician. He must see closely to the condition of the prospective mother, and keep her within the normal physiological balance of health. He will find that this will assist in the birth of a normal organism which is fully equipped to take up the battle of life, and against which the many attacks awaiting its appearance prove harmless. He will also find that he can do it only by proper homœopathic treatment, combined with the following of the well-established laws of hygiene; and last, but not least, will he find that he can only reach his great aim by carefully comparing each case in question with the symptomatology of our materia medica unabridged.

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ORIGINAL ARTICLES IN SURGERY.

SUPRA-VAGINAL HYSTERECTOMY.*

By WM. TOD HELMUTH, M.D., LL.D.,

Followed by Intestinal Perforation and Artificial Anus, With a Description of Two New Apparatuses.

By EDWARD G. TUTTLE, A.M., M.D.

A COMPLETE history of this case, extending over a period of ten years previous to her admission into the hospital, together with the various methods of treatment, occupying a period of over twenty months since the first operation was performed, together with a description of the various appliances used, would easily fill a volume. I shall, therefore, give the early history of the case as concisely as possible, and only describe those operations and appliances which had a direct bearing upon the recovery and present comfortable condition of the patient.

Mrs. R. was admitted to the Flower Hospital, March 25, 1890, as a patient of Prof. Helmuth's, and from her I gained the following history: Age, thirty-nine years; no miscarriages, no children; married at twenty-three. Began to menstruate at fourteen, and continued to do so till she was thirty-two years of age, the flow lasting usually six days. Never had leucorrhœa. About ten years ago, patient consulted a physician for dysmenorrhœa, who told her she had a fibroid tumor about the size of a hen's egg. For three years she had no trouble from the tumor, unless it was painful menstruation.

About seven years ago, the patient began to have hæmorrhages, which became very severe and exhausting; they occurred often, sometimes every week, and independent of the menstrual period. These hæmorrhages continued for three years and then gradually ceased. For the next five years, the tumor steadily increased in size, there were no hæmorrhages, and the patient suffered only from profuse menstruation, losing each time a good deal of blood, which confined her to her bed for a day or two, during the menstrual period.

About six weeks ago patient had three severe hæmorrhages in one week, which led her to consult Dr. Helmuth, who advised operation.

*Read before the Meissen Club.

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The usual preparation of the patient was carried out and the operation performed at the regular college clinic, on March 26, 1890, by Prof. Helmuth, assisted by Dr. Helmuth, Jr. and myself. An incision was made in the median line, extending from just below the umbilicus to the symphysis pubis. Prof. Helmuth found the tumor was firmly locked within the pelvis, and the adhesions to the walls of the pelvis, the intestines and bladder, were many and strong. At first it was thought that the removal of the tumor would have to be abandoned, but, after consulting with some of the surgeons who were present as spectators, it was determined to try and remove it.

The median incision was extended above the umbilicus and two incisions made at right angles to the first in the direction of the anterior superior spine of the ilium. Forty-five minutes were spent in breaking up the adhesions, tying off the adhered omentum, and in raising the tumor sufficiently to admit of the introduction of the pedicle pins. Five turns of the rubber ligature were placed around and beneath the pins, and the tumor cut away, leaving a stump about four inches in diameter. The incisions were closed with deep sutures of silk-worm gut, which passed through all the layers of the abdominal wall, including the peritoneum; the superficial sutures were of cat-gut. The stump which was left outside of the abdominal cavity was thoroughly cauterized, covered with iodoform and bichloride gauze, and a combined dressing.

The patient reacted well from the anæsthetic, and showed no signs of shock after leaving the operating table. On the third day after the operation, when dressing the wound for the first time, the temperature not having been above 101.2° F., we thought we discovered the odor of fæcal matter. The next day this suspicion was confirmed, as partially formed fæcal matter was discovered in the wound. For some days thereafter, the stump was dressed in the usual way, tightening the ligature from time to time, and the wound was irrigated freely twice a day with boiled water, at a temperature of 115° F., and sanitas was sprinkled freely about to destroy the odor. The patient retained her strength wonderfully, and suffered scarcely any pain at any time after the operation. After the fifth day the temperature ran very evenly, about 100° F. in the morning, and 102° F. in the evening; the pulse averaging 97 beats to the minute. On the tenth day an enema of oil and turpentine was used, as there had been no movement of the bowels per rectum. The oil and turpentine was ineffectual, and after six hours was followed by one of soap suds, which produced a small movement per rectum, but most of the fæcal matter escaped through

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the abdominal wound. After the enemas, the temperature rose to 104.6° F., and the pulse to 106, but the next morning the temperature fell to 101.2 F., and the pulse to 103. For the next ten days the patient was comparatively comfortable, the temperature ranging about 100° F. and the pulse 96. The patient took nourishment in liquid form freely, and had a movement of the bowels daily, beside the discharge of fæcal matter from the wound, which was irrigated with boiled water twice a day and dressed with iodoform and bichloride gauze. On the twenty-second day after the operation, the pedicle came off, bringing into view five openings, one of which communicated directly with the vagina, and four with the intestinal tract; the lower one of these four communicated with the rectum, as a large Mercier catheter could be passed from the anus up the rectum and be made to appear at the opening in the abdominal wall; the other inferior opening probably led to some portion of the large intestine, it could not be ascertained exactly where. The two superior openings communicated with the small intestine, one being near the pyloric end of the stomach. During the next five days with "Allen's pump" various experiments were made, consisting of closing one opening in the intestine and pumping a solution of permanganate of potash into another opening. By this means we demonstrated, satisfactorily to ourselves, the general location of each opening; for example, when the pump was applied to one of the lower openings, the permanganate solution soon appeared at the rectum, and when the solution was forced into one of the superior openings, the other being closed, it produced distress in the region of the stomach and, if continued, vomiting.

The manner in which these openings into the intestinal tract were produced, is uncertain. The tumor was a red fibroid, containing very large blood sinuses, and weighed, devoid of blood, five pounds; it was firmly adherent to all the surrounding structures, including the intestines, and in breaking up the adhesions there might have been some laceration of the intestines which was not noticed at the time of the operation; or, it may be, some loops of the intestines were included in the rubber ligature when that was applied. Just one month after the first operation, a second one was performed by Dr. Helmuth, in order to establish an intestinal anastomosis between the two superior openings, and, if possible, to close the opening into the vagina. The edges of the amputated cervix were freshened, and deep interrupted catgut sutures were introduced, followed by finer uninterrupted catgut sutures. For the intestinal anastomosis, catgut rings were used, made by passing strands of catgut through five sections of rub-

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ber tubing. These rings were applied to the inner aspect of the intestine, and sutures tied to the rings were passed through all the coats of the intestine, and those of one ring were tied with the sutures of the other ring. The operation for closing the opening into the vagina was successful. Nine days after the second operation, the rings were forced out at the junction of the cut edges of the intestine, and although there had been some union, the anastomosis was not complete, and soon fæcal matter began to reappear through the superior openings. The patient suffered no reaction from this operation, and the temperature and pulse ran very evenly, and only a little above normal.

On May 21st, eight weeks after the first operation, and four weeks after the second, an experiment was tried with clamp forceps to close the aperture remaining, where complete intestinal anastomosis had failed. The edges of the intestine were drawn out, the forceps applied and clamped sufficiently tight to prevent the escape of even fluid matter. After the forceps had remained clamped on the intestine for some hours they were removed, on account of the severe pain in the stomach and nausea which they produced, thus showing us that any operation to completely close this opening without intestinal anastomosis, would be impracticable. During the next two weeks several temporary plugs and inflated rubber bags, also a truss made by Stohlmann and Pfarre, were tried for the purpose of retaining the fæcal discharge within the intestines—all to no purpose.

At this time the opening into the vagina was firmly closed, while the opening into the rectum had decreased in size, owing to the formation of granulations and cicatricial tissue.

The relative position of the wound to the surrounding parts may be made clearer by referring to Fig. 1. The heavy lines A. C. and B. D. represent the incisions of the first operation and their cicatrices, G. and F. are depressions or sulci beneath the level of the abdominal wall; on the floor of the sulcus F. was the opening into the rectum, now apparently closed. The centre of the wound, E., should represent two distinct projections of the small intestine, with two separate openings communicating directly with the intestinal tract, and from both of which fæcal matter escaped, principally, however, from the superior opening. The wound in the abdomen had filled in a good deal, but the newly-formed epidermis was very tender, and kept in a state of continued irritation from the fæcal discharge, which was acrid at times, and, in spite of all contrivances and frequent dressings, the edges of the wound for an inch or more around on the surface of the

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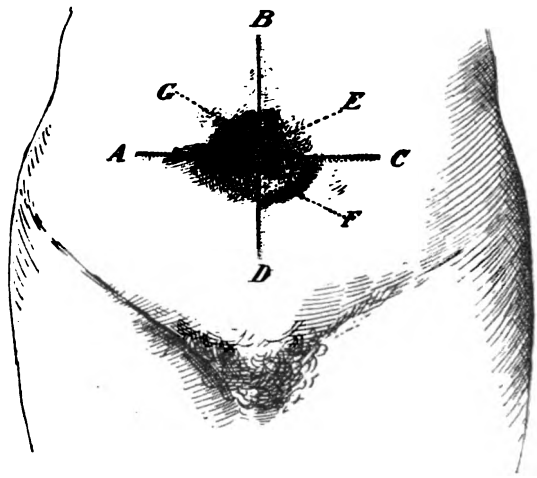
abdomen were kept in an inflamed and very irritable condition. This condition of the edges of the wound and its position in the median line at the junction of the umbilical and hypogastric regions, together with the deep and irregular depression in the abdominal wall, and the variable position which, at every inspiration and expiration, the openings in the intestines would take in relation to the external wound, made it difficult to find any appliance which would retain its position and prevent the escape of fæcal matter beneath the pad or plate. All the ordinary colotomy trusses and appliances only served to keep the wound in an irritable condition, because they failed to retain the dis-

Fig 1.



charges. To obviate this, and to prevent the fæcal discharge from continually escaping, I devised the apparatus shown in Fig. 2.

The cut on the left in this figure represents the instrument ready for introduction into the intestine. It consists of two oval, vulcanized rubber plates attached to screws. The plate A. is divided in the centre. After introducing A. into the intestine by turning the thumb-screw, X., the plate A. opens within the intestine to the position indicated by the dotted lines B. B.′, then by turning the thumb-screw, Y., plate D. D.′ is made to impinge upon plate B. B.′, compressing the edges of the intestine, which invert over the plate B. B.,′ together. Thus the apparatus, when in place, assumes the position represented

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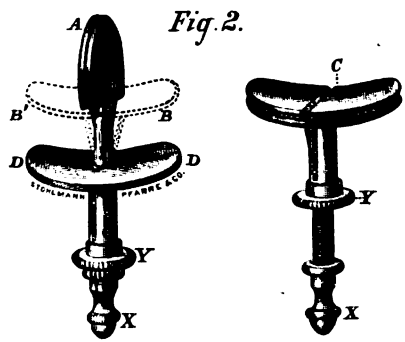
on the right side of Fig. 2, the plates being closely approximated, one within the intestine, and one without, and the edges of the intestine held between the two. The appliance is held in position by a belt passing around the body. This apparatus worked very well for a time, and was successful in retaining the fæcal discharge so that the edges of the wound became less irritable and assumed a much more healthy appearance. But the pressure which had to be exerted upon the plates to prevent all escape of fæcal matter interfered with the circulation, and rendered the *constant* wearing of this apparatus impracticable; so that, during the summer and fall of 1890, the patient remained in this condition, part of the time wearing the truss, and part of the time using a dressing of corn starch, lint and absorbent cotton, being obliged to keep her bed a great deal of the time because of the difficulty in controlling the fæcal discharge. Her general health, however, was good.

Fig. 2.



In November, 1890, she was readmitted to the hospital, and during the winter different methods of dressing the wound, and various appliances, together with several plans for operation, were considered; but the adhesions about the wound were so many, and the general relation of the surrounding parts so complicated, that it was not deemed advisable to risk the patient's life in an operation such as it would be necessary to perform to offer any hope of relief.

Certain articles of food, *e.g.*, milk, vegetables, and fruit, were found to increase the fluidity of the fæcal discharge and irritate the wound; thus, when she left the hospital in April, 1891, by a carefully regulated diet, her general condition was much improved, but the condition of the wound and the constant discharge of fæcal matter was essentially the same as when she entered the hospital six months

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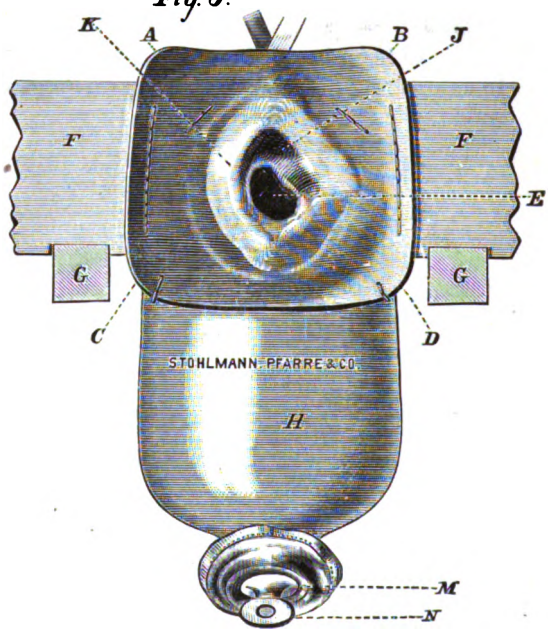
previous, moving about was infeasible, and she was obliged to lie on her back in bed most of the time.

More than a month elapsed before I saw the patient again, but late in May last she sent for me, and was anxious that something more be tried, either an operation or some apparatus which would enable her to go about, as she was now perfectly well able to do, were it not for this constant discharge of fæcal matter. The patient herself, with chewing-gum and wax, had taken an impression, imperfect though it was, of the wound, and this suggested to me the

Fig. 3.



idea of making a cast of plaster of Paris, and from this to mould a plate which would exactly fit the irregularities of the wound and its surrounding parts; but how to apply an apparatus in such a way as to retain the very thin fluid discharge which often appeared, was still a mystery. After making a rough drawing of the apparatus which she now wears, I consulted Stohlmann & Pfarre, and they kindly offered me the services of their artist, who took an impression in plaster of Paris, not only of the wound, crowding it full of plaster, but of the surrounding parts, completely encircling the body. From this impres-

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sion he made a mould into which he poured melted rubber, and from which we obtained a vulcanized rubber plate which fitted into every sulcus of the wound and conformed to the contour of the abdominal wall. A better idea of the appliances, which she is now using with success, can be gained by referring to Fig. 3.

This shows the inner aspect of the apparatus, with the side in view which is applied directly to the wound and abdominal wall. A, B, C, D, represent the vulcanized rubber plate, to which is stitched and cemented the rubber bag A, fitted with a screw stopper, M, N, like the ordinary hot water bag; in the cut the lip of the bag is turned back to show the screw-cap N, K and J represent irregular elevations upon the plate made to fit into the interstices of the wound, while E represents the opening in the plate into which the two projections (referred to Fig. 1 as E) fall and empty their discharge, which passes down into the rubber bag, H, which can be emptied by unscrewing the cap N. F and F are broad, firm, elastic bands, which pass around the body and which, together with the perineal bands, G and G, serve to hold the apparatus in position. The bands (represented as starting from the top of the plate) intended to pass around the neck, were found to be unnecessary. The projections and depressions of the rubber plate fit so exactly the interstices and elevations of the wound and abdominal wall, that the force of adhesion when the body is in repose almost holds the plate in position, and, with the bands carefully applied, the patient is able to assume any natural posture.

For five months the patient has been wearing this apparatus with increasing satisfaction. She is well nourished and in good physical condition. The truss she wears all the time, and only empties and cleanses it twice a day. She attends to her work in a store every day, and anyone seeing her, either on the street or at home, could not for a moment infer that her past or present condition differed from any other woman in perfect health.

STRANGULATED HERNIA.*

By HARRISON WILLIS, M.D.,

Brooklyn.

HAVING operated fifty times for strangulated hernia, I have thought that a report might be of interest to the profession. Twenty-six of the operations were for femoral hernia, of which none were fatal. Twenty-three were for inguinal, in-

* Read before the N. Y. State Homœopathic Medical Society, Sept., 1891.

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cluding direct, indirect and scrotal, with a loss of two. One for umbilical, which was fatal. In this paper I only propose to refer to my first and last cases. I will first relate the last.

On the afternoon of August 20th, about one o'clock, as I was getting ready to go out on the Island to my family, for a short vacation, Dr. Vose telephoned to me that he had a case of strangulated hernia that he wished me to operate on immediately. I told him that I wished to take the three o'clock train, but if he would try and get everything in readiness I would attend to it. At 2.15 P.M. my son and I reached the patient's house. Dr. V. had not been able to get much in readiness. The patient, a Russian Jewess, æt. about thirty, was suffering from a strangulated femoral hernia, half the size of a hen's egg, which had been down about twenty-four hours. Dr. V. had made two attempts to reduce it. The patient could not understand a word of English, and we could not understand Russian; however, with the aid of a neighbor, who acted as interpreter, we were able to explain the need of an immediate operation. The surroundings of the patient were such that it seemed as if a hospital were the proper place for her, but as the Doctor wished the operation performed there, and knowing that the nearest hospital would get the case, and believing that I could perform the operation better than the surgeons of that institution, even though they would be under the auspices of a patron saint, I decided to operate at once, which was done as follows: The bed upon which the patient lay was the best operating table available; after she was thoroughly anæsthetized, an attempt was made to reduce the tumor. This failing, the parts were carefully washed and shaved, then a vertical incision was made, three inches in length, over the tumor, through the skin, superficial, deep, and cribriform fascia, to the sac; this was not opened, and should not be in this operation, unless there is reason to suspect that the gut has become gangrenous. The constriction, which was very tense, only admitting the finger nail between the sack and ring, was torn or scratched through with a groove director assisted by the nail; this has been my usual method, though sometimes I have used a dull, blunt-pointed bistoury. The sac was reduced and pushed up nearly a finger's length, a tent of marine lint was pushed in, a pad of the same was laid in the wound and held in place by the usual bandage. This has been my treatment in nearly all of my operations for hernia, and has resulted in a radical cure in a large majority of cases.

After operating I was able to drive half a mile and catch the train. On my return, three days afterwards, Dr. V. reported to me that the

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patient was doing well, and had had no fever whatever. Sept. 6th, he reported the patient well, with every indication of a radical cure.

My first operation was performed in Feb., 1870. A few weeks previous to this I had been called to see a case of strangulated hernia, and for twenty-four hours mistook the hernia for an enlarged inguinal gland; after discovering my mistake I called a surgeon to operate. The operation resulted disastrously. I then formed two resolutions: first, that I would not again mistake a hernia; secondly, if I were permitted, I would always operate myself. Both resolutions, I believe, I have kept over twenty-one years. The patient, Mr. Paine, æt. about sixty years, was taken while working in New York, kalsomining, with a severe pain in the abdomen, and with great difficulty got home to 841 DeKalb Avenue. He was treated for some fifteen hours by his wife, with domestic remedies, for wind colic; but as he continued to get worse, they called me in at about five o'clock in the morning. After a careful examination, a correct diagnosis was made. My friend, Dr. G. H. Smith, was called in to assist; the patient was anæsthetized, and a prolonged attempt was made to reduce the hernia, failing in which, an operation was performed. The patient made a rapid recovery; the cure was a radical one, and I think he is now living. Ten or twelve years after the operation he called on me and paid for my services.

One reason for writing this paper is to emphasize the importance of keeping outside the peritoneal cavity if possible; you can generally accomplish this in femoral hernia, but not so readily in the other forms, and though I am very well aware that the danger of going inside the peritoneum was greatly exaggerated twenty years ago, still, having succeeded by the extra-peritoneal method, I shall not be inclined to unnecessarily open the cavity, unless I can be convinced that better results can be obtained by so doing, which I do not think probable.

CÆSAREAN SECTION.*

By H. WILLIS, M.D.,

Brooklyn.

ON March 19th, Dr. Pieron requested me to see, with him, Mrs. B., of 95 Quincy Street. The patient was at about the full term of pregnancy. She was extremely emaciated, as much so, I

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think, as any case I have ever seen in the last stage of phthisis. She had been confined to her bed since Jan. 1st. Temperature was 101°, pulse over 120, with no indication of any lung trouble. Her family history was: both grandparents lived to be over seventy-five, father died by accident at the age of forty-seven, mother died at same age after three days sickness of some brain disease; had one sister who died in infancy, one brother and twin sister living, both in good health. During the previous night, labor pains had set in, with the discharge of the liquor amnii. On making a digital examination, a tumor the size of a child's head was found; it extended down the recto-vaginal septum to within an inch of the perineum, and almost entirely filled the cavity of the pelvis. Anteriorly the finger could pass, by using some force, between the tumor and the pubes. The os was felt above and was dilated so as to admit the end of the finger. By passing the finger into the rectum, it would just go between the growth and the hollow of the sacrum. The mass was solid and slightly nodulated; about three inches up, a place was felt, the size of a dollar, where the tissues seemed to be breaking down, it felt like a cauliflower excrescence. Some hæmorrhage followed the examination; the day before there had been a hæmorrhage, to the amount of half a pint, from the rectum. The diagnosis was malignant tumor. The husband and family were called, and a plain statement of the facts was made to them; first, that the patient had a tumor filling the pelvis, which could not be removed; second, the case if left alone would terminate in a very short time in the death of both mother and child; third, that while we could not promise that we could save either, yet there was almost a certainty of saving the child if it were living. We had examined for the fœtal heart, but as the pulse of the mother was very nearly as rapid as the fœtal pulse should be, we were in some doubt. In other words, we told them plainly, that without laparotomy the mother and child would both be lost, while with an operation we could probably save the child and possibly prolong the life of the mother. Consent was given us to do whatever we thought proper, only they demanded that the operation should be performed at home, rather than at the hospital, as we advised.

We decided to operate the next day at 12 M., as that would be as soon as we could make all the needful preparations. At that time, assisted by Drs. Lewis, Bonnell, O. S. Ritch and Honan, after they had carefully examined the patient and agreed with me in the diagnosis, I performed Fehling's modification of Porro's operation. That is, a long incision was made, extending from four inches above the

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umbilicus, to near the pubes, the wound turned out and an elastic ligature passed around the lower segment above the cervix. The womb was then hurriedly opened, and the child, in seven minutes from the first incision, was given in a moribund state, to Dr. Pieron for resuscitation. It weighed seven and one-half pounds, and showed many of the great characteristics of its great prototype. At any rate, he had come, he saw, and he conquered our fears for his safety by his lusty screams.

Notwithstanding the short time since the commencement of labor, the placenta and decidua were found to be almost gangrenous, and if the delay had been a few hours longer the child must have been lifeless. Although the operation did not differ much from that recommended by Fehling, still it may be of interest if I give the different steps in this case. First, an incision in the median line, long enough to allow the gravid uterus to be turned out; next an elastic ligature was passed several times around the lower segment of the womb, and tightly held by an assistant; then the uterus was hastily opened, and the child removed; then two long pins were passed through the uterus below the ligature, crossing each other at right angles; then another ligature, similar to the first, was passed tightly beneath the pins and tied. The outer ligature was then removed and the uterus cut away half an inch outside the pins, and the stump cauterized. The appendages were removed. The right ovary and tube were normal; the left tube, particularly at the fimbriated extremity, was very much enlarged and diseased; the left ovary was enlarged and grown fast to the tumor, which extended up two inches above the promontory of the sacrum, and also seemed to involve the sigmoid flexure, and was firmly attached to the posterior wall of the pelvis. After removing the left tube it was decided, after consultation, to remove the left ovary, which was done, and the pedicle cauterized. As it was afterwards demonstrated, in removing this ovary, which had grown fast to the sigmoid flexure, which had become diseased, and thrown out of its proper position, we had unwittingly performed that which resulted by ulceration, in a few days, in a colotomy, which undoubtedly prolonged the patient's life for many weeks. The intestines were kept warm during the operation by flannels soaked in water at a temperature of 110°. As it was comparatively a bloodless operation, but little was required to be done in performing the toilet. But at one point the tumor had been slightly injured, and there was some little hæmorrhage, which was not easily controlled, so that it was considered best to put in, at the lower angle of the incision, above the stump,

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a soft rubber drainage tube. The whole operation occupied about an hour and a half. The day after the operation the patient's temperature, pulse and general condition, were better than before the operation; the second day she had the usual collapse that follows the operation, but soon rallied and continued to improve. The incision healed by first intention. It was noticed after five or six days that gas was coming through the opening where the drainage tube had been; after a few more days fæcal matter passed through, and this continued. The stump, which, it will be understood, was right over the tumor, came away about the sixteenth day. One month after I carefully examined the patient. She said she had no pain and felt very much encouraged. It had been thought best by her friends that she should not be told of her real condition. The tumor had increased in size considerably, particularly upwards. While most of the fæces passed through the abdominal opening, some continued to pass through the rectum. The ulcerated place in the rectum seemed about the same as when I first examined it, while the tissues about the fæcal fistula and the segment of the uterus, were involved in one carcinomatous mass, unattended with any hæmorrhage or sloughing. I saw the patient last about four months after the operation. The growth then extended three inches above the umbilicus, mostly on the left side; downward, it extended to the perineum. Her general condition appeared better, she was sitting up about half an hour each day. Up to this time she said she suffered no pain. On July 26th, while I was absent from the city, she was taken with peritonitis and died on the 28th. No post-mortem was made. The child is now living, and is strong and healthy.

FATAL POISONING WITH EPSOM SALTS.—Dr. Lang reports in *The Lancet*, November 7, 1891, the case of a tall, slender, slightly anæmic woman about thirty-five years of age, who took four ounces of epsom salts at one dose. She died without vomiting or purging, about an hour and a quarter after taking the dose. The radial pulse was distinctly felt for two or three minutes after respiration had ceased. The pupils were dilated, there was slight twitching of the face and complete paralysis. There was no autopsy.

THE COMMUNICABILITY OF YELLOW FEVER.—In the *British Guiana Medical Annual*, Mr. J. S. Wallbridge, contends that the disease is not endemic in that colony. The three most favorable habitats for the yellow fever germ, he says, are the bilges of wooden ships, the tidal mud of a tropical river, and the cesspits sunk in the alluvial soil of a tropical town. He could not remember any case occurring in a house in which the pail system of sewerage was properly carried out. The author instances cases of the disease contracted from momentary exposure in the contaminated atmosphere.

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THE KEELEY CRAZE.

DR. LESLIE E. KEELEY, of Dwight, Illinois, keeps his remedy for dipsomania a secret. He exhibits a profound knowledge of human nature in so doing. If nations in the onward march of civilization have reached the age of reason in many things, it is certain that regarding medicine the majority of people have only attained to the stage of credulity. The mysterious and vague is more attractive than the definite and known. A blind faith accepts without demur what an inquiring reason might reject. The secular and religious press have given their powerful aid to the building up and extension of the secret methods practiced at Dwight. Probably no individual in the United States has ever had so great an amount of free advertising. Because of it Dr. Keeley's income from the seven hundred patients under his treatment is closely estimated at $17,500

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per week. It is scarcely a year ago when Dr. Keeley announced his wonderful cure for drunkenness. He was then a man unknown. Now there is hardly a place where the man and his methods have not been heard of. The attitude of the press is very largely that of the laity at large—a ready acceptance of the efficacy and power of the treatment, without adequate and satisfactory investigation. The medical profession, however, waits for proofs. At present no opinion may be given concerning the direct therapeutic virtues of this alleged specific, because the discoverer keeps the composition a secret. It is therefore not in the hands of the profession, and cannot be carefully and scientifically tested. But certain facts point clearly to the probable composition of the "discovery," and also partially determine its limitations. Since there is no "bi-chloride" of gold known to chemistry it is almost certain that the preparation of gold employed is the chloride of gold and sodium. With this are combined a number of the strongest nerve stimulants and tonics known in medicine. The patient receives four hypodermic injections daily, and besides this a dose every two hours by the mouth. Whiskey is furnished by the Keeley Institute to its patients in unlimited quantities. But they do not drink much of it. It has been suggested that the whiskey contained an emetic. In a few days—four to six—the craving for whiskey gives place to a positive dislike for it, and this dislike increases as the treatment progresses. In about three weeks the patient pronounced "cured" returns to his home and enthusiastically engages in the work of sending others to be benefited as he thinks he has been.

The results attained by this treatment are, if the rose-colored statements of the "converts" are to be believed, almost miraculous. Ninety-five per cent. of those that undergo the treatment are said to be permanently cured. But there is nothing to substantiate that claim, and there is abundant evidence to disprove it. In fact it is not known definitely at all just what the number is of these who are permanently benefited. The chief apostle of the "bi-chloride" treatment, who wrote awhile ago in *The North American Review* that "after two weeks suddenly, as if I had stepped out of the blackness

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of an African jungle, into the quiet sunshine of Central Park, I broke out of my living tomb and knew that I was cured," has, since the publication of his fervid article, died a drunkard's death. Many other cases are known where the result has been the same. If the patients are not permanently cured they are not cured at all. To claim that they are is to juggle with words. Dr. Keeley made a great mistake in deciding to keep his remedy a secret, and made another blunder when he announced it as new. A Dr. Gray of Indiana has for three years been successfully treating patients afflicted with dipsomania, and his method of treatment does not differ materially from that outlined above save in one important particular—the element of quackery is omitted. This power of certain powerful nerve tonics to destroy the taste for alcohol has been long known to the profession, and the limitations of this power have also been thoroughly understood. The patients of Dr. Keeley are entirely under his control. They are separated from dangerous associations. They are compelled to obey certain fixed rules and are constantly engaged in presenting themselves at the Institute to receive the hypodermic injection or measuring out the medicine they are to take themselves. They are surrounded by a throng of fellow-patients, morbidly impressionable, and become infected by the same enthusiastic belief in the power of the remedy. But it cannot be believed that these "converts"—an expressive term in this case—are finally cured until conclusive evidence is offered. Any competent physician who can gain control of his alcoholic patients can produce results as good as those wrought at Dwight. It cannot be believed that any "specific" has been discovered. That part of the treatment is quackery pure and simple. Having come up rapidly in the night, it will wither as speedily in the sunlight of full and fair investigation.

EDITORIAL COMMENTS.

THE DANGERS OF OVER-STRAIN.—The circumstances attending the fatal illness of the young athlete who died in a Baltimore hospital recently, made his death a notably sad one. Going from New York to Baltimore to act as groomsman at a friend's marriage, he performed

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the duties devolving upon him although feeling unwell. His illness increasing, he went to a hospital for treatment. There his trouble was pronounced peritonitis, and his death followed in a few days. The immediate cause of his illness is interesting from a medical standpoint. It is reported that he was an active athlete, and that the peritonitis was the result of over-exertion. It is beginning to be understood that over-strain is dangerous both to health and to life. Wilkie Collins in his novel, "The Law and the Lady," gave a striking picture of the results of over-training in the athlete Geoffrey. But the lesson that he taught is only beginning to be learned by the laity. The medical profession is better instructed, but many physicians and some directors of physical culture have much yet to learn. It is quite immaterial whether the cause of the peritonitis was over-strain or not. It probably was, but the case serves as an example of many other cases where the exciting cause of fatal illness was well and definitely known. Quite recently a physician of prominence published an account of his experience in treating college men who were members of football teams or of racing crews. One marked result of over-strain he found to be phthisis. In one case where excessive exercise had been taken daily for a prolonged period, the progress of consumption was plainly marked. There was no possible doubt about the diagnosis. Yet the Professor of Physical Culture mistakenly objected to the removal of the patient, and claimed that all he needed was more exercise. He was blind to the fact that too much exercise had caused the trouble. Removal from college and abandonment of athletics produced in due season a cure. There was no family history of phthisis. Many similar cases may be cited, but they are not needed to prove the case. It is not strain, but over-strain that makes the evil, and no matter how strong and vigorous an athlete may appear, he is, if he puts violent and excessive strain on his physical powers, more in danger of death than many an invalid. Cultivate athletic sports, but avoid overstrain.

THE FIRST STATE MEDICAL EXAMINATION.—The first examination under the new law was held by the State Board of Medical Examiners November 10th to 13th, inclusive. The value of any examining board is readily ascertained by inquiring concerning the efficiency of the examination of applicants. It is an exceedingly easy thing to make out a list of questions for candidates to answer; but it is a very difficult matter, and one demanding peculiar ability, to construct a series of questions that shall require such answers as will show at once the depth or shallowness of the applicant's knowledge. The questions propounded by some State boards of medical examiners have met with deserved ridicule; in other cases more skill in questioning has been shown. The questions given out by the New York Board are of special interest to many of our readers, and we give below the examination questions in therapeutics, practice and materia medica (one subject) prepared by the Allopathic and Homœopathic Boards respectively.

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Questions on the above topics prepared by the Homœopathic Board: 1. Name five remedies frequently indicated in eczematous eruptions and state for what form of the disease each is applicable; 2, Name two prominent remedies, with indications for their use in cystitis; 3, Give the indications of aconite, gelsemium and baptisia in febrile conditions; 4, Name four of the chief remedies in typhoid fever, giving indications for their use; 5, Name four principal remedies for hæmorrhage, and give at least one characteristic indication for each; 6, What is the prognosis of diabetes mellitus and what is its treatment; 7, Under what conditions would you give a grave prognosis in scarlatina; 8, State your treatment, including diet, of a severe case of diphtheria, also name four remedies and give their chief symptoms; 9, What is the proper treatment of pleurisy with exudation; 10, What are the causes of death in Bright's disease? 11, How does a homœopathic mother-tincture differ from a fluid extract? Explain in a general way the preparation of homœopathic tinctures; 12, What are the chief preparations of opium? What doses produce the physiological effects of the drug, and what doses are poisonous? 13, When giving digitalis in large doses, what should be its limitations and what are the dangers of its excessive use? 14, Differentiate between the pathogenetic effects of bryonia and cimicifuga; 15, Compare bryonia and phosphorus in chest diseases. The questions on the same topics by the Allopathic Board were: 1, What are the therapeutic uses of ergot of rye? 2, What are the therapeutic uses of digitalis? 3, Explain the therapeutic uses of opium in dysentery; 4, What are the indications for the therapeutic uses of nux vomica or strychnine? 5, What are the therapeutic uses of potassium iodide? 6, State your treatment, including diet, of typhoid fever; 7, Describe the treatment of diabetes mellitus; 8, Give the symptoms and treatment of tetanus; 9, What is the appropriate treatment of epilepsy during a convulsive attack? 10, Give the symptoms of acute croupous pneumonia; 11, Describe ergot of rye, its physiological action, and give the dose of the fluid extract; 12, Name three officinal preparations of digitalis and give the dose of each; 13, Name an important alkaloid of erythroxylon and describe the purposes of its application and its effect; 14, Write a prescription containing morphine for hypodermic purposes and state the amount to be used for an adult at each injection for the purpose of allaying local pain; 15, Give the difference between a laxative, a saline purgative, a drastic purgative, a hydragogue purgative and a cholagogue purgative, and name examples of each. Lack of space compels the omission of the questions of the Eclectic Board.

BOOK REVIEWS.

PRACTICAL PATHOLOGY AND MORBID HISTOLOGY. By Heneage Gibbes, M.D., Professor of Pathology in the University of Michigan, etc., etc. Illustrated with Sixty Photographic Reproductions. Philadelphia; Lea Brothers & Co., 1891. 8vo. Pp. 320.

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The aim of this work is to cover the essential points with which the student must become familiar in the work of a pathological laboratory. It is a working manual, adapted by an accomplished and experienced teacher, instructor and investigator.. The technique of the laboratory—of preparing tissues, making sections, staining, mounting, injecting—is explicitly described, and the methods of bacteriological investigation are presented with such clearness that all can follow them without an instructor. The part devoted to morbid histology is admirable for its recognition of essentials, and for its elimination of confusing details, while it fairly comprises the range of morbid processes and organs affected. The last part deals with the technique of micro-photography. The text is terse and simple. The work should become popular.

The author is an enthusiast upon micro-photography, believing that modern photo-engraving has been brought to such a degree of perfection in America that the characteristics of tissues under the microscope can be transferred virtually without loss to the pages of a book. Although these photo-reproductions may serve the purposes of trained observers, they do not seem to warrant that congratulation of students which the author expresses. Who for example would learn to recognize a myeloid sarcoma from Fig. 18, or even a pus cell, squamous epithelium, or gonococcus from Fig. 55? The aim of illustration in text-books is to teach the student what and how to see, which can only be done by selection and emphasis of characteristics by a skilled draughtsman and observer. Micro-photography gives mainly a blur of outlines and confusion of details, which become still more indefinite when carried on by engraving and printing to the pages of a book.

MINOR SURGERY AND BANDAGING, INCLUDING THE TREATMENT OF FRACTURES AND DISLOCATIONS, TRACHEOTOMY, INTUBATION OF THE LARYNX, LIGATIONS OF ARTERIES AND AMPUTATIONS. By HENRY B. WHARTON, M.D., Demonstrator of Surgery and Lecturer on Surgical Diseases of Children in the University of Pennsylvania. With 403 Illustrations. Philadelphia: Lea Brothers & Co. 1891.

This is an excellent, practical book, designed for medical students, and containing a full and concise description of minor surgical procedures essential for every general practioner. The text is clear and well arranged, and the illustrations abundant. The photo-engravings of bandages and dressings of fractures and dislocations should be especially commended for their usefulness, and as examples of the art that are truly admirable.

THE COMPARATIVE ANATOMY OF THE DOMESTICATED ANIMALS. By A. CHAUVEAU, M.D., LL.D., Professor at the Museum of Natural History, Paris, etc. Revised and Enlarged with the Co-operation of S. Arloing, Director of the Lyons Veterinary School. Second English Edition. Translated and Edited by George Fleming, C.B., LL.D., F.R.C.V.S. With 585 illustrations. New York: D. Appleton & Co., 1891. Pp. 1084.

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The first English edition of this standard work has been highly esteemed for seventeen years, and the second edition, from the fourth French edition, has been made still more comprehensive and useful. It is the best work upon its subject, and has been published with the liberality and excellence of plates for which the Appleton Press has a just reputation.

THE GREATER DISEASES OF THE LIVER—JAUNDICE, GALL-STONES, ENLARGEMENTS, TUMORS AND CANCER—AND THEIR TREATMENT. By J. COMPTON BURNETT, M.D. Philadelphia: Hahnemann Publishing House. 1891.

This is a suggestive little work, in which the author describes his methods of treating the diseases, named in the title, principally by the way of clinical illustrations. It is written with much liveliness, and apparently shows gratifying success in treatment.

3,000 QUESTIONS ON MEDICAL SUBJECTS, ARRANGED FOR SELF-EXAMINATION. WITH THE PROPER REFERENCE TO STANDARD WORKS IN WHICH THE CORRECT REPLIES WILL BE FOUND. Philadelphia: P. Blakiston, Son & Co. 1891.

As self-quizzing is the best method of testing one's knowledge, this little book will be found of great service to the medical student.

A COMPEND OF HUMAN PHYSIOLOGY, ESPECIALLY ADAPTED FOR THE USE OF MEDICAL STUDENTS. By ALBERT P. BRUBAKER, A M., M.D. 6th Edition, revised and enlarged. With new illustrations and a table of physiological constants. Philadelphia: P. Blakiston, Son & Co. 1891.

The title well describes this work, which is a compact and convenient arrangement of the fundamental facts of human physiology, brought up to date and stated with commendable simplicity and brevity.

THERAPEUTIC NOTES.

[Clinical confirmations of homœopathic indications with the single remedy, and original observations regarding the use of drugs by the strictly homœopathic method, are respectfully solicited from our readers. It is the aim of this department to collate experience which may seem to writers insufficient for formal papers, but which if published will diffuse valuable information otherwise likely to be lost. The pages will be made as unhackneyed and practical as possible. Contributions should be addressed to J. T. O'Connor, M.D., No. 51 West 47th St., New York City, who will give full credit to writers and carefully edit.]

From Foreign Exchanges.

Cases from William Lamb, Dunedin, New Zealand:

I. *Plumbum in Obstinate Constipation.*—Mrs. D. C. C., eight and a half months pregnant, complained of *obstinate constipation* all through her

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pregnancy, having to sit for an hour before she could extrude *a few hard round balls*. Gave *plumb.* 12, gtt. iij., three times a day. The next day after taking the medicine, she had an easy, natural evacuation, and continued so up to time of labor. After labor the same medicine taken on third day produced an easy evacuation next day. Nothing done except medicine. No dieting, etc. I gave the 12 dil. upon Dr. Ussher's strong advice not to go lower.

II. *Cedron in Periodical Neuralgia.*—C. G., æt. nine, was suffering from *neuralgia*, (not toothache, all his teeth being sound) of this peculiar character: that as regularly as the clock would strike 6 P.M., his pain came, and continued until he fell asleep, after tossing upon the bed exhausted. He would awake free from pain, go through the day without any intimation of his trouble, but as sure as 6 P.M. came, so surely the neuralgia returned. This was of nightly recurrence until I gave *cedron* 2, gtt. ij. every two hours; this at once, and permanently removed the affection. I believe malaria was at the bottom of this intermittent neuralgia, the boy having come from a malarious part of India. The "clock-like periodicity" directed me to the drug.

III. *Euphrasia in Catarrhal Ophthalmia.*—Mr. R. G. W. came to my house at six o'clock one evening, suffering from *catarrhal ophthalmia*, with such profuse lachrymation that his handkerchief was put to his eye every few seconds. I prescribed *euphrasia* θ in fractional doses of a drop every two hours, and locally a lotion of *euphrasia* 1 in 10. Next day he came to my house about 1 P.M. without any appearance of ophthalmia. This was truly magical.

IV. *Causticum in Aphonia.*—Mrs. C., suffering from aphonia so complete that only the lowest whisper was possible, was treated allopathically for six weeks without the slightest benefit. As it was catarrhal, I gave *causticum* 3x, gtt. ij. every two hours; in a couple of days she was able to speak in her natural voice.

V. *Belladonna in Throbbing Toothache.*—Mrs. S., on being asked immediately after accouchement if she felt all right, said, "Yes, except for this throbbing toothache I have had for some days." *Bellad.* 30, gtt. ij., relieved her in a few minutes.

VI. *Atropia Sulph. in Ulcer of the Stomach.*—Mrs. L., over sixty years of age, sent for me, as she was suffering the intensest pain in the stomach, with obstinate vomiting, which was of the "coffee grounds" character. She had suffered for many years with acute exacerbations every now and then. She had consulted three of the best allopaths, all of whom suspected malignant disease of the stomach. In her previous attack, her allopathic physicians injected morphia for the pain, and seemed baffled to check the vomiting, one of them confessing he had exhausted his armamentarium. For the vomiting I gave *ipecac.* 1, gtt. ij. every quarter of an hour at first, and then at longer intervals. They were truly

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astonished at the marvellous efficacy of the "drops." For the pain I gave *atropia sulph.* from the 1st cent. to 3d cent. trituration, 1 or 2 grain doses every few hours. This so relieved the pain that there was no need of hypodermic injection of morphia. She got quite well, and has remained so, not having enjoyed such good health for a number of years. Diagnosis, ulcer of stomach.—*Month. Hom. Review*, Oct., 1891.

Camphor in Urinary Troubles With Strangury.—By Dr. Joseph Thornley, Bolton, Eng. Case I. A man æt. forty; had just gotten over an attack of kidney colic. Was apparently well for twenty-four hours, after which he had a return of all his previous symptoms, this attack lasting three days. The urine during this second attack contained greater quantities of uric acid than before. He now suffered from strangury, the pain lasting for some time after each act of micturition. For this I gave *camphor θ*, 3 drops on sugar every three hours. Within an hour the pain was relieved and in twenty-four hours had entirely gone, and did not return.

CASE II.—A. B., a married woman, æt. thirty years, sent for me, complaining of violent pain after micturition, with constant desire to pass water, and a feeling that the whole of the urine had not come away; this caused her to have what she called "heavy bearing-down pains" and straining to force more urine away. The pain she said was like a knife cutting her, and it was so severe that she was in great fear of the desire to urinate coming on. I ordered her to foment the parts with hot water and gave her camphor *θ*, 3 drops on sugar every three hours. Next day she was very much improved. She got relief after taking the second dose, and had continued to improve ever since, and only a slight pain remained now after passing water. On the next day the pain had gone altogether. Ordered her to continue the medicine three times a day for a few days longer. She had no return.

CASE III.—E. A., æt. forty, a married woman, complained of having much pain in region of left kidney and ureter, and bearing-down scalding pain on passing water. I gave her camphor *θ*, 3 drops on sugar every four hours. Next day she was much improved, strangury had entirely gone, and the pain in her back and side was very much better. She continued to improve from day to day until she was quite well.—*Ibid.*

Angustura Vera in Pleurodynia.—By D. N. Roy, M.D. A tall, thin, old lady, æt. sixty-five, has been suffering from an attack of severe paroxysmal pain on the left side of her chest, for a week. She is addicted to opium taking, having begun its use for relief of chronic diarrhœa. For the pain in the chest she has been under homœopathic physicians, who prescribed *bry.*, *nux vom.*, *lyc.* and *coloc.*, without the least benefit. She was also ordered to foment the painful parts with hot water on flannel, but this aggravated her sufferings. When I first saw her she was in a bad condition. Pains so severe she could not think of food, bowels con-

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fined for two days, extremely weak and prostrated so that she could not turn in bed. She was lying on her back on a raised cushion and turned towards the right, leaving the painful parts bare and untouched. She was in this position during the last four days, and slight movements were extremely painful. The pains became so severe and the intervals between them so short that her relatives were apprehensive.

She complained of aching pain beginning in front below the left breast, extending all over the left side of the back up to the neck, but the worst points were about middle of fourth rib on the back and near cartilaginous portion of ninth rib in front. During a paroxysm the pains at these points were of a pricking character. Each paroxysm lasted ten or fifteen minutes, sometimes longer, and during them she would be in perfect agony with some difficulty of breathing. She was so much worse at night that its oncoming was a matter of dread. I prescribed *ranunc. bulb.* 3, to be given every hour or two, and *cimicifuga* 3, if the former had no effect. In twelve hours I was sent for; the patient was no better; a consultation was demanded and to this I agreed. Meantime I gave her a dose of *angustura vera* 3. Twelve minutes after this dose the pain reappeared and another dose was given; the pain lasted this time only three minutes, then there was an interval of twenty minutes and the pain lasted only one minute. This gave some satisfaction to the family, and the idea of a consultation was abandoned. I left some of the same medicine to be given at the onset of each paroxysm. Next morning she reported a good night's rest, having had to take only two doses. Medicine continued every three hours, and complete recovery followed.—*The Indian Homœopathic Review*, Calcutta, July, 1891.

REPORTS OF SOCIETIES AND INSTITUTIONS.

KINGS COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE 269th regular meeting was called to order November 10, 1891, by President Schenck, in the usual place—the rooms of the Franklin Literary Society, 44 Court Street, Brooklyn.

A paper by George C. Jeffery mentioned a case of chronic nervous dyspepsia and several cases of headache, which had been cured by correcting errors of refraction of the eyes.

In discussing this paper, W. M. Butler said that numerous cases of neurasthenia and of neuralgia are due to some trouble in the eyes.

A. G. Warner spoke of the importance of examining the eyes in nervous disturbances.

Dr. Schenck thought that there is greater likelihood of nervous disturbance from slight than from great errors of refraction.

Dr. Butler reported a case of insanity, one of hæmophilia, and an ambulance case of alcoholic coma with rapid breathing and cyanosis—evidently due to congestion of the base of the brain—relieved by oxygen.

R. K. Valentine reported a case of hæmophilia, where the hæmor-

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rhages occurred from the uterus, mouth and bladder; *crotalus* and *carbo veg.* were the remedies.

NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting was called to order by President O'Connor in the Reception Room of the New York Ophthalmic Hospital, Thursday evening, November 12, 1891.

Phœbe J. B. Wait, Chairman of the Committee on Obstetrics, presented the following papers: "Two Complicated Cases," by Millie J. Chapman, Pittsburgh, Pa.; "Vaginal Thrombosis Complicating Labor; Primary Trachelorrhaphy," by O. G. Hunt; "A Case of Extra-Cephalic Hernia with Shoulder Presentation," by Louise Lannin; "Looking Backward," by P. J. B. Wait.

Discussing Dr. Chapman's paper, George E. Tytler reported that he has had less trouble from rigid os by using hot vaginal douches.

Discussing Dr. Hunt's paper, S. F. Wilcox said: Dr. Seward, of Orange, had a case last week where a hæmatoma ruptured spontaneously, leaving a ragged wound which healed by granulation. Dr. Garrigues (in the *American Journal of Obstetrics*,—"Primary Trachelorrhaphy") thinks there is some danger of sepsis from closing the uterus. The majority of lacerations of the cervix heal up without sutures. The speaker believes in primary trachelorrhaphy if the patient be not too exhausted by the labor.

Dr. Hunt.—The question which interested me most was whether gout had anything to do with the hæmorrhage; the radial and temporal arteries were atheromatous. If I had another case I would cut down to the vessel and tie it, instead of relying upon remedies. In primary trachelorrhaphy the sutures can be introduced painlessly under cocaine.

Discussing Dr. Wait's paper, L. L. Danforth said that occipito-posterior presentations require an early diagnosis and a thorough appreciation of the mechanics of the situation for their successful management.

B. G. Clark.—I had a case of occipito-posterior presentation where the child's head was so large that I incised the labia to prevent laceration of the perineum. The child was still-born. From my experience, I should say that in the country women have just as hard labors, and forceps are required just as frequently, as in the city.

Dr. Wilcox.—Certain classes have easier labors than others. In Vienna, I noticed that the children were all small, weighing only perhaps six pounds; the mothers were poorly nourished and overworked.

M. A. Brinkman.—I believe the city woman suffers more because of her active life and greater knowledge. The quiet, out-door life, with the absence of excitement, renders the country woman better able to go through her confinement easily.

J. M. Schley.—The worst cases of laceration come from the country, and they do not suggest easy labors. Whether this is due to lack of good treatment is a question. As to the smallness of the Vienna babies, I have seen some very large ones there.

Dr. Hunt.—Too many physicians are lax about reporting their births. I know several who are thus remiss who enjoy a large obstetric practice. I think the young doctor has a right to inspire confidence by saying that he has seen other cases like the one in hand.

Dr. Wait. Real country life tends to lessen the difficulties of confinement. I prefer remedies to dilating the cervix.

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IN MEMORIAM,

SAMUEL LILIENTHAL, M.D.

Whereas, This society has received the painful intelligence that Dr. Samuel Lilienthal has been called away from the scene of his labors, in the hope of entering a higher life; and,

Whereas, The officers and members of this society, who proudly enlisted him among its honorary members, realize that in his death homœopathy has lost one of its brightest ornaments and most earnest workers; therefore,

Resolved, That we publicly express our keen appreciation of the loss we have sustained.

Resolved, That his noble qualities of mind, his congenial and courteous manner, his childlike simplicity of character, his readiness to draw from his vast stores of experience and medical literature which he had long and patiently accumulated, endeared him to the medical profession, and prompt us to hold his name in most affectionate remembrance.

Resolved, That a copy of this preamble and resolution be transmitted to the family of our departed friend and colleague.

After submitting, on behalf of the Memorial Committee, the preceding resolutions, which were unanimously adopted, M. Deschere said: I have every reason to remember Dr. Lilienthal with love and reverence, because all I am he made me. For ten years our relations were of the most intimate character. One of his most notable characteristics was his punctuality. He retired every night at 10 P.M. and arose at 6. From this hour on until 9 he wrote or studied. Then came the business of the day. After dinner he generally studied until 9. In this way he was enabled to do the enormous amount of literary work he did.

M. A. Brinkman.—Dr. Lilienthal always entertained the most friendly feeling towards the ladies in the profession. Twenty years ago the popular feeling was entirely different from what it is at present, and he was largely instrumental in bringing about the change. He constantly endeavored to persuade them to join the various societies, county, state and national, and endeavored to bring them forward in every legitimate way. I feel personally indebted to him for numerous kindnesses shown me in looking up cases, a work he loved to perform.

R. McMurray.—It was my pleasure to meet Dr. Lilienthal frequently, and what impressed me most was his sterling, unfeigned honesty. He was a homœopath because he believed in it. This same honesty characterized his relations with his fellow-men.

Dr. Wait.—Dr. Lilienthal was one of the most faithful friends the New York College and Hospital for Women ever had, As a lecturer he was not only always on hand, but promptness itself.

B. G. Clark.—In the death of Dr. Lilienthal homœopathy has lost a friend. He was a homœopath by conviction and no one could be more true to its tenets. The love for his Maker and the love for his profession were the ruling passions of his life.

RECORD OF MEDICAL PROGRESS.

SPERMATO-CYSTITIS.—Mr. Jordan Lloyd, in *The Lancet* for October 31st, calls attention to this disease, which he claims is often unrecognized, though among the most common complications of gonorrhœa;

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overlooked, not because it does not give rise to definite symptoms, but because these symptoms are wrongly attributed to altogether different organs. The disease is almost always secondary to urethritis. Whether it is to be regarded as gonorrhœal or not depends upon our individual views of the specificity of the urethral discharges which follow sexual intercourse.

Its symptoms are usually looked upon as indicating prostatitis, vesical irritability, inflammation at the neck of the bladder, or reflex spasms from an inflamed urethra. The similarity which exists between spermato-cystitis and epididymitis is striking—both are usually secondary, occurring in the third or fourth week of gonorrhœa. The inflammatory process in both affects chiefly the connective tissue lying between the tubular structures, and is characterized by the hard, brawny swelling, giving rise to the well-known ovoid mass filling one-half the scrotum in one case, and to the diffused, brawny swelling felt from the anterior wall of the rectum—mistaken for the acutely inflamed prostate—in the other. Spermato-cystitis terminates in resolution, but occasionally it may suppurate and give rise to deep-seated abscesses in the pelvic floor. It may be acute, subacute or chronic. The first usually complicates the true gonorrhœa, the second occurs in the "non-specific" variety of urethritis, and the third is a sequel of either of the first two.

The symptoms of spermato-cystitis are identical with those given in the text-books as characteristic of the several varieties of prostatitis, of vesical irritability, and inflammation of the neck of the bladder, and a correct diagnosis can be made only by an examination from the rectum. Mr. Lloyd believes that inflammation of the prostate is comparatively rare, and that in the majority of the cases where such a diagnosis is made, it is really the seminal vesicles which are the seat of the trouble. The swelling, as felt from the rectum, occupies the whole base of the bladder from side to side, and extends beyond the reach of finger.

ENTERIC FEVER IN AN INFANT.—Mr. Fuller, in *The Lancet*, November 7th, reports a case of enteric fever, as demonstrated in autopsy, occurring in an infant nine months of age.

TUBERCULIN.—In *The Lancet*, October 31st, appears a translated abstract of Prof. Koch's latest communication on tuberculin, by Dr. Hime. Koch, in order to isolate the active principle of tuberculin, detected its presence by its effect on guinea pigs, which had been inoculated with tubercle not more than four weeks previously. Healthy guinea pigs bear injections of very considerable quantities of tuberculin without any detectable effect, but tuberculous guinea pigs behave in a very characteristic manner, when injected. Eight to ten weeks after inoculation, an injection of 0.010 gme. of tuberculin is frequently fatal. In animals four to five weeks advanced, a dose of 0.500 gme. proves fatal without exception. If, then, an animal in the fourth or fifth week of tuberculosis be injected with 0.500 gme. of tuberculin, or its equivalent of any of the extractives, its death or survival determines the presence or absence of tuberculin in the extractive. The animal dies in from six to thirty hours, according to the extent of the tubercular disease present. If death occurs sooner, or later, it cannot with certainty be ascribed to the tuberculin injected, and is usually due to some other infectious disease, as pneumonia, malignant œdema, etc. After describing the production of pure tuberculin, which is a snow-white powder soluble in fifty per cent. of glycerine, the effects of its injection into healthy human beings are thus briefly described: 1. Dr. Kitasato received an injection of 2 milligrammes on June 24th. His temperature rose from 97.7° to 100.94° (eight hours after the injection). An attack of coughing came on

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four hours after injection, and lasted for three hours, and was followed by headache, heaviness, and sweating, without further general symptoms. The pulse rose from 72 to 97. 2. Dr. A. Wassermann was injected on June 25th, with 3 milligrammes. His temperature rose in the course of eleven hours from 98.06° to 101.66°, and then fell to normal. He had some dulness in the head, dragging in the thoracic and abdominal muscles; no rigors. Pulse rose from 80 to 114. 3. Dr. H. Maas, received, on July 13th, 4 milligrammes. In the course of twelve hours his temperature rose from 98.6° to 102.2°. He had slight rigors, headache and dulness. Pulse rose from 72 to 100. 4. Director Dr. P. Guttman, on July 28th, received 8 milligrammes. Within eight hours his temperature rose from 97.7° to 102.56°. Four hours after injection, drawing in the limbs, and slight rigors followed by a feeling of heat and sweating, vomiting and sleeplessness. No headache. Pulse rose to 135. In every case the patient was altogether or almost quite well after twenty-four hours.

QUESTIONS AS TO THE ETIOLOGY OF PHTHISIS.—Dr. Pye-Smith, *Brit. Med. Jour.*, October 17, 1891, in introducing a discussion on the above subject, considers it in the light of the observed variations in predisposition of different individuals, citing, especially, the infrequent transference of the disease to attendants on phthisical patients; its predilection for those between eighteen and thirty-five years of age; its relations to heredity; and its origin in "a neglected cold." Experiments have proved that tuberculosis may be produced by inoculation of a pure cultivation of the microbe under the skin or into the peritoneal space; also as a spray or dust by injection into the trachea, or ingested with the food. In man, there is every reason to believe that the most frequent vehicle of the contagium is the dried sputum. As a liquid it may also be conveyed in milk from tuberculous cows, and as a solid, by the flesh of tuberculous animals. Here the author asks, "Why are the latter methods so rare except in children? Why do we not meet with infection through open sores or wounds? Why is not lupus generalized? What determines whether the contagion shall be taken up from the lymph spaces and conveyed to the lympharia, or absorbed by the veins and carried into the general circulation?" Considering the reception of the germ, he asks: "What are the conditions that make the access of the bacillus dangerous, and divide them into local and constitutional?" The questions which arise in considering these points are numerous, and the discussion which follows interesting, but inconclusive.

IDENTITY OF VARIOLA AND VACCINIA.—Fischer has experimentally examined the question of the identity of vaccinia and variola. Under strict antiseptic precautions he removed from a man ill with variola, the contents of a vesicle on the second and on the fifth day, that is up to the time of the appearance of purulent material. He thus mixed the contents of an old with a younger vesicle. This he applied to a calf both by incision and by superficial inoculation. In both instances there followed the characteristic phenomena of benign and completely localized cow-pox in the animal. Successive inoculations from the pustule thus obtained were made upon other calves and also upon the human subject, the result being typical vaccinia, and in the first inoculated human subjects (both adult and children) with unfailing certainty. By this experiment Fischer has shown that the inoculation of the calf with the contents of a small-pox pustule produces in the lower animal vaccinia, and further inoculation from the latter causes in man the appearance of vaccinia.—*Munch. med. Wochensch.*, 42, 1890. O'C.

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NEWS.

All news or matter relating to "News," "Comments" or "Correspondence" should be sent to 181 West Seventy-third street.

THE FEAST OF LANTERNS.—The Fair held by the Women's Guild of the New York Homœopathic College and Hospital opened auspiciously at the Lenox Lyceum, Monday evening, November 30th. Governor-elect Roswell P. Flower was expected to deliver the opening address, but was prevented by imperative engagements from being present, In his absence Judge Cowing presided and read the following letter from Mr. Flower: "I regret exceedingly that an important engagement will keep me here on the evening of the opening of your fair. I know how much in need of funds you are to keep alive a struggling charity in the City of New York, and how much time and labor you are all expending in its behalf. I trust, however, that you may find some one who has the leisure who will volunteer to open the fair. I enclose my check for $100 in aid of this very worthy charity, and hope that the good people of New York will patronize the fair as it deserves, knowing as I do your management to be prudent and economical, I feel that every dollar given by the citizens of New York goes directly to the amelioration of the condition of the poor." The building was largely and tastefully decorated with Chinese lanterns and the numerous booths were well stocked with articles to attract buyers. The attendance was large, many notable people being present, and the success of the fair seems assured.

ONTARIO COUNTY SOCIETY.—At the Annual Meeting of the Homœopathic Medical Society of Ontario County, N. Y., held October 21, 1891. the following officers were elected for the ensuing year: President, Dr, J. C. Prichard, Phelps; Vice President, Dr. John D. Cooke, Shotville; Secretary and Treasurer, Dr. Charles T. Mitchel, Canandaigua; Censors, Drs. Foster, Stebbins and Covert; Delegate to State Society, Dr. Charles T. Mitchel.

THE NEW YORK PÆDOLOGICAL SOCIETY.—This society met on the 4th of November and formally organized by adopting a Constitution and By-Laws and electing officers. The object of the Society is "the advancement of the knowledge pertaining to the treatment of children in health and disease." Any physician in good standing residing in the City of New York, who has received the degree of Doctor of Medicine from a regularly incorporated institution, whose requirements are in accordance with the laws of this State, may be elected a member of this Society. The officers elected were, President, Dr. Martin Deschere; Secretary and Treasurer, Dr. J. B Garrison. The membership already numbers nearly forty and is rapidly growing. It is proposed to organize in connection with the Pædological Society, an association which shall have for its object the study of the Materia Medica. This society will, when organized, meet at the same place and evening as the Pædological Society, but the meetings will be separate. A committee to draft a plan of organization has been appointed and will report next month.

BROOME COUNTY SOCIETY.—The November meeting of this flourishing society was held at the Glenmary Home at Owego. Drs. Greenleaf, of Owego, and Snyder, of Binghamton, the proprietors, gave the society a cordial welcome. Among those present were Drs. Armstrong, Baily, Corwin, Fish, Haines, Hand, Jenkins, Martin, Mills, Sloan, Snyder, Ward and Winters, of Binghamton; Dr. Baldwin, of Montrose; Drs. Dutcher and Greenleaf, of Owego; Drs. Kortwright and Simmons, of Susquehanna, and Dr. Leonard, of Deposit. After visiting the buildings and

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grounds, the Society and its guests sat down to an elaborate dinner. Following this came the monthly meeting of the Society. Dr. Greenleaf read a graceful poem of welcome which was well received. The paper of the evening was on "Anæsthetics," by Dr. Snyder. A special paper on "The Science of Homœopathy," by Dr. Adams, of Osborne Hollow, was, in Dr. Adams' absence, read by Dr. Jenkins.

DR. CHARGÉ.—A brief account of the life of the venerable Dr. Chargé, of France, has been received. It is well written and will be of interest to those who find profit and pleasure in the study of the works of the great pioneers of homœopathy.

MEDICAL PRACTICE IN CONNECTICUT.—The writer of the following letter found, in the Bulletin of the Connecticut Board of Health, states with a certain grim humor, the condition of medical affairs in that State: "Sir:—Anybody can practice medicine in Connecticut. You do not need to register; you do not need a medical diploma; you do not need to know the difference between opium and peppermint; you do not, indeed, need to know anything. You can simply come and live here and begin to practice. The laws of Connecticut will sustain you in collecting your fees for professional services, if you render any which you choose to call such. But if you undertake to carry me or my trunk to the depot for pay you must get a license. If you peddle matches or peanuts you must get a license; if you collect the swill from your neighbors to feed your pigs you must get a license; if you want to empty your cesspool you must get a license. But you can practice medicine in Connecticut *without a license.*"

THE NEW HAVEN HOSPITAL.—It is gratifying to know that a sufficient amount of money has been secured to render the erection of the New Haven Homœopathic Hospital a certainty. Subscriptions to the amount of $22,000 have been collected; $5,000 additional is pledged; and the State has paid over the $20,000 which it agreed to give. It is expected that the hospital will be ready for occupancy in about a year.

NEW JERSEY STATE SOCIETY.—The thirty-seventh semi-annual meeting of the New Jersey State Homœopathic Medical Society was held at New Brunswick in October. The attendance was fair, the papers were good, and the discussions animated. Papers presented were, "A Comparison of the Natrums," by Dr. W. McGeorge; "Treatment of Colle's Fracture," by Dr. C. F. Adams; "The Correction of Minor Errors of Refraction," by Dr. B. H. Sleght; "Mixture of Ether and Chloroform as an Anæsthetic," by Dr. A. N. Baily; "Ante-partum Hæmorrhage," by Dr. G. D. Woodward; "Labor, the Art of its Management," by Dr. N. A. Seibert. Two subjects were selected for the evening session: "Can Miscarriage be Prevented; if so, at what Time and by what Methods?" and "What is the Use of the Various Salts of Potash in Medicine?" Short papers on these topics were prepared by Drs. James Hoffman, G. B. Best, Knudsen, Sleght, Church, Abbott, Morgan and Calver. The annual meeting will be held at Trenton the first Tuesday in May, 1892.

FOREIGN GRADUATES IN NEW YORK.—Foreign graduates in medicine will find a recent decision of the Attorney-General of New York of considerable importance to them if they propose to settle in New York State. He holds that the law to require that all physicians having foreign diplomas only, and desiring to practice in this State, must undergo an examination by the State Medical Board before a license can be received.

There are sixty-six homœopathic hospitals in the United States, which contain 6,320 beds. During the year 1890, 33,736 patients were treated, with a death-rate of only 3.3 per cent. (Ex.)

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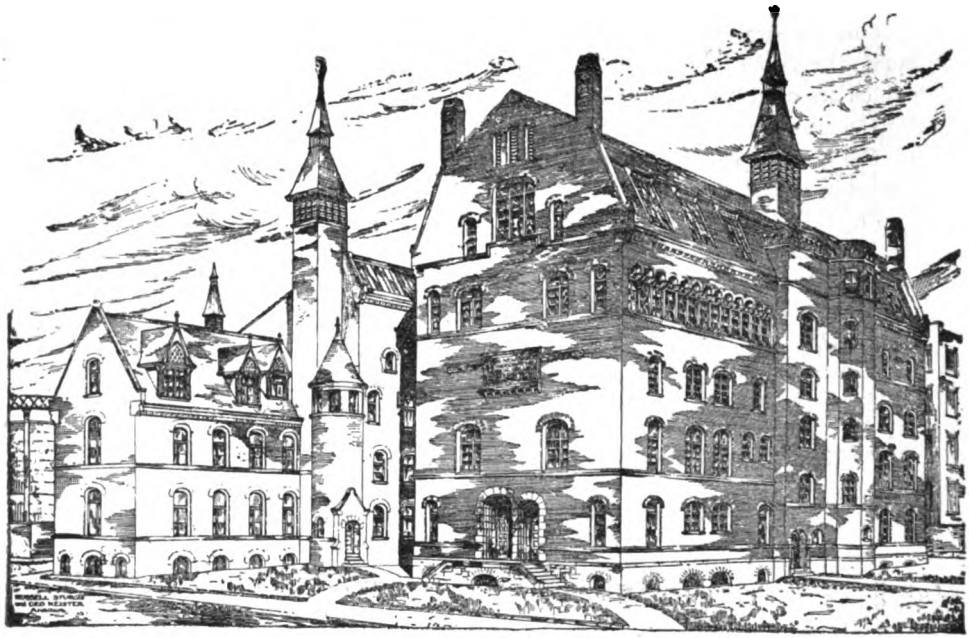

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Dr. H. C. Aldrich, of Minneapolis, Minn., writes: "Our Homœopathic Hospital (an entirely separate institution from the college) is in a splendid condition, except that we are cramped for room, having many more applications than it has beds or rooms vacant. It has a large force of nurses in the training school, which has been in operation for two years, and whose graduates are in demand throughout the State and even in neighboring States."

One of the proprietors of Glenmary Home, at Owego, N. Y., Dr. J. T. Greenleaf, assumed the position of medical superintendent of that prosperous and successful homœopathic institution on Nov. 1st, in place of the former incumbent. The Broome County Homœopathic Medical Association holds its November meeting at the "Home," report of which will be found in our columns in due time.

REMOVAL.—Dr. J. H. Storer, Class of '91, of N. Y. Homœopathic Medical College, has removed from Norwich, Conn., to 277 Alexander Avenue, N. Y. City.

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LOCATED.—Dr. L. E. Waite, of the Class of '91, College of the University of Minnesota, has located at Mankato, Minn.

The following is one of several amusing letters received in reply to a circular sent out from this office recently:

DEER SIR: I Wish you Would not send any more of your Circalers Nor any more of your advertisements to J. A. Blank for he has quit practising medicine and he dont Want to be bothered with your things, And he dont read them when he gets them, for he has not got any use for them and he is not at Ifeingville he is at Nickinzee and if you Want to send them to him you can do it Well i Will Close for this time rite Soon to me yours truly Billie

Parker

"We picked up a captain's chest at sea last trip," said the mate. "Were his lungs in it?" asked Wagg.—*Ex.*

Read pages 17, 21, 25, 27.

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BUSINESS MGR.'S DEPT.—PAGES 13, 17, 21, 25, 27.

Doctor.—If you are contemplating the purchase of a country seat, do not fail to visit Hasbrouck Heights, N. J. Its grand location and the inducements offered to purchasers can only explain its rapid growth, which is little short of the marvelous. Imagine a fully fledged town with all modern improvements springing up in a few months on a fertile hillside, and you get some idea of Hasbrouck Heights.

Dr. W. B. Hinsdale, who was this year elected Professor of Materia Medica in the Cleveland Homœopathic Hospital College, is making a decided impression upon the faculty and students as an able and efficient lecturer and instructor.

Dr. Hinsdale is a graduate of Hiram College, Class of '75, and of the Homœopathic College, and a successful practitioner. He is the brother of Dr. Hinsdale, of Ann Arbor University, who was formerly superintendent of schools of that city.

The Sanitas preparations are increasing in popularity every year. Their germicide and disinfectant powders, liquids and soaps can be obtained of all druggists, and will be found exceedingly useful in their sphere.

MEDICAL APHORISMS.

A correspondent, signing himself "Artz," sends to the *Canada Lancet* the following professional aphorisms of Amédée Latour:

(1) Life is short, patients fastidious, and the brethren deceptive. (2) Practice is a field of which tact is the manure. (3) Patients are comparable to flannel—neither can be quitted without danger. (4) The physician who absents himself runs the same risk as the lover who leaves his mistress—he is pretty sure to find himself supplanted. (5) Would you rid yourself of a tiresome patient, present your bill. (6) The patient who pays for his attention is but exacting; he who does not is a despot. (7) The physician who depends on the gratitude of his patient for his fee is like the traveler who waited on the bank of a river until it finished flowing, so that he might cross to the other side. (8) Modesty, simplicity, truthfulness!—cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*. (9) To keep within the limits of dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. (10) Remember always to appear to be doing something—above all, when you are doing nothing. (11) With equal, and even inferior talent, the cleanly and genteelly dressed physician has a great advantage over an untidy one.

She—"I saw your cousin Tom the other day. He looked shockingly bad." He—"Well, you see, Tom has just moved into a suburban villa and is taking care of his own furnace."—*Boston Beacon.*

Read pages 13, 21, 25, 27.

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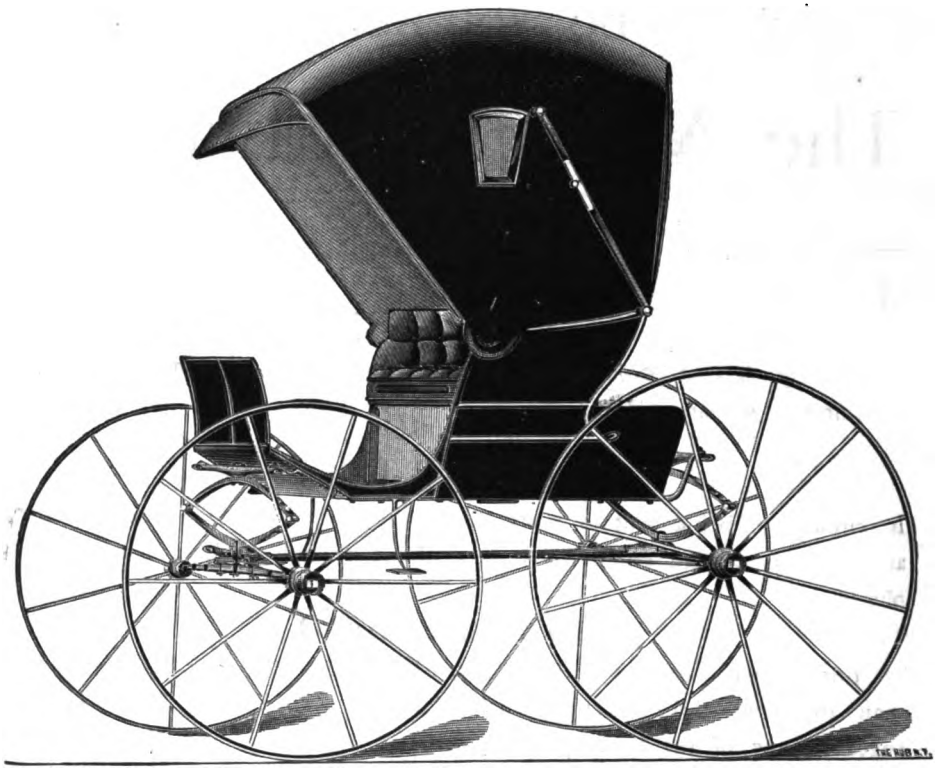

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BUSINESS MGR.'S DEPT.—PAGES 13, 17, 21, 25, 27.

FEAST OF LANTERNS.

The Fair for the benefit of the New Medical Pavilion to be built on the ground owned by the New York Homœopathic College and Hospital, held in the Lenox Lyceum under the auspices of the Woman's Guild, has been a decided success. It has been one of the prettiest fairs ever held in New York and quite as successful from a social and artistic, as from a financial standpoint. The ladies deserve great credit for their efforts in behalf of the Hospital and Homœopathy.

Among the most attractive features of the Fair was the Apron Booth, presided over by the Misses Sherman. Here everything conceivable in the way of aprons was displayed, from the surgeon's gown to the most delicate creation of lace and embroidery. The restaurant, under the management of Mrs. C. E. Campbell, was a great success. The Southern dinner, given on Wednesday evening, December 10th, was well attended and was quite a representative gathering. The decorations were largely Japanese, each booth being given the Japanese name for the flower taken as its emblem.

The art and fancy goods departments and the flower booth were worthy of special mention.

If you need surgical instruments go to Ford's and get the best goods at reasonable prices. The erroneous idea prevails to some extent that the lowest priced goods are the cheapest, but that rule does not obtain, as applied to surgical instruments. The success of an operation often depends on having the proper tools to do the work with, and no amount of technical skill can offset the necessity of using a poor instrument.

"I don't know what to make of it," said Willie Wishington, "but I can't seem to get along nicely with Miss Pepperton."

"What's the matter now?"

"I tried to pay a delicate compliment, you know, and sent her a box of confectionery with a card, on which I wrote 'Sweets to the sweet.'"

"And what did she do?"

"She sent me a paper of chestnuts and a card, which read, 'Similia similibus curantur.'"—*Washington Star.*

C. T. Hurlbert's old reliable homœopathic pharmacy is located still at No. 3 E. 19th Street, though their branch pharmacy is in Harlem.

It is interesting to note that the College of Homœopathic Medicine and Surgery of the University of Minnesota shows a larger percentage of increase in students than either of the other colleges in the medical department.

Read pages 13, 17, 25, 27.

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Galvanic, Faradic, and in combination, are now used by American and European Physicians, some of them for more than

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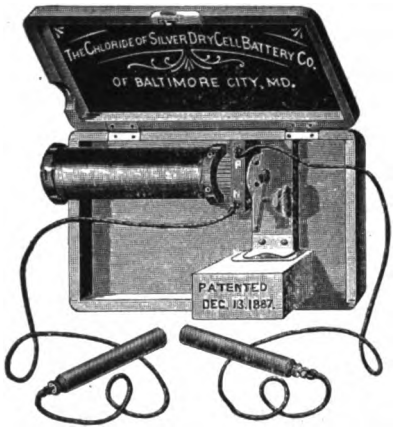

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Fig. I—Normal.

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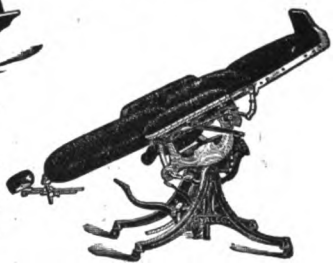

Fig. IX—Chloroform Position.

Fig. XVII—Dorsal.

A few of the positions are: normal, reclining, semi reclining, horizontal, ¾ length, dorsal, Sim's, right or left lateral oblique, dorsal with hips raised, side tilt, raising or lowering, chloroform narcosis, rotating, etc.

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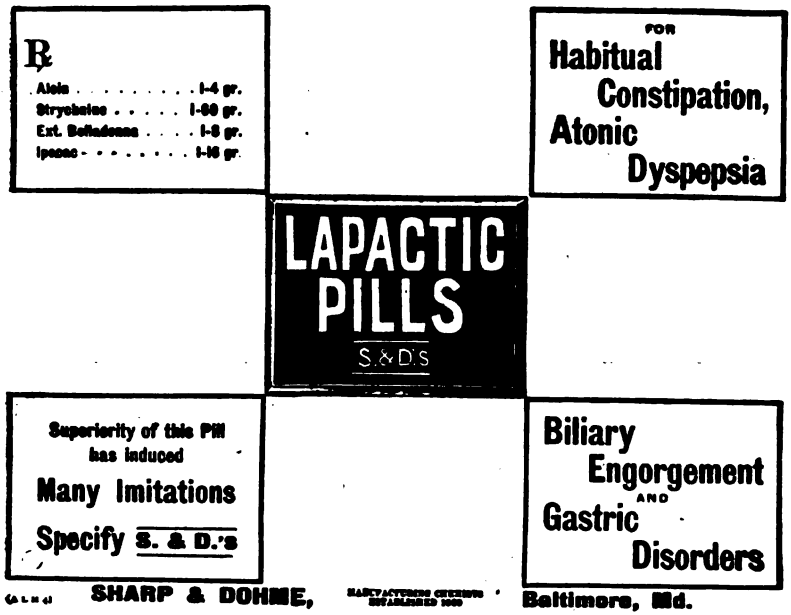

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HABITUAL CONSTIPATION AND ATONIC DYSPEPSIA.

Since we first called attention to our Lapactic Pills—some four years ago—publishing the composition of the same, a number of manufacturers have adopted the same formula and have furnished these pills under the same name. Should physicians fail to obtain satisfactory results from Lapactic Pills not of our make (and we have received a large number of such complaints from physicians by letter) we shall be glad to furnish a sample of our Lapactic Pills on application. We feel confident that they will fully substantiate our claims.

Please use the term "LAPACTIC PILLS, S. & D.'s," when prescribing these pills.

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BUSINESS MGR.'S DEPT.—PAGES 13, 17, 21, 25, 27.

The New York Homœopathic Sanitarium, situated in West 34th Street, commenced its second year on October 1, 1891, under the most prosperous conditions.

The establishment was found too small for the many demands for rooms at that time.

This association of homœopathic physicians, determined to have a place where good nursing and suitable nutritious food for their patients could be procured, *with complete authority in all matters*, has cause for self-congratulation.

During the past year the mortality has been 2.03 per cent. Operations as oöphorectomy, laparotomy, etc., have frequently been performed.

It is the purpose of the majority of those in attendance to enlarge the scope of its work, to purchase a permanent home, and when vacant rooms exist, to admit patients of other physicians within certain restrictions.

It seems a pity that a larger organization could not be formed from the most desirable members of our county society.

Among the new members admitted to full membership is Dr. Belle Brown. Dr. Doughty was elected President for the coming year.

The Executive Committee consists of Drs. Wetmore, Wilcox, Doughty and Schley. Dr. Sidney F. Wilcox was re-elected Secretary and Treasurer.

Dr. G. W. Roberts remains resident physician. Mrs. Black continues as head nurse.

"What sort of a newspaper plant have you?" asked the eastern man of the wild western editor.

"I have been using a Colt's 44," replied the editor, modestly, "but considering the difficulties arising out of the last campaign, I have about concluded to get a Winchester."

W. Baker's old reliable Breakfast Cocoa challenges all competitors.

Dr. Chas. M. Thomas, of Philadelphia, announces that he will hereafter relinquish the practice of general surgery, and will devote his entire attention to diseases of the eye and ear.

Horsford's Acid Phosphates have been found especially serviceable as a menstruum for the administration of such alkaloids as morphine, quinine and other organic bases which are usually exhibited in acid combination.

The admixture with pepsin has been introduced with advantage when indicated.

The Acid Phosphate does not disarrange the stomach, but, on the contrary, promotes in a marked degree the process of digestion.

Dr. R. S. Miles, Glencoe, Minn., says: "I use it in a great many cases as a menstruum for quinine, when an acid is necessary."

Read pages 13, 17, 21, 27.

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In Scarlet, Typhoid and other Fevers it will keep the Kidneys in free action. Used and Recommended by the Medical Profession Generally. A Descriptive Book will be Mailed upon Application.

From WM. TOD HELMUTH, M. D., 41 East 12th and 180 West 59th St., Prof. Surgery, N. Y. Hom. Medical College.

JOHN L. LOCKWOOD., New York.

My Dear Sir—As you know, I have been a long time in making up my mind regarding "Clysmic" Water, and after many trials extending over several years I must say that I am convinced of its efficacy in the treatment of certain forms of Kidney and Bladder diseases, and for a table water I regard it the best in the world. Very truly yours, WM. TOD HELMUTH, M.D.

From F. R. Doughty, M.D., Prof. of Anatomy and Lecturer on Diseases of the Genito-Urinary Organs, N. Y. Hom. College.

512 Madison Ave., NEW YORK.

JOHN L. LOCKWOOD.

Dear Sir—I have freely used the Clysmic Water in my practice for a long time, and think very highly of it in genito-urinary diseases. Respectfully yours, F. R. DOUGHTY, M.D.

From J. M. SCHLEY, M. D., Attending Physician at Hahnemann Hospital, &c.

J. L. LOCKWOOD. 1 East 42d St., NEW YORK.

Dear Sir—In looking over the many testimonials sent you setting forth the merits of Clysmic Water, I find one from Mr. Wm Hoyt, who, upon my recommendation, has used it very freely in his family, and more especially in the case of one of his children, with marked benefit. I have used Clysmic a great deal in my practice for Bright's Disease, Bladder Affections, and in some forms of Dyspepsia, and its use will extend among the profession as its merits become better known. Respectfully, J. MONTFORT SCHLEY, M.D.

From R. LUDLUM, M.D., of Chicago,

"My attention was first called to the value of Clysmic Water in consequence of its remarkable cure of one of my best personal friends. She had suffered for four years from Catarrh of the Bladder, Inflamation of the neck of the Bladder; the first stages of Bright's Disease with Malarial Fever in the worst form. In a few weeks after drinking the water she entirely recovered her health."

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MR. JOHN L. LOCKWOOD.

Dear Sir—I am not a connoisseur in wines, but I am in mineral water, and my family agree with me that the "Clysmic" is most admirable. It comes up to the Jeffersonian test—it is "honest and loyal to the Constitution." May it "cast out the evil spirits" from many a table. Yours truly, THEO. L. CUYLER.

From Mr. ELBRIDGE T. GERRY, President of the Society for the Prevention of Cruelty to Children.

Aboard Flagship Electra, New York Yacht Club, Harbor of New York, August 14, 1890.

JOHN L. LOCKWOOD, ESQ.:

DEAR SIR—I have used Clysmic in my family and on my yacht as a table water during the last five years and cannot speak too highly in its praise. It is far superior, in my judgement, to Apollinaris, because the salt and soda in the latter make you more thirsty the more you drink of it. It is incomparably more healthy than the filthy Croton, which is hardly proper for even washing purposes. For yacht use it is without a rival, and is the only sparkling water ever used on the Electra. It is admirable in its diuretic qualities.

CAUTION.—Do not purchase the effervescent Clysmic water in bottles that have been allowed to stand in show windows and on counters until the corks have dried and the gas escaped. The bottles should always be **kept on their sides.** Sold only in glass bottles (quarts and pints). Not sold by the gallon. Purchase only of reputable dealers and refuse all substitutes offered for Clysmic Water.

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NOTICE.—The bottles should be KEPT ON THEIR SIDES in a cool place and the water not diluted with ice. The water can be used hot if desired for medicinal purposes, but the cork must be drawn before being heated. The empty bottles will be repurchased when returned.

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BUSINESS MGR.'S DEPT.—PAGES 13, 17, 21, 25, 27.

"Doctor," he said, as they met on the platform of the street car, "can I get a little advice of you?"

"For cash?"

"Well, no. I simply want to ask a question or two, and being I'm an old patient of yours you won't think of charging me."

"Go ahead."

"Well, my feet are troubling me and I thought——"

"Say! Cut 'em right off!" interrupted the doctor, "I've often wondered why you didn't do it. I've got to get off here—good night!"—*Detroit Free Press.*

Supposed discoveries in the treatment of consumption follow each other like the sweep of the billows on the shores of a troubled sea.

But success will not come to those who wait for an accidental discovery. It rewards those who faithfully and patiently apply the already well-known principles of scientific treatment based upon the established pathology of the disease.

It has been demonstrated that, in almost every instance, the attack begins at some time when, by some cause, the tissues have become more or less devitalized. Thus, one person will have relaxed tissues with unhealthy secretions, following an acute disease or inflammation; another will have a system weakened from unusual work, care, exposure, or other debilitating causes; another, from the excessive drain of pregnancy or lactation; another, a child, will have excessive rapidity of growth, resulting in tissues that are weak, flabby and non-resisting. To guard against any temporary period of reduced vitality, the hypophosphites must be given, by a watchful physician, whenever there exists any devitalizing cause, and as long as such cause persists.

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Send me a baby's top to a nursing bottle.

An ounce of the smelling stuff that goes through your brain.

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Enough ipecac to throw up a girl four years old.

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Plaster for a man kilt with stitches.

Something for a caustic woman.

Something to knock a cold out of an old woman.

Something for a woman with a bad cough and can not cough.

Something, I forgot the name, but it is for a cure for a swelled woman's foot.

Read pages 13, 17, 21, 25.

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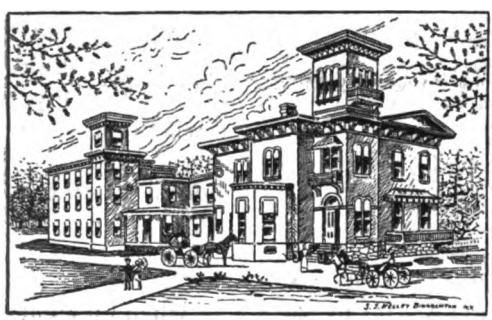

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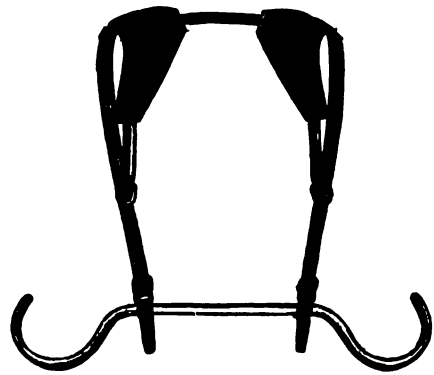

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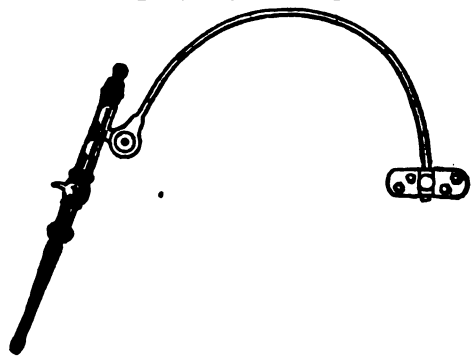

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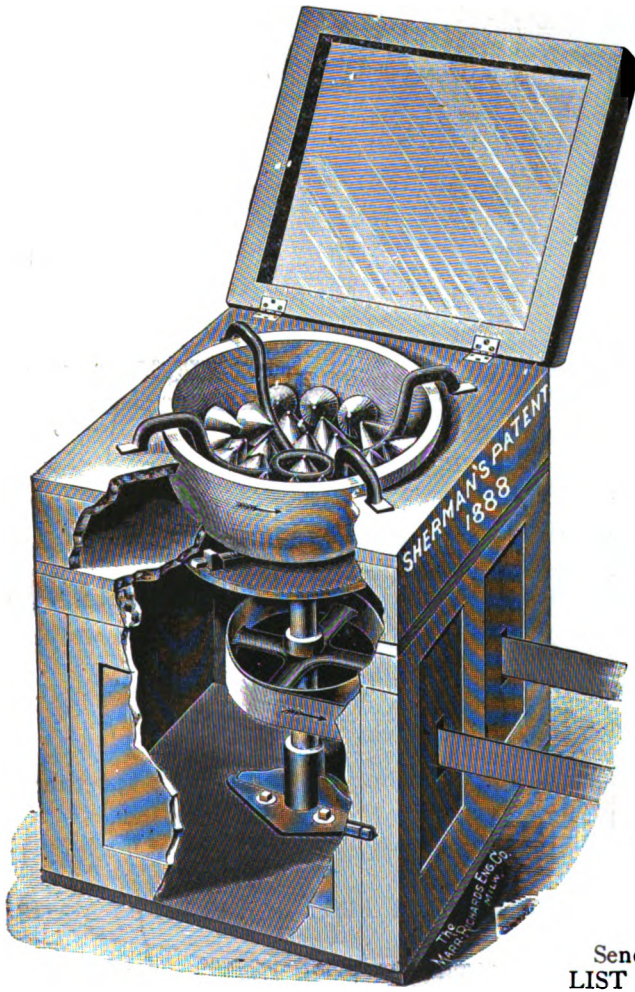

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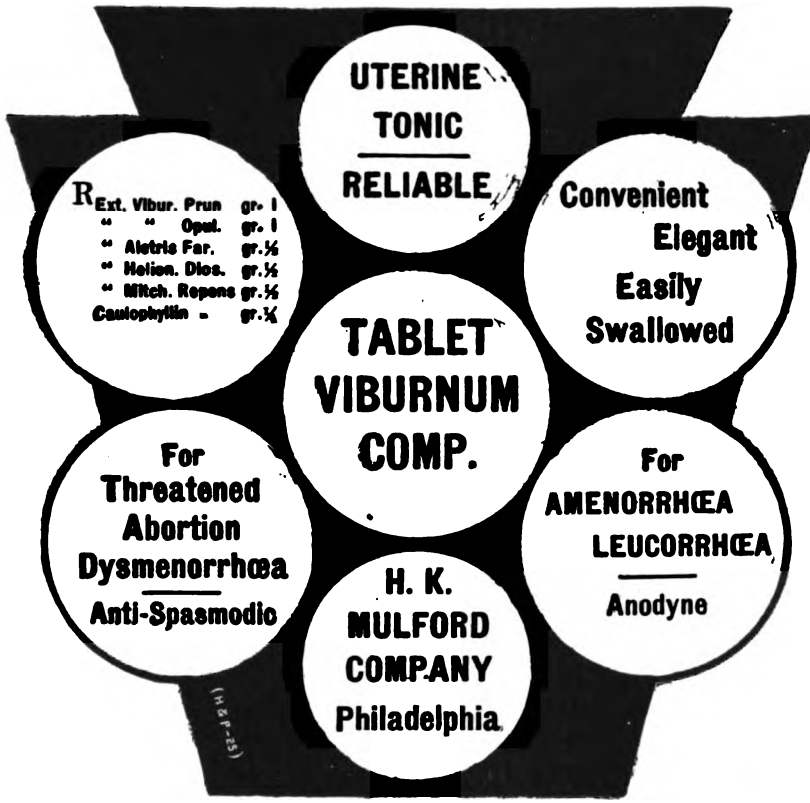

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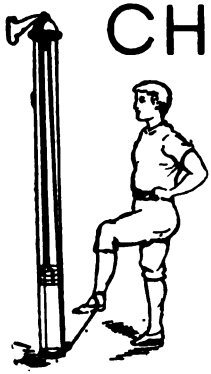

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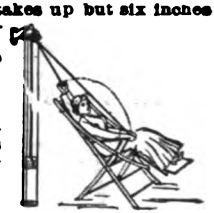

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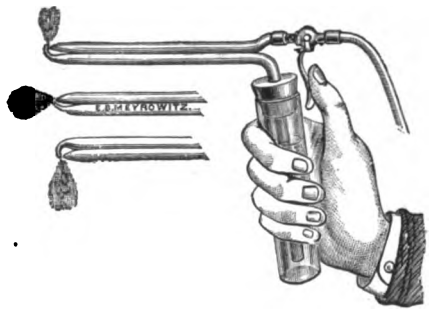

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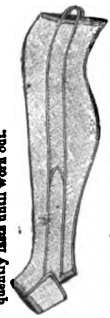

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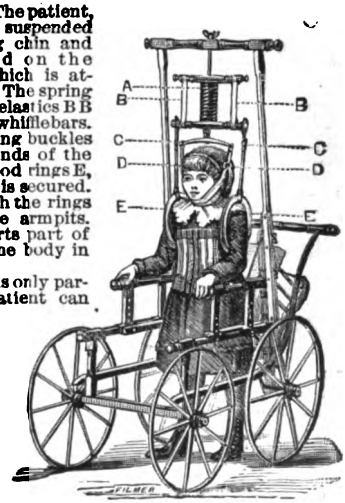

Of course the suspension is only partial, no more than the patient can comfortably endure, and the traction is continually varied by the motion of the spring. The whole suspensory apparatus can be raised by the thumb-screw at top, also by slots in the lower end of the upright spars on each side. With the seat thrown back, as in cut, the patient moves the carriage to and fro, turning easily about inside, or, the seat being thrown forward, may sit at ease, and play, or read, or be otherwise employed, or may be moved by an attendant, all the while in suspension. A patient suffering from acute Pott's disease, or spinal irritation, and unable to sit up without distress, will remain for hours in this apparatus with perfect comfort, and even fall asleep in the seat by reason of relief from pain. Dr. Case's Apparatus has practically proved itself useful in almost every form and stage of spinal disease and curvature, and for defective innervation and lack of muscular power.

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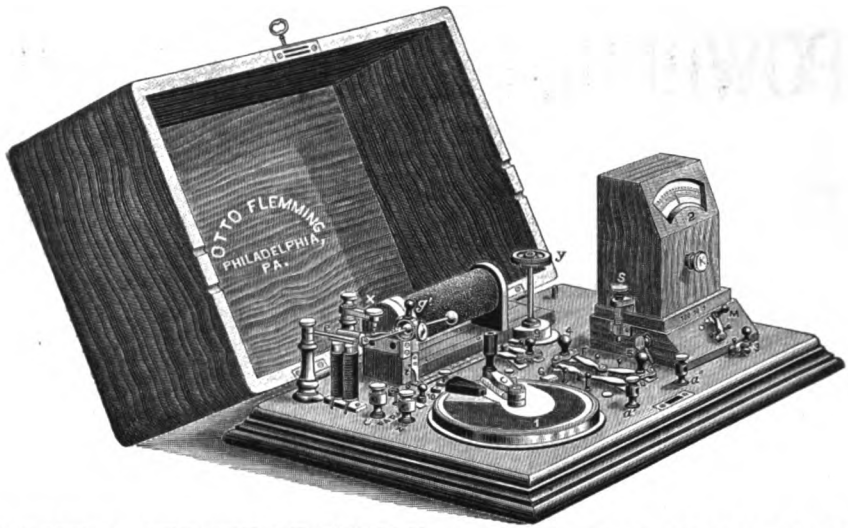

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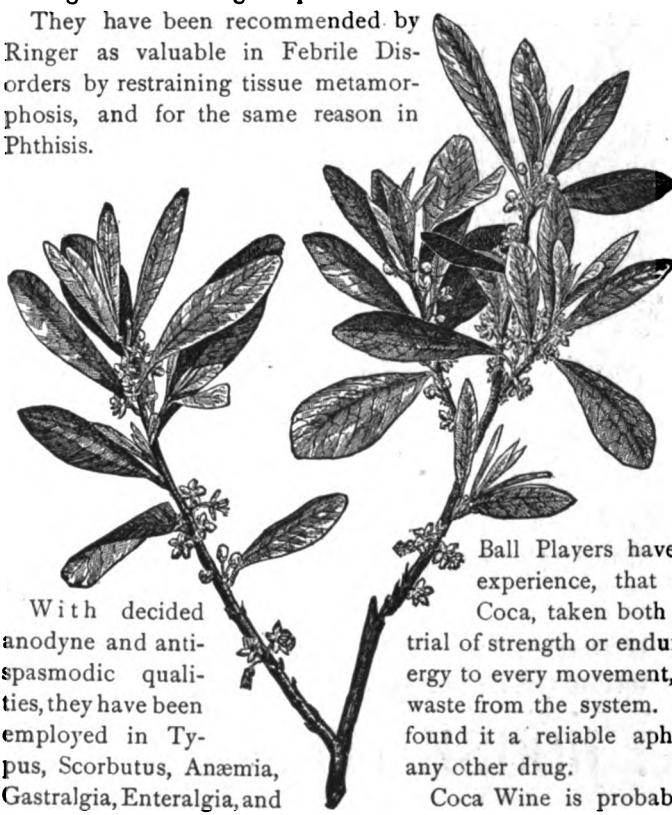

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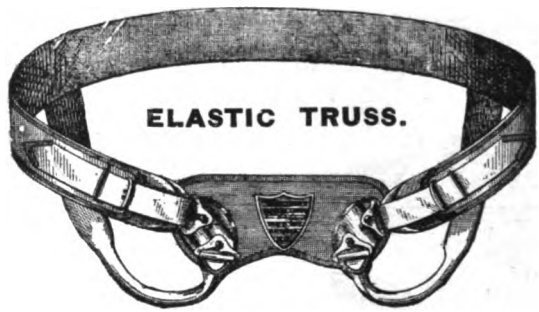

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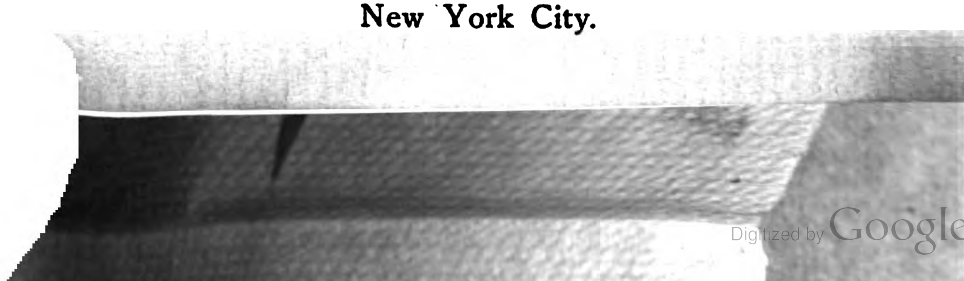

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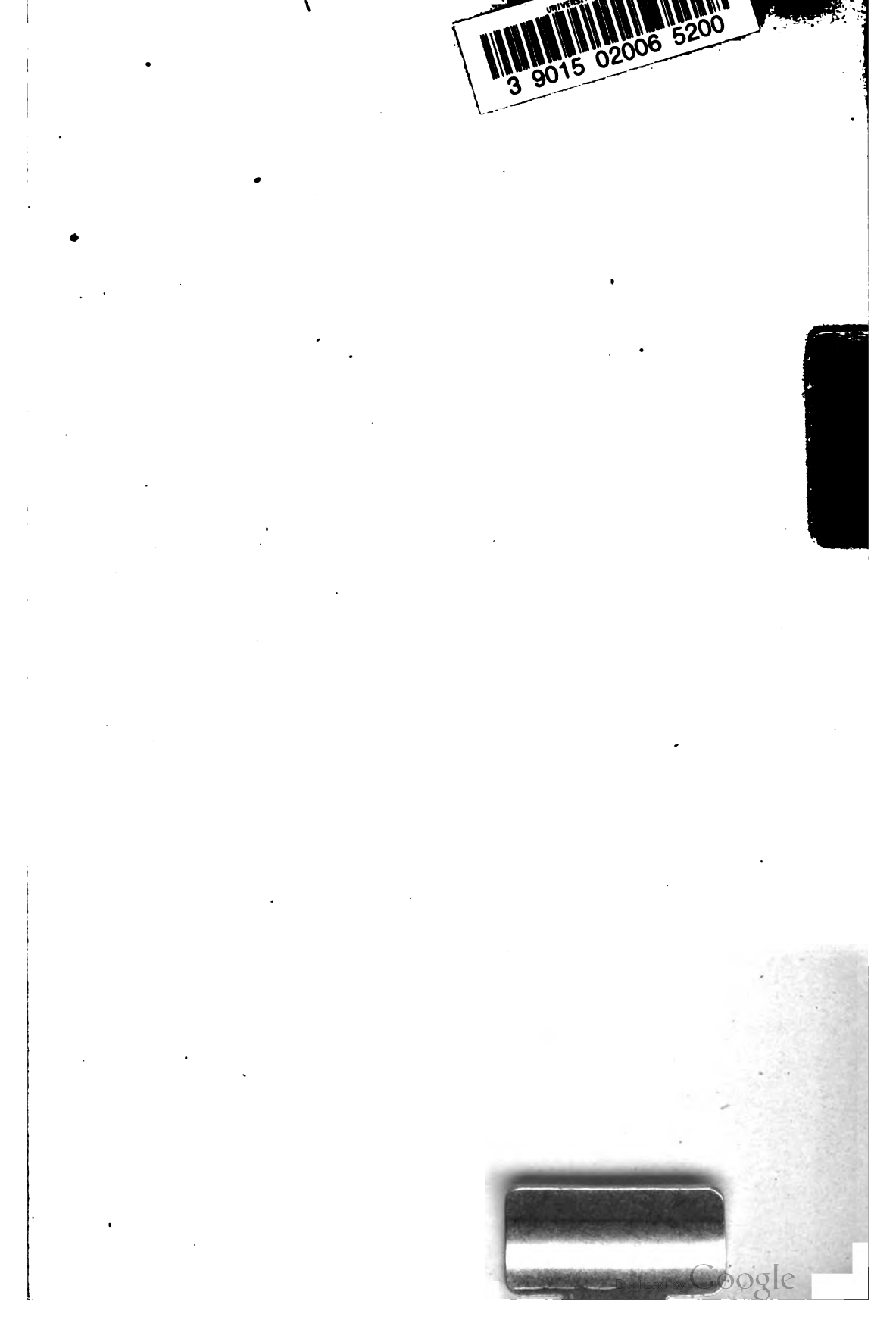

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