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ORIGINAL COMMUNICATIONS.

THE RELATION OF THE FAMILY PHYSICIAN TO THE HEALTH OFFICER.*

By Hills Cole, New York City.
Medical Expert of the New York State Department of Health.

The science of preventive medicine is making great strides in this country. We are yet, of course, far behind some of the European countries in this respect, but if we notice the pace that is being set, we must agree that the time is not far distant when this country will be the peer of any, if not the superior, in matters of sanitation. What we can do is shown by the story of the control of yellow fever in Havana and the wonderful work carried on under the supervision of Col. Gorgas in the Panama district.

Before, however, the best results can be obtained we must have better co-operation between the general practitioner and the health officer who stands as the guardian of the public health. At present there is all too frequently a good deal of friction between the family doctor and the public health authorities.

One or two factors contribute to this. Politics have entered into the appointment of the health officer in the majority of instances, and he is often not the best educated physician in the community. The tendency then is for the family physician to resent the exercise of authority by him. And it often happens that the health officer is not as diplomatic as he should be in exercising his important duties.

As to the matter of education, the time will undoubtedly come when the physician seeking appointment as a health officer must show evidence of special qualifications. He must have had practical and theoretical training in the work which he will be called upon to perform. At present no such special instruction can be had in any institution and, moreover, the emolument offered to him in most instances is so small that the physician hardly feels warranted in spending time and money in acquiring

*Read at the Meeting of the American Institute of Homoeopathy, 1907.

this special information. Take the State of New York, for instance; out of its 1500 health officers there are not 100 who have had to take civil service examination because their compensation exceeds $300 per annum.

The family physician can and should co-operate with the health officer in two ways: First, by promptly complying with the State and local regulations in regard to matters of public health; second, by interesting his patients in such matters and securing their intelligent co-operation in promoting sanitation and the prevention of the spread of disease. At present there is far too much indifference, both among the physicians and the laity. There are signs of reform, however. The campaign against consumption that is being vigorously waged with the help of the people is making them wide awake to the importance of preventive measures, and the public lectures on health topics now given in many cities are well attended and attentively listened to.

This is a very hopeful sign. We can never get the best results from public health laws if we have to force them upon an unwilling people or to exact penalties for their infraction from those who do not comprehend the benefit of them, to the community, if not to themselves individually.

In this campaign of education the family physician has a great part to play. He is a trusted adviser and a word now and then, the distribution of a pamphlet, an invitation to a public lecture, or what not, will mean much. Too often, however, we see the family physician deliberately ignoring local regulations or conniving with the family in the ignoring of them. Cases of communicable disease have not been reported because the physician feared he might gain the ill will of the family if he were responsible for the institution of quarantine regulations.

Sometimes the physician is not in sympathy with the regulations and he allows his personal views to override those of the majority of his professional associates, which form the basis of public health regulations. This has been the case especially in the matter of vaccination and the more recently introduced registration of cases of tuberculosis. This is not the place to enter into the discussion of the value of such measures, but I do want to insist that the proper procedure for the doctor who disagrees with them is to state his case as strongly as he can to his professional brethren and seek to convert them to his way of thinking and not to set a bad example and tend to create in his patients a contempt for all health ordinances by refusing to carry out the prescribed regulations.

We have many excellent ordinances tending to diminish the spread of tuberculosis. The physician, above all, should be careful to observe them. He should never be known to spit on the sidewalk or in a public conveyance or building, and he should also see to it that all the members of his family are equally particular.

The family physician should also always be prompt in report-

ing cases of communicable disease. Only those doing public health work fully realize the importance of this. If there is any doubt about the diagnosis, it is safe to err on the side that will give protection to the other members of the family and to the public. Only recently I ran across a case where a mistaken diagnosis of erythema led to three members of a family, including the father, being laid up with scarlet fever, with considerable financial loss as the result, to say nothing of the discomfort and suffering and anxiety that these cases of sickness brought with them.

State and local boards of health offer laboratory diagnosis in diphtheria and typhoid fever, and the family physician should avail himself of these aids. It is not claimed that such a diagnosis excludes or does away with the necessity for a clinical diagnosis. The laboratory worker seeks to confirm the clinical diagnostician's conclusions and to enable the physician to be the earlier sure of his diagnosis and to take the necessary steps for the protection of the public.

We speak of typhoid fever as a water-borne disease, and the medical profession is unanimous in urging the filtration of water used in large municipalities. Is it not true, however, that the physician is to blame in the first place for allowing the contamination of the water supply by his patient's feces? Had he thoroughly explained the situation to the family and insisted upon the proper disinfection of the stools and urine and their proper disposal, the subsequent epidemic would not have occurred.

In caring for cases of communicable diseases how many physicians are as careful as they should be? How many make it a practice to wear a special enveloping garment when entering the sick room, and to disinfect their hands before leaving the house?

How often does the family physician hesitate to tell the patient or his friends that he has tuberculosis because to do so may seem like sounding his death knell? And in the meantime no special precautions are taken at home or at the shop, and he may be the innocent cause of spreading the disease.

A word has been said about prompt reports of cases of communicable disease. Improvement is also needed in the promptitude and accuracy with which certificates of birth and death are filled out and filed. The majority of States in this country have very inadequate regulations as to these details. The collection of these certificates is not a mere perfunctory performance; some valuable data can be secured from accurate documents of this character. And it should be borne in mind that they are public documents. Transcripts are often brought forward as evidence in the courts, and inaccuracies are apt to bring ridicule upon the medical profession, if not upon the individual responsible for the certificate.

A few remarks upon the defects most frequently seen will not be out of place. A certificate should be written in black ink. The use of rubber name stamps, of black lead or indelible pencil

is unsatisfactory on a public document. No mutilated, illegible or inaccurate certificate should be offered to the authorities. There should be no erasure, interlining, correction or alteration of anything printed or written on the certificate. If a mistake is made, another form should be filled out correctly. Every question should be answered in some way. Where necessary the word "unknown" should be written. If a blank space is left, the statistician may conclude that the corresponding question was overlooked. Never use dashes or ditto marks to fill in any part of a certificate.

In regard to occupation, the rules given in the U. S. Census pamphlet should be strictly followed: Occupation should be reported for all who pursue some gainful employment. Married women and children living at home and not engaged in some remunerative employment should be returned as having "none."

The general principle is to bear in mind what labor the deceased performed, without regard to the place or the person for whom he worked. Particular care should be taken to express the occupation in such a way as to prevent it being confounded with other occupations. Distinguish between farm laborers, railroad laborers and other day laborers.

Married women, female heads of families, or other women who are employed in domestic duties only in their own homes should not be reported as "housekeepers," "housewives," "housework." These terms should be reserved for those who receive a monetary compensation. The occupations for all who work for money should be reported, and the word "none" should be written for all over the age of 10 years having no gainful occupation.

In death certificates the most important information is the cause of death, and yet it is surprising how carelessly this question is answered. Above all things be specific. I have seen a certificate with the alleged cause of death—"Disease of the throat resulting in choking to death," and another where the age was given as 69, and the cause of death stated to be "Congenital Malformation."

If the cause of death is one which under certain circumstances would call for an investigation by a coroner, it should be made evident on the certificate that no such inquiry is needed in the public interest, if such be the case. Among such cases may be mentioned abortion, cellulitis, childbirth, necrosis, peritonitis, phlebitis, pyemia, septicemia, sudden death, surgical operation, tetanus and "unknown."

Other unsatisfactory causes of death are abscess, accident, amputation, anemia, asphyxia, asthenia, brain fever, cancer, congenital debility, congestion, convulsions, debility, dentition, disease of the brain, lungs, etc., dropsy, exhaustion, fever, fracture, heart disease, heart failure, hemorrhage, inanition, inflammation, mal-assimilation, marasmus, milk infection, natural causes, old age, paralysis, spinal disease, stillborn when an age is stated, stricture, suicide, tumor and typhoid-pneumonia.

As already intimated the family physician can be of infinite help to the sanitary authorities, to the community and to his patients by taking an active part in educational campaigns and by active participation in hygienic reforms. He should counsel parents to impart the rudiments of sex knowledge to their children; he should insist upon the importance of being satisfied of the freedom from gonorrhea or syphilis of the would-be bridegroom; he should teach in season and out of season the value of fresh air, that "night air" is far less harmful than "close" air or air that has been superheated; he should preach temperance in all things, in food as well as in drink; he should warn against patent medicines; he should advise against forcing children in school; he should be amongst the foremost workers for all sanitary reforms; for clean streets, for the abolition of unnecessary noise and the abatement of other nuisances, for the preservation of the purity of our rivers and lakes, for pure food, for the creation of public parks and playgrounds, for improvement of the homes of our working classes and of the shops in which they work, for fair wages and the abolition of the sweat shop, for the installation by employers of every device to protect the workman from accident.

The physician is not only the trusted counsellor of his patient; he is a factor in the public welfare. He should take the initiative in all such matters of public interest as his peculiar education and training will fit him to assist in with special helpfulness. Above all things petty jealousy of the health officer or a difference of opinion should not hold him back from doing everything that his professional obligations impose upon him.

The yearly income of Swedish public medical officers has been looked into by Dr. Andrew Alfven. The average income of salary and practice was, for the 242 colleagues that had given the required information, less than $2,000, varying from $650 to more than $4,000. The average cost of the medical curriculum, which in Sweden is very long (eight or nine years), was computed at $4,600. The debts into which the long and expensive period of study had obliged the students to run, was on an average $3,500. Two hundred and nineteen of these two hundred and forty-two practitioners had answered the question at what age they had paid or thought they would be able to pay this debt; fourteen of them stated that they saw no probability of ever being able to become debtless; thirteen were doubtful; and five named a very remote future; twenty had been freed by lucky casual happenings; ninety-nine had paid the debt (in their case averaging less than $3,000) at the age of 41; sixty-nine (with an average debt of $4,000) hoped to be clear of it when they reached 51. This is certainly rather a dark picture. The statistics concerning the yearly income of practitioners in Stockholm are a little more agreeable to review. Of these 50 per cent. had declared a revenue of more than $2,500; 12 per cent. between $2,500 and $2,000, and 28 per cent. below $2,000.—Medical Record, July, 1907.

OUR HERITAGE AND OUR OPPORTUNITIES.*

GEORGE R. SOUTHWICK, M.D., M.R.C.S., L.R.C.P.,
Professor of Clinical Gynaecology in Boston University School of Medicine.

The history of the founding of New England is the history of a band of pioneers having the courage of their convictions, coupled with love of fredom to express them. They were pioneers in a hostile country. They formed communities for self-protection and institutions for the teaching and practice of their beliefs.

Within the memory of men here present, pioneers in a great reform in medicine, willing to endure all things for freedom in medical opinions and practice, were forced to become associated in like manner. Their sagacity founded societies, established hospitals, and provided a great central institution for the teaching and demonstration of their special forms of medical practice, as well as for a broad and liberal education in medicine and surgery on a most comprehensive scale. All of which harmonizes with the declaration of Article II. of the Constitution of this Society which reads, "This society demands for itself absolute liberty in science, and hence requires of its applicants for membership no creed or confession of medical belief." How puerile is the charge of sectarianism before that declaration!

We have in Boston our chief medical school and largest general hospital. We have in Springfield a large and splendid hospital, surpassed by none, a generous benefaction of a great philanthropist, convinced of the truth of similia. Midway between these two institutions another is expected to rise in this city. President Eliot remarked that the first step in securing an endowment was to deserve it. If this be true, surely this hospital should have been built long ago, as a tribute to many unselfish labors and to untiring devotion to the sick.

The Haynes Memorial Hospital for infectious diseases, now building in Boston, is another instance of deserved recognition of our school from one of our merchant princes. It will stand for all time an enduring memorial to a generous public-spirited citizen.

Scattered throughout our Commonwealth are many other institutions where rich and poor may obtain the benefits of our art. Such is our heritage, and great are our opportunities as well as our responsibilities.

Gathered about this board of good-fellowship, it may not be out of place to discuss some of the problems of our day, as well as to allude to the progress of the year.

The Medical School, representing the principles of our thought and practice, supplies our recruits and renews our strength. Its standing in the community and the quality of its work need no comment. It strengthens the position of every member of this

*The Annual Oration Before the Massachusetts Homoeopathic Medical Society at Worcester, 1907.

society, whether he be in the city, or more remote, where, single handed, out on the firing line, as it were, he must meet all the complex problems of medical and surgical practice.

Capable young men are needed in medicine. The reasons why more of them do not enter the Medical School deserve consideration.

The public has failed to realize the importance of large endowments of our medical schools, much as it may appreciate the value of educated physicians. Our colleges of Arts, Science and Theology are given large sums, and but few of the medical schools of this country have received more than a pittance.

Johns Hopkins hospital has fewer beds than our own. Baltimore offers fewer opportunities for culture than Boston, but the endowment of that medical school and hospital has made the giver a benefactor to the nation.

Long after the names of many of our millionaires will have passed into oblivion, the names of John Harvard, Elihu Yale, Johns Hopkins, Leland Stanford and others will shine bright in memory as those who helped their fellow men.

The large endowments of other institutions have diverted capable men from medicine, who, unable to bear the expense of a medical education, have gone into literary or scientific pursuits.

A quarter of a century ago the three professions offered the best career for a young man content with a moderate income and a good social position. The medical schools were crowded in consequence, and the profession, as a whole, might have been compared to a corporation with a large amount of watered stock which paid uncertain dividends.

Inventive genius, particularly electricity, mining, and the development of great industries, have offered to a capable young man larger opportunities for material advancement than the drudgery and uncertain income of a doctor's life. The dean of a department of one of the largest universities in this country told me recently that the department of engineering now contained seven hundred students, where only a few years ago he did not think there were more than fifty.

This condition of things in the West seems true in the East. The scientific department of Yale University, for the second time in its history, has enrolled this fall term more students than the academic department. The Massachusetts Institute of Technology has the largest freshman class in its history.

The question of the requirement of a degree in Arts or Science for admission to the study of medicine occupies debatable ground. Such an absolute requirement would have been a bar to some of the ablest men who ever have adorned the profession. Two notable instances come to mind, neither of whom graduated at high school, but both would be included in a group of ten of the best known and most successful of the living surgeons of the world. Neither high school or college in themselves make the physician or the

surgeon, much as they may aid him. The man himself creates his destiny.

The complaint of overcrowding the profession may have deterred some young men from entering it, but that complaint comes only from the dominant school. The problem of the homoeopathic school has been to meet the demand for its graduates. Fine opportunities for professional advancement go begging, and desirable places for lucrative practice remain unfilled.

The missionary spirit of our fathers needs cultivation. Our patients need to have impressed on them the advantages of our system of practice. Our desirable young men should enter our medical school. Our older men should endow it.

The palatable preparations of the manufacturing chemist; the office dispensing of many old school physicians, the increasing disbelief in drugs among the laity and professional men, the diminished puking, purging, sweating and blood letting, and the larger use of alkaloids in small sugar-coated pills have led many of the public to think there is little if any difference between the two schools of medicine. The idea has been fostered by physicians who wished to pose as broad minded, liberal practitioners of both systems, but who really practised neither. Every member present knows there is a deep gulf of principle and practice which never will be bridged by a compound tablet or the alkaloids in a little sugar-coated pill. Nothing short of thorough education in both schools will make it possible for a doctor to select from either the treatment he may desire for a special case. It is to be hoped that such a training in medicine will be universal at an early period.

The medical school and hospital exist only in part for the undergraduate. They also offer opportunity for special research and study for the post graduate. The doctor with the ink fresh on his diploma has received only the preliminary education for his real professional work. It is but an introduction to a larger life of work and study if he will live to the utmost of his opportunities.

The University of Berlin for many years has given courses of a fortnight each for graduate students between the regular terms of undergraduate instruction. A plan which might be worthy of imitation in an institution which aims to instruct its students and to help its graduates.

The old and new schools are approaching each other in the sense that all medicine is common property for the common good. Educated men of divergent views are more inclined to respect the opinion of one another. May the time soon come when all physicians, educated and practising under the laws of their respective states, will acknowledge frankly the importance of fraternal union, freedom of opinion, tolerance of those who differ, and base their ethics on the Golden Rule. Differences in religious opinions, politics, and medical practice are inevitable, and the "Thou shalt not" of a majority never tends to that harmony which is the strength and support of all institutions, more especially this of ours.

The progress of the year in medicine continues along the line of serum therapy; organotherapy, of which our own von Grauvogel was the pioneer many years ago; the study of antitoxines, antibodies, opsonines, and the use of copper sulphate to destroy infusoria and typhoid germs. It has been suggested for the treatment of typhoid fever.

The potency of these agents is demonstrable but in such infinitesimal doses as to "jar" him who has derided the small doses of the homoeopath and laughed at the "hair of the dog to cure the bite." In all these lines of progress there is a similarity between the remedy used and the disease to be cured. The remedy is given in infinitesimal doses rather than in material doses. The essential features of the principles of homoeopathy without the name are clearly visible. The scarlet thread of "similia similibus curantur" runs through these modern studies on the doctrine of immunity and the cure of disease. The surgeon today considers carefully the importance of the anti-bodies and opsonines in the treatment of a septic cavity.

Nearly a century ago Hahnemann wrote concerning his explanation of the two-fold conditions of human life, health and disease, "as the condition of the organism and its healthy state depend solely on the state of life that animates it; in like manner, it follows that the altered state which we term disease," etc. It is an explicit statement that he considered disease an altered state of life rather than a distinct material entity. Eighty-four years later at the International Congress in Moscow in 1897, Virchow summed up concisely his doctrine that "pathology is but a branch of biology, *i. e.*, disease is life under altered conditions," a statement singularly in accord with that of Hahnemann and a doctrine called the most brilliant of the century. Hahnemann insisted on the importance of studying drugs on the healthy human organism, and it is a fair inference that he would have studied disease in life had it been possible in his day. Studies on the living human organism by modern methods of research, aided by the surgeon, have led to many valuable discoveries. We owe much to Cannon for the new information he has given us in his researches on the functions of the stomach and so-called peristalsis of the intestines. The chapters on gastric ulcer, its diagnosis and relation to cancer of the stomach must be rewritten in the light of the revelations made by the Drs. Mayo. Pyloric spasm and its complex causes have been found to be associated with some of those long continued, baffling cases of dyspepsia, many of which are now curable. Many cases of neurasthenia, so-called because we did not know just what the matter was with the patient, are now known to have a physical basis for their complaints, and can be cured.

The function of the omentum in draining the peritoneal cavity and of destroying bacteria has assumed great importance to the abdominal surgeon.

Crile's experiments with the direct transfusion of human blood form valuable contributions to surgery.

The new facts in pathology which the past year has brought to us assume new significance when seen at a curable period in the history of disease before the altered conditions of life and microbic invasion have done their worst.

We live in a period of co-operation and the aggregation of units. In a large way it means the effective support of our institutions, which in turn support and strengthen every individual indirectly, no matter how remote he may be. It is illustrated in a smaller way by the remark made to me recently by a Connecticut physician. He said, "We used to send all our surgical cases to New York, but three of us made up our minds to co-operate. Two take care of the work of the three when one goes away for study. We now have a small hospital, do our own surgical work and do a good deal for our neighbors."

The doctor as an individual is always associated with the good old Latin verb from which his professional title is derived. He is always in some sense a teacher quite as much as a dispenser of pills and powders. The teacher must give himself and his teaching must be born of personal knowledge and experience.

The vacation is often prescribed by the doctor but is seldom taken by himself. He tells the business man to cultivate some other interest outside his business for the variety it gives to life and that some other resource and interest in life may be his when he retires. He knows many a man of affairs who retires from business and dies for lack of resource which he denied himself earlier in life. A few medical men have been able to combine a professional career with an intellectual life. Some have been collectors. Others have been students of the natural sciences. Still others have interested themselves in business, in lodge work, or in the affairs of the place where they live. Oliver Wendell Holmes will be known in history for his famous contribution to the aetiology and the prevention of puerperal fever in 1843, as well as for his delightful poems and essays. Our own Helmuth was much appreciated for his graceful verse. John Hunter is now remembered by his vast collection in the Museum of the Royal College of Surgeons, London, more than for his great skill as a surgeon. The scientific pursuits of Sir Joseph Lister contributed more to the progress of surgery than all the operations of the century. If Virchow had never written his Cellular Pathology his fame would have been secure as a most distinguished naturalist, or as one of the foremost directors of German politics and policies. It is the doctor, if any man, who needs something for relaxation or a change from the arduous duties of his profession. The benefit of travel and the privileges of a larger acquaintance with his confreres should all be his for needed rest and mental refreshment.

The mantle of our fathers has fallen on us. The institutions to the East and West, and in many cities of this Commonwealth,

are witnesses to their work. Well might we quote the simple inscription on the tomb of Sir Christopher Wren under the dome of St. Paul, "*Si monumentum, circumspice,*"—if you seek his monument, look about you.

Peace be to the memory of those great pioneers for freedom of thought and freedom in the practice of medicine! Forgotten be the heart burnings and animosities of their strife, and may the seed sown by their toil demonstrate the truth, and nothing but the truth, for the healing of mankind.

MEDICINAL AND PREVENTIVE TREATMENT OF RACHITIS.*

By Byron G. Clark, M.D., New York City.

I was asked only a short time before this meeting to prepare a paper upon this subject, and as the time was short, I felt that it would be better to give you some of my own opinions and observations than attempt to give you a more scientific dissertation upon this topic.

In Quain's Dictionary of Medicine, under the heading of Rachitis, it says in a note, "See Rickets." When we turn to Rickets, we find as a definition.—"A general disease, affecting the nutrition of the whole body; arresting natural growth and development; preventing and delaying ossification; retarding dentition; causing the bones to become soft and to yield to pressure, and the muscles and ligaments to waste; and in many cases producing alteration of the brain, liver, spleen and lymphatic glands."

I shall endeavor to confine myself to the subject assigned me as much as possible, as the other divisions of this subject have already been ably presented, and yet when we consider the definition above referred to, it will be difficult to speak of the prevention without referring to some of the causes.

I shall assume that there is no proof that rickets is hereditary, but a disease that affects the nutrition of a child, from one month to three years old (generally), the child must, in all probability, it would seem to me, have inherited an impaired constitution. Such being the case, our first line of preventive treatment must be directed to the mother before the child is born. There are cases in our literature where two or more rickety children have occurred in a family and during the next pregnancy, Calc. phos. has been given to the mother, and the child has been healthy after birth. This is not proof positive that the remedy prevented this child from becoming rickety, still it is good presumptive evidence. And while Calc. phos. was the remedy for the case reported, I

*Read before the American Institute of Homoeopathy, June, 1907.

would warn you against expecting too much from that sort of prescribing, for one expectant mother may require Calc. phos. and if she does, no other remedy will do; but another may require, Sulph., Syphilium, Tuberculinum, or some other anti-psoric remedy, any one of which that she does require will materially aid if it does not prevent the subsequent development of a rickety condition in the child. Before leaving the remedial treatment of the mother, I want to call your attention to one remedy in particular, and that is "Medorrhinum," and when we stop to consider the large number of fathers (at least) who have had gonorrhoea before marriage, and the great assistance this remedy often gives in removing the latent effects of this disease, you will see how important it may become in cases when we have a history of gonorrhoea. I usually give the remedy in the C. M. potency, and I might add that a few doses of this potency given to expectant fathers before marriage would be still more helpful.

Other measures that help the expectant mother must be used when necessary, and while the treatment of nausea and vomiting in pregnancy are not under discussion—their long continuance often so impairs the health of the mother that the child will be weak, and to prevent this nausea I just want to mention one remedy that I have used for twenty years that has cured more cases than all other remedies put together, and that is a well-fitting Albert Smith pessary. This is not the place nor the time to say more about it. The next most important measure in the conduct of a child showing a tendency to this disease after birth is the diet. I believe that more children are overfed than underfed, thereby weakening their digestion; if nursing, the mother's milk may be too rich and her diet must be attended to and the child should be given a little water before nursing.

When a child of from four to six weeks old has irregular action of the bowels and appears to have pain. the first thing to be done is to look at the navel, and see if it does not protrude, when the child crys or strains at stool. I believe that every child that has rickets has an umbilical hernia; perhaps they do not, but every one that I ever saw did have one, and I think it is often the real cause. I call your special attention that you will look carefully after these cases.

The treatment often recommended for an umbilical hernia (such as having the mother put a compress over it) is worse than useless. It is useless because no such compress ever cured a hernia. It is worse than useless because it deceives the mother and it would deceive the physician if he ever expected it to aid in curing one, as it is impossible for such a compress to keep the hernia back far enough for the muscles and fascia to grow together sufficiently to hold it back permanently. A well-fitting truss or pad is absolutely essential, and as a truss, as generally made by the instrument maker, is not easily kept in position on the growing child, I have used a little arrangement that has given

me perfect satisfaction. It consists of a button mold, about the size of a cent, covered with chamois. This is sewed on the smooth side of a piece of sandpaper about an inch and a half square. This is placed on the hernia after it has been dusted with boracic acid and held there by two strips of Z. O. plaster, one and one-half inches wide, placed crosswise. This can be worn four or five weeks after which another is prepared and this one removed, being careful not to let the hernia come out while the change is being made. The position of the plasters should be changed a little each time to prevent soreness and to allow the skin to take on a more healthy action. This compress should be worn for six months and I have yet to see a case that is not cured by this treatment. I here show you one prepared for the plasters.

I have dwelt so much upon this treatment for I believe it is one of the principal causes of intestinal troubles which interfere so much with the nutrition of the child. It is gratifying to see how quickly the bowels assume a natural condition after this is applied.

Children born in the country are less liable to rickets than those in over-crowded parts of our great cities. The reason for this is supposed to be the better hygenic surroundings, as a child will be able to exist better on poor or unsuitable food with good air and sunshine than when kept in a crowded tenement that has no sunlight, and where the air is bad even for adults. And here I wish to speak of one cause of bad air in families living in better apartments than those above mentioned, and that is, tobacco smoke. I don't think a person should ever smoke in a room where an infant is, at least, an infant should never sleep in a room where a person has been smoking, until it has been well aired.

I have taken up so much time in speaking of the preventive measures because I believe them the most essential, for surely prevention is better than cure.

When we come to consider the medicinal treatment, each case must be considered by itself, and the indicated remedy must cover not only the symptoms of the child, but the mother also, and if the child is nursing its mother, she must take the remedy as well as the child; in this way only are best results to be obtained.

Aloes: The first remedy I wish to call your attention to is aloes. This remedy is seldom thought of by those who have already made a diagnosis of rickets and perhaps it would not be so well indicated at that stage, that is, when such a diagnosis would be reasonably certain. But I believe aloes is an antipsoric, having many symptoms like sulphur. When this remedy is indicated, there is usually a rise in temperature with dry lips, tongue dry and red, with thirst. Diarrhoea, character of stool not so important, but is worse after nursing, worse in the morning, in damp weather, with gurgling in the abdomen; pain before and during stool. Child is peevish, hard to please and cries at least provocation; not as

cross as the Chamomilla child. I am afraid Chamomilla has often spoiled a good aloes case, but the symptoms accompanying the stool should differeniate it from aloes.

Baryta carb: This remedy is more often called for in the older child with grandular enlargements. Child looks old, weakened, mental and physical weakness, no desire to play, wants to lie down often, eyelids inflamed, loss of appetite. Diarrhoea with much urging, rectum sore, with expulsion of pin worms. Profuse sweats on first falling asleep, mostly on left side of body and head, bad smelling foot sweat, with soreness between toes (Sulph.). Sweat especially in the evening.

Calc. carb: This is a remedy whose symptomalogy is so well known to you all that I will not repeat many of them here. The open fontanelles, profuse head sweats, retarded dentition, with its enormous appetite, whitish, frothy diarrhoea, always worse during the last quarter of the moon, when convulsions are liable to occur from worms (Sil. and Cina in the new moon). Feet sweat, but the odor is not bad like Baryta carb. and Sulph. Hands do not sweat like the Sil. child.

The indurated glandular enlargements and tendencies towards suppurative conditions are better met with Calc. fluoricum which has cured large, hard periostial swellings, accompanied with great tenderness so that the least covering was unbearable.

Phosphorus: In experiments on young animals, Phos. has produced rickets. Now what more do we need for a good homoeopath? I think we need a good deal and we have it in our other remedies, and if they have been carefully selected, the case will never get to that state, where Phos. will be necessary, except in the case of early bronchial troubles, which may be the beginning of the rickety condition, but it is in the badly treated or far advanced cases that Phos. will be of such great value, and it is not necessary to give it in material doses either.

The necrosed bone, or digestive derangements with vomiting, diarrhoea, distended abdomen, open anus, accompanied with the hunger and thirst as characteristic, will respond to the 200th and higher potencies much better than to the crude drugs. This poor, sick, almost disintegrated child needs to be handled with care. We may have to change our potency to fit the peculiar condition of each child, but you will find it much safer and surer to begin high and go lower, if needs be, than to overdo it, and likely spoil the case by beginning with the crude drug or 6x even. To go into the finer indications of the remedy, would be out of place here. I have called your special attention to Calc. c. and Phos. Now when we come to consider Calc. phos., there is so little room for it that is not occupied by one of the other remedies for this disease, that I am going to leave it with Dr. Rabe to tell you of its great value. I don't thing it has much.

I will also leave Alumina, Nat. mur., Psorinum, Sil. and Sulph., as I have exhausted your patience already, I fear. I will

only add that I usually give the remedy in the 200th or higher potencies. Such remedies as Medorrhinum and Syphilinum, I give only in the C. M., and I think the Smith-Shedd machine make the best. There is no potency so high or so low, I would not give when needed. The subject of my paper does not permit me to speak more of the diet of this poor child, but it is very important. I prefer good cow's milk properly diluted if a substitute for the mother's milk be necessary.

OTITIS MEDIA SEROSA.*

By Howard P. Bellows, M.D., Boston, Mass.

Otitis media serosa is a sub-acute, catarrhal affection of the middle ear. It differs in two important respects from ordinary catarrhal or suppurative inflammations of the middle ear. First, so far as the tympanic cavity itself is concerned, it is often hardly an inflammatory condition at all. Second, typical attacks are free from pain, with the exception of slight pain at the very beginning. The exudation formed within the tympanum differs also from that formed ordinarily in either catarrhal or suppurative disease. In a typical case this exudation is a thin, watery serum, without any admixture of pus cells, and rarely containing any pathogenic germs of any sort. In other cases, less typical, there is a sero-mucous exudation, sometimes becoming very stringy and tenaceous, but bland and wholly inoffensive in nature. The tendency to recurrence is also more marked than in ordinary catarrhal or suppurative states of the middle ear.

It will, perhaps, be most instructive if I present the development and outcome of a typical case of this disease. The patient may have been conscious at the outset simply of a cold in the head, with some irritability, possibly slight soreness, in the naso-pharynx. Then, in one ear or the other, there develops, usually after slight pain of short duration, a feeling of fulness and tension, or pressure, and at the same time subjective noises, a disagreeable resonance or reverberation of his own voice in the affected ear when speaking, and an increasing deafness, which may become very marked and even alarming. At this stage he seeks advice and the examining physician finds no febrile or any other general disturbance whatever, but locally he discovers a drum-head of peculiar appearance. There is no longer congestion present, but in this typical case a line of demarcation is visible, extending horizontally across the tympanic membrane, probably slightly below the umbo, although it may be at any level upon its surface. This line marks the upper surface of fluid which has collected within the tympanic cavity.

*Read before the Massachusetts Homoeopathic Medical Society, Oct. 9th, 1907.

The line may be very distinct or very indistinct, according to the thickness and translucency of the membrane, the intensity and clearness of the illumination, or the quantity of the fluid present. If the amount is large, there will be perceptible bulging of the drum-head and change in the light-spot—otherwise there may be little alteration from the normal position and appearance of the membrane in this respect. By directing the patient to incline the head sharply forward and then backward, maintaining each position for a minute or so, a change in the level of the line of demarcation with a relation to the fixed landmarks of the drum-head may readily be discerned. The color above the line of demarcation is the normal pearl-gray of the drum-head, while below the line is a faint straw-color or greenish-yellow. Above the line the tympanic cavity contains air; below the line is fluid. The yellowish tinge is far more easily recognized by daylight than by artificial illumination, and this should be kept in mind in doubtful cases, further assurance being gained by comparing the color with that of the drum-head of the opposite ear. Inflation of the middle ear, by any method, gives additional evidence of the presence of fluid within the cavity —by causing an accumulation of small air bubbles in the fluid which may be detected through the membrane under illumination.

The subjective examination of the patient elicits the tinnitus and the autophony, the fulness and pressure, and the marked deafness which is characteristic of all cases of this nature. In some instances the patient complains of a sensation as though water were contained within the ear which moves with the movements of the head, without any knowledge that this is more than a mere sensation. The tuning fork placed in vibration upon the vertex is heard the more plainly upon the side of the affected ear, the opposite ear being normal, unlesss there should chance to be previous deafness from defect of the auditory nerve upon the affected side.

The treatment of this case would first be directed to the condition of the naso-pharynx which gave rise to the trouble, unless this condition has already righted itself. Since it was probably the occlusion of the faucial end of the Eustachian tube which caused the outpouring of the accumulated fluid from the lining walls of the tympanic cavity, in consequence of the rarefication of air within this cavity which tubal closure always induces. To meet the resultant condition within the tympanum, two courses of procedure are open. First, to attempt to evacuate the fluid through the Eustachian tube by means of inflations of the middle ear, at first daily, either by means of the Politzer bag or the catheter. Second, failing in this, the evacuation of the fluid through a free incision in the posterior-inferior quadrant of the drum-head, either driving it out by inflations through the Eustachian tube, or drawing it out by means of the pneumatic speculum or Delstanche masseur. It is probable that a certain power of absorption exists in the walls of the tympanic cavity itself and in our school of practice we seek to promote this absorption by the internal administration of Bryonia.

This is the only respect in which our treatment of this disorder differs from that of the old school—unless we include the period after the fluid has disappeared when the hearing is still somewhat defective. While bringing up the hearing power during this stage, by means of inflation and massage, it is customary, in our school, to administer internally one of the Mercurials or Kali muriaticum as an additional and very useful aid in treatment.

I will cite from my personal records two selected cases in illustration of this disease, one case amenable to treatment without paracentesis, the second requiring incision and forcible evacuation.

Case I. A gentleman about 45 years of age.

May 26, 1906. Is "run down" in health and has been having a cold and sore throat. Day before yesterday, crackling in both ears and last evening sensitiveness and slight aching in both ears. Today ears "stuffed up and ringing." Both drum-heads show slight inflammation. Fork on vertex heard best on left side. Bone conduction best on both sides. Measured by watch heard normally at a distance of 40 inches:—

H.D.R.w.=32 in.
H.D.L.w.= 2 in. Bell 3x every 3 hrs.

May 28 R.w.=20.
L.w.=½. Cont.

May 30. R.w.=21=30 inflation.
L.w.= p=11 inflation.
Inflammation subsided. Accumulation of serum in both tympanic cavities, and left ear still very much "stuffed up."
Cont. Bell.

May 31. R.w.=23½=38 inflation.
L.w.= ¼= 4 inflation. Bry. 3x every 2 hrs.

June 1. R.w.=28=31½ inflation.
L.w.= 6=11½ inflation.
Sensation of fulness diminishing. Slight tinnitus on left. Fork from vertex slightly better left. No serum visible on right and that on left diminished one-half.
Cont. Bry.

June 2. R.w.=32½=41½ inflation.
L.w.= 4 =12½ inflation.
Serum again increased on left. Cont.

June 4. R.w.=35=34½ inflation.
L.w.=16=20 inflation. Cont.

June 5. R.w.=35½=44 inflation.
L.w.=18 =37 inflation. Cont.

June 7. R.w.=47=48 inflation.
L.w.=34=46 inflation. Cont.

June 9. R.w.=56. Low whisper 20 feet.
L.w.=56. Low whisper 20 feet.
Yesterday ears felt perfectly normal, but today feel "as though there were a little cotton in them."

Cont. Bry. 3x 3 hrs.

June 13. R.w.=56.
L.w.=58.
Fork from vertex heard alike on both sides. A little "cottony" feeling on both sides.
Kali mur. 3x 4 times a day.
After this date the ears became and remained normal in every respect.

Case II. A lady about 55 years of age.

Feb. 17, 1904. Some weeks ago had cold affecting right ear, which was always previously normal. There was some pain at beginning of attack only, followed by tinnitus of singing or ringing character. There is at present no fulness, throbbing, autophony, or deafness, but the tinnitus persists, and from this the patient seeks relief. Examination shows accumulation of serum in tympanic cavity nearly filling lower half, but not quite to umbo. Fork from vertex heard best on right. Air conduction best. All forks heard normally. Inflations have been faithfully tried by family physician with only temporary relief.
H.D.R.w.=37 in.=48 in. pneumatic massage.
H.D.L.w.=46 in.
Bry. 3x 2 to 3 hrs.

Feb. 23. R.w.=28=32 Cath.=47 massage.
Sulph. 3x 2 hrs. 1 day.
Bry. 6x 2 to 3 hrs. following.

March 1. R.w.=30=24 Cath.=30 massage.
Less tinnitus.
Sulph. 3x 2 hrs. 1 day.
Bry. 1x 3 hrs. following.

March 8. R.w.=17=33 paracentesis.
Serum not absorbed. Ear feels more uncomfortable. Cleansed canal with H_2O_2, applied cocaine, incised drum-head freely and drew out large quantity of serum by means of pneumatic speculum, again cleansing canal with H_2O_2.

March 9. R.w.=36=48 Siegle drawing.
Tympanum partly refilled, but incision already united so firmly that suction, though very strong, does not open it.
Kali. iod. 1x 2 hrs.

March 11. R.w.=65=70 Siegle drawing.
Still a muffled feeling,, but very much better.
Cont.

March 17. R.=43.
Serum has again accumulated in tympanum. Incised again, evacuating the cavity by both drawing and inflation. Cont.

March 19. R.w.=57.
Incision healed. Little serum, but fork from vertex still heard best on right side.
Cont. Kali. iod.

March 21. R.w.=21=30 inflation.
Felt very well yesterday, but today again muffled.
Sulph. 6x 3 hrs.

March 25. R.w.=17=42 paracentesis.
Fulness and autophony, but no pain. Made incision for third time.
Bry. 6x 3 hrs.

March 31. R.w.=48.
Still some fulness, but diminishing. Exam. shows slight refilling with serum. Cont.

April 21. R.w.=30=47 paracentesis.
Fulness greatly increased. Again withdrew serum through incision.

May 2. R.w.=56.
Humming tinnitus and some autophony, but diminishing. About half as much serum accumulated as before last incision.
Cont. Bry. 3x

May 10. R.w.=41=48 paracentesis.
Again incised with same precautions as previously.
Cont. Bry. 6x

June 28. R.w.=60=65 paracentesis.
Improvement marked, but still fulness at times and serum again accumulated. Incised as before.
Cont. Bry. 6x

After having thoroughly abstracted the serum from the tympanum, through an incision in the drum-head, six times within four months, the annoyance felt in the ear entirely and permanently ceased. It is to be remarked that this patient was unusually free from post-nasal catarrh, and during all this time of treatment there was no evidence of any trouble whatever with the faucial end of the Eustachian tube.

If time permitted, I might cite other cases to illustrate special points in the nature or the treatment of this disease—one case so obstinately recurrent through many months of treatment and developing a secretion which became so excessively stringy and tenacious that I finally procured relief for the patient only by producing and permanently maintaining a large artificial perforation of the drum. The two cases which I have cited will convey a more just idea, however, of the ordinary cases of otitis media serosa which are met in practice.

He grew very angry when the doctor told him he was suffering from autointoxication, said he never rode in an auto and was a temperance man.—The Homoeopathic Recorder, October 15, 1907.

FAULTY METABOLISM.

Some Differences of Opinion.

S. H. BLODGETT, M.D.,

It was with great interest that I read the article, by Dr. Raue, in the November Gazette, and I was glad to see that the subject of faulty metabolism had been again called to the attention of the profession.

This whole subject is so comparatively new and has been studied so little from the clinical standpoint that although there have been many theories, they do not all agree with the clinical facts.

Of course it is well known that acetone alone is found in the urine under many and varied circumstances, and I suppose Professor Raue, when speaking of acetonuria, means the appearance in the urine of acetone *in connection with* some of its higher forms (diacetic or hydroxybuteric acid). As he truly says, "During the last twenty years, our views regarding the acetone bodies have undergone numerous changes;" in fact, it would be just as true if he had said that our views in the last *two* years have undergone numerous changes. His statement, quoting Van Noorden as his authority that, "almost every variety of this acidosis may be promptly corrected by adding carbohydrates, in sufficient amounts, to the food," is most decidedly not borne out by clinical experience.

During the latter part of September, I was asked to see a case of vomiting, where large amounts of acetone and diacetic acid were present in the urine, and the physician in charge had, for two weeks, been giving a diet composed almost entirely of carbohydrates. You will observe that this case had been for two weeks on a practically carbohydrate diet and various homoeopathic medicines and had been steadily growing worse until the physician became discouraged (as well as the patient). Without changing the diet, an alkali was given and the patient made a prompt recovery.

More recently a case which was referred to me by another physician (and which I will only briefly quote in order to economize space) had been vomiting for several weeks, and when it came to my hand the patient was vomiting even when she took no food at all; she had lost flesh, and the urine showed a large amount of acetone and diacetic acid. In this case, without giving any medicine, I prescribed various carbohydrates to be given in extremely small quantities and at frequent and longer intervals; this went on for four days, during which time the vomiting continued and the woman was so reduced in strength and her pulse in such poor condition that I did not dare to experiment further, but gave her an alkali, with the result that the vomiting stopped in less than forty-eight hours.

If Dr. Raue would limit his statement that, "the acidosis may be promptly corrected by adding carbohydrates in sufficient amounts to the food," to those cases of *acidosis which occur with glycosuria,* I should be quite willing to agree with him; but the quotation that "every variety of this acidosis may be promptly corrected by adding carbohydrates in sufficient amounts to the food," is incorrect and is not borne out at all by clinical experience.

Professor Raue makes the statement that the acetone and diacetic acid group, "are not the cause of the vomiting but that they result simply from the imperfect carbohydrate assimilation which is present in the premonitory stage as a result of disturbed digestion," and as proof of his theory, he cites a case of vomiting (in a child of a brother physician) where he examined a specimen of the urine on the first day of the vomiting and found that it contained neither acetone nor diacetic acid; the following day, after the vomiting had become well established, these bodies were present in large amounts. I think, if Professor Raue had examined the *blood* of that child on the first day of the vomiting, or even on the day before the vomiting began, he would have found the acids present, as I have done in several cases.

It is well known to every physician that when the bile is prevented from getting into the intestine (as in catarrhal jaundice), vomiting takes place. This, we all know perfectly well, is due to the action on the stomach of the bile (which is circulating in the blood), but it is sometimes more than twenty-four hours after vomiting has commenced before the bile *will appear in the urine;* in such cases, however, we should hardly say that the bile in the urine was caused *by* the vomiting.

I most certainly agree with Professor Raue that these cases are probably toxic in origin and that the acidosis may be purely secondary, but certainly at present, we have absolutely no conception of what the toxine is, and for that reason we use the comparatively simple tests for acetone and diacetic acid in the urine, to tell us whether the toxine (whatever it may be) is present in the system.

Professor Raue mentions the case of a woman, in the second month of pregnancy, who was vomiting persistently and had a large amount of acetone and diacetic acid, "and yet, except for the nausea, she complained of absolutely nothing—nevertheless, there was not the slightest disturbance present that could be attributed to the acetone (acid?) indication." To what may I ask, did Professor Raue attribute the vomiting? If, without changing her diet but by giving the patient an alkali, he had seen her vomiting stop within a few hours and had seen this happen in many cases, would it not have been fair to say that the vomiting was due to some toxine, the clinical indication of which was the acetone and diacetic acid in the urine?

He asks, "Is there any practical value in the examination of the urine for acetone and diacetic acid?" and answers it by saying,

first, "so far as the establishment of a distinct clinical condition is concerned, the questions must be answered in the negative;" and secondly, "even in the matter of prognosis the detection of acetonuria is of little value.

It is in regard to these answers that I must very decidedly disagree with Professor Raue, and I can give him clinical statistics of case after case, not only seen in my own experience, but many cases treated by other physicians, where considering the acidosis as the clinical symptom (without regard to any theory of toxine) and treating the patient on that line, eminently satisfactory results have been secured. In answer to this second statement, in regard to the value of prognosis, I think here I should decidedly disagree, especially as regards acidosis in cases of glycosuria, for it has been my experience that where the diacetic acid could not be readily eliminated from the urine by diet and by suitable treatment, the prognosis was very bad, and I consider that, in these cases, it is one of our most valued points as far as prognosis is concerned.

I wish it distinctly understood that I do not claim by any means that every case of vomiting is due to acidosis or that it will be cured by an alkali treatment, and where the case is due to improper food, the diet must be properly regulated; but, I do claim, there are many cases where the vomiting is caused by some toxine, the clinical symptoms of which are acetone and diacetic acid in the urine and where no change of diet will stop the vomiting, but if an alkali is given to the patient, the vomiting will cease.

There have been many and varied theories in regard to the so-called acetonuria. I have a theory myself, but I shall forbear to add it to the large number already published until I can show, by absolute proof in clinical cases, that it is correct.

SOMETHING NEW IN THERAPEUTICS.—In an editorial in Therapeutic Medicine, is found the following statement which may be read by homoeopaths with interest and profit. It certainly seems to be a straightforward definite statement of the unsatisfactory method of empiricism in medicine, the method which has been combatted so strongly by Hahnemann and his followers:

"The new therapeutics demands of the physician that when a patient comes complaining of a headache she shall not be dismissed with a prescription for a drug, but that the cause of the complaint shall be determined and the stuffy bedroom in which she sleeps shall be flooded with fresh air day and night. When a patient seeks help for his loss of appetite, he shall not not be cast aside with a prescription for a bottle of drugs, but the cause shall be discovered, and he shall have prescribed for him a walk to his office instead of a ride, instructions in deep breathing, and an omission of the preprandial cocktail. When the doctor is consulted for the pain in the leg of a child, he shall not have fulfilled his duty by sending the parent to the drug store for salicylic acid, but he shall learn the cause of the pain, and upon determining that it is coxitis, apply the rational treatment. Therapeutics is becoming something more than a few kind words and a bottle of medicine.—Dr. James Peter Warbasse.

POLYGONUM PUNCTATUM.

By. P. W. Shedd, M.D., New York.

This article has been written with a stimulative purpose in view which will become apparent before the benedicte has been reached. Polygonum, smartwood, or arse-smart (arse is the good old Saxon equivalent of anus, and is found in the classic productions of Dean Swift *et alia, q. v.*) is well reputed in domestic or country practice as a local application in internal inflammations, and has the rubefacient effect of a mustard plaster. It is also used locally in sprains, bruises, chronic erysipelatous inflammations and pruritus ani (whence its Saxon name.)

Its pathogeny presents several excellent clinical pictures, and before proceeding further we may note its predominant aggravation from cold and damp.

For example, acute cold in the head: burning in the eyeballs; dry sensation in the lids; inflammation of the edges of the lids. Inflammation and smarting, raw feeling in the Schneiderian membrane; tickling in the nose; frequent sneezing; red, inflamed nostrils, with swollen sensation; feeling of congestion through nose and eyes. Continuing down the respiratory tract, we find the throat dry, hot, burning, with sensation of excoriation; the glands feel swollen; there is aggravation from cold or moist air; contracted feeling in the throat after swallowing, followed by thirst. In the larynx there is a stifling sensation; laryngeal constriction; crowding and pressure about the larynx, with bronchial irritation; roughness as from mucous adherent to the larynx, producing a spasmodic hacking and hoarseness. The hacking cough is worse from changes of temperature, and there is a dry cough at night excited by tickling, prickling-tingling behind the sternum; dry sensation in the larynx when coughing. All these symptoms are worse in cold, damp weather which starts most coryzas, laryngites and bronchites.

Then there is a clinical picture of acute nephritis and cystitis from cold foreshadowed in the pathogeny. A febrile state of alternate chills and heat; aching in the loins with pain about the left hip joint; tearing and drawing in the loins on exposure to cold, followed by lameness and soreness (muscular?), or pain in back and lower extremities, acute or drawing, as if constricting the hips. Here again we observe the aggravation from cold.

Gastritis and enteritis are also represented: Great thirst for cold water which excites nausea; nausea—as if proceeding from the small intestines, with coldness in the abdomen; burning in the stomach; cold sensation in the stomach; pressure of clothes causes distress and there is pain on pressure followed by throbbing and distress; uneasiness in stomach and abdomen; burning heat in stomach and bowels; tympanites, flatulent colic; cutting, lancinat-

ing, griping pains in the abdomen with great rumbling, rolling upwards, causing nausea, vomiting, and a violent expulsion of liquid feces; pain in the hypogastrium, rectum and anus. Diarrhea is predominant, but may alternate with constipation. Straining at stool; the stool may be mucous and jelly-like, or fecal yellow-green or dark, hard, lumpy. Urging with much fetid flatus; tenesmus. The rectum is studded with itching eminences—itching, burning piles. Pruritus ani.

In the limbs we note: Distension of the blood-vessels in hands and feet, and this brings us to the stimulative purpose—clinical—which we had in view. In a recent issue of the Annales de Medicina Homoeopathica of Brazil, Dr. Diaz de Cruz says: "The chief object of the present writing is to emphasize a piece of information got in a conversation with Dr. Murtinho, not deducible from the pathogenesis of the plant nor found in Clarke's Dictionary of Materia Medica. Dr. Murtinho said that an old sailor had his entire body, exclusive of the trunk, covered with varices of many years' duration. The ancient mariner, who was an enthusiastic partisan of homoeopathy, inquired if there was any remedy that could modify the condition; the doctor, with the honest sincerity of a man of science, replied that there was little hope in a condition so chronic and extensive; his patient, however, insisted, and the physician, though never having read of the virtues of Polygonum in varices, prescribed the remedy, under whose prolonged use the trouble vanished.

Hence to Pulsatilla, Hamamelis and Fluoric acid, the chief drugs in varicosis, should be added Polygonum.

Following out the same line of "varicosis" reasoning, Dr. Murtinho used Polygonum 5 in a case of piles with such success that he frequently prescribed it, abundant hemorrhage being an indication. The writer also used it in the case of a multipara subject to frequent metrorrhages not yielding to the usual remedies, remembering that the gynecologists often attribute this condition to uterine varices. Polygonum 1 was given, a drop every two hours. The relief was prompt and complete.

* * * * * *

The presentation of a new remedy in varicosis will alleviate much suffering if the "hence" of the Brazilian physician be found logical; and, if it has to be a "breech presentation," as Hering dubbed the clinical discovery of a remedy, it will be quite in keeping with the aforementioned Saxon name of Polygonum. We should like our readers in clinic or private practice to seek a verification or disproval of smartweed in varicosis or in conditions (e. g. uterine) due to venous hypotonia.

GIFTS TO BOSTON HOSPITALS.—By the will of the late Miss Florence Lyman, of Boston, the sum of thirty thousand dollars goes to the Carney Hospital and twenty-five thousand to St. Mary's Infant Asylum. The Carney Hospital is also one of the residuary legatees.

THE INDICATED REMEDY FOR DISEASES OF THE RECTUM

HENRY EDWIN SPALDING, M.D., BOSTON.

(*Continued from December number.*)

SULPHUR.

OBJECTIVE:

Edge of the anus swollen.

Hemorrhoidal tumors.

Blood after stools; clot of blood escapes from anus while walking.

Moisture exudes from the anus; viscid, slimy mucus, causing soreness.

Anus red and inflamed and covered with varices.

Prolapse of the rectum during stool.

SUBJECTIVE:

Rectum and anus:

Raw pain in the anus.

Ulcerative pain in the anus on touching it.

Itching at the anus.

Great burning in the anus and urethra.

Shooting pain in anus and rectum.

Throbbing shoots from the anus through the rectum into the right hip.

Aching and forcing down in the anus, after a good stool.

Stinging and sore pain in the anus, so she is unable to lie or sit down.

Excessive pain in the anus when drawing it in.

Contractive pain in the anus after stool.

Tickling, itching and sore feeling at the outer border of the anus.

Sore feeling in the anus after a hard stool.

Piercing, jerking stitches in the anus, so he can not sit.

Sore feeling at the anus with itching around it.

Intense itching at the anus, followed by the escape of acrid fluid.

Jerking stitches in the anus, when standing.

Feeling as if everything would come out of the anus.

Tickling as of a worm in the anus.

Burning in the anus so severe she cannot sit; after a thin stool.

Burning at the anus, with frequent effort at stool, discharging only a few drops of dark blood.

Violent straining and cutting in the anus, and after a scanty evacuation, sensation as if the mucous membrane of the rectum was pressed out.

Bearing down and fine shooting pains through the anus.

Sudden burning pain in the anus.

Tenesmus, and swollen piles.

Violent cutting pain extending up into the rectum.

Shooting pain in the rectum alternating with like pains elsewhere.

Cutting pain through the rectum, from a hard evacuation.

Jerking, lightning-like shootings in the rectum.

Bearing down, feeling of fulness in the rectum.

Pressure upon the rectum as if it would protrude, with pressing upon the bladder.

Painful pressure in the rectum, during a loose stool.

Sensation during stool as if the rectum was contracted.

Burning, cutting in the rectum during a natural stool.

After a difficult, but not hard stool, pricking from the anus up into the rectum, unbearable.

Violent stitches in the rectum during and between stools, affecting the breathing.

Strangulating, sore pain in the rectum.

Itching in the anus *and rectum.*

Sensation of creeping and biting in the rectum.

Rectum feels swollen, full, with burning itching.

Moist itching erupti around the anus and between the nates. Pruritus.

Abdomen:

Long, lasting gripings in the abdomen.

Feeling of pressure and weight in the stomach.

Sensation as though the stomach was distended when it is not.

Stomach sensitve to external pressure.

Contractive pain in the stomach.

Spasm, pinching, biting, cutting, pricking heat, burning, beating in the stomach.

Feeling of pressure in the region of the liver; liver feels swollen.

Tension, boring, beating, burning, drawing in the region of the liver.

Stitching in the left side of the abdomen during a deep inspiration.

Pain in the epigastrium and under the ribs.

Feeling of repletion, as after eating too much.

Cutting in various parts of the abdomen.

Rumbling in the abdomen; in the hypogastrium.

Flatulence.

Dull pain from pressure or when walking.

Sensation in the pubic region, as if the parts were tied together.

Painful pressure at the inguinal rings.

Back:

Pain in the sacrum.

Tensive aching at left of the sacrum.

Severe pain in the small of the back, extending to the sacrum and coccyx.

Crampy pains in lumbar and sacral regions.

Bearing down pains from the small of the back into the pelvis.

Accompaniments:

Constant pressure and urging to urinate and defecate.

Itching and shooting in the perineum and anus.

Soreness of the perineum.

Stool:

Urging to stool in the early morning.

Sudden urging to stool, continuing after passing lump of hard faeces.

Ineffectual urging to stool.

Of stony hardness; hard and lumpy.

Hard, covered with blood.

Scanty, hard, with shooting pain in the passage.

Firm stool, with severe pressing.

Evacuation mixed with shreds of mucus.

Discharge of flatus followed by desire but ineffectual effort at stool.

Soft, formed *insufficient stool.*

Soft, with flatus smelling like rotten eggs.

After much straining, a firm stool accompanied by rigor proceeding from the lumbar vertebrae.

Involuntary escape of fluid faeces.

Stool escapes suddenly and almost involuntarily.

Involuntary discharge of thin, papescent, bilious-looking stool, while feeling that only flatus was going to pass.

Frequent, *foamy diarrhoea,* with tenesmus.

Stool pale; undigested food; slimy; with mucus.

Reddish mucus.

Mucus streaked with blood.

Drug Characteristics:

With this polycrest it is quite uncalled for here to enumerate what might be termed its general characteristic symptoms. Among these symptoms are those that most interest us here, *burning, itching,* and *moisture* in and around the anus and rectum.

Therapeutic Indications:

While we have a great army of symptomatic indications for sulphur in rectal diseases, its curative range is not as large as might at first be inferred. To be sure, the long-favored use of sulphur as a prodromal or intercurrent to other remedies in old, chronic diseases may often be advisable in the treatment of long-standing rectal troubles. While it will often, thus used, show marked beneficial results, it will not bring about a cure except in the limited number of cases where it is specifically called for.

For what is given the popular misnomer "itching piles" it is perhaps our most valuable remedy. In these cases there are piles but they are not large, seldom or never bleed, and of themselves do not cause much discomfort. But there is just within and around the anus a roughness, and in long-standing cases, a thickening of

the skin and muco-cutaneous tissue, with a blanched, washed-leather appearance, which exudes moisture and itches most intolerably, especially at night. This symptom may extend forward over the perineum and back between the nates.

We shall expect this condition to be accompanied with constipation, a plethora of the portal system and feeling of fulness and pressure within the abdomen. Personally I think it matters little whether it be given in the sixth or thirtieth.

THUYA.

Arbor vitae.

OBJECTIVE:

Swelling of hemorrhoidal veins.

Tubercles about the size of a pea, near the anus and on the raphé of the perineum, moist, smarting, painful while walking.

Slimy discharge from the anus.

Discharge of bloody slime from the anus day and night.

Red painless blotches about the anus, resembling fig-warts.

SUBJECTIVE:

Rectum and anus:

Itching in the anus.

Strong urging to stool, without avail, with itching in the anus and into the urethra.

Burning in the anus after stools; followed by a discharge of mucus, with violent stitches in the rectum from anus to sacrum.

Tenesmus, itching and burning in the anus.

Itching between the coccyx and anus.

Sticking in the anus; itching and biting.

Violent stitches in the anus.

Drawing and burning in the anus, after stool.

Constriction of the anus after a soft stool.

Pain in the anus, after hard stool.

Painful spot between the nates and near the anus.

Pressing in the anus, after unsatisfactory stool; after a loose stool and lasts all day.

Anus sore as if the skin were chapped or cracked, with mucous discharge.

Squeezing in hemorrhoids; itching.

Pressing and burning in hemorrhoidal veins.

Violent pain in rectum during stool, so violent as to prevent the discharge.

Painful contraction in the rectum and anus, followed by paroxysms of tearing pain in the bowels.

Burning-pricking in the rectum, between the stools.

Hemorrhoidal tumor sensitive to lightest touch.

Boring, as of a worm in the rectum.

Feeling as though the rectum were inactive.

Abdomen:

Cutting pains in the hypogastrium.

Sensation as of a constricting band across the umbilicus.

Pressure, as of a stone, in the lower part of the liver, when walking.

Tearing or drawing pain in the groins.

Movement as of something alive in the abdomen.

Rumbling in the abdomen.

Burning in region of the liver.

Bloated abdomen, with contractive cramp-like pains.

Tension in the abdomen.

Drawing in the hypogastrium, with tenderness on pressure.

Griping around the umbilicus.

Swelling of the abdomen.

Burning and pressing in the stomach.

Cutting in the umbilicus extending to the sacrum.

Back:

Pressing in the sacrum.

Drawing pains in the sacrum and various parts of the body.

Drawing from the loins towards the nates.

In the lumbar region burning heat; drawing pains with pressure.

Painful tension in the nape of the neck and sacrum.

Lumbar vertebrae painful, when leaning forward.

Continuous pain in lower part of spine and sacrum, worse by bending forward.

Accompaniments:

Copious urine; frequent desire.

Stitches in the urethra; burning.

In the perineum itching; burning; soreness.

Painful prickings in the perineum, from within outwards, going off when drawing the anus in.

Profuse sweat of scrotum, perineum and inner surfaces of thighs.

Violent itching over the lower part of the sacrum.

Stool:

Unsatisfactory stool.

Soft stools, two or three daily.

Hard stool.

Hard, followed by colic.

Liquid, after colic.

Pappy with flatulence.

Copious flatulence.

Mucus following stool.

Hard, large, brown, in balls, streaked with blood.

At first hard, afterwards papescent, clayey and fetid.

Violent, nearly watery, painless.

Drug Characteristics:

Many of the symptoms come and go, one being succeeded by the other extreme, as cold and chilliness alternating with heat and

fever; feeling of distension of the abdomen with emptiness; of plethora and distension of the hemorrhoidal veins with emptiness and relaxation. Many of the symptoms are worse during the night and while at rest.

Therapeutic Indications:

Few remedies in our materia medica have been more thoroughly proven and by more provers than Thuya. These provings clearly outline its usefulness in rectal troubles. Among the earliest and most generally observed symptoms noted are itching, burning and stinging in and around the anus and extending back between the nates to the lower portion of the sacrum and forward over the perineum to the genitalia. This condition being attended by excessive exudation of moisture. All of these symptoms are worse while at rest, especially in bed at night. A more perfect picture of *pruritus ani* could hardly be asked for and here it is of very great value. While using it internally I often prescribe a Thuya cerate for allaying the local irritation.

PUPIL NURSES I HAVE KNOWN.—This species of the genus pupiliano has to my knowledge never been scientifically classified. True, the members have been termed in a general way coadjutors of that genus homo, termed Doctorobus or Physicianno, and are always segregated in haunts frequented by the same. To these places are sent the ailing of the species, and by close observation it has been definitely ascertained that the inmates working under a leader, are taught to nurse the same back to health.

This they do for a season, then are allowed to leave with the privilege of trying their skill on victims outside the institution. A close study of the species develops many interesting traits. The new comers, which are termed in their vernacular probationers, are seen to have a mild, or rather frightened, demeanor, and develop a respectful awe of their superiors. This gradually wears away, however. While actively engaged in their labor their communications with one another seem to be extremely technical, so much so as to be a language unintelligible to an outsider.

They have a uniform method of grooming themselves which gives them a pleasing exterior. Certain of their number work in the day time and others during the night, but this seems to be an arbitrary division of their toil originating with their superiors, and is often changed.

When away from their tasks they develop a surprisingly playful manner, and are seen to have surreptitious frolics and to act in a manner not at all like their behavior when on duty. To some scientific minds this is a great puzzle, and there have been many learned discussions as to the cause of the apparent contradictions, but as yet no entirely satisfactory explanation has been offered. It is pleasing to note that they are regarded as very useful members of their species, and have been designated at times as "Angels," "Heroines," etc., apparently much to their own gratification.—Hospital Topics, July, 1907.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 33 Whiting Street, Roxbury, Mass.

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ON THE HOMŒOPATHICITY OF OPSONIC THERAPY.

We are told that the homoeopathicity of opsonic therapy has been asserted by eminent authority. It is a much appreciated compliment to homoeopathy, that this assertion comes from eminent non-homoeopathic sources; and has nowhere aroused violent controversy. Whether or not these claims are solidly founded, we shall presently try to inquire. Undeniably certain analogies exist between opsonic therapy and homoeopathy:—for instance, they are both rational, direct and successful methods of treating the sick; they both make use of mild measures; they both use single remedies. Aggravations are produced by the administration of large doses of the opsonogen as well as of the similarly acting drug; in both instances recoveries are brought about through the action of exceedingly minute doses of something which is able to produce effects closely similar to those of the disease under treatment. These things are all strikingly suggestive of homoeopathy; yet is it not an open question if we are fully justified in claiming that opsonic therapy is a strictly homoeopathic procedure? We are inclined to the negative view of this question; or, rather, inclined to the opinion that opsonic therapy has not yet been proven to be wholly homoeopathic. How shall we determine the question of the homoeopathicity or otherwise of opsonic therapy? Possibly we may begin by asking another question.

To help us answer the question "Is opsonic therapy homoeopathic therapy?" let us ask, "What is homoeopathy?" The answer to this question is simple and brief. Homoeopathy is a method of

treating sick people in accordance with the formula "similia similibus curentur," (let likes be treated by likes). That is, to sick people are administered doses of a drug that is capable of inducing in healthy people a condition similar to the one under treatment. It is absolutely necessary therefore for the physician who would treat his cases homoeopathically to know how drugs affect healthy people; that is, to be thoroughly well acquainted with drug pathogenesy. This is homoeopathy, in a simple, straightforward definition. Dosage (size of the dose) is not homoeopathy, except that the dose be small enough not to produce an aggravation. Repetition of the dose, pathological theories, explanations of the *modus operandi* of drugs in curing, these and other questions while of interest, are quite of secondary importance, and do not enter into the definition of homoeopathy itself.

Is there any analogy between homoeopathy as thus defined and opsonic therapy? To answer positively or negatively, it is only necessary to show that opsonogens have been isolated and their pathogenic records obtained. This has not yet been done. Opsonogens are dead bacteria plus their products, "toxins"; and they undoubtedly possess pathogenic powers. It is claimed by some that these opsonogens produce conditions, which are *like* the conditions under treatment and not absolutely *identical* with them; but the possible virulence of opsonogens is such that they have not yet been subjected to proving; and in the absence of *provings,* the claim that opsonic therapy is homoeopathic therapy can neither be proved nor invalidated. It is encouraging to believe that it is not only possible, but even probable, from recent observations, that in the not distant future enough facts will have accumulated to show that in opsonic therapy a new and valuable homoeopathic procedure has been discovered; but at present our wisest attitude would seem to be simply the hopeful and experimental one; making no claims that do not rest on easily demonstrable facts.

As now stated, opsonic therapy consists of isolating the bacillus or germ which is causing a disease; of incubating it or making cultures of it; of killing the germs and sterilizing the toxins or products resulting from the incubation; and of injecting small quantities of this so-called opsonogen into the body of the patient. Too large a dose makes the patient worse, producing what we call an "aggravation." Small doses produce the opsonins through whose agency the recovery is brought about. These opsonogens may not be identical with the toxins so familiar to us,

and the opsonins may not be identical with antitoxins; but in our opinion it will take more than the microscope and more than chemical analysis to distinguish any considerable difference.

The claim is made that the artificially produced opsonogen differs in some slight but unrecognizable particular from the natural disease-product; and by just so much is rendered homoeopathic to the disease. To our mind, however, the use of opsonogens, or opsonic therapy, is a much better example of isopathy, a sort of offspring of homoeopathy, than of homoeopathy itself. Its isopathic relationship finds a beautiful illustration in certain cases recently cited by Prof. Wm. H. Watters, more especially in cases of gonorrhoeal synovitis with more or less widely diffused constitutional symptoms, in which massage of the affected joint not only resulted in a cure of this synovitis, but also in the removal of all the symptoms of constitutional infection. This sort of thing if illustrative of opsonic therapy, is also much more strongly illustrative of isopathy than of homoeopathy.

Claiming or asserting that opsonic therapy is an example of homoeopathy, does not prove it to be such, or make it so. We repeat, the one thing that can prove this point is to make what we call "provings" of the opsonogens.

There is one vastly important and interesting thing, that to our mind opsonic therapy does satisfactorily explain, and that is, the *modus operandi* of the homoeopathically selected and administered drug. Thus: a drug selected for the homoeopathic treatment of a case of disease must be capable of producing in a healthy person a condition very similar to the one under treatment; administered in relatively large doses it violently shocks the enfeebled powers of resistance possessed by the patient and the condition is aggravated according to the size of the dose:—i. e., the large dose so disturbs the already diseased or reacting organism that the necessary formation of an antitoxin to itself, or an opsonin, cannot be readily brought about. However, if the patient have the necessary force, his vitality does eventually react and antidotes or throws off the effects of the poison or drug; and the reaction against the drug being in the same direction as his reaction against the disease, both the drug-disease and the natural disease are thrown off at the same time. Or if a small dose, or repeated small doses, of a similarly acting drug be administered, a gentle reaction against itself is engendered; an antitoxin, so to speak, or an opsonin is produced; and this reaction being similar to the reaction against the disease

poison, there has been practically an increase of the vital resistance of the patient's organism, in a definite direction; and the effects of the drug-poison and of the disease-poison are both overcome, and the patient restored to health—or cured homoeopathically. Should the theory here tentatively advanced be proved a sound one by time and investigation, may it not, too, prove to be a bridge over which the regular school of medicine, and the homoeopathic school of medicine can pass to a mutually good understanding? Assuredly no physician who treats opsonic therapy as a subject for serious experimentation, can refuse a like respectful and open-minded consideration to homoeopathic therapy. It has long been significantly interesting to note how in this new era of rapid revolutions and changes the imponderable and impalpable in therapy, have imperceptibly come to their own. The small dose and the similar at one time were commonplaces of medical ridicule; but today diphtheria antitoxin is acclaimed one of the most useful of all remedial agents, while yet is is not pathogenetic. Administered to well people, it is no more injurious than a soup, or beef tea. Its remedial substance has not been recognized by the microscope, by the polariscope, or by chemical analysis. And yet there are few physicians today who do not cordially affirm its healing and immunizing power.

Vaccine lymph contains a something; but what? What is the agent here that protects humanity from a terrible scourge?

The truly ethereal X-ray is a wicked pathogenetic force, but exerts a blessedly healing influence; and yet it is pre-eminently one of the imponderables. In this connection we cannot refrain from yet again calling attention to the wonderful parallelism between the pathogenetic and therapeutic affects of X-rays, and to the convincing illustration we have here of homoeopathy. For it is easy to prove that X-rays cure conditions wonderfully similar to conditions which they undoubtedly are able to produce and have actually produced.

And finally we have opsonic therapy, with its opsonic index, its opsonogens and its opsonins—these latter being indeterminate somethings in the blood, which seem to produce certain demonstrable effects. If opsonic therapy be isopathy,—as we are inclined to claim,—it is a something one stage at least beyond homoeopathy; if opsonic therapy has to make use of infinitesimals in order to cure, which seems to be the case; if opsonic therapy uses single remedies; and, lastly, if the dominant school of medicine will recog-

nize these things and recognize the "imponderables," before referred to, why should not the older school of medicine as willingly recognize homoeopathy and recognize Samuel Hahnemann, its originator and founder, as a genuine and worthy medical reformer, as a true benefactor of mankind? Investigation of homoeopathy will prove its worth to any impartial investigator, as certainly as investigation of the opsonic therapy is proving its usefulness. And with homoeopathic therapy acknowledged as one of the leading resources of medicine, the century-old gulf between the schools of medicine will stand bridged; and the good day will have dawned when all educated physicians will march shoulder to shoulder, knowing no adversaries but ignorance and disease. Surely a consummation devoutly to be wished!

A NOBLE NEW YEAR'S MESSAGE.

There comes to our profession a very noble and stimulating New Year's message in the article by Edgar Allan Forbes, in the holiday issue of THE WORLD'S WORK, on "American Healing Around the World." It tells, in a brief and simple, but none the less stirring fashion, something of the story of the missionary physicians of our race; the men and women who practice the gracious art of healing, "from a hundred to a thousand miles beyond the remotest hospital, among an alien race, and on a salary equal to that of a bookkeeper."

Says Mr. Forbes:—"You may journey from the Golden Gate to Stevenson's grave in the South Seas, wind your northward way through the Pacific islands to Canton and Shanghai, take the overland trail across Asia to Constantinople or swing south to Bangkok and westward to Suez; then you may circumnavigate the Dark Continent or cross it from Cairo to Capetown, and from Sierra Leone to Khartum—and in all these months and months of travel you will never be far from the American missionary physician. His diploma is from one or another of the best medical colleges in the United States; and his experience has been gained in a practice probably larger than that of any professor that taught him.

"These countrymen of ours are in the torrid belt of Africa, and at Point Barrow, 400 miles within the Arctic Circle, where mail is delivered once a year. Their hospitals are in the New Hebrides and among the fisher-folk of Labrador, a thousand miles north of the Gulf of St. Lawrence. They are administering chloroform in Jerusalem and Damascus and Tyre; vaccinating in Pekin, and Singapore and on the road to Mandalay; giving quinine in the malarial forests of the Zambesi, the Congo, and the Niger. They

are on the slopes of the Andes, and high up in the Himalayas, 'the roof of the world.' There is a medical station at Harpoot, near the headwaters of the Tigris and the Euphrates; and these are the instructions how to get there:—'Cross the Bosphorus from Constantinople to Scutari and take the train to Angora, going thence for three weeks by caravan.'

"Instead of the familiar 'doctor's buggy,' these physicians make their calls in canoes, jinrikshas, palanquins, sledges, wheelbarrows and hammocks; they tour the villages of their districts by boat, on elephants, and camels and afoot. . . . . .

"Men tell us that this is the Commercial Age, that our race is money-mad; that in his swift pursuit of wealth the American takes not time to eat, to think, to pray, to help. And this is our reply:—

"Of this widely scattered staff of physicians, comprising several hundred men and women, more than half are from the United States; and only a very small fraction have gone from other than Anglo-Saxon lands. The great majority of them are supported by the four aggressive denominations—the Presbyterians, the Baptists, the Methodists, and the Congregationalists. The foreign medical staff of the Presbyterians numbers about a hundred, nearly half of them being women. Their hospitals are in China, Korea, India, Siam, Persia, the Turkish provinces and West Africa. This force last year treated nearly half a million patients in these lands, practically all of them with no other hope of sympathetic and scientific treatment. The Congregationalists (The American Board) with a staff about half as large, ministered to nearly 350,000 sick people. The cost of this humane work averaged about $1400 for each physician, including salary, assistants, supplies, and traveling expenses. They have thirteen hospitals exclusively for women, and three for lepers. The Baptists and the Methodists, with foreign medical staffs about as large, accomplished a work proportionately large and important. The individual reports from many of these hospitals, though condensed into a few sentences, tell a story that makes one feel that the age and the race have not gone wrong."

To such facts as the above—in themselves uplifting to the heart as a trumpet call—Mr. Forbes adds dozens of specific, detailed tales of helpfulness and heroism, in the knowledge of which the every-day physician must stand more proudly, saying, "This is my brother." We quote but a few from this Record of Honor; but we earnestly urge our readers to give themselves the tonic pleasure of becoming familiar with every story on the list.

"A Presbyterian physician in the province of Shantung, China, describes an emergency which would tax the skill of any hospital surgeon. A man with a large knife had run amuck, and four victims were brought to the little hospital. One had the bones of his forearm and wrist cut through, another had scalp wounds that aggregated eighteen inches in length, a third had his skull cut clear through, a fourth was so injured that parts of his skull had to be removed. The report ends modestly:—'All made good recovery.' "

. . . . "Report after report from hospitals in the Far East tells how the work of healing went forward in the midst of fearful outbreaks of cholera and smallpox. Not a physician nor a nurse deserted, and none died from the plague. Native cholera corps and vacinnators were organized by American physicians, and authorized by the governments to fight the epidemics. Dr. Langheim, of the Presbyterian mission to the Philippines, had charge of a corps in the island of Negroes, that vacinnated 45,000 persons by government authority." . . . . "Up in the Himalayas is a group of nearly a hundred lepers whom a young Methodist woman has gathered together. Not long ago a schoolgirl friend from Ohio made a long detour to visit her. She found that the young lady had herself become a leper. The visiting friend was served in separate dishes, and lodged in an isolated guest-tent. This is one of the world's most pathetic examples of heroism." . . . . "One of the most interesting experiments which these physicians have made, is that of training natives to extend the work of healing. Every one of these little hospitals and dispensaries, from Banza Manteke to the China Sea, is a medical college in miniature. Young men are being trained in the drug-room and to assist in operations; the young women are given practical instruction in nursing. When their courses are finished, they may either work on the station, or accept employment outside." . . . . "These American physicians are doing more to disarm Oriental prejudice against Westerners and Western ideals than the entire diplomatic and consular service. The favorable attitude of Li Hung Chang to the United States, long before China's awakening, was largely due to the influence of Drs. Mackenzie and Leonora Howard, whose medical skill he had reason to appreciate personally. The late Dr. Mackay, a Canadian Presbyterian educated at Princeton, who spent more than a quarter of a century in the island of Formosa, had an experience that has been often repeated in other places. When he took up his station in the important city of Bangkah, many years ago, the prejudice of the natives was so great that they literally tore his house to pieces and carried the fragments away. Fifteen years later, when he was on the eve of returning to Canada, the chief officials of the city sent a messenger with the request that he would allow himself to be carried through the streets in a sedan-chair. Preceded by the head men of the city, a procession that included eight bands of music, an escort of soldiers, and red umbrellas of honor, accompanied him to the wharf, while the city resounded with the salute of firecrackers."

When we remember that in North America there is an average of one doctor to every 625 people, and in China an average of one doctor to 2,500,000 people; and that, for one instance, when Dr. Howard Taylor went to the province of Ho-Nan, he was the only scientific physician among twenty millions of Chinese, we can form some far-off guess as to what medical missionary work may mean, and what calibre of humanity is demanded to meet its requirements. True, as Mr. Forbes says, this work is largely done in the cause

of religion, and its cost contributed by religious societies. But quite equally true, is his trenchant comment that though a man may wrap his powders in a tract, instead of in blank paper, there is no evidence that this interferes with the efficacy of the powders; and though a surgeon prays before he operates, it must not be inferred that his hands are unsteady, or his instruments unsterilized. Whatever the call that sends the missionary physicians to their work, as we watch them at that work, it behooves us to come to the salute. For these are the men of whom the great Bishop of Massachusetts once said—"Thank God for these men of greater stuff than we; these men who cannot know of a need, without its taking the shape of a personal appeal to them. . . . . We must all feel grateful to know there are such men in the profession we follow; however little we may know ourselves to be such men."

A FEW NOTES ON THE NURSES' FAIR

On November 14th and 15th a fair was held in the city of Boston, under the auspices of the Alumnae Association of graduates from the Training School for Nurses in connection with the Massachusetts Homoeopathic Hospital. The object of the fair was to raise money for the equipment and support of a private ward for nurses in the Massachusetts Homoeopathic Hospital. The success of the undertaking was very satisfactory; and the nurses now have a nucleus of $1500 or more toward the carrying out of their plan.

Much might be said about the picturesqueness of the rooms in which the fair was held. Not only was there the usual variety of articles for sale, but unusual taste was exhibited in their display; and the nurses in their white costumes adorned with their own blue and white pennants added much to the unique attractiveness of the occasion. The atmosphere of the fair was not of the usual, rather grasping financial sort; but was marked by a wholesome and kind-hearted spirit not often associated with a fancy bazaar. In spite of the amount of thought and hard work that went into it, the occasion seemed to be regarded as being far more in the nature of a "lark" than of a financial appeal.

Probably but few physicians in active practice realize the age, character, and success of the Nurses' Training School. Its first class was graduated in 1887, twenty years ago. During the first ten years of its existence, the course covered two years; but ten years ago, in 1897, the three years course of training was estab-

lished. The character of the training has changed very materially; and now consists of several lecture courses, and numerous recitation courses, in addition to the training on the wards. Since 1887 three hundred and fourteen nurses have been graduated; and the Alumnae Association includes the names of something over one hundred.

Among many interesting articles for sale was the pictorial souvenir of the hospital, which illustrates very graphically the enormous growth of the institution since 1871, when the hospital occupied a building in Burroughs Place. The souvenir contains unusually fine pictures of the Burroughs Place hospital, the original building on Concord Street, and on the various additions which have been made to it since it was opened in 1876. The Surgical Wing, the Annex, the Medical Wing, the Nurses' Home, the Out-Patient Department, the Maternity, the Clarke Ward for Children, the Convalescents' Home in Watertown, make a group of buildings of which any homoeopathist may be proud. The souvenir also contains interior views of the various departments of the hospital; and in addition photographs of the superintendents of the Hospital, and also of the Training School.

To the younger generation, the large and successfully conducted Hospital of today offers no suggestion of immaturity. It is so well established that one thinks of it as having had a long life. Yet it was only thirty-seven years ago that its doors were opened. Among all those who have worked in its interests none has been more faithful, more earnest, more loyal, more self-sacrificing than one of the nurses who was active in getting up the fair, and whose table at the fair was constantly thronged by visitors. The GAZETTE is glad to extend affectionate congratulations to Miss Carrie L. Marston, "Aunt Carrie," in a thousand affectionate memories of physicians and patients, internes and nurses; who for a period of thirty-four years was in active service as a nurse in the hospital, and who personally watched and helped materially to promote its growth from Burroughs Place to the present time.

Surely this unselfish, practical, kindly effort on the part of the nurses is something that the professors at large may well take lessons from. There are many modest workers in the nurses' profession who have done and are doing notable work, and work that physicians hold in high consideration. Any effort that our nurses make toward helping their comrades when ill, and toward helping the hospital should be heartily recognized and supported by the

profession itself. Certainly no one who has ever worked in the hospital as interne can look at the picture of "Aunt Carrie" Marston without a wholesome warmth at his heart. Good genius of the hospital as she has so long been, here's a New Year's health to her! May her like multiply among us!

VITAL STATISTICS

That the general importance of vital statistics has much increased in recent years, and that statistics concerning the health of the community are proving a matter of increased public interest, is testified to by the frequent publication of such statements in the daily press, and in periodical literature, as the following, recently culled from a morning journal, and of valuable suggestiveness to the profession as well as to the laity:

"Rheumatism is the most prevalent chronic disease in Massachusetts, according to Dr. Herbert B. Lang, in an article in this month's *Labor Bulletin*, based on a canvass made in connection with the census taking for 1905.

"Of the total of 22,217 afflicted with chronic diseases in that year, the number suffering from rheumatism was 7102, about evenly divided between the sexes. Those afflicted with heart disease, specified or unspecified as to variety, numbered 3833. Kidney trouble had 1704 in its grip, not including Bright's disease, of which there were 367 cases separately reported.

"Alcoholism claimed 157 victims, this number including only those suffering from the immediate effects of the drug, to say nothing of the hundreds with infirmities directly traceable to it. Asthma, probably meaning that form of it due essentially to pulmonary defects, afflicted 1143, and bronchitis laid hold of 762.

"Of cancer, affecting at least 29 different parts of the body, there were 495 cases. Nervous prostration, masquerading under many less attractive titles, affected 1149 persons.

"Of the total of 22,217, 11,825 were males and 10,392 females. There were 19,363 who complained of only one chronic disease, 2441 were afflicted with two and 413 had three or more.

"Of 11,825 males in gainful occupations, 4151 stated that they were able to work and 2120 reported being able to work part of the time. There were 3061 who replied that they were unable to work."

One million sixty thousand sixty-seven plague deaths is the appalling total of victims in India for the first six months of the present year. It is the highest ever recorded, surpassing that for the entire twelve months of 1904, when 1,022,000 people perished from this cause.—The Medical Times, September, 1907.

SOCIETIES.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homoeopathic Medical Society was held in the Natural History Rooms, December 5, 1907. The meeting was called to order by the President, Dr. S. H. Calderwood.

Business Session.

Records.—The reading of the records was waived.

Proposals for Membership.—D. R. McNally, M.D.; Howard Moore, M.D.

Proposal for Resignation.—Lydia R. Clemens. Referred to executive committee.

Elections to Membership.—Mildred F. Babcock, M.D.

Scientific Session.

Resume of The Infinitesimal Dose in Modern Therapeutics. George R. Southwick, M.D., M.R.C.S.

Resume of The Opsonic Index. (Lantern slides.) W. H. Watters, M.D. Horace Packard, M.D.

Discussion.

Mr. President, you have done me the honor to ask me to open this discussion. I hardly know why; I think I should have closed it, perhaps, more properly, because it certainly does not relate to the actual practice of surgery except in so far as it may modify some of the sequelae of surgery and take away from the field of surgery some of the diseases which have been considered heretofore surgical diseases.

I became very much interested in this subject from the time that I heard a paper by Professor Wright here in Boston, and upon hearing him relate cures of abscess and of carbuncle and of furunculosis and of various forms of tuberculosis, it impressed me at once that it was a thing that a surgeon ought to familiarize himself with. At least I read the literature that I shall speak of a little later, but I did not get much in touch with the subject until I chanced during my absence abroad the past summer to visit the laboratory and clinic of Sir A. E. Wright at St. Mary's Hospital in London. In visiting Professor Wright's laboratory and clinic I wanted to get an intimate knowledge of the laboratory working of this new thing, and I wanted to see what he is actually doing with cases, and watched the work with the utmost interest.

Cases are now being sent there from other hospitals so that difficult cases that do not respond to ordinary treatment are turned over to Sir A. E. Wright's clinic. I want to say what, perhaps, is obvious to you already, that this treatment applies only to bacterial diseases which are supposed to result from the action of micro-organisms upon the body.

I saw one case of a man who is now a helper in the laboratory. He was originally a patient in the hospital. He had had a very bad case of tubercular adenitis. The lymph glands of the whole left side of his neck had become infected and had extended to the upper portion of the thorax. He was turned over to Professor Wright, who put him on the treatment, and he finally got well with a total disappearance of all vestige of the disease, and when I saw him he had a very flexible scar covering all of this portion of the neck and upper portion of the thorax or clavicular region. He was in perfectly good health and in good nutrition.

Another was a case of tubercular peritonitis. The patient as a last resort was put on the bacterial toxine treatment. She improved, and when I saw her she walked into the clinic and without any local appearance of tuberculosis.

Another was a case of a young woman in the surgical side of the hospital with tubercular tarsus where the surgeons advised amputation of the foot. As a trial she was turned over to Sir A. E. Wright, who began

the tuberculosis treatment, and she walked into the clinic when I saw her without a cane, with hardly any of the original swelling remaining.

A case of tubercular orchitis in a young child had abated under the tuberculosis treatment.

You will see quite a contrast between these cases and those of Dr. Watters, in that very many of them are tubercular. There was one case of carbuncle that was under treatment, and a few cases of infection upon other organs. Some of these old cases do not always stayed cured, but there seems to be a relapse. It is not quite known what may be done with relapsing cases, whether they will respond as well a second time.

The amount of tuberculin which brings about these results is astonishing; .001 mg. is a small dose; .0001 mg. often produces results, and here in this country positive results have followed the use of .00001 mg.

There is rather a slip-shod tendency on the part of some workers in this country to dash in and give the bacterial toxines without getting the index first. I know only of two men in Boston, Professor Watters and Dr. Medalia, who can take the index without difficulty.

What does the cure? That is an interesting question. A minute portion of vaccine is injected. In a little while the opsonic index is raised to a higher point with reference to a certain infection. The opsonin is increased, the bacteria floating in the blood have been made more palatable to the leucocytes. It is all a mystery.

What is the future of bacterial diseases? I feel very optimistic about this matter. This is the beginning of greater discoveries to follow. I believe that bacterial diseases are to be wiped out, including cancer, which I believe to be of bacterial origin.

Dr. J. P. Sutherland. Paper.

Dr. F. P. Batchelder.

Since I came in I find that neither of the speakers has happened to touch upon some of the subjects that have been going through my mind during the last few months.

First of all, I am impressed with one thing, above all others, and that is, that again we have another illustration of that old adage: There is nothing new under the sun. We are finding out new things, to be sure, new to us, but as I stop a moment and think over the statements that were presented to us a few years ago, it seems just another step in the unfolding of this biological problem that we are ever dealing with.

From my experience of the last few months, and that is very limited, I am persuaded of one thing, and that is, that it will not do to assume the slightest theory along these lines of opsonic treatment. It will not do to assume that your patient has an infection with this or that or the other thing. Do not take anything for granted. Work it out. It was impossible in some cases to tell whether a given source of infection was present or not. It ought to have been present. We worked along that line and failure was the result.

A case comes to my mind despairing in the extreme, one where infection in one field was followed by infection in another, and it seemed almost as though disease would rend the poor patient's frame long before it did. In the midst of all that strife this new idea had come to the front, and it was possible at once to give that patient assistance. It was possible to prove to our own satisfaction that that patient was helped, and she can personally add her testimony to it. The blood count and other data, as well as the temperature curve and the patient's own symptoms all pointed toward the benefit that came from this particular line of treatment.

I feel I am treading on very thin ice. I do not dare to venture a prediction. If we will make use of this method which has been presented to us for measuring the opsonic index we can in some few of these very obscure cases that puzzle us all get some light toward the solution of that problem. If we can in any of these cases determine what the index

for a given infection is, whether normal or not, that is going to help us some.

But not simply as a means of diagnosis, but as a means of prognosis, it seems to me that this is going to bring us a good deal of assistance. There are cases which every surgeon meets, surely, and they fall now and then to others who are not surgeons, where there is an infection of one kind or another or where a pathological condition is present which necessitates operation. Another thing that it has been so difficult for us to grapple with has been that subtle, unknown, imponderable personal equation in the patient. You may get the patient's history, weigh him, measure him, and yet there is something which makes up a physiological or pathological case.

I shall watch with a great deal of interest the working out of these questions along the lines I have indicated.

Dr. J. Herbert Moore spoke along lines similar to those mentioned by Dr. Sutherland, in addition to speaking at some length of the work of Professor Wright. He laid particular stress on the practical side of the question relating to the bringing of the two schools of medicine into closer relationship.

Dr. Southwick read the paper of Dr. Wesselhoeft in the latter's absence. Dr. A. G. Howard stated that the results obtained at the Carney Hospital in the Orthopedic Department with the Opsonin Treatment were unsatisfactory. The same results were obtained in the House of the Good Samaritan, as well as in the Hospital for Medical Research in Cambridge, England. By members of the Orthopedic Club it was stated that excellent results were obtained and that the unfavorable reports were due to lack of thoroughness on the part of the investigators.

In summing up, Dr. Watters stated that the difference of time necessary for different investigators to get the index was due, not to different methods, but to better technique. In reply to Dr. Packard, Dr. Watters stated that the toxine treatment was not intended to replace, but to aid other methods of treatment.

Adjournment.

MASSACHUSETTS SURGICAL AND GYNAECOLOGICAL SOCIETY.

The Massachusetts Surgical and Gynaecological Society held its sixty-ninth session and thirty-first annual meeting in Beckton Hall, 200 Huntington avenue, Boston, Wednesday, December the 11th.

During the business session three physicians, i. e., Drs. Howard W. Jewett, Lowell; Daniel Raymond McNally, Pawtucket, R. I., and Cyrus W. Scott, Andover, were elected to membership.

The Treasurer reported the finances to be in a sound condition.

The election committee reported the result of the election as follows:

President, Edgar A. Fisher, Worcester; vice-presidents, Charles T. Howard, Boston; Mary R. Lakeman, Salem; general secretary, Frederick W. Colburn, 661 Boylston street, Boston; assistant secretary, Herbert D. Boyd, Boston; treasurer, Isabel G. Weston, Wellesley; auditor, Walter H. Flanders, Melrose; censors, Stephen H. Blodgett, Boston; Amelia Burroughs, Boston; John A. Hunt, Taunton.

The Bureau of Gynaecology, Dr. Willard A. Paul, chairman, presented the following program:

1. "The End Results of Conservative Operations upon the Uterus and Adnexa." Dr. N. W. Emerson.

2. "Local and Mechanical Treatment in Gynaecology." Dr. Lucy Barney Hall.

3. "The Use of Medicine Locally with the High Frequency Current in Gynaecology." Dr. George E. Percy.

4. "The Neurologist in Gynaecology." Dr. Edward P. Colby. The discussion of the papers was brisk and to the point.

Dinner followed in the hall below, where some over a hundred lis-

tened to the annual address by the out-going president, Dr. Frank A. Gardner.

Music was furnished by the Salem Light Infantry Mandolin Orchestra and vocal solos by Miss Isabel Stevens.

CUMBERLAND AND YORK HOMOEOPATHIC MEDICAL SOCIETY.

The regular bi-monthly meeting of the Cumberland and York Homoeopathic Medical Society was held in the Y. M. C. A. building, Portland, Me., on Wednesday evening, November 20.

Dr. S. E. Sylvester of Portland gave a paper on Serum Therapy in the Treatment of Tuberculosis, citing cases from his practice to prove the value of this form of treatment. This led to a free discussion of the relative benefits of sanitarium and home treatment, effect of altitude, diet and drugs, and serum injections in combating various forms of tuberculosis.

THE MONTH'S BEST BOOKS.

Surgical Applied Anatomy; Treves; $2.25; Lea Bros. & Co.
Diseases of the Eye; C. A. Wood and T. A. Woodruff; Keener & Co.
A Treatise on Massage; D. Graham; $4; J. B. Lippincott & Co.
Obstetric Nursing; Wilson; $1.25; W. B. Saunders Company.
Diseases of Children for Nurses; McCombs; $2; W. B. Saunders Company.
Diseases of the Nervous System; Church; $5; D. Appleton & Co.
Modern Medicine; Osler; $7.50; Lea Bros. & Co.
Internal Secretions; Sajous; F. A. Davis Company.
Modern Otology; Barnhill; $5.50; W. B. Saunders Company.
Treatment of Fractures; Scudder; $5.50; W. B. Saunders Company.
Practice of Medicine; Stevens; $2.50; W. B. Saunders Company.
Elements of Homoeopathic Theory, Etc.; Boericke and Anshutz; $1; Boericke & Tafel.

BOOK REVIEWS.

A Text-Book of Physiological Chemistry. For Students of Medicine and Physicians. By Charles E. Simon, M.D., Professor of Clinical Pathology in the Baltimore Medical College. New (3d) edition. In one octavo volume of 490 pages. Cloth, $3.25, net. Lea Brothers & Co., Philadelphia and New York. 1907.

This book is well worth a place in its field corresponding with the prominence that the book upon clinical diagnosis by the same author holds in a somewhat allied subject.

Having more recently appeared than its fellow, it is less well known, but by those who have studied it carefully it is highly valued. The subject of physiological chemistry is probably of less general interest than that of clinical diagnosis and the scope of this volume will be correspondingly more limited. It covers the chemistry of the albumins, carbohydrates, fats and ferments and of the various processes of digestion, secretion and excretion. The chapter upon the urine is as it should be, particularly full and comprehensive, the subject of blood chemistry being treated similarly in detail. An appendix containing a large number of illustrative laboratory exercises should prove of value to the teacher and to the student of physiology.

A Text-Book of Practical Gynaecology. For Practitioners and Students. By D. Tod Gilliam, M.D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, etc. Second, Revised Edition. Illustrated with 350 engravings, a colored frontispiece, and 13 full-page half-tone plates; 642 royal octavo pages; half-morocco, gilt top, $6 net. Sold only by subscription. F. A. Davis Company, publishers, Philadelphia. 1907.

This book is divided into fifty chapters of about equal length, each approximately representing a single collegiate lecture. It includes not only strictly gynaecologic subjects, but also treats of diseases of the urethra, bladder, ureters, kidneys and rectum. In the last part is given an index of regional symptoms with an introduction to the lesions to which they are most probably due. This should be particularly valuable to the younger physicians and to medical students generally. While the author makes no claim for completeness in his treatment of the subject, preferring to give merely those methods that have proven with him to be most satisfactory, yet his selections are commendable and are for the most part excellent. He gives the credit of the revision almost entirely to his son, Dr. E. M. Gilliam. The large number of well executed illustrations, the majority of which are original, serve to give an added value to the various descriptions. Some errors in typography, inconspicuous in nature, are noticed, but these do not seriously detract from the appearance of a very desirable volume.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia. Assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. December 1, 1907. Lea Bros. & Co., Philadelphia and New York. Six Dollars per annum.

The Gazette has in the past expressed in no uncertain terms the esteem in which it holds this well-known quarterly. The present volume covers recent progress in diseases of the abdominal organs and kidneys, genito-urinary disturbances and the surgery of the extremities, including anaesthesia and infections. The concluding chapter upon practical therapeutics will probably appeal less to the readers of the Gazette than do the others. A large number of articles from the principal medical journals, both in America and abroad, are summarized and condensed into very compact paragraphs. In a short time one can thus get a sketch of all that is being done in some one line and can find what articles, if any, need to be consulted in full for the desired information. Or, on the other hand, the reader can get a good general idea of all new information without the loss of the time necessary to read through long and exhaustive articles.

Messrs. Boericke & Tafel have in press a work from the pen of Dr. Clarence Bartlett. The book has the concise yet thoroughly descriptive title. "Treatment." It will be in a class by itself, giving full treatment for practically every known disease; not therapeutics only, though this branch is fully gone into, but treatment in its broadest sense. It will make a work of about 1200 large octavo pages.

The author has been assisted in his task by noted specialists; i. e., Dr. W. B. Van Lennep, on Surgical Relations of Internal Diseases; Dr. C. Albert Bigler, on the Rectum; Dr. Leon T. Ashcraft, on Genito-urinary diseases; Dr. Fred W. Smith, on Disinfection; Dr. C. M. Thomas, on Eye and Ear; Dr. E. M. Gramm, Skin; Dr. C. S. Raue, Infants; Dr. W. F. Baker, Hydrotherapy; and Dr. W. H. Hammond on X-ray.

The book will probably be ready for delivery in January.

The Physician's Visiting List. 1908. Fifty-seventh year of its publication. Price, $1.00. P. Blakiston's Son & Co., Philadelphia.

This visiting list is now well known to a large number of physicians throughout the country on account of its satisfactory arrangement, condensed form and general neatness. It contains, as heretofore, a dose table prepared in accordance with the latest edition of the new U. S. pharmacopoeia, metric system tables, poisons and antidotes and directions for various emergencies.

Perpetual Visiting and Pocket Reference Book. Including Information in Emergencies from Standard Authors. J. H. Chambers & Co., St. Louis, Mo.

This little book contains in addition to the usual calling list, memoranda, obstetric records, etc., the pages of directions for clinical emergencies being somewhat in the nature of a first aid list. This is necessarily brief, and by no means full. A series of concise medical mottoes are in many cases very well arranged.

Handbook of Cutaneous Therapeutics. Including Sections on the X-Ray, High-Frequency Current and the Minor Surgery of the Skin. For the Use of General Practitioners. By W. A. Hardaway, M.D., LL.D., Professor of Diseases of the Skin and Syphilis in Washington University, St. Louis, and Joseph Grindon, Ph.B., M.D., Professor of Clinical Dermatology and Syphilis in Washington University, St. Louis. Lea Bros. & Co., Philadelphia. 1907.

As skin diseases are among the most common as well as the most intractable of the cases usually encountered in practice, a clear knowledge of their different manifestations is essential to the successful physician. To such an one this small work comes as a welcome guest. Etiology, pathology, symptomatology and differential diagnosis receive only sufficient attention to clearly elucidate the methods of treatment. General, internal and local measures of treating the various lesions are given in detail. The inefficiency of medicines as a whole in their influence upon skin diseases is very evident. And in many instances the multiplicity of prescriptions for local treatment forces one to suspect that none of them are satisfactory. In fact it tends to make us agree with certain eminent German dermatologists in their contention that local antiseptics do more harm than good. Opsonic therapy is given, but as proper at the present state of our knowledge, the statements concerning its benefits are guardedly made. This book is prepared for the general practitioner, and to such it will probably bring much of the best that is at present known in cutaneous therapeutics.

McClure's Magazine for January contains "The Needs of Our Navy," by Henry Reuterdahl; "Great American Fortunes," by Burton J. Hendrick, summing up the history of the Metropolitan Street Railway and its effect on the public. "One Man and His Town," by Marion H. Carter, is an account of a man who is at once Captain of Industry, Labor Leader, Excise Commissioner, Board of Health and Chief of Police. The story of his work is well worth perusal. Ellen Terry continues her memoirs, telling in this issue "What Henry Irving Did for the English Stage." Mary Stewart Cutting's new serial, "The Wayfarers," runs into the second instalment. The fiction, as always, is good, and those who have read the earlier stories of "Ezekiel," by Lucy Pratt, will be glad to find him again in "The Color-Bearers." Price, 15 cents. Prospective subscribers will find an advantageous offer on last page of the January New England Medical Gazette.

PERSONAL AND GENERAL ITEMS.

The second term of the 1907-8 session of Boston University School of Medicine opens January 2, 1908.

Dr. Francis H. MacCarthy announces the removal of his office and residence to 11 Pinckney street, Boston. Telephone, Haymarket 1591-2. Office hours: Until 9.30, 2—4 and 6.30 to 7.30 P. M.

Dr. Harriet Horner, B. U. S. M., 1903, who until recently was located in Castine, Me., has taken the house at 83 Church street, Newton, where she will be able to accommodate one or two private patients. Dr. Horner's previous experience both as a graduate nurse and as a physician tends to well equip her for the new work.

Dr. Deborah Fawcett of Newton has opened an office in the Kempton Hotel, corner of Berkeley and Newbury streets. Office hours: Thursdays, 3.30 to 5.30.

PITTSBURG HAPPENINGS.—One of the editors of the Gazette has recently had the privilege of enjoying the hospitalities of the homoeopathic profession in Pittsburg, Penn., and can speak in the most enthusiastic terms concerning them. Although making but a limited stay, the hours had been so well planned by the hosts that the maximum was achieved in the minimum time.

He much appreciates the courtesies extended by the Nestor of Homoeopathy,—Dr. J. H. MacClelland,—and by his wife and family. The dinner at Dr. Stewart's, with delightful surroundings, was in no wise marred by the sudden onset of darkness due to labor troubles in the electric light station. In fact, the necessary use of candles carried one back to the times made familiar by fiction. Drs. Morris and Pierce, in their bachelor apartments, have well solved the single man's problem, if one may judge by the dinner given and the general appearance of neatness and comfort.

A Dutch lunch at the University Club brought together about fifty kindred spirits, among whom several non-homoeopathic physicians were counted. A reunion and lunch of Boston University alumni at the dining hall of the new Frick building proved a fine opportunity to renew old acquaintances and make new ones.

Everything in the homoeopathic line seems to be flourishing in this city. The old hospital has done, and is still doing, excellent work, but is soon to be superseded by a new one fully equipped and modern in all respects. The cornerstone for the new building was laid several months ago and the walls are now well along in the course of erection. One unfortunate factor in the change will be the relinquishment of the present central location for one more suburban. By this the majority of the emergency work will be lost to the institution. It is possible, however, that some central point comparable to the Boston Relief Station will be retained as a branch of the new hospital. The number of representative men on the board of trustees of the Homoeopathic Hospital seems to fully justify the optimistic hopes for the future of the enterprise. Boston University sees with pleasure many ideas obtained from it and from its allied institution, the Massachusetts Homoeopathic Hospital. The ideas concerning the practical production of asepsis are identical, and in the Wesselhoeft method of sterilizing catgut we meet an old and trusted friend. Much of this change has been due, we are told, to the activity and industry of Dr. F. V. Wooldridge, who with his brilliant wife, also a B. U. alumnus, was our host, and to whom are due many thanks for a most enjoyable visit.

Dr. John A. Hayward, B. U. S. M., 1906, has opened an office at 353 Massachusetts avenue, Boston.

Dr. Amber A. Starbuck, 1906, B. U. S. M., who has for some months been pathologist at the Wesson Memorial Hospital, Springfield, has opened an office at 4 Chestnut street, Springfield, but will continue her duties at the hospital.

We learn with pleasure that Dr. Edith Neild of Tunbridge Wells, England, who has been ill for some time of scarlet fever, is now convalescing.

Dr. Anna T. Lovering, librarian of Boston University Medical Library, desires to acknowledge, with many thanks, the receipt of $1 from each of the following contributors to the "Book Shelf Library": Drs. Catharine W. Castle, Wesley T. Lee, Orren B. Sanders, Grace Stevens, David W. Wells. Dr. Frank C. Richardson has kindly donated a set of Dickens' works. Books on sociology, political economy and general topics of present-day interest, including volumes of travel and standard works of essayists and scientists, will be especially welcome.

Dr. Lydia Reinhold Baker, class of 1906, B. U. S. M., has removed from Melrose, Mass., to Williamsport, Penn., where she will be associated in practice with Dr. Hannah C. Reinhold.

CHANGES IN HAHNEMANN COLLEGE OF PHILADELPHIA.—The faculty of Hahnemann College has recently sustained the loss by resignation of two of its best known members. Professor W. C. Goodno, who has a reputation extending over the entire country, has been compelled by ill health to sever all college relations and also to give up his extensive practice. With his wife he will reside in Pasadena, Calif. Professor Charles Mohr is probably less widely known than is Dr. Goodno, although in the line of materia medica he is considered an authority. His success as a teacher has been most satisfactory during his many years of professional service.

The Gazette regrets the loss of these two giants sustained by our Philadelphia confreres. It is very glad, however, to be able to chronicle the fact that such eminent successors have been found. The chair of Materia Medica will now be directed by Dr. O. S. Haines and that of Practice by Dr. Clarence Bartlett.

HONORS FOR DR. GAIUS J. JONES.—The homoeopathic profession and its friends in Cleveland and vicinity united to express their appreciation of the long and faithful service of Dr. Jones in the cause of medicine and particularly of homoeopathy. On November 13th about 125 guests gathered at a banquet at the Colonial Hotel in Cleveland. Among the best-known visitors were Drs. Walton of Cincinnati, Wilcox of Buffalo, and Hinsdale of Ann Arbor, each of whom presented one of his characteristic speeches. A loving cup was presented to Dr. Jones by Dr. H. H. Baxter, the inscription being as follows:

"Presented to Professor Gaius J. Jones by his many friends and admirers in the profession, as a token of their personal esteem and in appreciation of his labor and accomplishments in the field of medicine, and his life-long devotion to homoeopathy. Cleveland, November 13, 1907."

The Gazette is very glad to learn of this pleasant event and to extend to Dr. Jones its congratulations for this appreciation of his well-merited success. We have known of the doctor for years and realize that to him the homoeopaths of Cleveland and the Cleveland Homoeopathic Medical College owe much of their success.

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ORIGINAL COMMUNICATIONS.

"MEDICAL EXPERT TESTIMONY."

HON. LOUIS C. SOUTHARD.

Mr. President, members of the Boston Homœopathic Medical Society, and fellow guests:

It is a great pleasure to meet you here this evening, and I esteem it an honor and privilege to be allowed to address you on what is one of the most momentous questions of the hour—medical expert testimony.

For many years this subject has to a greater or less degree been under consideration, but the marvelous expansion in public service corporations and private manufacturing industries, combined with the high pressure under which so large a portion of our people work and play in these later years, has gradually forced such widespread knowledge of the iniquities of the present system upon the minds of the people, both professional and lay, that some serious attempt to abate the scandal cannot much longer be delayed.

The courts are crowded with actions of tort. Probably one-third of the time of the judges, jurors, court officers, clerks, lawyers, suitors and witnesses is taken up with the trial and disposition of personal injury cases.

If this estimate is conservative, consider the magnitude of the subject under discussion, for almost every personal injury case depends in large measure upon the testimony of medical experts.

Even in the case of such an obvious injury as a broken arm or broken leg, expert medical opinion must still be depended upon as to the extent of the injury and the present and future disability of the injured. In other words, the medical expert must furnish the facts on which the court or jury is to base its verdict.

One medical man says that in his opinion the plaintiff has been injured for life. The expert for the defendant as stoutly denies all injury and declares that the plaintiff is perfectly sound and is only faking a case for the purpose of extorting money from the innocent defendant.

Under such a state of affairs, what is the poor jury to do?

They know that the experts for one side or the other are grossly exaggerating, to say the least.

But which ones? The jury is anxious to deal justly with both parties.

If the plaintiff is injured for life, he is entitled to, and they want to give him (if the defendant is legally liable, of course), damages according to the extent of his disability. If he is a bogus claimant, they cannot make too short work of his claim.

But whom to believe? There is the rub.

The jury knows perfectly well that medical experts are employed and paid for by both sides; that often medical men are employed regularly to testify in the defense of corporations who pay them liberally to cultivate the arts of preventing or minimizing verdicts against them.

That plaintiffs without a dollar in their pockets are somehow able to obtain the services of prominent medical experts who most impressively support their clients' cause: for clients they are.

There is no disguising the fact that in such cases the medical man is taking pot luck with the plaintiff and his counsel, and must do his best to impress the jury and win a verdict for his side, or his time, skill and energy will all be lost.

Under such circumstances how can one be surprised at the burning words of the Hon. Charles B. Wheeler, one of the justices of the Supreme Court of the State of New York, who in an address given recently before the Eighth District Branch of the New York State Medical Society at Buffalo, New York, said:

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"It (expert medical testimony) is but a commercial statement offered for money and backed only by desire for financial gain."

Does the full force of this statement strike you? The human mind is apt to get callous when a thing is long continued, but here is an eminent citizen of an empire state, holding one of the highest and most important official positions in the land, who from his age, his learning, his culture and his experience in life has been taught to be conservative and moderate in all his criticisms, speaking almost from the wool sack and in the presence of his hosts, who are themselves men of learning and importance in the community, says to them and through them to their professional brethren at large, "Your testimony when offered in court is but a commercial statement which you offer solely for money and with no higher object than to line your pockets regardless of the rights of others or the justice of the cause!"

If this was an isolated statement we might shrug our shoulders and attribute it to infirmity of temper or some other unworthy cause, but such is not the case.

Chief Justice Emery of the Supreme Judicial Court of the State of Maine, two years ago in his address to the Maine State Bar Association, said:

"No judge, no jury, but bewails the necessity of such evidence; no lawyer but feels afflicted with fatigue when he thinks of it."

Chief Justice Aiken of our Superior Court, addressing the Bar Association at its last banquet at the Hotel Somerset, after calling attention to the undesirable character of medical expert testimony, remarked that:

"The time has come for a dissolution of co-partnership of the lawyer and the doctor, with the doctor the retiring member of the firm." That is to say, the Chief Justice regards the medical man who appears in court as having left the practice of medicine, the ministering to the suffering and the distressed, and that he has joined in a co-partnership with the lawyer in speculating in damage cases and is taking pot luck with the lawyer in seeing how much money they can obtain from the defendant.

That certainly is not a very graceful tribute to the honor and integrity of the medical profession as seen in court, and our own distinguished citizen, statesman and jurist, Hon. William H. Moody, Justice of the United States Supreme Court, on July 1st last, wrote:

"There is no doubt a very great evil in the present method of obtaining opinion evidence."

Many of the opinions printed in the reports of the Supreme Courts of this and other states contain such statements as the following:

"Skilled witnesses come with such a bias on their minds to sustain the cause in which they are employed that hardly any weight should be given to their testimony."

"Such testimony is not desirable in any case, when the jury can possibly get along without it."

"Experience has shown that opposite opinions of persons professing to be experts may be obtained to any amount."

"If there is any kind of testimony that is not only of no value, but even worse than that, it is in my judgment that of the medical expert."

But the courts are not alone in calling public attention to the need of cleansing the halls of justice, eminent medical authors, professors and practitioners have contributed their quota.

Let me read you a few biting comments from that source:

"The medical expert is partial and his partisanship with the side that employs him deliberate and inevitable."

"Were I a juryman, I would never accept two kinds of evidence at their face value, i. e., expert medical testimony and detectives' testimony. They know so many things that are not so."

"Medical expert evidence in the courts is a travesty of both law and justice."

"Medical expert testimony has become worse than a farce and certainly will have to be greatly modified to be of value, except monetarily to the doctor testifying."

"When one sees the same experts appearing in case after case and almost always upon the same side, it certainly detracts from the force of their testimony."

"A man who is always summoned by a defendant corporation and very rarely by an injured plaintiff, must be considered more or less partial . . . . as well as the man who is always appearing on the side of the injured plaintiff. The lawyer only puts on those who agree with his point of view."

"He (the medical expert) is in court to help counsel who retains him, and his business there is to assist in securing a verdict. This is his mission."

"It is difficult to distort a matter of fact without detection, but it is easy to mould so elastic a material as one's opinion."

"The physician in court as an expert is a hired servant."

"He appears on the witness stand by virtue of a pledge to use his medical knowledge to impress the jury and win a verdict," and "earn the money his employer has agreed to pay him."

"Medical testimony to almost any effect can be purchased in the market as readily as a horse and with as little assurance of soundness."

The newspapers not only reflect but educate public opinion, and when much space, both in news and editorial columns, is given to a subject, it is safe to say that the public as a whole is interested and that the editors are giving good advice.

The daily press, both in and without the State, have emphasized the importance of the subject, and I beg leave to read just a few editorial comments taken from the press of Boston, New York, Philadelphia, Buffalo, Washington, D. C., and elsewhere:

"Everyone will heartily assent to the proposition that expert testimony as at present used in our courts is a scandal. It is a luxury that only the rich can afford, and which gives very little if any assistance to the jury in arriving at a verdict."

"Probably no other great criminal case of recent years has shown up in a more disgusting light the physician who is willing at all times to sell his professional opinion for money than the Thaw murder trial."

"The physicians themselves can do more than anyone else to remedy that which has become an obstacle to justice and a disgrace to the medical profession."

"Continuance of present conditions not only works against the good repute of our courts and our ways of administering justice, but injures the standing of the medical profession. Steps to procure legislation should be taken by the medical profession itself."

"The movement to procure legislation is a notable 'sign of the times' and proof that 'the medical profession is itself awakening.' "

"Shows conclusively that there is a rapidly rising dislike on the part of the profession (medical) to the odium that the 'expert' business throws upon the whole practice of medicine."

"Yet today there is no question that the testimony of some medical experts is given to the highest bidder."

One of the leading papers of this city a few days ago, commenting on the struggle to prove that H. H. Rogers was in such poor physical condition that he could not appear as a witness, said editorially:

"Time was when a reputable physician's certificate was good for the state of his patient's health. Nowadays it has to be supplemented by affidavits and the direct testimony from all his associates and acquaintances. It's a rather rude reflection on the contemporary physician's veracity."

That this state of affairs has gone so far as to reach the jury itself, is most conclusively shown by the statement contained in a letter written by a member of the bar in Essex County, wherein he stated:

"On Monday the 20th day of May, 1907, while attending the session of the Superior Court at Salem, I happened to be present when the jury was being drawn to try Edgar Meikle on the charge of murdering his father.

"One man whose name was called stated that under no circumstances would he convict any person of murder on the testimony of expert witnesses, and for that reason he would not consider himself a proper person to serve on the jury."

With public opinion in its present aroused state, sane and reasonable legislation ought not to be too much to expect from the legislature of one of the most if not the most advanced State in America—Massachusetts.

You may ask why we have waited to this late day, why nothing has been done before to check this monstrous evil?

There are several causes. While the inherent viciousness of the system was recognized years ago by those who were in touch with the courts, the number of cases in which medical experts were called were comparatively few, and it is only since the courts have been crowded with such cases that public attention has been so strongly attracted to these yawning rents in the mantle of justice.

Again, our system of popular government makes it necessary for the public to be first convinced of the necessity of a change and that the particular change proposed will prove wise and beneficent.

Abroad, particularly on the continent, if those who represent the government are convinced that a change in the administration of justice is needed, it is comparatively easy to bring it about and this doubtless accounts for the fact that Germany and France have both rejected the old way and have adopted the system of having their medical expert witnesses appointed by the court and paid from

the public exchecquer. The result has proved marvelously beneficial, and the term "justice" is there no longer a by-word and a scorn.

Attempts at legislation have been made in New York, Pennsylvania, Illinois, Maine, and some other States.

Dr. F. W. Draper, then professor of Medical Jurisprudence at Harvard College, presented a bill to the Massachusetts legislature of 1881, and still another bill was brought before our State legislature in 1897.

Both of these bills and those presented to the legislatures of other States were too radical in some of their provisions.

It would be interesting to give in detail the names of the authors and their various suggestions for reform, but suffice it to say that nearly all have advocated a select board of experts whose opinion should be conclusive on the jury, barring all other experts from testifying in the case, and taxing the fees of the experts as a part of the costs.

The temper of our people will never permit the selection of a sacred few whose opinion willy nilly they must gulp down for better or for worse, nor will they be satisfied to have the State's expert involved in any way with the fortunes of either party, so far as the expense of the trial is concerned.

If we cannot adopt the German or French law in its entirety, why not make one forward step and secure the presence of at least one honest and independent medical expert witness in each case?

It seems to me that this can be done by having the court authorized on motion of either party, or on its own motion, to appoint one or more medical experts whenever such are needed, in substantially the same manner in which masters and auditors are now appointed in this State.

A few years ago one of the ablest and best known surgeons in this city, a remarkably fine witness, clear and convincing in his methods and pretty regularly employed by certain defendant corporations, testified that the plaintiff in a damage suit was shamming and that his complaint of an injury to his spine was all a fake and humbug. The jury, relying on this statement, brought in a verdict for the defendant, and some months later, after great suffering, the man died from the injury to his back, leaving his family in great wretchedness and poverty.

Sometimes doubtless the story is the other way about, but it all goes to show that the present methods invite fraud and deceit and that the foundations of the temple of justice are being undermined to such an extent that if we do not take care the whole structure will fall with a crash about our ears.

Mr. President, if the medical profession is aroused to the necessity of action, and if, as the editors of the papers quoted suggest, it is the medical profession itself which ought to take this thing in hand before the legislature, and if your two great medical societies with all your tremendous influence are persuaded that there is need of a remedy for this evil, and if you will agree together on

some reform that is not too radical, others will give their aid and assistance; and it seems as though the time were nearly if not quite ripe when you could secure from our legislature laws which will enable you to regain all your former prestige before the people.

Your self-sacrifice and devotion to the sick and suffering has been so universal that you are looked upon as little short of ministering angels of mercy, and it is high time that the black stains of commercialism should be removed from your garments.

Mr. President, I thank you, your noble society and your guests for your kind and sympathetic attention.

DISCUSSION.

Frank C. Richardson, M.D.

"Mr. President, Ladies, and Gentlemen:—

Last Saturday, at the request of one of our members who is present here tonight, I examined a woman in the city who claimed to have been injured by an accident. Suit had been brought by a lawyer whose name she did not know. She stated that within twenty-four hours from the time of her accident she was called upon by twenty lawyers who offered their services in her behalf. The lawyer who had served notice upon the defendant was unknown to her. His action, she claimed, had been unauthorized.

Such cases are happening repeatedly in this city, and in every large city, and will happen until the honorable legal profession has corrected such a condition of affairs as that which has been referred to.

Some arraignment has been made of the medical profession here tonight. What the honorable speaker has said in regard to medical testimony is unfortunately true. A judge, residing and practising in the State of New York, said to me last spring: "Expert testimony to any effect can be purchased in the State of New York." There is no question about it. Support of any contention can be purchased of any lawyer in any State in the United States.

There can be no doubt, sir, but that there are many, many dishonest medical experts. There can be no doubt but that medical expert testimony can be purchased. I think no one would question that statement. It is unfortunately true. Unfortunately, our profession is not absolutely clean. At the same time, the distinguished gentlemen whom you have mentioned as being conservative may still have been liberal rather than allow their conservatism to get within very narrow bounds in making such broad assertions. The legal profession, as you and every other legal gentleman must understand, is not without its fault in the matter. I think no one can offer or would presume to offer an excuse for dishonest testimony. I have no excuse to offer, but there are reasons, and good ones. In the first place, it must be remembered that I do not at all wish to pose as having any knowledge of legal subjects, absolutely none.

I have an idea that the law is far more exact than the science of medicine. You are supposed to have laws. You are supposed to observe those laws. You are supposed to be governed by those laws. My experience, and the experience of many of my colleagues, seems to have been that in the extraction of evidence from your witnesses your effort is not so much to obtain the truth as it is your desire to have evidence to support your contention. That impresses itself upon the witness very, very quickly, especially if he be intelligent, as most of our medical

witnesses are. He is subjected over and over again to insult by counsel who seek to cloak their ignorance of the subject under discussion by smart phrases, technicalities, hypothetical questions, catch questions, etc. They challenge the witness's knowledge. They challenge his purpose. They challenge his honesty, his integrity, and if that would not make the majority of men partisan in their testimony, they are far above the average.

That thing happens over and over again, repeatedly. It is acknowledged by some of the best, some of the brightest lights of the legal profession. This matter has been discussed over and over again. I cannot allow the members of this society to go away from here feeling that the medical profession is entirely to blame in this matter. There are dishonest physicians. There are physicians who give expert testimony for the money which it brings. There are medical experts, so called, who take contingent cases, cases in which their fee is dependent upon the winning of the case, the winning of the verdict, but I beg you to believe that they are in the minority, not in the majority. This arraignment does not apply to the majority of the medical profession. I believe that the majority who go upon the witness-stand are honest in their belief. You must not forget that medical science is not exact, that a physician's testimony may depend upon his view-point, not from the mercantile standpoint, as you legal lights say, for the purpose of lining his pocket. A very unfortunate phrase to come from a lawyer directed toward a physician, a man whose whole life, in the majority of cases, is directed in the altruistic path, and to whose self-sacrifice the lawyer has nothing to offer in comparison!

No, Mr. President, I cannot allow of any such arraignment to go unanswered. There is fault. Medical expert testimony has been a disgrace and an opprobrium to the medical profession, but the medical profession is not to blame, not nearly so much to blame as the legal profession. Measures have been offered over and over again for the remedying of this evil, and by whom have these measures been most opposed? By the legal profession. You, sir, know as well as I that the majority of these tort cases brought from the city of Boston are brought by members of the legal profession whom you would not wish to endorse. You know very well, as well as the majority of us here know, that the majority of the cases brought against corporations are brought by such men and from such men as the twenty lawyers who visited this woman within the twenty-four hours of the publication of her accident.

I believe that no men, no profession, no class of people, are more anxious to have regulation of medical expert testimony than the medical profession itself, but until the legal profession eliminates, regulates, discourages, punishes, the hordes of ambulance-chasers which infest that profession today, I fear nothing can be done.

I am sorry to have taken so much time, but I feel this matter very deeply, and I might add, for fear of giving the wrong impression, I believe it is time something should be done, and if our honorable speaker has some tangible thing in mind which prompts him to say that if an effort is made the legal profession will support it, I should think the millennium were close at hand."

Frank E. Allard, M.D.

Mr. President, Guests, and Members of the Society:—

"I do object to the medical profession taking all the blame for the dishonesty of expert testimony. As Dr. Richardson said, there are honest physicians, and there are honest lawyers, and I presume there are honest judges, and they are all human. The whole problem rests upon human nature, first and last.

I have been reading a good deal about courts the last few months. A good deal has been done in the matter of going before the courts. It is getting to be popular. Investigation is going on, and we are finding

that the doctors are not all to blame. It is certainly an unfortunate state of affairs in the courts today that so much of the time should be taken by medical expert testimony, so called, but it is the fault of the lawyers that it is so, in their attempt to try cases by using medical experts.

If I were to arraign the medical profession for any one thing I would go back to another kind of medical expert testimony, and that is the expert testimony we give our patients every day, the expert testimony that is handed out in the office in consultation. It won't bear very close scrutiny, especially after it comes from a patient. That is expert testimony. That is the testimony that often reaches the court. I have occasionally had the privilege of examining a person that has been injured, and have had the pleasure of taking the testimony for the statement of the attending physician. I will say that the great majority of physicians when you meet them try to be just. That almighty dollar goes into all of that, but no more than to the legal profession. I think in settling cases the legal profession receives a greater percentage of the spoils than the doctor. Many times the doctor is left out entirely after giving his services. Case after case I have seen where a physician has done his work faithfully. The case has been pressed to settlement. Settlement has been obtained. The lawyer has received his compensation, but there is no chance for the doctor, and the case is settled. As long as that exists we cannot adjust it.

There is, I believe, a great awakening just at the present time in this matter. In fact, a society has been organized in Boston which has one hundred members who examine cases regularly, and it is hoped that by conferences from time to time something may be done along the lines mentioned tonight.

In giving testimony on the stand, it seems to me that only one thing is necessary, and that is to tell the truth. The court requires you to tell the truth, the whole truth, and nothing but the truth. It makes you take an absurd oath, for no physician in some cases can tell the whole truth. No human mind can divine the whole truth, and it is according to whether he looks upon it from the optimistic or pessimistic side as to what his testimony may be. And then, again, the expert witness is not allowed to tell the truth. He is prevented from telling the truth by his cross-questioning, and so it is no wonder that testimony becomes absurd. It is queer to find two physicians of equal standing testifying directly opposite to each other.

We are dealing with human nature in its worst form, human nature that is not normal, and we must get back and come to some understanding of the plain proposition. It seems that something has come that may be practicable, that if the expert should be paid by the State, and he should weigh the testimony with the judge, and if the judge and jury decide the case it would be a very good thing.

I wish to thank our guest who has spoken tonight for the very able paper he presented, and I hope the society will very soon do something along the lines mentioned.

We ought to add to our By-Laws that if any member of our society testifies dishonestly he should be expelled if it goes as far as that.

Dr. Newton advised that the plaintiff and defendant have experts as well as the court, that they should retire to a room, discuss the case, come to a conclusion and present that decision to the court. He suggested that the lawyer be 'cut out' altogether."

Dr. Harvey addressed some very interesting and humorous remarks to those present.

Dr. Samuel Crowell, President of the Norfolk District Medical Society (a guest).

"I am deeply interested in this subject in several ways. It was my privilege and pleasure to listen to the address given by Mr. Southard before the society of which I am at present the President. I have been

interested in the reports from the newspapers and the manner in which the subject has been taken up. I believe Mr. Southard's ideas are good and simple. The Legislature is conservative, and it is impossible to get anything radical through. Either side may have its experts, as many doctors as necessary. As he says, a physician does not need to be dishonest to state a thing with a little bias. If we are called by certain people it is human nature for us to try to help the side out that is paying us. We are naturally inclined, I believe, while not intending to be dishonest, to lean a little toward that side. It is human nature. It cannot be otherwise. But by this simple plan which Mr. Southard has proposed it assures at least one man who will testify unbiased; and in the question of fees it would save expense in many instances. I do not think the State would pay so much as the eminent men called as experts now get.

Mr. Southard has framed a bill which will be presented to the Legislature. The medical profession ought to stand together as a whole to remedy the present evil before us."

Mr. Southard:

"I fear that I failed to present one aspect of this subject. It seems to me what has just been said by your distinguished fellow-members and the guests here that they have lost sight of the fact or have not taken into consideration the fact that the medical expert stands on an entirely different footing from the lawyer, and there is where the whole rub comes.

You must understand, in the first place, that I would not undertake to occupy your valuable time by trying to defend the scoundrel practicing law who ought rather to be in jail than to appear in court. It is not necessary that I should do that. The Bar itself is making some attempt to rid itself of these ulcers on its body, and you occasionally see notices in the papers where the Bar Association has succeeded in proving a case against some rascal and that he has been disbarred from practice.

But the lawyer is not anything like as important in a tort case as the medical man, and I will show you in one moment why. The lawyer is there as a partisan. He is employed as a partisan. If a man comes into court without a lawyer, and it is a serious enough case, the court appoints one for him, so that his side of the case may be fully presented. The lawyer is there to present his client's case as best he can and must accept his client's statements as prima facie true. The lawyer could not be in conflict with his client and perform his duty, and it is not his province to cross-examine him as to whether he is truthful in his statements. His business, if he thinks that you are reputable and decently honest, is to accept your word as being true, and present your best side to the court, and the counsel on the other side has to do the same thing for his client. The judge on the bench is not employed by you nor your opponent. The judge on the bench is a lawyer, but he has been removed from the arena and placed above its contentions and he is unprejudiced. It is for him to declare where the truth and law lie so far as he can ascertain it.

Supposing the judge was paid by the parties, how much confidence would you have in him? There is no man that lives in the State of Massachusetts today or who occupies the most distinguished position before the people whom you could put on the bench, and if he were to be paid by the parties and you were to try your case before him would have your full confidence.

Suppose that the costs in the case were to be made up in part of the salary of the judge to be taxed to the losing party, how much confidence would you have in the judge? Not the least bit in the world.

Suppose that the jury was to be paid in that way, how much confidence would you have in it? It all comes back to what your distin-

guished friend on the right said, we are human. There is a natural bias to the mind. You cannot allow prejudice to enter into the administration of justice. If you do, all confidence is gone.

It is not to be said because of what I have read you tonight that the whole medical profession has gone to the bad. There are a great many more able men and honest members of the medical profession than of the reverse, but there are so many of the reverse and there is so much bias in the human mind that under present conditions the public does not have confidence in the medical expert witness.

Now, that is a fact. We have got to admit it whether we like it or not. If you are going to say that you will not mend your ways until the lawyer mends his, I am afraid you will have to wait a long time. I do not think we had better wait to have the legal profession lead the way altogether, for they are not so vitally concerned, and it is not a question as to whether the lawyer is concerned or whether the doctor. We are speaking of the general welfare. We are now speaking of the public as a whole, and whether we desire the administration of justice to the whole people or whether we do not care for it. It is not wholly a question of the professions.

The importance of the medical man in the court is from the fact that he is supposed to give absolutely unbiased opinions on which the jury is going to base their verdict, and he can no more have an unbiased opinion and be paid by one side than the judge can be unbiased if he is paid by one side or the jury if they are paid by one side. There is the point. You gentlemen are occupying the position of a biased witness; if you like that position stick to it, but that is not the way in which the public are admiring you the most. If you want to have an unbiased position and have your opinion carry weight as being an unbiased opinion and your honest expression, even if it is wrong, then you have to disentangle yourself from the position in which the system at present holds you.

The question is whether it is practical to put at least one absolutely unprejudiced medical man on the stand whose opinion the jury and the court can rely on as being perfectly unbiased and unprejudiced.

It is my belief that should such a law be enacted, that in a very great many cases there would be but one expert opinion given in the court and that would be by the expert who was appointed by the court in the case. There might be cases, and doubtless would be many cases where one physician alone would not want to assume the responsibility of giving an opinion. His is opinion evidence. A man has got to base his opinion on what he can see and observe, and, perhaps, feel, but it is an opinion, nevertheless, and therefore liable to error. As Dr. Richardson just said, medicine is not an exact science. Don't you see how important it is that opinion evidence should be unprejudiced?

The point is that we should have at least one witness whose opinion should be given in such an unprejudiced way that the jury would have confidence enough to believe that whether his opinion was right or wrong that it was not influenced by monetary considerations or by personal sentiment in favor of either party to the cause. The honesty of the medical witness and his freedom from prejudice or bias strikes at the very foundation stone of the whole fabric of justice.

One medical man testifies that the patient is injured badly, and the other one equally reputable gives a contrary opinion. The jury go into their consultation room. What are they going to do about that? The jury cannot possibly know anything about the medical side of the case. You talk about the lawyers not knowing anything about it, but I can conceive of instances where a lawyer may study up a particular case and know more about it than the physician. The jury has not even studied up that case. They have got to depend upon what the physicians say as to whether they shall give a man a verdict or not, and if they do not know which one is exaggerating it is going to be difficult.

They know that the opinion on each side is biased, and there have been so many evidences of dishonesty that they have lost faith in the whole medical profession as it appears on the witness-stand. I will agree that such an opinion is not correct, and I will willingly admit that there are medical men that are as unbiased as a human being can be who has received pay from one side, but there are so many that are not that you cannot tell which is the honest one, and the question is up to you, gentlemen of the medical profession, as to whether you are going to submit to that position or not. I do believe that if you will go to the Legislature you will get some amelioration of this unfortunate condition.

The lawyer is of very small consequence in these matters. The doctor is of the very utmost. He is more important in a trial then the judge on the bench, and therefore he ought to be as spotless as Caesar's wife. That is the reason why something should be done. That ought to be clear to everyone, it seems to me.

It is a very charming thing to know that the conditions of modern life have become so moulded that it is possible for the different branches of the medical profession to sit down in peace and harmony together and even listen to each other's remarks, however diverse.

The Norfolk District Medical Society has already taken action. The 12th of last June the Massachusetts Medical Society invited me to address them on this subject. The matter has been taken up by the Legislative Committee of the State Society of Massachusetts. A meeting of that committee was held yesterday afternoon. I was invited to be present, and at their request did say that I would attempt to draft a bill for the purpose of criticism. I am telling no secret, Mr. President, when I say that this meeting has been awaited with interest by that society. They hope that the Homoeopathic Medical Society will take action themselves, that the Homoeopathic Society will have its own legislative committee take up this subject and that your legislative committee will have a conference with the other legislative committees and see if they can work together towards the general good.

I thank you again, Mr. President, for your kind attention, and hope that I have not wearied you by the length of my remarks."

Dr. Richardson:

"I would like the honor of moving that this society extend to the Hon. Louis C. Southard a vote of thanks for his very able address this evening, and at the same time an expression of its most active interest in any efforts at the reform of this most undesirable system of medical expert testimony.

I make this motion tentatively to some more definite action in the future. Possibly later a motion to commit this matter may be made, but I think I will rest the motion there."

Unanimously voted.

For centuries and centuries we have administered drugs without knowing the reason for their administration or the rationale of their action. Our only guide was empiricism. A drug was given in a certain disease; if it seemed to help it was tried again; if the number of successes was greater than the number of failures, the remedy was recommended in that disease; if it failed, or seemed to aggravate the condition it was discarded. How crude the method, how pregnant with possibilities of error, need not be dwelt upon particularly; it is quite apparent. That the method is altogether worthless is contradicted by the fact that the therapeutic inheritance left us by the centuries gone by is after all quite a valuable one.

SOME SUGGESTIONS CONCERNING MEDICAL PHILANTHROPY.

F. A. GARDNER, M.D.

The Annual Address of the retiring President of the Massachusetts Surgical and Gynaecological Society, December 11, 1907.

Mr. President-Elect, members of the Massachusetts Surgical and Gynaecological Society and friends:

I cannot address you this evening with the show of versatility displayed by a former president of this society upon arising to edify another medical society in the old days.

He calmy and deliberately announced that he had "been requested to address the members upon diseases of the 'chist,' but"—and transferring his omnipresent comforter from one cheek to the other, he said—"if there is any other subject in medicine or surgery which you would like to have me talk about, I will talk about that."

I believe, however broad and diversified a man's field of activity may be, that the concentration of the mind upon a special subject or the focusing of the "thought rays" upon some particular phase of that subject, will better meet the modern demands. The recent experiences of the members of this society have very often been the stimuli for the presentation of many strong, virile and eminently practical papers which we have been privileged to hear. A succession of cases of a certain type or the trend of a man's reading may force a certain subject upon him in spite of his choice and under such circumstances *that* theme becomes manifestly the one about which *he* should talk. Accepting the above logical conclusion, I am forced this evening to address you upon a subject which has claimed the attention of us all as medical practitioners.

I desire to offer you "Some Suggestions upon Medical Philanthropy." In spite of the fact that this is a busy, hustling, money-getting age in which we live, we know that there has never been a time when so many people were endeavoring in a variety of ways to help the "other half" as at present. Many of these efforts are noble and in every way admirable; some are of doubtful utility, while others are absolutely pernicious and degrading, in that they systematically deprive the recipient of all self-respect and increase the already inordinate vanity of the dispenser.

The best and most comprehensive definition of philanthropy which the speaker has been able to find is the following: "The desire or effort to mitigate social evils and increase and multiply social comforts, as based on broad and sound views of man's nature and condition."

General improvement cannot be brought about by mitigating one social evil and creating other and possibly graver ones, and the social condition of no man is improved in the least by any scheme which tends to lessen his self-respect or self-reliance, or remove

from him any responsibilities which he is able to assume himself.

It will not be necessary for me to tire you this evening with a long recital of the abuses of the dispensary system or the harm done by the thoughtless though possibly kind-hearted practitioner. We are all painfully familiar with the harm done and can readily recall many acts of injustice to worthy physicians. The physician who never sends bills and the one who proclaims that no person is ever refused attendance are alike pernicious, as they are grossly unjust to their fellow practitioners and tend to pauperize members of the community who might otherwise be self-sustaining and self-respecting. Physicians who thus proclaim their willingness to be victimized soon find their waiting room to be the resort of all the dead beats and frauds of the community. The clergyman who tries one physician after another until he finds one who never "charges the cloth" is there. The impecunious protege of the wealthy kind-hearted lady is there minus fee, though she always has money provided for her necessities and some luxuries, for her summer vacations in the country, tickets for all sorts of expensive entertainments and a generous supply of current literature.

In this connection I call to mind a lady whose appearance and manner of living both attested to the truth of the claims which she made regarding her good income, and yet, when a medical practitioner was called on his first visit to her, she always forestalled any financial hopes on his part by stating that no physician ever charged her anything. In substantiation she would name several prominent physicians who had attended her in the past, who were thus made ridiculous in return for their mis-applied charity.

It is unnecessary for me to particularize further in this line. We can all of us call to mind similar instances, and if this meeting were "thrown open" and experiences asked for, as in the old-time Methodist service, I am sure that the responses would be interesting. Before leaving this part of the subject, however, I wish to state that I am pleased, as all practitioners should be, to do my best for the entirely worthy people, who through no fault of their own have become impecunious. It is a delight to do what we can for such people. My references have been to those who, while able to do considerable in the way of remuneration, are manifestly disinclined to do anything whatever.

Another form of false medical philanthropy is the kind often seen in our hospitals and dispensaries, where the fairly well to do go and receive extended treatment, simply that they may avoid paying the physician. To be sure, the profession is often benefited by the experience gained here, but the pauperizing effect is none the less marked on the patient, and the number of people whose incomes should make them self-supporting who take advantage of such places is astonishing.

But, enough of this recital of abuses. My object this evening is not to emphasize *them*, but to point out lines of work of a philanthropic nature which especially appeal to the physician and for which he is peculiarly fitted.

Our problem is this: Given, a man or woman equipped with a good general education, and endowed in addition with a special and extensive knowledge of the human body, its functions and ills. Second—Given, a community made up of people who are in the main very deficient in proper knowledge of their bodies and utterly careless how they use or abuse the organism. The very evident need of the latter class for such instruction as the members of the first group can give, points the way to one branch of practical medical philanthropy.

The high standing and importance of preventive medicine is becoming more and more recognized. It is this desire on our part to educate the people in a way that will make our services less and less required, which raises our noble calling out of the list of trades, where our stupid English cousins still keep it, and places it high up in the list of learned professions.

For the past seventeen years the speaker has been the medical examiner of a large gymnasium for men and boys. When the work commenced there were very few gymnasia in the country where medical examinations were insisted upon. As one form after another of disability or deficiency was recognized in these supposedly well men, the importance of the work became more apparent, and for many years a careful record has been kept of all deviations from the normal, with a list of prescriptions and exercises for the correction of the same. The variety of abnormal conditions found is surprising and in most cases they have been entirely unrecognized before this examination. Many cases of mitral regurgitation, aortic obstruction, tobacco heart, anaemia, spinal curvature, flat foot, hernia, varicocele and other diseased conditions are found which might become much more serious if they had not been brought to light in this way. In many cases the trouble is corrected or at least prevented from growing worse. These men and boys are all given definite instruction regarding the proper and safe exercises for them to indulge in and the necessary apparatus to wear for correction. They are obliged to present themselves from time to time for re-examination and the receipt of such additional instruction as may be necessary. Some very satisfactory results have been obtained by prescribing specific exercises to increase the lung capacity in cases of mitral regurgitation, daily exercises walking to correct flat foot, and proper trusses and exercises in hernia cases. Where operations are necessary the parents are so advised, and at present one of the boys is at our hospital under Dr. Earl's care with every prospect of the relief of a bad deformity.

Many of the men and boys confide in the medical examiner and make it possible for him to give advice upon matters of health and hygiene. Several men about to marry have come and asked advice, and the speaker has more than once had the pleasure of receiving the thanks of the young wife through her husband for the advice given. In addition to the examination work thus described, classes are held each Sunday afternoon under the auspices of the National First Aid Association of America, and each spring

a number of men and boys successfully pass the examination prescribed by that society and obtain the certificate and pin which they award.

A number of these graduates are now doing good work in factories, machine shops and railroad offices where they are employed. Emergency outfits have been provided for them by their employers, and they have many times done good service before the arrival of the surgeon. We arrange to have one or more of these trained boys in each of the summer camps, and they have frequently proved that they have absorbed the instruction given, by the readiness with which they apply the knowledge. Accidents are bound to occur in gymnasia where so many boys are together, and I have repeatedly called on the trained boys to assist me and they have given intelligent help. When no medical man can be obtained quickly, they cleanse wounds, and in one case reduced a dislocated thumb without help.

An amusing instance of the value of this work occurred in one of the public schools some time ago. The master, who is an enthusiastic advocate of athletics, was instructing his class in first aid, and with one boy for a patient had another using the Sylvester method of resuscitation. He asked the boy who was at work why he did so and so and the boy replied, "Excuse me, master, I have been taught that I must continue this exercise seventeen times a minute until the boy revives, and as life is in danger I cannot stop to talk now." Later the master learned from the boy's sister that he was a member of the First Aid Class of the Y. M. C. A.

The graduates of the First Aid classes who desire are given advanced instruction in physiology, sanitary science, personal health, etc., in the courses laid out by the International Committee of the Y. M. C. A. These courses are made as practical as possible, and the manikin, blackboard, microscope, organs of the pig, sheep and calf, are all brought into service in the instruction given. Many of the young men are reached before they have been contaminated by bad associates and physical and moral injury averted.

Such instruction can be given in Young Men's and Young Women's Christian Associations, preparatory schools and in the smaller towns in connection with the public schools and churches.

A form of medical philanthropy of a high order has lately been investigated by the speaker. During the month just past, two weeks were spent in New York studying the methods employed in the dispensaries for the treatment of consumption. Much of the time was passed at the rooms of Dr. John F. Russell, on Thompson Street, and the success which he has obtained under the most unfavorable and discouraging circumstances was found to be wonderful. He has endeavored to reach a class of eminently worthy sufferers who, because they have been able to be about and work, have been practically overlooked. The dispensary hours as usually arranged make it impossible for those working people to attend. When the disease has advanced so that work is impossible, such

people are sent to consumptive homes or hospitals, but as long as they are able to do something they are nearly always allowed to go without treatment.

Dr. Russell's letter-heads admirably define the nature of his work: "Rooms for the Treatment of Self-Supporting Consumptive Working People." These people are, on account of lack of means, unable to go to the country, but forced to remain in the crowded city and earn food for themselves and their families. They have no means to pay ordinary medical fees; and handicapped as they are by the white plague, are worthy subjects for assistance. The only expense incurred is the price of a quart of milk a day, which is fed to them in pint doses morning and night, in the form of whey at the rooms at the same time that they take their emulsion. They are given strict orders regarding habits of life, fresh air in their rooms, proper clothing and food. Time forbids me to review the treatment in detail, but the results are remarkable. The forty or fifty patients seen by me under treatment had all gained on an average of 20 pounds since beginning treatment, and many have been discharged apparently cured. In the cases of some former patients seen by me, several years had elapsed since the treatment was stopped.

A surprisingly large number of those who have been under treatment have been cured; and what I wish to emphasize especially in this address, during the cure they have been able to provide the necessities of life for the people dependent upon them. This incentive to continued work on their part is an important factor, and the feeling that they are still useful and productive members of the community is in itself helpful in maintaining the proper peace of mind.

An address of appropriate length for such an occasion as this must of necessity fall far short of being an exhaustive study of medical philanthropy, and I shall feel that it has accomplished its mission if it has emphasized two important points:—

First—The desirability of talks upon anatomy, physiology and general health for the laity, particularly the young; and second, the care and treatment in proper hours for them of self-supporting victims of disease who are unable to go to hospitals or sanitoria but who are forced by circumstances to labor daily in our cities and towns.

In the first instance we prepare the young for the successful care of their bodies, and in the last we help those who are willing and even anxious to help themselves.

PREMATURE BURIAL.—Dr. Franz Hartmann alone has collected particulars of some 700 cases of premature burial and of narrow escapes from it, some of which, he tells us, occurred in his own neighborhood. He mentions the case of the celebrated actress, Mlle. Rachel, who "died" in Paris, but, coming suddenly to life after the operation for embalmment had been begun, died in reality ten hours afterwards from the injuries that had been inflicted upon her.

"THE NEUROLOGIST IN GYNÆCOLOGY."*

EDWARD P. COLBY, M.D.

We know from direful experience that the office of the neurologist in gynæcology is a busy one. It has been recognized from the very earliest period in the history of medicine that there was a more or less intimate relation between the uterus and the nervous system of the woman. We need no better evidence of this than to go back to the early history of medicine where we find the term Hysteria, founded upon the opinion that the whole seat of the trouble lay in the uterus.

Now, before going any farther, perhaps it is well that I stop a bit and consider why this is so. Why does this comparatively small organ, but with the most important functions of life belonging to it, create, when disordered, such great disturbances? Many years ago I had occasion to make quite an extended study of the nerves of the pelvic organs, and if you will bear with me I will read you the results of that study, published in an article. In regard to the uterus, the upper and lower portions of the uterus receive their nerve supply from different plexuses. You remember how small the uterus is and it receives its nerve supply from two entire plexuses, the upper portion being supplied from the spermatic plexus, which in woman has been lately termed the ovarian plexus. This is quite distinct from the hypogastric plexus, which is distributed to the middle and lower portions. This division may further be subdivided into the hypogastric and inferior hypogastric or pelvic, of which the former supplies the middle and the pelvic the lower, the community of distribution between the hypogastric and pelvic being more intimate than from the spermatic with either. I will say, in passing, that I had an opportunity in this case, without knowing it but remembering it when I studied it later, to see this whole thing demonstrated at my finger's end in repositing an everted uterus. The different zones were as distinctly marked to my finger as zones that you can see. Well, with all of this intimate nerve supply, the sympathetic system controlling, as we know, the function of secretion, then the vasomotor system coming from we know not just where, a number from the spinal cord communicating with the cord and distributed there. There is a direct spinal supply to the uterus which has a great deal to do with sensation in the uterus and with communication of sensation to other parts distal from the uterus itself. In addition to this, the spermatic or ovarian plexus supplies also the ovaries. Now, we know from experience and from the studies of such painstaking men as Head, and Ross, that there are certain corresponding portions in the nervous system connected through the spinal cord and undoubtedly connected also through the sympathetic system. This we cannot prove. The only method in which it can be proved in the sympa-

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thetic system is by irritation in one part causing sweating in other parts in the lower animals.

We all recollect undoubtedly from our experience in times past and in the present the certain polarities which always call our attention to the pelvic organs when our patients come to us. If they had a small painful spot on the head here, the uterus and ovaries are involved. If with this there is pain in the occiput, there is some pelvic trouble. We found this before Head and Ross had said a word about it, often made our examinations and found a good and substantial cause for the aches and pains that our patients complained of.

Again, you know the inner surface of the thigh is intimately connected with the ovarian region and the ovarian function, as many of you undoubtedly have had occasion to demonstrate when you had a young girl coming who has been irregular in her menstruation and she has been discouraged and her parents still more so, and you have applied some irritant like a mustard leaf to the inner surface of the thigh and encouraged by a day or two the anticipation of that menstrual flow, here shows the direct effect of stimulation at a distance, and is only a part and parcel of this same polarity, as I have termed it, that is mentioned by Head and Ross.

The pelvic organs, the uterus and its adnexa, are responsible not only for a great deal of pain in different parts, but, what is of still greater interest, distressing interest to the neurologist, is that after a very short time, or a moderate time, these pains and inconveniences attack the psychic sphere. Now this is about the time at which your patients usually come to the neurologist, and they come in a most pitiful position. There is established in the brain, that condition of experiencing pain not where it does not exist, but where it should not exist, of experiencing pain where there is no visible or demonstrable cause for it. This, in point of fact, constitutes the psychosis known as hysteria, or a large proportion of its symptoms. In drawing the difference, I am differentiating between this action of the brain and mentality because it can be to a certain degree affected by the will, by the imagination, etc. It does not necessarily follow that this is a mental symptom and is non-existent. The pain in a hysterical case is just exactly as real as the pain of a gall stone. Can any of you, even the most experienced and astute, judge by these symptoms, by the pain and discomfort, the amount of pelvic trouble? You cannot. As soon as you assume that the amount of trouble expressed or felt indicates the degree of disease in the pelvic organs, you have totally ignored that which every homoeopathic physician should consider from the time that he enters the house until he leaves the house—the personality. One patient may go about with the most astonishing amount of pelvic trouble and manifest no symptoms whatever. This patient has really no reflexes, no sensation of pain. Another patient is in a neurasthenic condition which makes her full of reflexes, very full of reflex pain, and as a rule muscular and skin reflexes correspond. In a certain

way you can tell whether you are to pay any regard to the patient's complaints or not by the condition of the visible reflexes.

There is no reason, I fancy, why the pelvic organs when diseased, especially the ovaries, should not affect the nervous system and interest the neurologist. I have been more and more firmly convinced, progressively so, that the ovaries have a secretory office which counteracts the evil effects of other influences, or introduces into the system something good for the nervous system, and when this is in error or when this ceases, then the other malevolent influences can take effect. That there is something here that does affect the metabolism and the blood would seem to be manifest by our observations in the lower animals. We know what spaying will do to the bitch, how they put on fat and are entirely different in their growth, entirely changed in her weight and build.

I am not going to touch on what the result of operations is in removing these, as Dr. Ransom has some words to say upon that subject, which will be well worth your while to listen to. I will say no further on that.

I believe that these organs have a secretory function. Not because they are small should they be lost sight of. Think for a moment, the hypophysis in the brain, what an important organ that is. When it does not do its work, what alarming results you have in various ways. Suprarenal capsules, ductless glands. May not the ovaries be ductless glands of equal importance? Mr. President, there is a reverse to this shield. I have told you what it appears to me the irritation of a diseased pelvic organ or collection of pelvic organs may do. Now, it is my firm belief that there are certain cases, certain instances of pelvic trouble, which have their origin in nervous disease. I believe that there are organic affections gradually developing which have their origin in perturbation of the nervous system.

Years ago I used to consult my old instructor, Dr. Morrill, every time I got a chance. Whenever I got stuck he was an excellent man to pull me off from the fly-paper. I would go to him with a case of what I know now to be neurasthenia or hysteria. He would say, "Have you examined the uterus?" "Yes, doctor, I have examined the uterus." "Well, is it all right?" "Yes, it is all right." "Well," says he, "you examine again in a month and you will find it is not all right. That is going to give way." And it did. These cases began without any pelvic trouble. I was examining a lot in those days. I was keen for it, and I think I knew how to make an examination and to recognize if there was any trouble. There was not any in any of these cases, but it developed upon a foundation of neurasthenia.

Now, let us work this thing backward. We have seen how intimately connected the pelvic organs are with everything in the whole system almost, by both spinal and sympathetic strands. We know that those nerve strands which are affected are capable, when they act correctly, of insuring normal secretion, normal heat, normal amount of blood, and everything of that kind. When there is a

case of error of the nervous system, and it is almost invariably manifested somewhere locally, if the patient is neurasthenic or hysterical, the weakness manifests itself somewhere. It may be here today. It may be there tomorrow. It is not all over. The same thing can take place in the pelvic organs when everything is in a condition of excitement. Let the loss of control in the vasomotor system admit paresis of the vasomotor system to take place and admit more blood than should be, the uterus or the ovaries become engorged and heavy; then the sympathetic system becoming involved, you have the secretory and excretory office interfered with. You have the lymph exuding into the lymph spaces, the organ becomes sodden, oedematous, and you have the beginning of no end of trouble.

I will not go on any longer except to say that in neurasthenia do not make uterine examinations any oftener than is necessary on account of its psychic influence. If you once awaken in the neurasthenic woman the knowledge that she has a uterus and a pair of ovaries, God only knows where that information will stop!

THE END RESULTS OF CONSERVATIVE OPERATIONS UPON THE UTERUS AND ADNEXA.*

By Nathaniel W. Emerson, M.D.

The final results in all conservative operations are the supreme tests of the value of such operations, no matter for what undertaken. They are also very difficult to estimate, especially in the class of operations here under consideration, because of the difficulty of keeping track of the patients over any considerable portion of time, and because a long time must elapse before the benefits derived in any individual case can be properly estimated. Our hospital methods are such that patients come and go almost without individuality, and nobody who has not constantly made the attempt to follow up his cases can appreciate the difficulties encountered in such an effort. Our present-day methods of operating have materially changed from an almost reckless consideration of cases to a tendency toward a too excessive conservatism. The constant question to be answered should be, What is the best thing for the permanent welfare of the patient? This does not mean that the immediate welfare shall be disregarded, for of course it is understood that all conservative operations are practically without danger to the life of the patient. Aside from the primary danger inseparable from any abdominal operation, and which in most conservative operations should be an inestimably small quantity, the permanent result is the one dominating the situation.

Formerly the tubes and ovaries were sacrificed almost without

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mercy; and it was only when it was found that such a sacrifice did not mean the immediate recovery of the patient, but only too often meant from five to eight years of invalidism before such a patient could be pronounced well, that it was appreciated that other factors entered into the sum of all that made the patient's ill-health, besides more or less gross changes in the tubes or ovaries. Formerly an ovary that was enlarged, heavy, and prolapsed into Douglas's *cul-de-sac*, displacing the uterus backward and found to be cystic, was removed. It was reasoned that the ovary for some reason was cystic, therefore enlarged, therefore prolapsed (that is, it had fallen into Douglas's pouch), and further that this resulted in a retroverted uterus; all of which reasoning is in some cases undoubtedly true. This meant that the uterus could not be replaced without also raising the ovaries. It also meant, however, that it was impossible to permanently restore such enlarged and sensitive ovaries to a normal position and maintain them there; hence it was impossible to maintain the uterus in a normal position. In a case of this kind a condition of affairs existed such that one factor reacted upon another in a way that presented a mechanical problem only to be overcome by mechanical means. The ovaries already enlarged and sensitive (one or both) were in Douglas's pouch, and resting upon them was the uterus. They, by their weight and position, held the uterus backward; and the uterus in turn rested upon and irritated them in their faulty position. Where such a condition of affairs exists it is apt to become finally intolerable. For reasons which I do not know, and upon which I do not here mean to speculate, this condition is likely to be most prevalent among young women. Formerly in such cases we took away the ovaries and tubes, condemning them (rightly, I believe, in many cases) as the original offenders, and believing if they were out of the way, everything else would rectify itself. In actual experience this was found not to be so. True, the ovaries were removed, and at the time of the operation the uterus seemed to be restored to a satisfactory position approaching the normal by reason of the apparent shortening of the broad ligament at the time the ligatures were applied. The uterus in these cases had acquired a faulty backward position and the broad ligaments had been much stretched and elongated. When healing of the ligaments had taken place and the parts had assumed what would henceforth be the normal, we found that the uterus was still in the position of backward displacement; and that the broad ligaments aided alone by the elongated round ligament were not sufficient to hold the uterus in place. Hence, the complete sacrifice of the ovaries had not cured such a patient; and this being the case, it was necessary to study the problem further. At this period of the evolution of this subject, many forms of conservative operations were suggested and tried, like igni-puncture, acu-puncture, etc. These forms of conservative operations were valueless practically except as steps in the evolution of a more definite procedure. While they evacuated and in many cases obviated cysts, they left behind large and scarred ovarian masses. It was recognized that a

preservation of healthy ovarian tissue in these young women who were so frequently the object of operation was very desirable, but that it was equally desirable that the uterus should be restored to an approximately normal position; hence the innumerable operations which have been suggested on the ovaries and ligaments, out of which have come to be accepted several methods which are recognized as efficient. My own practice in such cases is to frankly resect these diseased ovaries as radically as is necessary to get rid of all the cystic portions, which varies of course in each individual case. In some, a very small portion only of ovarian tissue is retained; but in all of them, if possible, some portion of the ovary is preserved. I am so sure from my own experience alone that this is good practice that I now go to extreme lengths to avoid a total extirpation of both ovaries. If one is hopeless and the other shows any tissue which apparently may be healthy, the hopeless one is sacrificed and the other is resected. In all cases this resection is made with considerable freedom and with the intent to reduce the ovarian tissue left behind to about the bulk of the normal ovary.

The tubes are dealt with according to each individual case. If they are apparently so badly diseased that they should not be retained, they are removed to whatever extent seems indicated; then the end of the tube is kept open, if possible, by definitely attaching the mucous membrane of the tube to its peritoneal covering at the cut extremity, and to this stump of the tube is attached directly the resected ovary, in such a way if possible that there shall be no tension at the point of attachment. Even when the whole tube is removed, if a portion of the ovary is preserved, it is attached to the uterus at the site of the removal of the tube. This is not enough, however, and in most cases were this the end of our efforts, these patients would be only partly relieved, because the displaced uterus is still in malposition. Now, this does not mean that every displaced uterus begets symptoms and invalidism. We all know that there are quantities of cases where the uterus is not in its normal position and where this fact affords no symptoms whatever and the patient is unaware that anything is wrong; but in the class of cases under consideration this is not so. The displacement has caused already such a marked train of symptoms that even when the ovaries and tubes are properly cared for, if the uterus is left out of place, many of these symptoms are carried on, if for no other reason than because they have already been acquired. Hence, it is absolutely necessary in my opinion in such cases to supplement the pelvic manipulations with some form of suspension of the uterus; and by suspension is not meant a fixation, as the line is now clearly drawn between a fixation and a suspension. Three of four methods of suspension have given most excellent results and are recognized and accepted. I have every reason to be satisfied with the method employed by myself and described elsewhere, since the conclusions upon which this paper is founded are drawn from cases operated after this method.

It seems to me that our theorizing in these cases is at present

practically faultless, and if only our operations can be made mechanically successful, that the practical results will agree with the theory. That some portion of the ovary should be conserved in a young woman, is, I believe, an absolute necessity for her future welfare. Not only by so doing do we preserve the possibility of pregnancy (no matter how small a portion of the ovary may be retained), but we also preserve, at least for a time sufficiently long for nature herself to quietly adapt the whole economy to the change, the almost undescribable qualities included in the term "ovarian influence." I believe that we sometimes do not reason with sufficient practical acuteness about the ovaries. We know that if both ovaries are removed a violent storm is apt to ensue, which we comprehensively describe as a "precipitated menopause." To all of us who have seen such cases, this is an index of what influence the ovaries have, and the difference between the cases wherein some portion of the ovary is conserved and those where the ovaries are entirely sacrificed is of so marked a character that if there were no other factor in the problem this alone would decide that some ovarian tissue must be retained. This reasoning applies to the younger women, at least to all women of 35 years of age or under. When women are approaching the menopause, there do not seem to be such violent symptoms produced if the ovaries are taken away. This again means that nature is already partly prepared for the menopause; that is, for the time of life when the ovaries lose their influence. To me this is another argument for conservation of ovarian tissue in young women, because the absence of it imposes such violent conditions that the almost unanalyzable influence of the ovary should be preserved.

The detail of suspending the uterus is, I believe, of quite as much importance in securing beneficial results in these cases as is the manipulation of the ovaries and tubes. A successful suspension of the uterus lifts the resected ovary out of the pelvis, removes the reciprocal irritation of uterus and ovaries, removes the weight and pressure of uterus and ovaries from parts which were never designed by nature to bear them, and allows of proper drainage of obstructed vessels and nerves, not only of the uterus itself but of the parts embarrassed by its malposition—such as the rectum for instance. I have repeatedly seen a rectum, whose hemorrhoidal vessels were constantly engorged because obstructed by a misplaced uterus, spontaneously and rapidly restored by permanently lifting the uterus into place. This allows a return to normal flow of nerve and blood currents. The relief is quickly apparent, although of course it takes in many cases months for a complete cure. Even in the most successful cases the time of permanent relief is somewhat dependent upon the time of the previous disability, as well as the severity of the pathological conditions.

In this connection it is impossible for me to give definite figures, because it is impossible for me to follow up all the cases which have been operated upon in this way; therefore, my conclusions necessarily lack authority because they are based upon

information which cannot be verified with complete accuracy. My reports come from the physicians whose cases I have had opportunity to treat, with now and then a report from some individual upon whom I have operated. I feel positive that no single detail of an operation has added more to success in this class of cases than has the suspension of the uterus. Almost without exception, by physicians, have I been assured that the results in such cases have been most excellent; and by this I mean the results embraced under the restoration of the patient to a life of comfort and pleasure and usefulness, from one (in only too many cases) of complete incapacity.

From the standpoint of pregnancy, too much cannot be said in commendation of results. In no single individual case has a report come back to me that by reason of a suspension there had been any embarrassment in a following pregnancy. In several cases (about 20) to my certain knowledge has pregnancy occurred twice, and delivery was spontaneous and normal in every way. Of course it is impossible to estimate how many such cases would have become pregnant if they had never been interfered with; nor how many cases have become pregnant which would not have become so without an operation. Also it must be remembered that in the class of cases now under consideration, pregnancy is not liable to interference if it has occurred, the enlarged uterus usually rectifying for the time being any misplacement.

Another class of cases worthy of consideration are those in which conservative operations for myomata and fibro-myomata have been undertaken. Vaginal myomectomy, when it can be performed, should, in my opinion, be always carried out, and its results observed before a radical operation is undertaken. The vaginal myomectomy is not only safe, but the results following it are sometimes most remarkable. Hence, compared with other operations for a myoma it is inconsequential in its dangers, and may give a maximum benefit. Abdominal myomectomy is another story altogether, and I believe its dangers are very little, if any, less than an hysterectomy; and that its employment should be largely confined to single growths of not large size, if they are intra-mural growths, and to sub-peritoneal growths with well-defined pedicles. If considerable mutilation of the uterus is necessary to perform a myomectomy, unless the collateral circumstances are very peculiar, such as desirability of childbirth so strong that a subsequent operation would be undertaken rather than miss the opportunity, I believe that an hysterectomy is the better operation. In most of the cases of myomectomy which have fallen to me, the results have been satisfactory; but in explanation of that I think I ought to say that I have never been very keen to advise a myomectomy, and have only done it when I was reasonably sure, so far as I could determine, that it would give relief. Even under these circumstances I have one death to report, in a case which was (so far as human judgment could tell) perfect for the operation selected. There was a right ovary, enlarged to the size of an orange, lying

in Douglas's pouch, and resting upon it and partly supporting it was a pediculated fibroid which was very freely movable and which had caused an intolerable condition of sensitiveness. The fibroid was removed, and the incision in the uterus (not over one inch long) was closed with catgut; the ovary also was removed. This patient did perfectly well until the sixth day, on the morning of which I saw her after she had passed a normal and comfortable night. The previous Saturday afternoon I had written an optimistic letter to her husband which could not reach him until Monday morning; and I had also expressed myself to her in a very reassuring manner. Shortly after I saw her Sunday morning, I was hastily summoned again because of a sudden and remarkable change, and I found her with an anxious expression of face, bathed in cold perspiration, rapid and shallow breathing, with play of the alae nasae, and a very rapid and unsatisfactory pulse; and from former experiences with such cases, I felt sure that an embolus had converted an apparently successful case into a fatal one. The change was so rapid that before her friends could be summoned to her bedside she was dead; and I found myself in the unenviable position of having written in good faith on Saturday afternoon to an honest old sea captain who trusted me, an optimistic letter, which he returned home with his dead to receive on Monday morning. From this I learned a lesson, to write no letters of optimism on Saturday which cannot be delivered until Monday.

Cases of complete procidentia may be questioned if embraced under the head of conservative operations, because in these cases the conservation of the uterus and its appendages is of minor consideration; the problem is to select the mechanical procedure which will best apply to the mechanical failures. In these cases, however, my own best success has been in preserving the uterus, or at least the atrophied body of the uterus, and using it as a means of fixing to the abdominal wall the uterus, and thereby elevating the slack and redundant vaginal tissues. These latter, at the time or subsequently, as may seem best, are then dealt with by plastic operations. The results in these cases have been on the whole most satisfactory. Of course they have been largely in elderly women, but even so the relief has been radical and permanent and much more satisfactory than when complete removal of the uterus has been undertaken. I think it is now conceded without exception that in complete procidentia the uterus is only a participator in a mechanical defect, and is not the cause of it.

This article is based on about 250 cases of conservative operations.

PROVIDING FOR THE FUTURE.—A Cornish editor appeals to his subscribers in this unique way: "If you have frequent headaches, dizziness and fainting spells, accompanied by chills, cramps, chilblains, epilepsy and jaundice, it is a sign that you are not well, but are liable to die any minute. Pay your subscription a year in advance, and thus make yourself solid for a good obituary notice."—M. A. P.

LOCAL AND MECHANICAL TREATMENT IN GYNÆCOLOGY*

DR. LUCY BARNEY HALL.

The necessity for local treatment in diseases peculiar to woman is apparent to, and acknowledged by, the large majority of practicing physicians. Between the class that should be operated upon and the number that need the mind wholly diverted from the pelvis, there remain too many women who must be relieved and aided back to health, and domestic happiness, by our local mechanical efforts. If we would have results, we must make the best diagnosis possible, and we are deeply indebted to the abdominal surgeon whose constant study and skill has thrown increasing light on the diagnosis and prognosis in these cases. We no longer attempt to make the average woman feel perfectly well with lacerations unrepaired, or ask a woman of thirty-eight or forty to endure her bad feelings in hopes kind nature will relieve her at the menopause, or expect her to be well and vigorous with pus tubes, or if she is carrying about a developing fibroid with menorrhagia. But we can and do restore to health and usefulness the many cases of non-specific metritis, endometritis, cervicitis, salpingitis, ovaritis, pruritus vulvae, and have much to offer to those suffering from displacements. In diagnosing a case after the acute symptoms have passed, it is often necessary to see the patient more than once, or even under ether, before the mind can be fully made up as to the existing condition, but all effort should tend to a complete diagnosis.

The general practitioner should be able to suspect a pus case by the strained features, chill, pain, rapid pulse and vacillating temperature, to recognize an enlarged tube, and if accompanied by colicky pain, in either side, with the menstrual flow overdue, to think of tubal pregnancy and be on his guard. He will remember that a large sensitive ovary can make a woman sick mentally and physically, from pressure upon the sacral nerves as well as on defecation and during coition, and he is well acquainted with the radical cure for prolapsus. Having made a careful vaginal examination, and noted the condition of the external genitalia, finding a non-specific inflammation of the uterus, or the adnexa, the right treatment should give gratifying results. The patient should be able to realize a gradual improvement, it being fully understood that a goodly amount of general building-up and healthful encouragement is dealt out to each patient. If there is a failure of the local condition to respond after a short time, we may be reasonably sure that our diagnosis is faulty. For local medication among other things are being used the glycerites of hamamelis, hydrastis, eucalyptus, pinus canadensis, ichthyol and iodine or the cerates, according to individual preference, while for dusting powders we have aristol, boracic acid, hydrastis, calendula, etc., and for certain other inflammations Tr. iodine and carbolic ac 95%

*Read before Mass. Surg. and Gynaec. Soc., 1907.

separate or in combination. Full hot douches give the greatest comfort in both the acute and chronic cases and are followed by excellent results. While scientific external massage is invaluable, care should be exercised in prescribing it in pelvic conditions, and if necessary it should form a part of the local treatment, to be given by the attending physician and not detailed to a third person. The high frequency current is of great aid in the absorption of non-specific inflammatory exudates and the general health of the patient is often improved by vibratory massage applied externally, especially over the spinal nerves. And lastly, the use of pessaries rounds out our mechanical treatment.

Four points have impressed the writer while treating these cases. First, the laxity with which the general practitioner passes over abnormalities of the catamenia, especially in a woman always normal as to time and amount, until oftentimes serious conditions have opportunity to develop, through the delay of the patient or neglect by the physician to investigate menstrual irregularities at any period of life. The pain also is often characteristic, and indicates a line of treatment to be followed, if it comes on a week or more before period time and continues long after the flow is well established we usually find the ovaries inflamed or displaced or both. If, on the other hand, the pain lasts but a few hours before the flow is established and then disappears, we suspect some obstruction causing uterine contractions. For the former condition electricity and hot douches are both comforting and efficacious, while for treatment of the latter a sterile sound passed just before the next period, followed by an application of iodine or iodine and carbolic on a tightly wound probe, will often relieve the pain and nausea, allowing the young woman to remain at her duties during the period, with steady improvement. The second point is in regard to pessaries. These fill a valuable place in the local treatment of specifically selected cases, with a replaceable uterus, normal adnexa, and no adhesions, the right instrument properly placed will give almost immediate relief and assist materially toward the cure of the patient. In procedentia in women along in years, the doughnut pessary gives marked relief in some cases, but if the patient is in reasonably good health, I would advise operation, fixation and repairing perineum, and re-operation if necessary. If on replacing a pessary a larger one is necessary, to support the organ, we know the mechanical support is not sufficient, because of the failure of the tissues to contract and operation is required, ventral suspension, if there is no stretching of the tissues, or better still, if a smaller instrument will support the organ, we feel quite sure of nature's assistance, and that this mechanical treatment will be successful.

The third point, in cases of non-specific endometritis, we obtain excellent results in long standing cases with increasing metorrhagia or menorrhagia, where curettage seems indicated, yet the knowledge of an old salpingitis gives rise to the fear of lighting up the latent evil, marked relief is obtained by an application by

probe of gauze and 95% carbolic to the cervical canal repeated at intervals of three or four days, and as a rule only three or four treatments are necessary. Some prefer, instead of carbolic, sulphate of copper in adrenalin. And the fourth point, in cases of sterility where we have marked induration of the tube and tissue surrounding the ovary, where the history of specific inflammation can be ruled out, at least an infection by gonococci through the usual tract of invasion, by careful patient treatment we can in a few months do wonders to relieve the local condition, with high frequency current, gentle massage after the sensitiveness has diminished, and packing with ichthyol, symptomatic cure often following and resulting in pregnancy.

Ichthyol seems to have a special action in tubal inflammations, iodine in chronic inflammations of the ovaries, and glycerine is a carrier of either.

In closing, let me urge our younger members to study the individual case, to give intelligent treatment for a definite purpose, remembering always that we are responsible for the best treatment of today, irrespective of the method of ten years ago or five years hence.

NURSES OF THE LAST CENTURY.—The Dietetic and Hygienic Gazette quotes from the British Journal of Nursing the following concerning certain hospital customs of a century ago:

"At the dinner at the Savoy Hotel, held in connection with the opening of the winter session at the London Hospital, Mr. Eve, who presided, gave an interesting account of the hospital as it was just 100 years ago, which was based upon some documents which have recently been unearthed by the secretary, Mr. E. W. Morris. Among the more curious points mentioned were that at that time only two meals were served a day, breakfast of water gruel and bread, and dinner consisting five days a week of meat and on two of pea soup. The hospital secretary was also chaplain, and responsible for the interment of deceased patients in the hospital grounds. The funerals had to be attended by such patients as could leave their beds, and an entry showed that on one occasion the clerk had been reprimanded for reading the service over a number of bodies together instead of separately. At night the wards were left unattended, for the nurses, then known as watchers, were only on duty in the daytime. The head porter and matron had their meals together, living on the leavings of the apothecary. The latter, a person of great importance, was allowed to take pupils, who slept under the counters of the dispensary. A black book was kept, in which were recorded the names of patients who ran away to avoid the terrors of an operation."

SIGNS OF DANGER IN ANAESTHESIA.—In the Canadian Practitioner and Review, Johnston gives the following as the signs of danger in anaesthesia: (1) Obstruction to respiration due to foreign bodies such as blood, mucus, loose teeth, congestion of the tongue, or fauces, spasm of the muscles of the neck, collapsing cheeks, laryngeal spasm, and general respiratory spasm; (2) depression or failure of respiration; (3) depression or failure of circulation. These last two effects, he asserts, may be due to the toxic action of the drug, reflex effect of the operation, or the physical condition of the patient. Depression and even failure of the circulation may arise from vomiting, but occurs more frequently with chloroform than with ether.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 33 Whiting Street, Roxbury, Mass.

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WHY HOMŒOPATHY?

We, who march under the banner of homoeopathy, are often asked by liberals in the allopathic school the question which is above quoted—"Why is Homoeopathy?" Why, they ask, should not all educated physicians be united in working for the good of humanity? Why should there be a division in the medical body? Why should not the profession of medicine be large enough to include all honest workers within its precincts?

Answers to these and kindred questions become necessary in proportion to the frequency with which the questions are asked. Not to answer them becomes at a given point a tacit confession that answer is impossible. Surely it is good for us to pause a moment in the whirling rush of our life's work, to formulate our defense for the belief that is in us; the belief upon which our practice is based, and under whose inspiration our work is done. How shall we answer the question which is our theme—Why Homoeopathy? How shall we first answer it to ourselves, that we may subsequently answer it to others?

Possibly we can best answer it by first asking a few other questions. Such questions, for instance, as—

I. Why did Homoeopathy come into existence? How did it originate?

II. Why did Homoeopathy become a "sect" in medicine? Why did it so rapidly grow into popular favor and within the lifetime of its originator spread to the ends of the earth?

III. Why should Homoeopathy continue to exist?

To answer question I., "Why did Homoeopathy come into existence?" it is necessary only to refer to the condition of medical practice a century or more ago. One conversant with medical history need only be reminded of the crude, semi-superstitious theories concerning pathology, and the harsh, irrational methods of treatment founded thereon that were then in vogue, to realize the crying

need for medical reform that then existed. Hahnemann's own criticisms of the practice prevailing in his day were blunt, drastic, and at first reading by a man of today, seemingly exaggerated; but they were founded on his own personal experience and knowledge; and on any dispassionate examination of the then existent conditions, his conclusions cannot be proved to be unjust or unfounded. No one can read his critical essays in his "Lesser Writings," or his opinions and the facts upon which they were based, as presented to us in his "Organon," and remain unconvinced that Hahnemann had a vital message to give the world: and was singularly well fitted to deliver it. Health-destroying and death-dealing methods were, under the aegis of contemporary medicine, universally employed; instance vivisection, violent purgation, salivation, and what seems in the light of today madly unhygienic treatment, so far as general conditions are concerned. There was indeed need for a reform in the medical world that should amount to a revolution—a testing and consuming fire; from the ashes of which should arise a free, intelligent and humane spirit, capable of wisely co-operating with nature in combatting disease-influences. Such a method was, and is, Homoeopathy; which sought then, as it seeks today, by mild and law-governed measures to remove quickly, gently and permanently the disease-producing influence and its results.

No critic of Homoeopathy does himself credit or his subject justice, who fails to compare and to contrast the pre-homoeopathic therapeutic methods and their results, with the methods instituted by Hahnemann and the results of their application. To realize why Homoeopathy arose, one has only to familiarize himself with the medical history of the times in which it arose. The theory of homoeopathy had been more or less tentatively advanced by thinkers along medical lines, long before Hahnemann's day. The practice of homoeopathy came to be, because it was bitterly and immediately needed. Here, then, we have the answer to the first qustion. Homoeopathy came to be because the times showed crying necessity for drastic medical reform in the interests of suffering humanity; and because the clear eyes of Samuel Hahnemann saw and his sympathetic heart felt this necessity; and his mind, quickened by this inspiration, and steadied by scholarship and research, pointed out the way to meet it.

The second question, Why did Homoeopathy become a specialty in medical practice, and its adherents a medical sect? may be answered with equal directness, simplicity and accuracy. Homoeopathy became a segregated sect because its methods were in such marked opposition to those generally used that they were bound to attract widespread and earnest attention, and arouse widespread and acrimonious opposition. Because its practice was followed by such successful and fortunate results, it attracted almost at once a large, grateful and faithful following. Popular favor was won so promptly and so warmly by this new and vastly different form of treatment, that professional enmity was speedily aroused. Instead of making dispassionate investigation of the new therapeusis,

the physicians of the day condemned it, unstudied and untried. It is still an open question how large a share the greed and revengeful spite of the druggists, whose profits the new practice decimated, had in arousing and fostering the bitter opposition, quickly rising into persecution, with which that practice was met. But there is no doubt the methods employed by the alarmed and unscrupulous tradesmen in question, had much to do in promoting the persecution of Homoeopathy and its followers. Misrepresented, ridiculed, all but outcast, believers in homoeopathy had no resource but to combine into a sect, if homoeopathy was to continue to exist at all. Sectarianism was, for homoeopathy, not a choice, but a compulsion; a simple measure of self-defence. It was necessary to "prove" the remedies to be used under the newly-adopted law, it was necessary to formulate clinical results. These things the persecution by the profession at large made impossible for homoeopathists, except they united as a frankly-avowed sect, clustering about a banner; and thus the banner was raised, and the sect formed. Here we have the answer to our second question. Homoeopathy became a sect because its sole choice lay between sectarianism and extinction.

We come now to our final question, Why should Homoeopathy continue to exist? We would submit the answer, Because it has not fulfilled its mission; and until man and sect have fulfilled their mission, death is premature. Century-old traditions and prejudices have not yet been wholly eradicated from the minds of laity and profession. Homoeopathy has yet much to disprove, to "live down." It cannot merge the treasures of truth in its keeping with the medical wealth of the profession at large, until they are recognized as treasures. The truth it contains has not yet been universally acknowledged and assigned its place in the armory of truths from which the medical profession draws its weapons for the age-long battle with disease.

Because its founder has not yet been given the honor he deserves as a profound critic, a thoughtful and independent reasoner, an original observer, capable of initiative and untrammeled by tradition, a true benefactor of mankind.

Because Homoeopathy remains at the opening of this new century, as it was at the opening of its predecessor, the only rational method of applying drugs (or other pathogenetic influences) simply and *directly* to the *cure* of diseases.

Because Homoeopathy aims primarily at the cure of diseases, and secondarily only at their palliation.

Because in our day, as in that of Samuel Hahnemann, there is no other therapeutic law or rule by means of which one can positively predict the conditions in which a newly discovered pathogenetic agent will prove *directly curative*.

Because there is no other existing law or rule that will enable one, without experimentation, to select the therapeutic agent (whether drug or another) that will prove *curatively* antagonistic to a newly discovered curable pathological condition.

Are the claims made in thus answering our last question un-

founded ones? Let us see! A review of the medicine of today shows that.....

Today, as long ago, the unintelligent practice obtains, of the use of astringents for fluxes; the use of laxatives and cathartics for torpidity; of antacids for acidity; of anodynes for pain; and of hypnotics for insomnia; "shot gun" prescriptions (combination tablets) are still used, instead of simple, direct and uncomplicated treatment by the single remedy. In justice, it must be regretfully hinted that the use of combination tablets is not today absolutely unknown in the camps of homoeopathy. Depressants are still used for excitement; stimulants are still used for prostrations; palliatives are still used instead of curatives.

In a word, Nature is still more or less rudely and unintelligently coerced, instead of being gently led, persuaded and cooperated with. While these things are true, homoeopathy has still most cogent reasons for existing; for she knows and can teach the path along which better treatment than the ones above outlined can move to success; true, she herself has much to learn of the turnings of the path; much to learn of the remedies that soothe and relax, that correct and upbuild; but this is our reason more for prolonging her existence until she has learned and taught these lessons. While in pathology, diagnosis, surgery, hygiene, nursing, hydro- electro- mechano- and psycho-therapeutics, and dietetics, medical practice is today a united whole, and the homoeopathist the peer of any of his medical brethren in the knowledge and the utilization of all these most helpful things, in the science of drug pathogenesy and the realms of drug therapeutics Homoeopathy is still unique, as a logical, coherent, useful entity, representative of a great therapeutic truth. While it stands thus unique, it must continue to stand. Its fall, its ceasing to be, would be a world-misfortune, the failure, unfulfilled, of a mighty trust. Here we have the answer to our third question. Homoeopathy must continue to be, because she and she alone has in keeping precious truths still unlearned by those who need them most.

The traditions of its own noble history—the memories of its progenitor and of its faithful adherents—the necessity of still further uplifting and enlightening and educating humanity, professional and lay,—these things are surely a sufficient, a magnificent apologia for the existence, past and present, of a method of practice that for originality, thoroughness, simplicity and directness stands today as it stood at its inception, without a peer in the realm of therapeutics.

DONATIONS TO MUSEUM.—Dr. John F. Valentine has recently donated to the museum of Boston University School of Medicine a valuable collection of botanical specimens, chiefly those indigenous to Essex County.

The museum is also indebted to Dr. Charles W. Morse of Salem for a binocular microscope illustrative of one of the favorite types in use during the earlier days of microscopy.

KANSAS CITY NOT OKLAHOMA FOR THE INSTITUTE SESSION OF 1908.

Those who were present at the International Congress held at Atlantic City, in '06, and who were present at the Jamestown meeting of the Institute, will recollect the amount of lobbying that was done, and the unusual interest taken in the selection of a place for holding the "next meeting of the Institute." The oratorical efforts and the earnestness displayed by many of the speakers when the matter was up for discussion would have been particularly inspiring if displayed in the worthier connection of a scientific subject. As it was, they were stimulating and persuasive: and the Institute impulsively voted to hold its '08 meeting in Oklahoma. The following letter from the Executive Committee of the Institute is a plain straightforward statement of facts which are of vital interest to the Institute; and the reasons it presents for changing the place of meeting will doubtless appeal to all our readers as eminently well judged and satisfactory. It is to be hoped that the Eastern members of the Institute will show their confidence in the present administration of the Institute, as well as their approval of its recent action, by sending a large representation to the meeting. It is none too early to plan for that meeting; for the few intervening months will rapidly pass.

ANN ARBOR, MICH., Jan. 10, 1908.

To the Members of the American Institute of Homoeopathy:

Your Executive Committee met January sixth at the office of the Secretary, five members being present and Dr. Reily being represented by a written report and proxy. The President and First Vice-President reported having visited Oklahoma City, spending Dec. 30th and 31st in investigating its merits as a meeting place. They were cordially received and cared for by the chairman of the local committee and the other three members of the local profession.

As a result of their investigation, much as it dislikes to disappoint the enthusiastic and hospitable people of that thriving little city, your Executive Committee, by unanimous vote, has deemed it necessary to exercise the authority given to change the place of meeting.

In determining this problem, your Executive Committee must, of necessity, count upon a meeting of normal size. Our Oklahoma friends are sure the attractions of their community would draw even more than the usual attendance. For six years past the average number of members and visitors has been 875. If half this number were to attend a meeting at Oklahoma City, it would be impossible to give to all comfortable hotel accommodations, especially difficult for a convention covering almost a week of time. There are but two, so-called, first-class hostelries in the city. The Lee,

the leading one, is building a seven-story annex, which, as yet, is far from completion. It has been expected that this hotel would furnish headquarters and committee-rooms. At Jamestown special rates and accommodations, based on contract agreement, were promised at the Lee. To our surprise, the proprietor of this hotel, in contradistinction to all other citizens of the city, showed the members of the Executive Committee scant courtesy and refused to accede, in the slightest degree, to the wishes or necessities of the Institute. Not until after the departure from the city of the committee did the local chairman and the Board of Commerce wring unwilling concessions from this proprietor. Even then the rate proposed was far in excess of the contract agreement related at Jamestown; and stipulation was made that no committee rooms should be used in the evening.

Not only were the proposed arrangements unsatisfactory, but also the accommodations possible were far from adequate. Contingent upon the completion of the annex and contemplating, too, that at least two people should occupy each room, quarters for not to exceed two hundred guests was the most favorable promise of the Lee. Under similar conditions a hundred and fifty guests might be crowded into the second hotel. Bath rooms, much needed during the dusty Oklahoma June, are scarce in both hotels. Were the attendance of members, visitors and exhibitors to exceed three hundred and fifty, the second-rate hotels and the boarding houses would have to provide for the balance.

The "White Temple" proved unavailable, except possibly for the opening session. It was found that the meetings would have to be held in different places, more or less remote from each other. It would be impossible to have all the sessions of the Institute, its bureaus and committees, the allied societies and the exhibits under one roof. The comfort of the places proposed, too, would largely depend upon the temperature and barometric conditions, said to be decidedly objectionable in summer.

The usual reduced rates on the railroads are no longer available because of the new Interstate-law. The distance of Oklahoma City, nearly four hundred miles from Kansas City, would make this absence of a special railroad rate a material burden to most of our members. The three general passenger agents met at Oklahoma could promise nothing, unless the journey were begun on Wednesday for our eastern friends and on Thursday for the middle West, with no concession at all for the far West. No through trains to Oklahoma are run from Denver, Chicago, or the East. Unless Pullman car parties of eighteen or more persons were arranged, eastern visitors going by way of St. Louis would have to change cars there; and if they travelled by way of Chicago, would require a change at that point, and a second change at St. Louis or Kansas City. In order to free those who presented the claim of Oklahoma we wish to say that the less liberal policy of the railroads as to rates and through trains is a recent move and, of

course, was not anticipated last June. However, it is no less a disappointment and, in view of the present financial stringency, a serious objection, in the opinion of your Executive Committee.

For these reasons and others which were discussed for hours by your Committee, it was thought best to have our meeting elsewhere. Invitations came from Hot Springs, Pittsburg, the State of Pennsylvania, Los Angeles and Detroit. We were not unmindful of the potency of the claims of each of these possible locations, and to the loyalty of the members of our school in these places the Institute owes its thanks. We could not overlook the fact, however, that the American Institute had recognized the justice of the demands of the West and Southwest. That territory received our first and last thought. Kansas City, Missouri, is a western city and in every sense is the gateway to the Southwest. The proffered invitation of our men in Kansas City was, therefore, accepted; and it was decided to hold the meeting there during the week beginning June 22nd.

It were perhaps a work of supererogation to speak of the beauties and attractions of this wonderful city. Commercially, physically, aesthetically, it is second to none in these United States. The combined population of Kansas City, Missouri, and Kansas City, Kansas, separated simply by an imaginary line, is nearly four hundred thousand. The municipalities form one great, restless, aggressive, progressive, beautiful city. High bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and bottoms—all give themselves to natural picturesqueness and artistic possibility. Millions upon millions have been spent in developing one of the finest park and boulevard systems in the world. This is, without doubt, one of the show cities of America. The transcontinental tourist who has simply passed through Kansas City, and almost every American railway system touches it, knows nothing of the multitudinous attractions of this place. The railways are in the valley out of sight; and the city, on the hilltops. One must take the incline and view it from a high place to know that at his feet lies the pride of the West, beautiful Kansas City. Here are vast hotels, gorgeous theatres, great churches, palatial homes, wide gardens, inviting shade, and cool retreats. The hundred members of the local profession and the nearly two thousand of the States of Kansas and Missouri will give us hearty welcome.

The trip to Kansas City is easily and quickly made. It is a night's journey, twelve hours from Chicago; six hours from St. Louis; over night from Denver; and can be reached from New York City with but one night on the sleeper.

To Dr. Hensley, the local profession, the Board of Commerce, and the cordial people of Oklahoma City we express our hearty thanks for the courtesies shown and the hospitality offered. We regret that necessity rules our action; but, knowing their hearts and minds, we believe they will gracefully submit to our decision; and, in company with the membership of the American Institute,

do all in their power to make the 1908 meeting at Kansas City a great and lasting power for good to our beloved Homoeopathy.

Respectfully,

ROYAL S. COPELAND,
W. E. REILY,
J. RICHEY HORNER,
FRANK KRAFT,
J. H. BALL,
T. FRANKLIN SMITH,
Executive Committee.

MEDICAL COLLEGE INSPECTION AND CLASSIFICATION.

A very significant and important council in the interests of medical education was held at the Auditorium, Chicago, on the 19th of December, 1907. Representatives of five leading organizations devoted to the elevation of educational standards along medical lines, took part in the harmonious and fruitful discussions of the session. The most important single outcome of the meeting was the adoption of a schedule for inspecting and classifying medical schools. This schedule, as finally decided and accepted, is as follows:—

1. General success before the State Medical Examining Boards of only those who have graduated since examinations in the individual States have been obligatory upon all candidates for licensure. Those States that require examination in materia medica and therapeutics should entitle the candidate, and hence his college, to a better rating than those States where examination in those branches is not required. Individual students failing more than once in the same State, or in two different States, should not discredit their college with more than one failure. State boards are urged to require each applicant for license to certify to every examination before State boards that he may have taken stating name of the board and the result in each instance. Five counts.

2. The question of requirement and enforcement of a satisfactory preliminary education. This is to be a four years' high school education, or its equivalent. In case the student should not enter on a diploma from a high school that his examination be conducted by the Council of Medical Education of his State, or some similar body, and that the examination papers be kept on file in the office of the secretary of the medical faculty for inspection by the State Examining Board. Fifteen counts.

3. The character and extent of the college curriculum. That provided by the National Association of the School of Medicine which the college represents, to be taken as a standard, modified by the law of the State wherein the college is located. At least forty months should have elapsed between the dates of matriculation and graduation. Fifteen counts.

4. The medical school buildings. The buildings should be sanitary and commodious, allowing ample space, according to the size of classes, for laboratories, amphitheatres, examining and recitation rooms. Five counts.

5. Laboratory facilities and instruction. Ample laboratory facilities and apparatus, according to size of classes, should be provided for the work in the following subjects: Anatomy (including histology and embryology), Physiology, Pharmacology (including drug pathogenesy), Bacteriology and Pathology. These to be in charge of trained men. Fifteen counts.

6. Dispensary facilities and instruction. The dispensary material available should be in proportion of 100 patients per year to each senior student. Should a patient be presented to the entire senior class or part thereof, it should count one for each student present. The main dispensary should be under the control of the college. Five counts.

7. Hospital facilities and instruction. Hospital standard to be access to and constant use of one bed for each member of the senior class during the year. Fifteen counts.

8. Extent which the school devotes to experimental research in the varied fields of medicine and allied sciences, especially in therapeutic research and the development of drug therapeutics and the methods of teaching experimental drug pathogenesy. Fifteen counts.

9. To what extent does the commercial or scientific spirit dominate with reference to the various chairs, and in the institution as a whole, also extent to which members of the faculty devote their time to teaching. The published requirements of the college should be scrupulously observed, and a complete list of the matriculates published each year. Five counts.

10. Supplementary facilities, such as library, charts, electrical apparatus, models, museum, etc., judged according to conditions and use of same by the teaching corps and students. The library should have at least 500 volumes, including modern text books and chief periodicals of the school of medicine to which the college belongs. The museum should be kept up to date and specimens properly labeled and indexed. Five counts.

Syphilis and marriage, law and conscience, often get the doctor badly mixed. Professional confidences in law so far as venereal diseases are concerned, seem born to protect the guilty at the expense of the innocent. It also makes the physician an accomplice. Trying cases come up when a pure young girl whom the doctor has probably known all her life, as a patient, comes to marry a man whom the doctor knows is infected with venereal disease. He must condone the crime. The pure girl must link her life with the impure. The doctor must report whooping cough, which is not a drop in the bucket compared to venereal disease. Yet it is slanderous to say, and libelous to write, that a person has syphilis or gonorrhoea. Venereal disease is without a doubt considered by modern medical science as one of the greatest scourges to which the human race is liable.—McKee, American Journal of Dermatology.

SOCIETIES.

RHODE ISLAND HOMOEOPATHIC MEDICAL SOCIETY.

The fifty-seventh annual meeting of the Rhode Island Homoeopathic Medical Society was held January 10, 1908, at the Narragansett Hotel, Providence, R. I.

The president, Dr. G. F. Allison, called the meeting to order at 5. P. M.

The secretary's report was read; also resolution on the death of Dr. J. C. Budlong, one of the oldest members of the society.

The treasurer read his report, which gave a balance unusually large.

Three new members, Dr. Hayman of Providence, Dr. Muncie of Providence and Dr. McNally of Pawtucket, were elected.

New business consisted in the passing of resolutions relative to the appointing of a homoeopathic representative on the State Board of Health, in place of Dr. Budlong, deceased, a copy of which the secretary was instructed to send to the Senate.

The balloting for officers resulted in the election of: President, Dr. G. F. Allison; vice-president, Dr. A. H. Wood; secretary, Dr. J. O. Arnold; treasurer, Dr. D. A. Williams.

Miss Mary Gardiner, the superintendent of the Nurses of the Providence District Nursing Association, then addressed the meeting, explaining their methods and asking the doctors to make use of the nurses as far as possible.

The scientific session was taken up, and the first paper was read by Dr. J. Herbert Moore of Brookline, on "Homoeopathy's Contribution to General Medicine." As this has been published in the Bostonia, no further remarks need be made. The discussion was opened by Dr. C. J. Hasbruck of Bristol. Dr. G. Forrest Martin of Lowell was the next speaker. He gave a most interesting account of recent surgical operations on the kidney, referring to two cases of "blood letting" from the kidney with wondearful results. There was quite a little discussion of this paper by Drs. Bennett, Jewett and Williams.

Dr. H. A. Whitmarsh then read a paper on the "Significance of Abdominal Pain," in which he gave many diagnostic hints. It was then too late to permit discussion, and the meeting adjourned to the dining room, where a dinner was served to the doctors and a number of guests. After dinner, Dr. J. P. Sutherland, whose presence is always an inspiration, gave one of his happy talks upon "Why Homoeopathy," which was listened to with interest and pleasure, giving much food for thought.

CUMBERLAND AND YORK HOMOEOPATHIC MEDICAL SOCIETY.

At the annual meeting of the Cumberland and York Homoeopathic Medical Society, held in Portland, January 15, 1908, the following officers were elected for the ensuing year: President, J. Frank Trull, M.D., Biddeford; first vice-president, F. A. Clarke, M.D., Portland; second vice-president, C. D. McDonald, M.D., Portland; secretary-treasurer, L. A. Brown, M.D., Portland; censors, E. F. Vose, M.D., Portland, F. A. Ferguson, M.D., Bath, L. A. Brown, M.D., Portland.

THE BOSTON SOCIETY OF EXAMINING PHYSICIANS AND SURGEONS.

On the evening of January 22, at the Hotel Somerset, about fifty examining physicians, members of the Boston Society of Examining Physicians and Surgeons, gathered for the purpose of discussing vital matters pertaining to life insurance examinations.

After a dinner, which was served in the green room, Dr. Francis D. Donoghue, president of the society, introduced as the guest of the

evening Dr. Augustus S. Knight, medical director of the Metropolitan Life Insurance Company of New York. Dr. Knight spoke of the many problems which come before a medical director, which, as a rule, are not considered by the medical examiner in the field. He maintained that the examiner for life insurance should endeavor to frame a picture on the application blank that could be clearly understood by the medical director at the home office. After a very instructive discourse on these matters he spent some little time in answering questions.

The next speaker was Dr. Francis H. Williams, visiting physician at the Boston City Hospital and the American authority on X-Ray. He demonstrated the value of X-Ray chest examinations in life insurance, and exhibited some wonderful radiographs showing how accurate the X-Ray is as a diagnostic measure in chest work.

Dr. Frank E. Allard, medical director of the Boston Mutual Life Insurance Company, spoke at some length of the value of such an organization as the Boston Society of Examining Physicians and Surgeons, and said that the medical student of today was taught little or nothing in regard to this work in the medical schools.

Dr. Frank G. Wheatley, chairman of the committee on legislation of the Boston Society of Examining Physicians and Surgeons, also chairman of the committee on insurance, at the State House, talked about "Insurance Legislation."

Letters of regret were read from Dr. Frank Wells, medical director of the John Hancock Mutual Life Insurance Company; Dr. Daniel L. Hunt, medical director of the Columbian National Life Insurance Company, and Dr. Mark W. Richardson, medical referee of the Equitable Life Insurance Company.

Others present who took part in the discussion were Dr. John S. Phelps, medical director of the Columbian National Life Insurance Company; Dr. Edward M. Greene, medical referee of the Mutual Life of New York; Dr. Charles Theo. Cutting, associate medical director of the Boston Mutual Life Insurance Company, and Dr. A. C. Potter, of the Travelers' Insurance Company.

The meeting was full of enthusiasm and all felt that they had enjoyed a profitable evening.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The annual meeting of the Boston Homoeopathic Medical Society was held at the Boston University School of Medicine on January 2, 1908, the meeting being called to order by the President, Dr. S. H. Calderwood.

The minutes of the last meeting were read and approved.

Daniel R. McNally, M.D., was unanimously elected to membership.

It was voted that the Year Book be published and include the Ethics of the American Institute of Homoeopathy.

It was voted that By-Law 8 be suspended for 1908.

The following vote of Dr. Strong was laid over for the next meeting: That Section 2 of the By-Law be amended to read that the opening hour of the meeting be changed from 7.45 to 8 P. M.

The report of the Treasurer, Dr. A. G. Howard, was read and accepted.

The report of the Auditor, Dr. Samuel H. Spalding, was read and accepted.

The report of the Secretary, Dr. Orville R. Chadwell, was read and accepted.

Dr. Wells, Chairman of Nominating Committee, before reading the report of that committee, urged the incoming officers to spare no expense in improving the meetings, because all the funds necessary for that purpose could be obtained.

The following are the officers for the coming year:

President, Dr. J. A. Rockwell; First Vice-President, Dr. B. T. Loring; Second Vice-President, Dr. M. A. Leavitt; General Secretary, Dr. O. R. Chadwell; Associate Secretary, Dr. W. A. Ham; Treasurer, Dr. A. G. Howard; Auditor, Dr. Conrad Smith; Censors, Dr. Neidhard H. Houghton, Dr. Nelson M. Wood, Dr. S. H. Calderwood.

It was voted, upon motion of Dr. Allen, that notice of his election be sent to Dr. J. A. Rockwell, by telegram, with the compliments of the season.

In the absence of Dr. Rockwell, Dr. B. T. Loring was introduced and presided during the remaining moments of the meeting.

Dr. S. H. Calderwood, the retiring President, then delivered the annual address upon "The Duties of a Physician."

It was voted, upon motion of Dr. Packard, that a vote of thanks be extended to the retiring President for the excellent program he had furnished the society.

At intervals during the meeting, selections were sung by the Harvard Male Quartette which were very much enjoyed and appreciated.

The members then left to enjoy a social meeting and collation.

At the regular meeting of the Boston Homoeopathic Medical Society to be held Thursday evening, February 6, the following program will be presented: "The Milk Supply of Large Cities," Samuel C. Prescott, Professor of Industrial Bacteriology, Massachusetts Institute of Technology. Illustrated by stereopticon. General discussion.

BOOK REVIEWS.

A Text-Book of Physiology. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Revised Edition. Illustrated with 393 half-tone engravings, many in colors. Royal Octavo, 815 pages. Bound in extra cloth. Price, $3.50, net. F. A. Davis Company, publishers, Philadelphia. 1907.

The new edition of Dr. Ott's work shows decided improvement over the earlier one in the light of our present knowledge, as it includes the results of his more recent studies. Over two hundred pages have been added to the total number, thus allowing of more comprehensive treatment of the most important subjects.

As might be expected from a neurologist, the subject most fully covered is the physiology of the nervous system. This has been entirely recast since the former edition. Electro-physiology also receives an adequate attention. Among the numerous illustrations, some are excellent, but some might with advantage be improved. As a text for students in physiology the book should be of much value, and also to the general reader perhaps less interested now in the details of the subject than in his college days, it will well repay careful perusal and study.

The general appearance is neat and attractive.

A Manual of Clinical Diagnosis by Microscopical and Chemical Methods. For students, hospital physicians and practitioners. By Charles E. Simon, M.D., Professor of Clinical Pathology in the Baltimore Medical College. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Cloth, $4.00 net. Lea Brothers & Co., Philadelphia and New York. 1907.

In the opinion of the reviewer this well-known book covers the subject of clinical diagnosis from the laboratory standpoint better than

any other of its numerous competitors in the English language. It was, in its earliest edition, the first in the field, and during the later revisions has kept fully abreast of the most modern methods of investigation. It is the first book, as far as we are aware, to give satisfactory attention to the opsonins, both from the theoretical and from the practical standpoint. And while we cannot yet fully agree with the author in his original method of obtaining the opsonic index, yet upon the whole, this chapter is extremely valuable.

If any other subject treated should be selected for particular notice it would probably be that of blood examination and its correct interpretation. The spirochaeta pallida is also carefully described. Among the numerous illustrations, some few are unsatisfactory, particularly that of the chorionic villi, although for the most part these reach the high average noted in practically all the books brought out by these publishers.

We have carefully examined the entire volume with much pleasure and profit and therefore feel able to honestly commend it.

The Internal Secretions and the Principles of Medicine. By Charles E. de M. Sajous, M.D., Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, The Academy of Natural Sciences of Philadelphia, etc. Volume II. With twenty-five illustrations. Philadelphia; F. A. Davis Co. 1907.

Part II of this work has been promised to the profession for more than three years and was expected some time ago. The ideas advanced in the first part not receiving the general investigation anticipated by their promulgator, necessitated prolonged study and research by the author before the proper conclusions could be attained. Anyone reading the completed work will be struck by the novelty of the subject and the revolutionary character of the ideas herein adduced. Certainly, homoeopaths, of all others, must not decry a thing because it is new or revolutionary, especially when they consider the attitude of the general medical profession toward their own innovations in the past.

Stress is laid throughout the entire book of the great and hitherto unrecognized influence of the secretions of the ductless glands upon a great number of the bodily functions. There is a great mass of research incorporated into all of the chapters, all statements being vouched for as based upon original observations. The reviewer imagines that at present the average physician will prefer to obtain the gist of the book from shorter abstracts than to read the entire, somewhat bulky volume. The author is to be congratulated upon his work along heretofore too much neglected lines, and we feel that many of his discoveries are bound to be epochal

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McClure's Magazine for February is a very interesting number, and those of our readers who included this magazine with their 1908 subscription to the Gazette will surely be glad they did so. William T. Hornaday has an article on The Psychology of Wild Animals, William James an article on The Social Value of the College-Bred, and the fiction numbers are extremely good. Price, 15 cents per copy, $1.50 per year.

Surgical Applied Anatomy. By Sir Frederick Treves, Bart., G.C.V.O.C.B., LL.D., F.R.C.S., Sergeant Surgeon-in-Ordinary to H. M. the King, etc. Fifth edition, revised by Arthur Keith, M.D., F.R.C.S., Lecturer on and Senior Demonstrator of Anatomy at the London Hospital, etc. Illustrated with 107 figures, including 41 in color. Lea Bros. & Co., Philadelphia. 1907.

Dr. Arthur Keith of the London Hospital has thoroughly revised this well-known little book and made it accord with the results of the latest

investigation. Occupying a position on the border line between anatomy and surgery, it appeals to adherents of both departments as well as in some places to the pathologist. The preceding editions have well proven the manner in which the medical profession has accepted this product of the pen of a most brilliant surgeon. It does not appear in as attractive form as do many books from this house, but attractiveness is not a factor to one desirous of the contents. Essentially a handbook or manual, it contains a surprising amount of information that should be fully known by every operator.

The Elements of Homoeopathic Theory, Materia Medica, Practice and Pharmacy. Compiled and arranged from Homoeopathic text-books by Dr. F. A. Boericke and E. P. Anshutz. Second revised edition. 218 pages. Cloth, $1 net; postage 5 cents. Philadelphia. Boericke & Tafel. 1907.

We are not surprised to see a new edition of this book appearing, as in our estimation it is one that should be found in the office of every homoeopathic physician. Its position there will not probably be justified by its value as a reference work to the physician himself, although it contains a large amount of therapeutic information. What will give it value there, however, is its suitability for general reading by inquirers concerning homoeopathy and by prospective physicians. To medical students and young graduates it is also recommended. Within a small space we find descriptions of what homoeopathy stands for, of drug proving, of dosage and potency and of symptomatology, as well as a concise materia medica and a chapter on therapeutics.

Cosmetic Surgery. The Correction of Featural Imperfections. By Charles C. Miller, M.D. Including the description of a variety of operations for improving the appearance of the face. 136 pages; 73 illustrations. Prepaid, $1.50. Published by the author, 70 State street. Chicago, Ill.

To anyone particularly interested in the subject, this book will prove to be of value and service. It consists largely of the personal experience of the author in the treatment of facial defects and in his attempt at times to improve on nature. The subject has not in the past strongly appealed to the medical profession, but perhaps may become more important in the future.

THE MONTH'S BEST BOOKS.

How to Take the Case, Etc. Nash. 50 cents. Boericke & Tafel.

Diseases of Children for Nurses. McCombs. $2. W. B. Saunders Company.

Hospital Tr.-Sch. Methods, Etc. Aikens. $1.50. W. B. Saunders Company.

Diseases of the Heart. Von Jurgensen, Krehl and von Schrotter. Cloth. $5. W. B. Saunders Company.

Atlas and Text-Book of Human Anatomy. Sobotta. Cloth, $6. W. B. Saunders Company.

Reference Handbook of Obstetric Nursing. Wilson. $1.25. W. B. Saunders Company.

WASHINGTON HOME.—The annual report for 1906, which is the 49th such report, is at hand. This is an institution having as its particular object the reclamation of those who are commonly called inebriates. We find that from April, 1906, to April, 1907, 872 patients were admitted, 52 of whom were physicians, 42 lawyers, 12 dentists and 6 clergymen. Of this total number, 112 were suffering from delirium tremens; 402 were married, 470 single.

PERSONAL AND GENERAL ITEMS.

L. M. S. Miner, D.M.D., of the graduating class of 1907, B. U. S. M., has opened an office for dentistry at 211 Pierce building, Copley square, Boston. See professional card on page 6, this issue.

Dr. John S. Bishop, class of 1886, B. U. S. M., has removed from Astoria, Oregon, to Forest Grove, Oregon.

Dr. Mary L. Swain has removed from 178 to 222 Huntington avenue, Boston.

Dr. Halbert C. Hubbard, class of 1906, B. U. S. M., has opened an office in Hudson, Mass.

Dr. A. T. Lovering, 10a Park square, Boston, librarian at Boston University School of Medicine, will assist the profession in research work, preparing papers, writing up cases, making abstracts and tabulations, obtaining statistics. Manuscripts revised, edited and typewritten, proof sheets corrected.

Dr. Anne E. Perkins, M. U. S. M., '97, who has been for the past year acting as interne and assistant at the Gowanda State Hospital, Gowanda, New York, has recently received promotion to the next higher rank. Dr. Perkins recently passed the New York State Board examinations with a very exceptional credit and has been devoting her time largely to laboratory work in pathology and in special investigations of the algae.

Dr. Jennie E. Purmont, B. U. S. M., '02, who recently opened an office in Brooklyn, N. Y., has received the appointment of assistant physician in the State Hospital for the Insane at Norwich, Conn.

Dr. R. W. Hayman, B. U. S. M., 1905, who has until recently been associated with Dr. F. S. Eveleth of Amesbury, has removed to 638 Broad street, Providence, R. I., where he will engage in general practice.

Dr. Richard Blackmore, B. U. S. M., 1902, has located in Bellevue, Penn., a suburb of Pittsburg, where he is achieving a well-merited degree of success.

OBSTETRICAL APPOINTMENTS, MASSACHUSETTS HOMOEOPATHIC HOSPITAL.—The names of Drs. F. L. Emerson and George D. Bliss have recently been submitted by the Medical Board to the Trustees of the Massachusetts Homoeopathic Hospital for the two vacant position of obstetrician.

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery, such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of person who may give knowledge first hand.

Address Horace Packard, 470 Commonwealth avenue, Boston, Mass.

The Roxbury Homoeopathic Dispensary recently was given the services of Kellogg, "the bird man," who delivered a most interesting lecture for the benefit of the dispensary. Financially it was one of the most successful ventures the dispensary has ever undertaken.

Dr. Mary E. Mosher has promised to give, in the near future, a lecture on her experiences in Alaska, which bids fair to be even more successful than the lecture on birds.

The librarian of Boston University Medical Library desires to acknowledge, with thanks, the receipt of one dollar from each of the following named physicians: Drs. F. P. Batchelder, H. P. Bellows, V. T. Lathbury and George R. Southwick, for the Book Shelf Library.

Dr. Lucy Appleton has removed from 711 Boylston street to 479 Beacon street. Telephone Back Bay 1927-2.

There will be two vacancies, for two women graduates in medicine, in the Woman's Southern Homoeopathic Hospital, 724 Spruce street, Philadelphia. A salary and fine experience are offered. Term of service one year. For further particulars address Dr. Amelia L. Hess, 1911 Mt. Vernon street, Philadelphia.

The time is at hand for receiving offers of meeting places for the American Institute of Homoeopathy for 1909. Address such letters to Dr. Frank Kraft, secretary, 2055 East Ninetieth street, Cleveland, Ohio.

We regret to learn that Dr. Anna G. Colesworthy-Ohler, B. U. S. M., '78, died of diabetes mellitus in Portland, Me., December 3, 1907.

An article upon the Use of Medicine Locally in Gynaecology by Dr. George E. Percy, of Salem, has been unavoidably held over until the March number of the Gazette.

OPPOSITION TO OPTOMETRY.—The following circular has been distributed by the Boston Homoeopathic Medical Society, indicating its feeling toward the proposed bill for a Board of Registration in Optometry:

"In consideration of the proposition of the bill to establish a Board of Registration in Optometry, we, the Legislative Committee of the Boston Homoeopathic Medical Society, after careful examination, believe it would be subversive of the inalienable rights of the people and in no sense a controlling influence against pernicious methods.

"We are unanimously opposed to the signing of the postal card which has been sent out by the Massachusetts Optical Society.

S. H. CALDERWOOD,
FREDERICK B. PERCY,
N. EMMONS PAINE,
DAVID W. WELLS.

Boston, Dec. 23, 1907.

POSSIBLE PREMATURE BURIAL.—The London Lancet, quoting from one of the daily newspapers, reports that a woman on the continent was buried with a loaded revolver in her hand in order that she might use it if buried alive.

NEW BUILDING FOR THE ECLECTIC MEDICAL COLLEGE.—The Eclectic Medical Journal announces the construction of a new building in Cincinnati for the purposes of the Eclectic Medical School. The building will adjoin the Seton Hospital and will be devoted entirely to laboratory and to lecture work.

NEW HOSPITAL FOR PEABODY.—It is reported that there will be soon erected in Peabody a new modern hospital, three stories high, at a cost of about fifty thousand dollars, to consist of an administration building, operating room, laboratories and wards, each separate from the other.

Dr. Louise Ross, B. U. S. M., 1907, has opened an office in the Portsmouth, 1735 New Hampshire avenue, N. W., Washington, D. C. Office hours: 9 to 11 A. M., 4 to 6 and 7 to 8 P. M.; Sundays, 12 to 2.

INFANTILE PARALYSIS.—The Board of Health of Massachusetts has issued a circular to all physicians in the State, inquiring concerning any cases of anterior polio-myelitis (infantile paralysis) that may have come to their attention. On account of the epidemic of this disease in New York it is desired to obtain as much information as possible concerning the possible causation. The utmost co-operation should be offered by all.

The Gazette is informed that there is a good opening for a homoeopathic physician in one of the larger towns in Maine, and will be glad to communicate with anybody who might wish further information. A well-established practice and, if desired, office furniture, etc., can be obtained from the present incumbent, who is leaving for another part of the country.

CLUBHOUSE FOR DOCTORS.—The Boston Record of January 2 reports the formal opening of the clubhouse of the New England Association of Physicians at 669 Boylston street. The object of this organization is to draw into closer unison the medical and dental professions. It has already about 140 members, with a large waiting list. The object of the club is principally social, plans being made for billiard and pool rooms, bowling alleys, dining and reception rooms, smoking rooms, Turkish baths, etc. There will also be occasional papers upon medical and other subjects of general professional interest.

CHARLES MOHR, M.D.—Dr. Charles Mohr died suddenly upon October 30th, in Philadelphia. He left the Hahnemann Hospital apparently in good health, but being suddenly taken with an attack of angina pectoris, he died in the Jefferson Hospital within a few minutes of the time he arrived there.

Dr. Mohr was born in Philadelphia, 1844, studied under the preceptorship of Dr. E. A. Farrington, matriculated in Hahnemann Medical College in 1873, and was graduated therefrom in 1875. Since that time he has been active in all pertaining to homoeopathy in Philadelphia, Pennsylvania and in the nation. He was one of the founders of the medical dispensary and since 1901 was the head of the Hahnemann Hospital. As noted elsewhere, he was for years professor of materia medica and therapeutics in Hahnemann Medical College, a position from which he had withdrawn but a few months ago.

We remember the Doctor as a pleasant, jovial associate and a friend upon whom we could rely at all times. His loss will be felt, not only in his native city, but in the State and throughout the country.

INCREASED WARD RATES IN NEW YORK.—A number of the New York hospitals, among which may be mentioned the Bellevue, St. Luke's, Roosevelt and Presbyterian, have increased their rates for ward patients from $1 to $1.50 per day. Two reasons are given: One is the rapidly-increasing price of food and general hospital incidentals, whereby $1.50 means no more now than $1 meant a few years ago; the second reason for the increase is given as the increased wages of the laboring classes, permitting them to pay more than formerly.

THE IMPOSSIBLE ACHIEVED.—It is with much interest that we read of an article in one of the German medical journals which describes a cure for what the author calls "uncontrollable vomiting of pregnancy." This reminds us of the old conundrum of the effect of an irresistible force upon an immovable body.

DANGER FROM OYSTERS.—Dr. William H. Park, of the Bacteriological Laboratory of the New York Board of Health, has issued a statement, the object of which is to allay the somewhat exaggerated fear of oysters as the means of transmitting typhoid fever. This statement is to the effect that no more than .1 per cent. of cases of typhoid fever can be traced to oysters or other kinds of shell fish.

DR. BURFORD ON ANTI-VIVISECTION.—The Homoeopathic World devotes several pages to the full report of Dr. Burford's evidence before the Royal Commission on Vivisection. While we may not agree with the witness in all respects, his handling of the subject is certainly scholarly and his demonstrations of the desirability of human provers over animal experiments seems logical.

Henry Price, a retired professor of music, believes that he has discovered a way to photograph the soul and has asked permission to make experiments at Bellevue Hospital. The theory that the soul really exists, Prof. Price says, is borne out by the recent claims of two physicians that the body lightens immediately after death. His plan is to photograph the soul as it departs from the body with a number of quick shot cameras. It would be impossible, he says, to hypnotize the camera, as it records many things not visible to the naked eye.—The Medical Counselor, August, 1907.

QUIET ZONES.—The Board of Aldermen has passed an ordinance establishing "quiet zones" for hospitals in the city, to be indicated by signs at the street corners in the vicinity of these institutions. Under its provisions teamsters and motormen must conduct their vehicles through street blocks within these zones slowly and quietly and motormen may not ring their gongs except in case of danger. Children must not play in the streets, peddlers are forbidden to hawk their wares and no noise which might disturb patients must be made. The Health Commissioner first advised the placing of signs in the vicinity of the hospitals, and the ordinance was introduced and carried to a successful issue through the efforts of the newly organized Society for the Suppression of Unnecessary Noise. The superintendents of fourteen hospitals signed a petition for the passage of the measure and it also received the cordial support of the police department.—Boston Medical and Surgical Journal, July, 1907.

SIR ALFRED TURNER ON HOMOEOPATHY.—"Since I grew to years of discretion, I can hardly specify any remedy as my sovereign one—I should say, under fear of correction from the faculty, that allopathic medicine contains much poison, and, if freely and constantly administered, is more harmful to the constitution than even a too free use of alcohol. Homoeopathic medicine, on the other hand, contains infinitesimally small doses of poison, which can do no harm and often do great good, e. g., in the Soudan deserts in which I passed nearly a year. Aconite and Belladonna were my sovereign remedies for fever, which they almost invariably cured without leaving any of those evil effects which often follow the use of quinine."—The Homoeopathic World, August, 1907.

CURE FOR LEPROSY.—Duque gives the following reasons why the red mangle should be used in the treatment of leprosy:

1st. The red mangle (red mangrove), by its easy manipulation, by being easily administered, by being suitable to the patients and by the results thus obtained, is the best known remedy for subduing "leprosy."

2nd. The red mangle (red mangrove) seems to be a specific for leprosy when the disease is determined to be at its first period, and in its natural development, so to speak, we may say that 100 per cent. of the cases are cured in eight, ten or twelve months.

3rd. When the disease is at the second period, which we maay call the conditioned period, when the intestines have not been attacked by the disease or even lightly attacked, 60 per cent. of the patients are cured in a period which may vary from two, three, four and five years; but the patient may totally recover in half of the time above stated. The 40 per cent. thus remaining will improve more or less, depending entirely on the condition of the patient and his organic vitality.—American Journal of Dermatology.

EFFECTS OF DUST IN DISEASE.—Brooks, in an article upon the Effects of Dust on the Human Organism, draws the following conclusions:

1. Dust in itself is productive of serious disease conditions, particularly of the respiratory and digestive tracts.
2. These primary conditions predispose to secondary lesions, particularly to pulmonary and lymphatic tuberculosis.
3. Many contagious and infectious diseases are transmitted through the agency of dust.
4. In a city the size of New York the production of large quantities of dust, often of a highly dangerous character, cannot be prevented.
5. Dust can in most instances be relatively, easily and economically collected and disposed of and the production of unnecessary dust can and should be prevented by properly framed and enforced regulations.—The Dietetic and Hygienic Gazette.

CURE FOR THE OPIUM HABIT.—It is reported that a native cure for the opium habit has been introduced into Southeastern Asia, and is giving quite satisfactory results. It consists of an infusion of the leaves of combretum sundaicum, which is mixed with a certain amount of opium. The ultimate efficiency of the preparation still remains in doubt.

TREATMENT OF ARTERIOSCLEROSIS.—To recapitulate: prophylaxis by diet, baths, rest and fresh air exercises; elimination by arsenic inodite, veratrum virade, magnesium sulphate; stimulation by strychnine and nuclein. These are general rules and individual cases require thought and judgment both as to other drugs and dosage, but the basic principle is the same. If we handle these cases with care, no man should die as a result of arteriosclerosis before the alloted three score and ten; and we, as a profession, will have met one of the conditions and requirements of the times.—Kirby, Therapeutic Medicine, September, 1907.

COURSE IN BACTERIOLOGY.—The course of lectures in bacteriology given to the junior class of the Boston University School of Medicine will, by request, be open to any graduate of the school or any member of the Massachusetts Homoeopathic Medical Society. The only requirements will be registration. no fee being made. The lectures will be given Tuesdays, Wednesdays and Saturdays of each week, beginning February 1 and continuing throughout the school year. They will cover bacteriology, haematology and general clinical microscopy, as well as bacterial therapy and the use of the opsonic index. Details may be obtained from the school office.

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ORIGINAL COMMUNICATIONS.

THE PREVENTION OF UNNECESSARY BLINDNESS.*

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Three questions naturally come to mind in discussing such a subject as this. First, is there any unnecessary blindness? Second, how much? Third, to what extent does its prevention devolve upon physicians?

Only one cause of unnecessary blindness will be discussed here, that attacking infants, ophthalmia neonatorum. To most of you it will be surprising, because of the few cases that you have probably seen personally, to know that between 20 per cent. and 25 per cent. of the inmates of the schools for the blind in the United States are there because of unnecessary blindness. The places from which these cases come are, of course, largely the tenement house population where physicians are only rarely called for obstetrical work, and the remote country districts which are proportionally more prolific, especially in New York State, in sending blind to our homes and asylums than are the teeming tenements of our largest cities.

You may say that the cause and prevention has been so thoroughly taught in most of the medical schools for the last quarter of a century that it seems impossible that this should be so. What are the facts? In the year 1906, 7% of the blindness of New York State was due to ophthalmia neonatorum. The United States census for 1900 shows that 3,935 of the totally blind and 3,432 of the partially blind were so at birth or became so under one year of age. These 7,367 persons, whose vision was lost or impaired before the completion of the first year, represent over 11% of the total number of the blind in the United States. If you exclude congenital defects, accidents and operations, there are still 2,556 who lost their sight after birth and before the end of the first year.

In 644 or 25 2-10% of these cases the loss was practically due to ophthalmia neonatorum.

*Read before the Boston Homoeopathic Medical Society.

The report also says that this disease, which is malignant, attacking the infant at birth or immediately after, resulting in total destruction usually of both eyes or very severely impairing their vision, is now considered preventable and if proper measures had been instituted at the time of birth few or none of these cases would have occurred. This statement by a department of the Federal Government, which had carefully studied the facts, deserves most serious consideration.

Last year the mid-wives attended 42% of the 100,000 and more of births reported in Greater New York, and, although 16 states have enacted the Howe law, among them your own, requiring mid-wives to report the existence of ophthalmia neonatorum to the authorities, this is rarely enforced, or, if the case is reported it is at so late a period that the eyes are lost before effective measures are taken.

In New York State, with whose records I am more familiar than those of other states, it has been ascertained that in the State School for the Blind at Batavia, of the 149 children, 39 of them are probably blind from this cause. For the four preceding years ending in 1905, 25% of the whole number of each new class in this institution was blind from ophthalmia neonatorum. In an examination made by the writer, of the 17 children in the Home for the Blind of the Sunshine Society in Brooklyn 13 were found to have lost their vision before they were one year old from ophthalmia neonatorum.

"In the State of Massachusetts, among the 3,806 blind registered by the Commission for the Blind on January 1, 1907, 661, more than 20%, had become blind before their 5th year. If we excluded ulcerative conditions due to bad hygiene and insufficient nourishment, which ought to be controlled, and the small proportion of congenital defects, we can safely assume that 10% of this number in enlightened New England have given their eyes as a sacrifice to ignorance and neglect."

If we add to these the long list of those who have had their possibilities of usefulness curtailed through defective vision, by corneal scars, the trail of this disease becomes very long.

In some recent figures given by John E. Weeks, of New York, it is shown that over 5-10 of 1% to 2½% of children born have ophthalmia neonatorum and in 80% of the cases both eyes are affected. In a list of 400 cases of ophthalmia between 60 and 70 suffered permanent impairment of vision.

While you may question as something of an overstatement that as many as 7-10 or 8-10 of the male adults of New York City have been afflicted with gonorrhea at some time in their lives, as Nöggerath states, still your surgeons and paedologists find the gonococcus so prevalent that in the wards of the Buffalo General Hospital a few years ago it was found that there was not a female child that did not show its presence in its vaginal secretions. This being so, it cannot be denied that every child comes into the world

through a medium that is far from aseptic. The vaginal germs find their way into the child's eyes, and, if they are not gotten out or their vitality destroyed the eyes are seriously menaced. It is well known that they can be gotten out if taken early enough by the use of various solutions, even as weak a germicide as boracic acid being effective. Crede's 2%, or even a 1% of nitrate of silver is, of course, very efficient. Arygyrol, protargol and bi-chloride of mercury may be effectively used as a gonococcocides to give the child a chance to save its most precious possession, sight.

It has been demonstrated over and over again that in a very large proportion of these cases almost total prophylaxis is possible, and in a few cases in which the gonococcus escapes the lavage or the first installment of the drug early subsequent treatment destroys them. It is only in the intra-uterine cases or in infants of very low vitality that the loss of an eye is ever necessary. In the Brooklyn Nursery and Infants' Hospital where infants are received from a few days old up to 2½ years we have usually had annually from three to five cases of ophthalmia neonatorum, and have not in over twenty years lost the vision of a single eye where there was any sight when the child was brought in.

Another phase of this question that should interest us as physicians in charge of the health of the community is the economic side affecting the state, and the individual. Here is a helpless infant, whose entrance into the world entitles him from his very helplessness to the utmost protection that can be given. The state protects a minor child in his rights of person and property and will not allow his parents or guardians to maltreat or starve or abuse him or misappropriate his estate, if he has one. He is not even permitted to labor while of school age and be deprived of the privileges of education, thereby losing a right to which the state considers him entitled.

In New York State it costs $350 per capita annually for the education of its blind children, or a total of more than $100,000, and, if the blind citizen is a dependent throughout a long life, the cost of maintenance is not less than $10,000. If, as we have shown above, about 25% of this sum could be saved, or, in other words, that of the 50 schools for the blind in the United States where the sum appropriated annually for the support approximates nearly $2,000,000, the unnecessary blindness were excluded, the saving to the United States would amount to $500,000, and many times that sum to the economic value of the commonwealth in turning an expense into a revenue.

The state takes measures to protect its citizens from smallpox, cholera and other germ diseases. Is it not time that the public sentiment is aroused to the fact that here is a disease that should receive the attention of the state for its protection?

How can this protection of the infant be brought about by the state? First, by placing in the hands of those in attendance on the mother and child the proper means for preventing ophthalmia

neonatorum; and, secondly, by giving warning of the danger and holding those in charge strictly responsible for damage resulting from neglect.

As previously stated most of these cases occur at two points—in the remote country districts where mothers are attended by relatives or others ignorant of the dangers to which an infant's eyes are subjected; secondly, among the tenement house population of our large cities. In the former of these classes the doctor is not expected to make a second visit after the baby is born unless severe illness supervenes, and in the latter the attendant is a mid-wife. These physicians and others who are compelled to practise obstetrics in this lax method because of the inability or failure of parents to properly compensate them for proper treatment, should protect themselves by leaving instructions or leaflets for the proper care of the infant's eyes, while mid-wives should be properly instructed, and only those allowed to practise mid-wifery who are properly instructed and licensed.

If the state deems it wise and proper to protect its citizens by furnishing them with antitoxins of various kinds, it certainly should find it for the public weel to furnish through its health departments, state or city, such prophylactics as will make ophthalmia neonatorum impossible.

The state must here as well as elsewhere protect itself from the careless, the indifferent and the ignorant and by proper penalties compel them to give proper attention to these cases, where an appeal to their humanity is in vain. So urgent does the New York State Commission for the Blind deem this matter of unnecessary blindness in that state and, in fact, throughout the United States, that its president, Dr. F. Parke Lewis, of Buffalo, has been making a most active propaganda in the profession and among those who are active in caring for the blind in the respective commonwealths of the country for aid in disseminating knowledge of this disease and the methods by which it can be prevented and to secure the cooperation in the widest publicity of these facts through medical and lay organizations generally.

Of course, in such matters they must rely chiefly upon the physicians to be the leaders in the movement.

So well has he presented his case that the American Medical Association, the British Medical Association, The American Association of Gynecologists and Obstetricians, The Academy of Ophthalmology and Oto-laryngology, The American Ophthalmological Society, The American Public Health Association, as well as several State Societies, have appointed committees to aid in every way the State Commissions for the blind and the Health Departments in widely spreading this knowledge among the public. So necessary did the American Medical Association deem this work that it appointed a committee consisting of an ophthalmologist, an obstetrician and a sanitarian, to draft suitable suggestions, which are as follows:

1st. That each state and federal territory enact laws placing the supervisory control and licensure of mid-wives in the Boards of Health, requiring that they be examined and registered in each county and that they be required to immediately report each case of ophthalmia occurring in their practice under penalty, if found guilty, of forfeiture of their license and a fine.

2nd. The distribution by Health Boards of circulars of advice to mid-wives and mothers giving instructions as to dangers, methods of infection and prophylaxis of ophthalmia neonatorum.

The preparation and distribution by Health Boards of ampoules or tubes containing the chosen prophylactic. For mid-wives, 1% solution of nitrate of silver is almost universally recommended by obstetricians and ophthalmologists. For physicians the Credé solution which should consist of a 2% solution of chemically pure fused nitrate of silver. If used as directed by Credé, one drop from a glass rod, it is free from excessive irritation and absolutely safe. To insure purity of the drug and accuracy of dosage the Credé solution should be given freely to physicians who make application therefor. This, however, should be merely advisory. The Health Departments and the physicians should be free to use such a prophylactic as they may deem best.

3rd. The periodic report to the Board of Health by all physicians engaged in obstetrics of the number of cases of ophthalmia neonatorum that has occurred in their practice, whether or not a prophylactic was used, if so, what, together with the result.

4th. The appointment of committees through the various state and county societies whose co-operation would make concerted action possible.

And now, members of the Massachusetts Homoeopathic Medical Society, if these facts have appealed to you as pertinent and ready for action as they seem to one who has studied them carefully, I would suggest that you take suitable action in regard to this matter at the earliest possible time.

TRAINING IN MEDICAL ORGANIZATION.—The students of the University of Pennsylvania Medical School have formed an organization the purpose of which is to acquaint the undergraduates with the workings of the American Medical Association, after which it is very closely modeled. The various student societies take the place of the State organizations and elect members to a house of delegates, which transacts all the business of the association. An annual meeting is held, at which papers are read by chosen members, thus encouraging original research and a scientific spirit. The organization is named the Undergraduate Medical Association of the University of Pennsylvania and already has over two hundred and fifty members.

THE INFINITESIMAL DOSE IN MODERN THERAPEUTICS.*

By GEORGE R. SOUTHWICK, M.D., L.R.C.P. London, M.R.C.S. England.
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Biological research for the treatment of disease has been conducted in the most painstaking manner since the discovery of antitoxin for the cure of diphtheria. It was found that if the bacterial poison, *i. e.,* toxine, of diphtheria were injected into the blood of an animal, as the horse, and if after a time the animal was bled, the serum separated from the blood had the capacity of neutralizing the bacterial poison or toxin of diphtheria. Such a serum is called the antitoxin of diphtheria. Chemistry has not isolated the active principle of the antitoxin nor has the microscope revealed it, but as a working hypothesis it is assumed that the active principle of the antitoxin, or the effect produced by it, is due to the presence of so-called antibodies in the serum.

The discovery that a pathogenic germ produced a toxin which poisoned the infected organism and which subsequently also produced an antitoxin antagonistic to the germs originally infecting the organism aroused the most intense interest both in the study of cell life and in the possibility of finding specific remedies for infectious diseases.

The antitoxin is antitoxic, especially toward the toxin of the germ producing it, *i. e.,* the antitoxin of diphtheria would have little if any effect on tuberculosis. It is also important to note that the effect of antitoxin is to destroy the toxin of the germ producing it, or to render the organism immune to those germs. Antitoxin has little, if any, effect on pathological conditions already produced by the germ.

A point of interest here is the discovery of a *single* remedy derived from the toxin producing the disease and that it is a remedy in the nature of a specific for that disease.

The experimental work on various antitoxins showed that they were closely associated with the formation of so-called antibodies in the blood. These various antibodies are discovered only by certain delicate biological tests and exhibit certain reactions by which they are classed as antitoxines, bacteriolysins, bacteriocidins, agglutinins, haemolysins, precipitins, *etc.*

These results prove the presence of various agents in infintesimal amounts which nevertheless produce positive evidence of their presence.

The injection of any convenient amount of horse serum subcutaneously or intra peritoneally in normal guinea pigs produces no ill effect. If, however, guinea pigs are given a very small dose of horse serum, .0001 to .1 c.c., and if ten days or two weeks are al-

*Read before the Boston Homoeopathic Medical Society.

lowed to elapse and a second injection of 5 c.c. is then given, violent and characteristic symptoms are produced and are followed almost invariably by death within the hour.[1]

This is an illustration that the tissues of the body may be sensitized by these imponderable agents and that the tissues may be more susceptible in disease than in health to the action of curative agents.

Not only do these antibodies show peculiar, characteristic biological tests, but the blood of different animals acts differently when treated by these antibodies. A serum made from a rabbit, a goat or a sheep with the same toxin will produce different results in man.

This is only one of many illustrations of the susceptibility of the human organism to agents so minute that the mind scarcely can comprehend them.

It has been found that antibodies exist in the healthy human being independent of any germ infection, also that other substances than antitoxins derived from pathogenic germs will respond to biological tests similar to antitoxins. Notable instances of this are the snake venoms and ricin prepared from the castor oil plant.

This shows that the conditions of cell life which are called health or disease can be modified by agents in infintesimal amounts which may be entirely independent of germ life.

Is it not a fair inference that these antibodies are modified or produced or sensitized by changes of nutrition in the human organism and also by medicines in infintesimal doses not derived from any germ?

The precise nature of the way in which the antitoxin neutralizes the toxin or causes the destruction of the pathogenic germ producing the disease is not fully understood. The supposition is that the diphtheria toxin slowly decomposes into an innocuous material that neutralizes the toxin. Another theory is that antitoxin does not react chemically with the toxin but acts similar to a dye when it becomes fixed in the fibre. These, however, are mere theories.

Ehrlich and his followers of the German school are of the opinion that the effects produced are of the nature of a chemical reaction,[2] explainable in part by the famous side chain theory of Ehrlich[3] which seems to be waning somewhat in popularity. It is at best only a working hypothesis.

Metschnikoff, the discoverer of phagocytosis, *i. e.*, the ingestion and destruction of bacteria by the polymorphonuclear leucocytes of the white blood corpuscles, declares that the effects observed are physiological and not chemical. Phagocytosis is not

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[1]Gay and Southard, Journal of Medical Research, May, 1907. Also The Medical Record, August 17, 1907, on "The Bearing of Anaphylaxis on the Antitoxin Treatment of Diphtheria."

[2]Immune Chemistry, Arrhenius. 1907.

[3]Studies in Immunity.

by any means so simple a process as was supposed at first. Its problems are among the most difficult in the science of biology, and at present they occupy the center of the stage in this form of research. It is not unlikely that the truth lies in both processes, *i. e.*, that the chemical changes in germ products, toxins, sera, blood corpuscles, or in metabolism, lead to changes in processes of a physiological character.

The chemical action is seen in the making of various toxins, vaccines, sera and antitoxins with the reactions of haemolysis, agglutination, precipitation, *etc.* The physiological effect is observed in the varying phenomena of phagocytosis, which is the chief, if not the only means, nature has to combat the more common surgical infections, such as tuberculosis, colon bacillus, streptococcus, staphylococcus and gonococcus. Whatever the process be, chemical or physiological, it is most subtile, attended by changes produced by minute agencies which we may label theoretically, antibodies, antitoxins, or any other name suggesting their action, without discovering the antibody by the microscope, or revealing it by chemical analysis. Whether these investigations will ultimately introduce a new law of cure or confirm an old one remains for the future to determine.

An interesting discovery of a medico-legal character, rather than of therapeutic importance, is the precipitine test for blood, so delicate that the reagent is unknown but the result is so positive it may hang the criminal.

If the serum of one species of animal is injected into an animal of a different species, the serum of the animal injected gains the power of producing a precipitation when added to the serum of the animal of the first species. To illustrate, if the blood serum of a man is injected into a rabbit, the serum of that rabbit will produce a precipitate when added to any human serum.

Halliburton remarks concerning the value of this test for the identification of blood stains are as follows: "To discover whether the stain is blood or not is by no means a difficult problem, but to distinguish human blood from that of the common mammals is possible only by the biological test. The great value of the test is its delicacy. It will detect specific blood after it has been dried for weeks, or even when it mixed with the blood of other animals."

There is reason to believe that these researches will give us important aids to diagnosis. It is needless to call attention to the use of the reaction produced by tuberculin in tuberculous individuals as a means of diagnosing tuberculosis in doubtful cases. The test has the merit of reliability, but the reaction may be disagreeable for the patient. A newer and much simpler test for the general practitioner is reported as follows.[1] A drop of Koch's tuberculin is used as a vaccine, similar to ordinary vaccination. If the individual is tuberculous, a slight inflammatory reaction

[1]Medical Record, October 5, 1907.

occurs, lasting about a week. This method has been modified by making a 1:100 aqueous solution of the tuberculin, and a drop of this instilled in the conjunctiva produces a painless conjunctivitis which disappears in twenty-four hours if tuberculosis is present. If the reaction takes place, it has a positive value for the diagnosis of tuberculosis. The failure of the reaction unfortunately is not proof of the absence of the disease.

Chantemesse describes in the Deutsche medizinische Wochenschrift, Sept. 26, and Oct. 3 and 10, 1907,[1] a similar method of diagnosing typhoid fever by dropping on the conjunctiva an infintesimal dose of an aqueous solution of dried and triturated typhoid bacilli. The reaction is similar to that of tuberculosis. There is little or no reaction if typhoid is not present. If typhoid is present, the reaction is pronounced and lasts from one to three days. No unpleasant results followed in two hundred applications. The reaction was positive in seventy cases of the disease and negative in fifty non-typhoid cases. In some cases the reaction was obtained earlier than the aggultination test. These various reactions for the detection of tuberculosis and typhoid await further confirmation as to their reliability for diagnostic purposes, but in any case they illustrate the wonderful susceptibility of the human organism to imperceptible agents.

Widal's test for typhoid fever is another example of a biological reaction in the presence of a very dilute reagent. A dilution of one to one million has been known to show a positive reaction.

Biological reactions with infinitesimal doses promise to be of some value for the diagnosis of rheumatism of gonorrhoeal origin and for the diagnosis of obscure cases of syphilis, but the methods for the latter described by Wasserman and Meier in the Deutsche medizinische Wochenschrift of August 8, 1907, are too technical except for laboratory experts. An article by Fleischmann and Butler on the same method of diagnosis appeared in the Journal of the American Medical Association of September 14, 1907.

It is interesting to note that the serum of the human exhibits a bactericidal action on most germs, due, it is thought, to the presence of various antibodies which stimulate phagocytosis and thus destroy bacteria.

This, together with local nutrition, is the basis of Biers' treatment of tubercular infections by hyperaemia. The infected area is artificially engorged with blood. Experiment has shown that the opsonic index in this area is raised and the process of phagocytosis is facilitated.

The practical application of these researches is encouraging for the cure of disease and also for the conferring of immunity.

Diphtheria is no longer a scourge. Tuberculosis has not been conquered, but positive results in diagnosis and substantial benefit

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[1]Medical Record, November 2, 1907.

in treatment have been obtained. Colon and other infections producing boils, carbuncles, and other surface infections, are also amenable to treatment by these new agents.[1]

Conferring immunity means the artificial production of antibodies in the blood which will enable the organism to destroy invading bacteria. Such immunity may be permanent, but is apt to be transitory, as the antitoxin is eliminated quickly by the kidneys and the bactericidal properties of the blood interfere with the use of toxins. It is a method of prophylaxis already recognized and illustrated by the immunizing doses of diphtheria antitoxin for the prevention of diphtheria. The immunizing doses for the prevention of rabies is another illustration of the successful effect of a dose so infinitesimal the mind cannot comprehend it. Anthrax treated by Pasteur's method no longer decimates the flocks. Vaccination with cow pox, immunization of guinea pigs against tuberculosis, the conferring of immunity from typhoid, from cholera and from plague are other examples of the doctrine of immunity.

The conferring of immunity from fowl cholera in fowls is of interest. Gamaléia isolated from the intestines of chickens affected with a disease resembling fowl cholera an organism which he called the vibrio Metschinkovi. He succeeded in immunizing pigeons and guinea pigs (very susceptible to infection with this organism) by inoculating them with cultures of vibrio Metschnikovi killed by heat.[2]

The language is not quite clear, but if the report means that the animals were rendered immune to fowl cholera by an organism from a disease not fowl cholera but resembling it, the fact is of particular interest, as it illustrates the doctrine of similars.

In conferring immunity there is, as a primary result of the attenuated virus (vaccine), a lowering of the animal's defensive power and an increased susceptibility to infection. This is known as the negative phase of immunization. Following this negative phase comes the positive phase when the animal acquires resistance to infection.

If large doses are given of a vaccine or a toxine, the negative phase following it is marked and may be long continued. This is illustrated by the severe symptoms of illness which often followed the use of Koch's tuberculin when it was first tried, and it was proclaimed a dangerous remedy, even though it was used in minute doses. Little if any benefit resulted, owing to the persistence of this negative phase. If, on the other hand, very small or infintesimal doses of vaccine or toxin are given at occasional intervals, the negative phase is slight, of short duration, and is soon succeeded by a longer duration of the positive phase. There is, in other words, in this biological experiment a demonstration of ag-

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[1]Boston Medical and Surgical Journal, October 19, 1907.
[2]Jowett, Serum Therapy, 1907.

gravation from the use of large doses used in a way analagous to the law of similars and of the better or curative effects from small or infintesimal doses, not repeated while improvement continues. It is also a reason why the former treatment of tuberculosis with too strong tuberculin was not satisfactory.

The discussion of the activity of infinitesimal substances cannot be dismissed without reference to the opsonic method of treatment which employs more minute doses even than the methods described. The general principles of treatment resemble those of serum therapy, except that the substance used seems to be infinitesimal doses of the toxin producing the disease instead of the antitoxin. In other words, very minute doses of the toxin, or something very similar to it, which produces the symptoms, are used to cure them. It again illustrates in another way the principles already mentioned but with tests of greater delicacy and accuracy with the aid of the opsonic index. The negative phase is of special interest, as it proves how even minute doses may aggravate the symptoms and that still more minute doses may prove more curative.

The opsonic index promises to be helpful in the diagnosis of tuberculosis and various writers have called attention to its special importance, as such a diagnosis is thought to be possible at a very early period of the disease when early diagnosis means the saving of life. It also avoids the objections to inoculation or vaccination as blood taken for estimating the index also serves for the purpose of diagnosis. MacArthur and Hollister in a valuable contribution to Bacterial Vaccine Therapy in Surgery, in the October number of Surgery, Gynecology and Obstetrics of this year, report seventy-five cases examined in this manner for tuberculosis. The clinical and opsonic index diagnosis agreed in ninety-five per cent. of these cases.

Normal human serum contains numbers of antibodies which exhibit a bactericidal effect on infecting germs. The presence of these antibodies maintains the balance of health against disease. If the organism is overwhelmed by an infection, recovery depends on whether the antibodies can be multiplied or whether they can render the infecting bacteria more ingestible by the polymorphonuclear leucocytes. The opsonins accomplish this object along definite lines with certain limitations. The opsonic index of the individual varies at different times and is not a constant factor except within certain limitations. It also varies at the same time with different germs, *i. e.*, the serum will show one index with tuberculosis, another with the colon bacillus, and yet another with typhoid. The index may be high with one organism and low with another. The opsonic index in a general way is an index of latent resistance to a particular germ and not of changes already wrought by that germ. A rise of the index only holds good for the corresponding germ. Prognosis based upon it must be guarded, as a rising index may show destruction of the invading germ, but the morbid re-

sults of that invasion or other complications may at the same time destroy the patient's life.

Prof. Ritchie wrote: [1]"From the standpoint of pathology generally, the most important aspect of the modern work on infection is that processes have come to light relating to the interactions of the bodily cells which may shed light on other morbid conditions besides those caused by the invasion of parasitic organisms." Virchow declared that disease is but life under altered conditions, an echo of Hahnemann's statement made eighty-four years previously. These recent and exact studies in biology on the life history of the cells of the body lead us back to the consideration of forces which bear various labels, such as vital force, body resistance, antibodies, opsonines, *etc.* Any of the labels may drop off or be changed, but the presence of some form of force or substance remains which maintains the balance of health against disease.

In all these biological investigations on the use and nature of antitoxins, vaccines, sera, *etc.*, the conferring of immunity, the problems of phagocytosis and especially the remarkable discovery of Sir A. E. Wright, known as the opsonic treatment, there are certain facts demonstrated beyond question which may be summed up as follows:—

I. The use of a single remedy prepared from a germ or toxin producing a disease which has a specific action on that particular disease.

II. The proof of positive effects from infinitesimal doses only occasionally repeated.

III. The demonstration that stronger doses or too frequent repetition causes aggravation of the symptoms.

IV. The demonstration that an infected organism may become sensitized.

V. The demonstration that immunity can be conferred on the healthy organism by minute doses used according to a definite rule, apparently a rule of similars.

VI. The demonstration that an imponderable substance is capable of various reactions and of increasing phagocytosis if used for the destruction of germs which produce that substance.

VII. Substances, other than those derived from bacteria, have produced reactions resembling those produced with toxins.

These are not theories, but are facts well established by biological experiment. They show that the treatment of disease by infinitesimal doses is entirely compatible with the scientific practice of medicine. They seem likely to modify the methods of treatment previously employed and to introduce new conceptions of remedial agents. It should be remembered that biological re-

[1]Allbut's System of Medicine, Vol. 2, 1906. Chapter on The General Pathology of Infection.

search in this direction is comparatively recent, and final conclusions are not yet drawn.

It is a reasonable expectation that where so many products of bacteria show the same general biological effects on diseases corresponding to those bacteria, it must depend on some law of cure rather than on chance. The facts rehearsed and the doctrine of "similia similibus curantur" are so analagous as to appear identical, but they are examples of isopathy if strictly interpreted. The difference is not important compared with the demonstration of an important fact, *i. e.*, the positive results produced by the use of extremely minute doses which cannot be detected by the microscope or by chemical analysis. The small doses used by the homoeopathic physician have been a great stumbling block to the acceptance of the truth of their efficacy, but science has now shown the positive curative effects of these minute doses.

It is claimed that opsonic treatment is only applicable to the treatment of infectious diseases by the corresponding toxines. It is well known that the behavior of an infected organism towards the infective agent depends on capacities normally concerned with nutrition and that a large number of antibodies protect the healthy body from invasion. If homoeopathic remedies affect the nutrition of cells, then these in turn affect the production of those antibodies existing in normal human serum independent of infection, and these remedies in turn can be tested by the opsonic method.

In a case of chronic diarrhoea, the writer, with Prof. Watters, made a series of careful examinations of the opsonic index and the reaction to the colon bacillus following the hypodermic administration of Natrum Sulph. These reactions were very pronounced.

If further investigations show that remedies administered homoeopathically do raise the opsonic index and cure the patient, there is question whether or not the essential identity of the two forms of treatment is established. If the opsonic index proves susceptible to the action of medicine, may it not be in some measure a demonstration of the correct selection of the remedy and prove scientifically that homoeopathy really represents what our lamented Dunham wrote, the science and art of medicine?

THE TUBERCULIN EYE TEST.—This diagnostic method, because of its simplicity and harmlessness, will prove of the greatest value to the profession, and particularly to pediatrists, by enabling them to make an early diagnosis in obscure or doubtful cases where for any reason it has heretofore been impossible to employ tuberculin either injected or inoculated through the skin. Cases of latent tuberculosis, of lymph node tuberculosis — bronchial, cervical and mesenteric — and of tuberculous meningitis can now be diagnosticated earlier than heretofore and therefore properly managed.—Archives of Pediatrics.

NATRUM MURIATICUM.*

F. M. PADELFORD, M.D.

This salt, highly appreciated by Hahnemann and his immediate followers, seems now to be regarded as of comparatively little importance as an homoeopathic remedy except as a medicine of possible value in the treatment of chronic malaria or the cachexia which results from a combination of malaria and quinine poisoning.

One lecturer on the homoeopathic materia medica states that "no drug can be a homoeopathic medicine unless it is a dynamic poison" and on these grounds he omits natrum muriaticum from the list of medicines upon which he lectures. This opinion, which is probably based upon the assumption that no substance commonly used as a food can be a poison—then a medicine—is without doubt similar to that which leads many others to regard the remedy with scant favor. We shall see how far these opinions are supported by fact. Boericke and Dewey tell us that "Natrum mur. promotes the activity of tissue change and increases the excretion of urea . . . . . That it acts upon the blood, lymphatic system and upon the liver and spleen, and the mucous lining of the digestive tract: causes a deterioration of the blood and other vital fluids partaking of a scorbutic nature, giving rise to inflammation going on to ulceration, and producing distinct dyscrasiae.

Dr. Hughes, treating of this same remedy, and commenting upon the results of the reproving by the Austrian Society, states that "the provers generally became constipated while taking the potencies; that the liver was usually somewhat affected, one prover having much biliary coloring matter in the urine; that the sexual desire was diminished and (in females) the menstruation delayed, that a weeping mood was induced in many; that pains in the thumb and forefinger were common, and the skin often showed signs of irritation especially in the form of herpes labialis."

He goes on to say that this is but little more than what had (already) been learned in regard to the action of salt from the symptoms experienced by those who had immoderately used it. He describes these as being "a scorbutic degeneration of the blood and tissues; various eruptions and ulcers upon the skin; polyuria, delay of menstruation, and in one man genital irritability with its accompanying depression."

Salt is not a poison in any proper understanding of this term. If the symptoms found in its pathogenesis were present only in those cases in which the potencies had been taken we should be justified in assuming that the process of potentization had developed properties hitherto foreign to it. But it appears that the

*Read before the Massachusetts Homoeopathic Medical Society.

symptoms resulting from the administration of the potencies are similar to, if not identical, with those which *do* result from the intemperate use of the crude substance.

So we seem obliged to accept the theory that the cachexia which the salt seems to produce is really a secondary manifestation of an earlier disturbance of nutrition.

It is of course quite possible that salt may be present in the body fluids in such an amount as to produce specific poisonous effects; yet it does not seem probable that we shall be able to differentiate between such and those which are really due to an actual disturbance in the molecular arrangement of the salt within the living cells.

There seems to be a general agreement that sodium chloride does stimulate tissue metabolism. If we may assume that such is the case, and that this salt is perhaps the most important single factor concerned in keeping this process at its maximum, we shall be able to see how the dyscrasia pictured in its symptomatology could well be produced. Increased tissue metabolism, the result of the natural demand consequent upon a reasonable exercise of normal functions, should result only in a simple increase in excretory products. The process here is but a natural one, and within reasonable limits tends only to improve one's condition of health. But, if we increase the supply of any one food element which stimulates tissue activity without at the same time supplying other foods necessary to preserve a physiological balance, are we not to expect that ultimately we shall find in the circulation, various imperfectly oxidized products, or products not normally present in the animal economy?

A healthy cell in the excretory system can be expected to select from the circulating fluids only such substances as are not too widely different from those found under normal conditions, and while living cells possess a considerable degree of adaptability, a continued subjection to an unnatural environment must sooner or later lead to disease.

Sodium chloride is a constituent of every liquid and solid part of the body. Considering it from the standpoint of its action as a stimulant of function, it logically follows that any excessive tissue change resulting from its presence, unless accompanied by an increase even in the available supply of oxygen, will lead to the elaboration of chemical products not found under healthy conditions, and if these suboxidized products are to be excreted it must in part be done through unnatural channels.

The catarrhal conditions of all the mucous membranes, and the various eruptions on the skin would seem to be the expression of Nature's effort to rid herself of the offending materials. But in addition to this it must be borne in mind that the dynamic disturbance in every living cell of which the salt is a normal constituent, still further tends to interfere with the physiological activity of the structures involved.

The mental depression and irritability, the anaemia and general cachexia, and the disturbance in the heart, liver, spleen, and lymphatic system may well be understood to depend both upon the disturbance in nutrition and upon the poisonous action of the retained effete materials as well. But that the primary cause of this whole condition is sodium chloride, must not be forgotten.

If there is any pathological condition described which bears a close resemblance to the pathogenesis of natrum mur., that disorder is the polymorphous complaint termed "lithemia," the symptoms of which Dr. Cowperthwaite briefly summarizes as follows: "Indigestion with the various gastro-intestinal symptoms usually accompanying such a disturbance . . . . . The patient is constipated and the liver inactive. There is great nervous irritability, depression of spirits, hypochondriasis, headache and vertigo. The pulse is usually slow, its tension increased, the aortic second sound accentuated, and there are paroxysms of palpitation of the heart. Tingling, numbness, anaesthesia, neuralgic pains and other nervous symptoms are common. The urine is scanty, high colored, of high specific gravity, depositing, on standing, a heavy sediment composed of mixed urates or uric acid, or both. This condition of the urine is not essential to lithemia and in some cases is entirely absent."

The symptoms peculiar to the gout, hay-fever, asthma, nephritis, and catarrhs, together with the various skin lesions which are thought to depend upon this uric acid diathesis, all find their most exact counterpart in the symptomatology of natrum muriaticum, and furthermore there are a considerable number of instances in which diseases, apparently similar in every way to the above, have been cured with homoeopathic preparations of this remedy.

Those who have assumed that if a drug would cause a certain pathological condition it could be depended upon to cure one of a similar character when due to disease, have met with many disappointments. Nevertheless, as homoeopaths, we seem to be justified in the belief that a medicine is capable of causing symptoms similar to any that it will cure. Reasoning from this standpoint we may assume that sodium chloride will cause symptoms similar to any one symptom or group of symptoms which it has actually cured.

The functions of the inorganic constituents of the animal body are as yet, to a considerable extent, hypothetical; but from repeated analyses of the animal fluids and of the excretions it is fairly certain that for the average person on a mixed diet, not more than a few grains of salt are needed daily; of this it is estimated that about two grains are necessary to cover the loss by disassimilation, this amount representing the nutritive salt. The quantity required in addition to this will vary according to the relative increase in the amount of vegetable food ingested; but it is hardly possible that the large quantity commonly used is either necessary or wise.

According to statistical data the daily consumption of salt in

Europe is on the average seventeen grams per capita. R. H. Chittenden states that "common usage frequently raises the amount consumed to twenty-five grams or more per day." (This in the U. S., I presume).

In view of the disparity between the amount of the sodium salt needed, and that not uncommonly taken, it would seem quite possible that cases of disease really due to the intemperate use of this agent might be much more common than we would at first suppose. Considering the probable complex evolution of *a* dyscrasia for which salt *is* at the bottom responsible, it may well be difficult to see, in any one phase of a chronic disorder, a sufficient number of characteristic symptoms to enable the physician to either identify the cause or to make an accurate prescription. If, however, the few symptoms which we are able to obtain are such as we should expect would follow an immoderate use of salt, and we find that this has been the patient's habit, it would appear as though we then had a tangible basis, for at least a tentative diagnosis, and possibly for treatment as well.

What the dietetic treatment should be in these, as in what are called uric-acid complaints, is not yet clear. There are to all appearances nearly as many theories in regard to diet as there are writers upon the subject. Further observation of fact almost daily demonstrates that some cherished hypothesis is erroneous.

Salt is a very necessary article of food, but the amount needed, as stated above, depends upon the character of other foods ingested. In vegetables there is present from 25 to 150 times as much potash as sodium; in meat only from 2 to 5 times as much. "Herbivorous animals have a strong liking for sodium chloride . . . . . but this is not true of carnivorous animals." (Chittenden).

In explanation of this it is assumed that there is an interchange between the potassium which is obtained from the vegetable food ingested, and the sodium chloride in the blood plasma, and, in consequence of this, the blood now contains chloride of potassium and sodium carbonate. The kidneys possessing the power of maintaining the same composition of the blood by eliminating any excess of normal constituents, excretes the excess of the now present sodium and potassium compounds, thus withdrawing from the organism both the chlorine and the sodium.

Accepting this as a possible, or even a probable explanation of the phenomena observed, it would at once seem rational to increase the vegetable income and thus rid the system of the offending sodium salt. But before doing this, the possibility of overtaxing an already functionally deficient kidney must be considered. When on a diet of bread and meat 6 to 8 grams of alkaline salts are excreted in twenty-four hours, but as vegetables are freely added to the diet the amount of the alkaline salts excreted is correspondingly increased.

The growing belief in the possible necessity for eliminating salt from the diet of a patient suffering from kidney disease emphasizes

a need for extreme caution in adopting any radical changes in the habits of eating. We grant that in such case the proteid intake should be reduced to a comparatively low level, but the possible consequences of an injudicious substitution of a diet containing a maximum of vegetable food must be borne in mind.

The practical application of all this, it seems to me, is about as follows: Herbivorous animals, under normal conditions, subsisting upon vegetable products, eat sodium chloride in response to their natural craving for it. Their food, under natural conditions, is necessarily taken in the form in which nature provides it. Man, on the contrary, eats very little food without previously adding such condiments as will make it palatable, or in other words, does not as a rule partake of salt—or anything else for that matter—in response to a natural craving for it. His appetite is almost wholly artificial.

If we may judge from observation of the habits of carnivorous animals, when meat is eaten there is no physiological need of salt. Then the beef of which we so freely partake is not enjoyed as beef, but as *salt* and beef,—with perhaps a little pepper.

Condiments are added to make otherwise unpalatable food pleasing to the taste and these products thus rendered acceptable are used in amounts altogether beyond reason. Then let spice be avoided. If in cooking an endeavor is made to preserve the original flavors of either meats or vegetables, or both, and when thus prepared are pleasing to the taste, there is little likelihood of intemperance in eating. If *then* salt is used because of a systemic craving for it, there is not much danger of harm from it.

Under such conditions as these, it seems reasonable to anticipate that the then natural appetite would lead to the use and enjoyment of food materials that are essential to the well being of that particular organism. Then both the sense of smell and of taste will have become man's servant, rather than what they now appear to be, *his master.*

We have yet to consider Natrum muriaticum as a medicine. Whenever as long continued intemperate use of table-salt has seemed to me to be a very probable cause of a patient's complaint; after first advising that he or she abstain as far as possible from the use of this agent, I have given repeated doses of homoeopathic attenuation of Natrum mur.

Fully recognizing the extreme difficulty of determining how much any medicine may have been responsible for a favorable outcome in a given case, I am yet sure that the sodium chloride used as above stated, has been of service in the curing of a series of diverse disorders, which *I* attributed to the abuse of this food condiment. Whether the favorable results apparently ensuing from this use of the remedy are to be explained upon the theory that the higher dilutions or potencies of any drug act as a dynamic antidote to the systemic effects of the crude substance, or whether

upon the biochemical hypothesis exploited by Schussler, I do not know.

Schussler's theory seems the most tenable, although his practice appears to be very largely a matter of empiricism, unless a symptomatology based upon some form of drug proving be depended upon to furnish the indications for the required tissue salt.

A craving for salt is evidently not generally recognized as a characteristic of this remedy. In Boenninghausen's Pocket Book only Cal. c., Carbo Veg., Causticum, Con., Nit. ac., Phos., and Vertr. a., are given as having the symptoms. In Boger's larger work Arg.-n., and Thuja are also given, but not the Nat. mur. Boericke, H. C. Allen, Hering, Boericke & Dewey, and Nash do give this as a symptom of Nat. mur.

As a symptom expressed as "a craving for salt" it is apparently of no unusual significance. But, if as a result of such a craving, salt is eaten in immoderate amounts, it is possible that the value of the symptom is much enhanced.

Frequent cold catching without apparent cause should suggest the remedy, as should either an aggravation or an amelioration at the seashore. Loss of taste and smell is said to be characteristic. In one case in which the medicine seemed to act very favorably, I gave the remedy regardless of an opposite condition—a hyper acute sense of smell. The taste was impaired, not lost.

The mental symptoms are similar to and should be compared with those of Ignatia and Pulsatilla.

The headache in the forehead "with a feeling as if it would burst, when coughing," is not unlike that of Bryonia. In one case of influenza, the absence of smell and taste with just this kind of headache, seemed to me to indicate Natrum mur., which I gave, but with negative results. Bryonia relieved the headache almost immediately and the other symptoms in a comparatively short time.

The fissured condition of the lip suggests the need of a comparison with Nitric acid.

The follicular pharyngitis accompanying a hemmorhoidal condition, and with a pain low down in the back, may find its remedy in either Natrum mur., or Aesculus-hip.

The digestive disturbance resembles that of Lycopodium, and Sepia.

In diseases of the chest, Dr. Brigham compared Stannum, Causticum and Phosphorus. Perhaps we should add Bryonia.

In the treatment of diseases peculiar to women it is even probable that Sepia is frequently prescribed when Natrum muriaticum should be given instead.

ECHINACEA AND A FEW OF ITS USES.

E. W. CAPEN, M.D.

Hunger makes the best sauce, and a graceful preamble sharpens the anticipation. Would that I might get you hungry enough for what is to follow, so that the sauce of your anticipation might lead you to overlook the defects and omissions in the paper I present!

No one questions the premise that we have abundant use for yet unheard-of treatments of disease, be they medicinal, mechanical, or chimerical; and could I present to you with sufficient clearness the uses of an herb, for which I do not claim infallibility, so that you will be led to work out your own and some of your patients' salvation, I shall have accomplished the purpose for which this paper was written.

This herb's place is not yet fully defined, but I hold that it is worthy a trial in selected cases, and by that trial we may soon come to recognize its exact sphere.

Echinacea angustifolia, using its full name, is one of the compositae, a plant with narrow leaves and purple cone-shaped flowers, which grows on the plains west of the Mississippi, and is known locally as the Black Sampson, Purple Cone Flower and numerous other characteristic but less elegant names.

The root is the part used in medicine, and from this is made the fluid extract, the tincture, and the various ointments and compounds. According to Potter it has no toxicology in medicinal dosage (what has?), it is eliminated perfectly, and leaves no after effects. The U. S. P. makes very little mention of it. It was introduced by Dr. Meyer of Nebraska to the physicians of the electic school, but now is used by physicians of all schools. It is used internally, externally, and by some eternally. The Sioux Indians used it as antidote in snake-venom poisoning and Caucasians have now some records of exceedingly creditable results obtained in such cases. The demand has been so great that the supply is more or less likely to be adulterated or substitution practiced by irresponsible druggists. Various provings have been made, particularly by Drs. Fahnestock and Royal and these, together with clinical evidence lead to a belief that in any case presenting symptoms of sepsis Echinacea is a remedy to be considered. Sepsis in this connection I would have construed to include many forms of auto-intoxication as well as results of suppurative or ordinarily septic conditions. Syphilitic and scrofulous dyscrasias, and absorbtive toxaemias similar to conditions obtaining in prostatic hypertrophy with the accompanying cystitis are suggestive of the sort of conditions in which Echinacea may be useful.

Many of the old school writers evidently expect it to act in ulcers and suppurating states much as we expect Calendula to.

In septic abortions it has given me very pleasing results, and I place more and more confidence in it in such cases.

The first case in which I used Echinacea was that of an old man who came to me after his regular physician had given him up to die from septicaemia from absorption from the urinary bladder after twelve years of catheter life. His left foot and leg were tremendously swollen but there was no pitting, the swelling being very hard. Had had chills at times with following perspiration; was unable to walk and was subject to such severe pains that Morphia had been given continually. He was first put through a good course of Strych. phos. 2-4 and then put on Hexamethaline, 5 grs. twice a day to keep the bladder as innocent as possible. Following this he was given Echinacea tincture, 1 drop every hour, which was later increased to two drops. The result was not a complete cure in two days but in less than two weeks the pain ceased, appetite improved; in two months the swelling of the limb had softened sufficiently to allow walking in moderation, and from that time for 18 months he remained in comparative comfort. At times as special symptoms arose he was given other drugs, but usually his medication was as outlined above.

Of course I claim no cure, but life in comparative comfort for two extra years is well worth considering if the average man may be allowed to judge.

One other case of my own—Mrs. D. S. Taken suddenly with acute cramps and pains in abdomen, "low down," as she expressed it, with extreme soreness over both ovarian regions, and the uterine also, about five days after another physician had replaced a misplaced uterus with a sound. Had slight convulsions, ill defined; temperature, 100 deg. F.; pulse, 112. Could not bear weight of either bed clothes or night robe—profuse leucorrhoea, pain severe in lubar region. Gave Ech. tincture hourly the first day with pearls of amyl nitrite for convulsive attacks. Second day repeated same, and in five days pain was all gone, soreness largely gone and patient up and at work about the house.

Reports from other physicians show quite a variation in dosage and effect.

One reports relief and probable cure of a case of septic endocarditis after anti-streptococcus serum had been given in vain. Tincture used, 20 m.

One reports using it on himself for a crop of boils without effect. Strength and amount used not given, but material doses were taken. One reports apparent cure of a like case with the 200th.

One physician in Vermont, who has used it extensively for six years, says he has had uniform success and is especially pleased with it in cases of septic abortion or sepsis after labor.

A most interesting case of pyaemia was treated in Wesson Hospital, after 6 weeks trying other things unsuccessfully, by full doses of Echinacea tincture, with the result that chills, sweats, fever

and finally sickness ceased, and now the patient is well on toward recovery. This particular result has been questioned somewhat, because of a few doses of Sulph, given at one time.

Among the major symptoms collected by Dr. Fahnestock from 25 provers, including himself, are the following:—

Dulness in the head, with cross, irritable feeling. Confused feeling in brain, depressed afternoons. Drowsy—can't apply mind, restless, dull headache. Troubled dreams; severe headache in back of head, better on rest. Dull or sharp pain in eyes, worse reading. Stuffiness in nostrils, nose feels full. Face pale when head aches. Neuralgia of 5th nerve, tongue coated white, gas in stomach, metallic taste in mouth, anorexia, nausea, better lying down. Pain in right hypochondrium, abdomen feels full. Urine—pale, profuse, frequent. Increase of heart's action with anxiety. Pain in small of back, wrists, fingers and knees; cold feet, weakness of limbs, depressed, tired, exhausted, aches all over. Worse after eating; evenings, after physical or mental labor; better at rest. Chills run up back, cold flashes. Itching and burning of skin, pimples on neck and face. Diminution of red corpuscles.

A greater skepticism regarding Echinacea's alleged virtues exists near Boston than toward the west, traceable probably to the point of its origination. Accessible provings are believed by many to be none too reliable, and while we are willing to admit this, we can hardly hold ourselves aloof from its use until such time as its provings shall meet our full expectations. In all probability the symptoms we have at present of Echinacea are just as reliable as those of many a drug we now use freely and of whose proving we may feel quite well satisfied.

The concensus of opinion favors sixty-drop doses of the tincture, and in some cases I believe it best to increase this, and give it about four times daily.

I would not by any means neglect such accessory treatments as seem indicated in individual cases, such as irrigating septic cavities, flushing out the bowels, or any other proceeding suggested by common sense.

From my own experience, as well as that of others, I believe Echinacea to be a valuable acquisition to our materia-medica, and that after a careful trial on a few selected cases you will be unwilling to be without it.

FAKE MEDICAL AUTHORS.—We learn from the Maryland Medical Journal that the German medical press will soon be free from a nuisance which affects medical journalism everywhere, though it prevails most in Germany. The fake medical authors are to be blacklisted. With the assistance of the more important chemical houses the German Medical Editors' Association is preparing a list of the physicians who write articles recommending new remedies and receive pay for such services. The German medical editors will not print, abstract nor otherwise notice articles written by such authors.

THE USE OF MEDICINE LOCALLY WITH THE HIGH FREQUENCY CURRENT IN GYNECOLOGY.*

GEORGE E. PERCY, M.D.

In the pursuance of our work as practitioners of medicine, there is perhaps no special line of work which invites a more serious study than that of therapeutic measures applied to the pathological conditions in the practice of gynecology. In the various manifestations of diseases of the pelvic organs from a transient hyperaemia, manifesting itself in disturbances of the menstrual function, to the engorged and hypertrophied organs of advanced disease, dragging at their support, which must in time yield to the undue weight of the increased structure, there are innumerable grades of functional and organic expressions of perverted nutrition which tax the resources of our art in our effort to aid nature in restoring the parts to a normal condition. We have as yet but few drugs whose pathogenesis gives us anything like a satisfactory working basis for successful guidance in gynecological practice. In our most recent and very comprehensive provings of one of the most common drugs, belladonna, we find but scant reference to disorders of the female sexual organs in the 600 pages of test-proving records. Practically, about all that was recorded is the following:

The menses appeared in two to four days before due in five provers, with increase of pain and quantity on the first day; slight leucorrhoea before menses; slight tenderness of both of ovaries second day of menses; tendency to prolapsus with slight congestion; sensitiveness of organs to the touch; walking causes discomfort as if parts ulcerated.

This brief reference to the female sexual organs is indeed a meager report, but commendable in that brevity which gives no space to fanciful imaginings that have too often found place in our Materia Medica to the detriment of its manifest end—a guide to the selection of curative drugs. It requires but a casual study of the pelvic organs to realize how prone they are to take on congested and inflammatory states, owing to their position and relation one to another, as well as to the character of the blood supply. How many times have we observed the long array of symptoms traceable to a malposed organ! Let us for a moment consider briefly the history of a case of this kind from undue fatigue in one whose physical condition is below the normal. The connective tissue supports of the uterus are so modified as to favor a malposition. An over-distended rectum, menstruation and frequently over-fatigue, tend, one or all, to aggravate the condition by favoring the increase of congestion and interfering with the return circula-

*Read before the Massachusetts Surgical and Gynecological Society, November, 1907.

tion. Then follows inflammation with the resulting hardening or rigidity of the tissue from hyperplasia, with adhesions and permanent malposition.

Now the symptoms which might be noted in a case of this kind would possibly be something like the following:

Mental: Depression, anxiety.

Head: Headache paroxysmal at the menstrual period.

Pelvic Organs: Bearing-down sensation as if everything would protrude through the vulva; more or less leucorrhoeal discharge; menstruation delayed, scanty; sharp, cutting pain extending to the back.

Abdominal Symptoms: Feeling of goneness in the stomach, flatulence, constipation, and acute rectal pains.

These symptoms are doubtless recognized as belonging to sepia, a remedy whose efficiency in the functional disturbances of the female sexual organs is perhaps as little questioned as that of any of our better proved drugs. But it would not effect a cure in this case, unaided by other measures looking to mechanical relief of the structures involved, any more than would the most carefully selected remedy relieve a case of uterine hemorrhage depending on a polypus protruding from the cervix uteri. It seems to me a matter for sincere congratulation *that we who believe in the law of cure, as elaborated by Hahnemann,* are realizing more fully the necessity of looking beyond the symptom to its pathological significance. However happy we may be in the selection of a similimum, the fact remains that the law of physics, which tells us that a mechanical impediment can only be removed by force, must be respected; and therefore the necessity for a thorough examination, where there has been a history of persistent pain with disturbing function in the pelvic organs, need hardly be urged in these more enlightened days.

The diffusion of remedial agents into the body through the agency of the galvanic current (known as Cataphoresis) has been practiced by medical men for many years, but it has not found general favor in the profession. My attention was attracted to this work through an article appearing in a pamphlet issued in 1901 by Dr. Oehme from which the following:

As the galvanic current passes from the positive to the negative pole, some physicians are induced to place the medicine for introduction into the body always under the positive pole, supposing that the current will carry the medicine along on its passage. In order to examine whether this supposition is correct or not, let us rehearse how inorganic combinations are influenced by the galvanic current.

"If we arrange the elements in such an order, that we begin with the most electro-negative one and finish with the most eletropositive one, we have the principal elements in the following order:

"—Oxygen, fluor., chlor., brom., sodium, sulf., nitrogen, fosf.,

arsenic, aluminum, calcium, strontium, barium, natrum, kalium. Acids are electro-negative; alkalies, electro-positive.

As electro-negative bodies are attracted by the positive pole and electro-positive bodies by the negative pole, it follows that, for instance, in a solution of iodid of potassium (kali iodatum), when connected with a galvanic battery, the kalium (potassium) will go to the negative pole and the iodium to the positive pole.

Regarding organic bodies, like tinctures, dilutions, or pure alkaloids (not the salts), it has to be found by experiment under which electrode to place them. The alkaloid salts, however, like morph. acet., cocain hydrochl., eucain hydrochl, atrop, sulf, etc., have to be placed under the positive electrode (pole), because the acid, being attracted by the positive pole, will remain there, while the alkaloid (the base), being repelled by the positive pole and attracted by the negative, will have a tendency to pass into or through the body."

For a time I made use of this suggestion, trying various indicated remedies with the galvanic current; but as the polarity of the drugs must be determined experimentally, and as my facilities for ascertaining this property of the drugs were limited, I secured but very indifferent results. In the more recent development of electrical appliances, notably the high-frequency coils, as well as the various transformers used with the static machines for generating the high-frequency currents, we have a very different proposition to consider, and, owing to the enormous number of oscillations per second which these currents excite, it is not only possible to bring about positive anabolic and katabolic changes in diseased structures, but it also enables us to apply our specific medications by means of these highly-active and deeply penetrating ions.

Professor Crook, in his recent work on High-Frequency Currents in speaking of the phenomena of electrical osmosis, says:

"This peculiar property of alterating currents is of great practical interest, as it affords an explanation of the katabolic phenomena and the movements of the ions on the one hand, and of the resolution of tumors, chronic indurations and exudation under electrical treatment, on the other."

And further, "The action of the currents upon the vaso-motor nervous system can be directed against diseases arising from the functional aberrations of the general sympathetic system. So also can effluvation of the spine be employed to raise blood pressure in all morbid and depressed states in which such a procedure is indicated; while the tonic effects of the discharge on contractile structures, more especially the smooth, muscular fibers, can be brought to influence the hollow viscera and glandular organs and excite them to a more healthy action, such as in dilatations of the stomach and intestines, constipation, bronchiectasis, chronic splenic, and hepatic enlargements, etc. The effect of local discharges on germ life suggests their utility in both general and local diseases of bacillary origin. So likewise does the advantage to be derived

from cataphoretic treatment brings to mind a multitude of diseases that can be treated with great benefit by local medication."

I believe, at the present time, there is little doubt expressd by those who have experimented with these high-frequency currents as to their influence upon the processes of metabolism, as well as their germicidal effect. The local effect whereby the capillary circulation is so markedly increased affords a means whereby remedial agents may be applied cataphorically to diseased structures. For the past three years I have used the high-frequency currents with vacuum electrodes in the treatment of a large portion of gynecological cases coming under my care, with the remedy applied either in aqueous solution or prepared with sterilized sea-moss, the strength of the application varying from the first to the third decimal dilution.—With p. lying on back, hips raised on an uninsulated couch—the method of application consists in first thoroughly cleansing the parts to be treated, choosing one of the various shaped vacuum electrodes as the case requires, which is covered either with the medicated sea-moss or dipped in the medicated solution and introduced, being careful to secure immediate contact with the diseased structures. I have used with greater success the current from one pole of the Clapp-Ovington high frequency machine, which registers from 75 to 100 milliamperes and a voltage of 80,000. Latterly I have reduced the time of treatment to from 6 to 10 minutes for each seance, as on several occasions when I allowed 15 minutes, the patients have frequently complained of more or less exhaustion after a seance. There is a marked difference in the susceptibility of patients to these high-frequency modalities, and it has seemed that the reactionary effect might be due to the failure of the lymphatics to carry off the products of metabolism, which the treatment increases. I have especially noted this symptom of exhaustion in cases where there was an excessive amount of hypertrophic tissue. The treatment is absolutely painless, the only sensation being a slight burning in the region of application. There is no sparking from the vac. electrode thus used, and the p. is unconscious of any electrification except any portion of the body be touched by the operator when a painful sparking is elicited at point of contact.

The limited number of drugs which I have made use of, are among those more especially active in the generative sphere. I will briefly refer to a few of these remedies with the indications in gynecological cases which I have found to be reliable.

Arsenicum. Especially in chronic affections of the uterus.

Endo-metritis with frequent hemorrhages, with other indications.

Acid picrum. A comparatively new drug, but one whose sphere of usefulness is, I believe, insufficiently appreciated, more especially in the neurosis of the sexual organs. It has proved of inestimable value in a number of cases of neurasthenics where there was evidence of sub-oxidation of the tissues. I have used this drug

locally either with the sea-moss or as made up with glyco-boron in suppositories, which I have had the patient apply in the interval of treatment. Internally I have given it in the first or second decimal. The effect of this treatment is shown in a better general tone of the nervous system, even after a very few treatments.

Apis mellifica. An old and well-tried remedy. Is of service in those oedematous states of the tissues with suppressed menses and cerebral symptoms, ovarian diseases with characteristic stinging and burning pain, dysmenorrhea with ovarian irritation.

Aurum Mur. Long-lasting uterine inflammation of low grade with enlargement. A drug which Dr. Hughes recommends very highly, but as yet I have seen no marked result from its use.

Calcoid-calcium iodide. Should be thought of in glandular enlargements, as well as in small uterine fibroids.

Cimicifuga. Irritable conditions of the uterus with pelvic pain in rheumatic subjects.

Calendula. One of our most useful local remedies and especially reliable in cervical ulceration. Endo-cervicitis with marked sensitiveness.

Crocus sat. An old standby in hemorrhagic troubles. Discharge dark, viscid, and excessive. Blood tends to coagulate in strings.

Creosote. Offensive discharge, either hemorrhagic or leucorrheal.

Caulophyllum. Spasmodic pains at the menstrual period. The pains seem to fly to other parts of the body. Used locally and internally in the interval of menstrual period will often bring about a normal period. Its sphere of action does not seem to be to relieve congestion so much as to affect directly the nervous supply whereby the pains are controlled. It has been used for a great many years as a uterine tonic, but like so many of these popular drugs it will affect cures only where it is clearly indicated.

Eucalyptus. One of the most satisfactory drugs I ever used in those offensive leucorrhoeas from ulcerations of the vagina and cervix. This drug has proved most serviceable if used in the form of fluid extract, from which I make the necessary dilutions, usually about one part to ten for local use.

Frax. amer (White Ash). This is a remedy which has proved useful in cases of sub-involution with or without prolapsus. The application of the first decimal vag. vacuum electrode and internal use, every three hours, of the same strength, has rarely failed to bring favorable results in these intractable cases of v. enlargement.

Hydrastis. It finds its special indication in the cases of excoriation of the cervix uteri, accompanied by acrid and tenacious leucorrhoea, usually profuse. This remedy has never given me very satisfactory results, except in the more superficial types of structural disease of these organs.

Hamamelis. Is of frequent use in those cases of hemorrhage coming on between the menstrual period. Venous stasis gives

expression to the state wherein it is indicated. I have usually applied this remedy by means of the rectal electrode, and believe that more immediate and lasting effects can be gained in so doing.

Ichthyolum (A fossil product of fish deposit). This drug has been used as a local application in many inflammatory diseases of the mucous membrane of the genitalia, and has even been suggested as a remedy for malignant diseases. That it has a very remarkable effect in those old ulcerated cases, which seem to resist all manner of treatment, I can attest, and I feel almost justified in recommending it in those diseased states which are on the border line of malignancy. I am very sure that I have seen cases which gave the local signs, and where the constitutional symptoms also pointed to a malignant disease, yield in a most remarkable way to the continued use of this drug cataphorically. I have used it with the sea-moss which I had made up in the 1% and 2% strengths and also in the interval of treatment suppositories made of the glyco-boron of the same strength.

Nitric acid. Persistent, passive hemorrhage after an abortion or after curetting.

Pulsatilla (*Wind Flower*). Suppressed menses. Poorly nourished, neurasthenic, anaemia.

Sepia. A relaxed state of the pelvic organs, a tendency to prolapsus, as well as leucorrhea with marked irritation of the parts.

Sabina. Hemorrhage with an atonic state of the uterus. Menses profuse, bright colored.

Thlaspia. In recurring metorrhagia. Tenderness in the region of the uterus.

Xanthoxylum (*Prickly Ash*). Seems to have a special action upon the mucous membrane, and is of singular service in hemorrhagic dysmenorrhoea. On proving this drug, menses too early and painful. Pain in the ovarian region and lower abdomen, especially left side, extending along the genito-crural nerve.

Belladonna. Acute congested state of the uterus or of genital organs, with the same bearing-down of the genitals which is characteristic of sepia, except in belladonna it is more acute, accompanied by dryness and heat of the vagina, more or less diffuse about the loins. Pains in sacrum extending to sacrum. The menstrual function is inclined to be too early, too profuse, and very bright red. All the discharges under this remedy seem to be accompanied by a great deal of heat. I have verified the symptom of incontinence of urine for which this drug has long been used, and in one or two instances have seen long-lasting, chronic cases yield to its persistent application.

Secale cornutum. One of our better-proved drugs, but not sufficiently appreciated in chronic uterine troubles when the parts are in a relaxed state. Dr. Livingston, in the New York Medical Record of Nov. 23, gives a very good review of his experience with the drug, in which he says:

"The general deductions that appear to be warranted, from my personal experience with the therapeutic application of ergot, are:

First—That its direct and specific effect is the contraction of unstriated muscular fiber, or other involuntary contractile tissue.

Second—That it does not markedly contract that which is normal in tone; but

Third—That it is emphatic in its contraction of that which is lacking in tone, and

Fourth—That it is prompt and striking in such effect, in proportion to the recency of occurrence of the atonic state in such fiber.

Fifth—That its widest field of usefulness is its application to the muscular coat, or other contractile tissue, of weak and relaxed blood-vessels."

Disorders of the Circulation—No other pathological condition can be mentioned that is more common than too much blood in one or more regions of the circulation, and, therefore, too little in the other regions; witness cold hands and feet, pallor or flushing, the frequency of "colds," the passive or active congestions associated with almost every ill of humanity. If passive it is called poor circulation; if active, it is the beginning of "inflammation." Whatever the type or extent of such disorder, the direct cause is a weakness of the contractile coat of some blood-vessels, and this is an indication for ergot.

"The multiplicity of indications for the application of ergot are not likely to be appreciated or credited by those who have been accustomed to regard the drug as applicable only in obstetrics and capillary hemorrhage, until they have developed a truer appreciation of the extent to which a relaxed state of the unstriated or other involuntary contractile fiber enters into the varied conditions of disease. It will then be realized that, after all, there is but a single indication for the use of ergot, the contracting of the weak and relaxed unstriated fiber, or other vital contractile tissue."

Hebra has many times insisted that ten thousand cases were required before a therapeutic measure could be consistently adopted, but as my desire is simply to offer a rough and by no means original suggestion, I shall weary you with but two cases which were successfully treated, and none of my failures.

Case 1. Miss L. Age 67, weight 112, nervous temperament. Incontinence of bladder for past year, increased by slightest motion. Symptoms were so aggravated that she was obliged to wear a heavy pad, which soon became saturated. For this reason she was practically confined to her home. Has been under the care of a very excellent homoeopathic physician since her trouble began; but finally after a consultation was told that the case was incurable by medicine and she resigned herself to her fate, believing the trouble to be beyond relief. The examination revealed a relaxed and congested state of the walls of the vagina and rectum with evidence of irri-

tation of the parts from the constant dribbling of the urine. I will not weary you with a long list of subjective symptoms which were very numerous and all pretty much of a reflex nature. Suffice it to say that the patient was under treatment for three months, during which time the rectal vacuum electrode was used with the local application of belladonna and later causticum, the treatment lasting 10 minutes with the vacuum tube and five minutes with the spinal brush discharge. After 10 treatments there was a marked improvement, and the trouble was entirely relieved in about twenty more applications. Discharged on June 20, 1905, now two and a half years, and a recent report shows that she has had no return of the trouble and is apparently in good health.

Case 2. Mrs. B. 60 years of age—menopause 47. Consulted me Feb. 5, 1905, has had several severe uterine hemorrhages, which had increased in frequency and quantity during the past months—decidedly offensive discharge in the interval of hemorrhage, marked cachexia and debility, considerable pelvic pain. The patient positively refused to have any operative interference, feeling sure that her trouble was of a malignant nature. A very intimate friend of about the same age had had an operation for uterine cancer performed the year before, and having seen her during her sufferings and noted her symptoms, she based her judgment upon these facts. I regret to say that a thorough examination was quite out of the question on account of her prejudices above referred to, but a digital examination revealed a very much enlarged, indurated uterus with a rough and eroded cervix, with muco-purulent offensive discharge. This patient was given the high-frequency current with the vacuum electrode applied directly to the cervix. Icthyol 2x used locally. Three treatments were given each week. After the sixth application the hemorrhage ceased, and it has never recurred. The general health improved, pain gradually disappeared. After the sixth month the discharge was reduced to a slight inoffensive leucorrhoea. Up to the present time, two years and eight months from the date of first treatment, the patient has had no return of the hemorrhage, no pain, and has, as already stated, but slight discharge at intervals. There is no cachexia at present writing, and the general condition of the patient is better than for years.

It would seem that we of the new school who have long recognized the efficiency of highly dynamized drugs should not be slow to investigate this energizing means of bombarding the molecules of diseased structures, whereby our remedies may be carried along with the myriads of electrons to the very stronghold of localized diseased processes.

To recapitulate briefly, it would seem that we have in the high-frequency currents on the various methods of application a therapeutic aid worthy of more general appreciation in gynaecological work.

First, for its germicidal effect through ozonization of tissues;

second, as a means of modifying the metabolic process, affecting marked tissue changes in morbid states; third, a means of carrying remedial agents directly to the diseased structures.

Dr. W. J. Robinson gives in Therapeutic Medicine an epitome of his paper upon the treatment of pulmonary hemorrhage.

This paper on the treatment of pulmonary hemorrhage may be summarized as follows:

1. Relieve the patient's intense anxiety by a few kind and encouraging words; unloosen or remove his clothing, and put him in a semi-recumbent position.
2. Give an inhalation of amyl nitrite. Or inject a quarter of a grain of morphine combined with 1:150 to 1:120 grain of atropine. Give 5 to 15 min. of sol. of adrenalin.
3. You may also give a teaspoonful of common salt, dry on the tongue, or 20 to 60 minims of aromatic sulphuric acid, diluted with a small quantity of water.
4. Order an ice-bag on the chest.
5. If the above measures fail to check the hemorrhage within a short time—half an hour or so—you must cord the extremities; not too tight, but sufficient to prevent the return of the venous blood.
6. Do not under any circumstances give ergot, or alum, gallic and tannic acids, or any other local astringents. The first has no effect as a hemostatic except indirectly in uterine hemorrhage, and by raising the blood pressure in the pulmonary circuit hinders thrombosis. The local astringents put into the stomach can have no effect on the bleeding vessels in the lung, and are injurious by irritating the stomach, causing nausea and vomiting and inducing constipation.
7. Insist upon absolute mental and physical rest, upon a scanty, nutritious and chiefly fluid diet, and relieve constipation either by Epsom salts or by enemata.
8. As a prophylactic against further hemorrhages, you may perhaps have the patient consume large amounts of gelatin, prepared in various forms.
9. Mild degrees of collapse are to be left alone; in severe collapse, administer camphor (hypodermically) and nitroglycerin; also strychnine (do not give digitalis). Besides, several hot-water bottles are to be applied to the lower extremities.
10. It sometimes becomes necessary to resort to enteroclysis of large amounts of saline solution; or the latter may have to be injected subcutaneously or intravenously.

If a good patient employs you in a medical case, and you charge him twenty dollars when some less wise per-visit brother would charge him but thirteen or fourteen, you will still be called when he needs you again if he believes you can do more for him than any other physician in reach, for he is not then thinking about fees but about personal safety. Indeed, I might almost state it as an aphorism that the physician who charges by the visit instead of by the case, when the services are important, robs himself of both prestige and fees, and in the professional race unconsciously puts his own self in the position of an armless man in a rowing match against men with arms, or a legless one in a contest of speed against men with legs, and in my opinion every fee-table should in its medical items contain a "charge by-the-case" item, in justice to the general practitioner.—D. W. Cathell, M.D.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 33 Whiting Street, Roxbury, Mass.

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A SIDELIGHT ON SIMILIA.

"In a paper on "The Relation Between the Administration of Phosphorus and the Opsonic Power of the Blood Over the Tubercle Bacillus," read before the British Homoeopathic Society, last November, Dr. Charles Edwin Wheeler of London throws a very interesting sidelight on the long-mooted question whether *Similia Similibus Curentur* be a useful rule for prescribing, or an actual therapeutic law of nature. In an admirably temperate discussion of the opsonic theory in general, Dr. Wheeler suggests that homoeopathic remedies act by actually raising the opsonic index of the blood, and thereby increasing the reaction of the body, against the disease-producing micro-organisms. Could this idea pass from theory to demonstrable fact the *modus operandi* of the homoeopathically-administered drug would be clear at last. What this would mean, among other great results, in helping to unify the long-sundered factions of the medical profession it needs no seer to tell us. The hope of such a consummation is as one of the morning stars of the medical millennium. The argument and experiments on which Dr. Wheeler founds his most excellent suggestion, he outlines as follows:

"Although, to the best of my belief, I am not in any way affected with tubercle, my own index to the bacillus, though variable, is practically always 'low.' Taking normal as one, I expect my index to range from .6 to .85. I have been higher and lower, but that is my usual range. The first estimations of my index were made by Sir A. Wright, and come out on two occasions, with three weeks interval, at .6. Sir A. E. Wright urged me to take a dose or two of tubercul, but my homoeopathic experience, not unnaturally, suggested another plan. It occurred to me that since opsonin is produced in response to circulating toxin, that is, to a chemical stimulus, it might conceivably be produced in response to a drug stimulus (a different chemical stimulus), pro-

vided I could find a drug whose effects resembled in other ways those of tuberculin. That is to say, if tuberculin causes production of T. opsonin, why not the similimum to tuberculin? But the similimum to tuberculin, or rather to tuberculosis, varies in different cases, and all I could do was to try a drug that is commonly found useful by homoeopathists. My first experiment was with ars. iod. 3x; it was not in any way exhaustive, as I only took four doses before having my blood tested again; but judging from my experiences with phosphorus, I think it probable that even four doses might have affected the index had the drug been appropriate. As a matter of fact, the index was returned at .58. Before the next estimation I began on phos. 3x, taking a dose or two (generally two), in the twenty-four hours. After a week of this treatment my index was .88. Continuing phos., but more seldom (one dose in twenty-four, and sometimes in forty-eight hours), for seventeen days, the index came out at 1.00. The administration of the drug was then stopped. Four weeks afterwards the index was down to .36, but in a month, the last three weeks of which I had taken occasional doses of phosphorus, it came out at .99, and the height thus reached was maintained without the drug for some time thereafter. These figures were all recorded by Sir Almroth Wright, and he had no knowledge at any time whether or no I had been taking any remedy.

A slight confirmation of these results was obtained from the case of a nurse at the Sanatorium, with a low index, but no signs of tubercle. Her blood rose less markedly than mine under phosphorus, but still definitely, some 30 per cent. In any case the results thus obtained were enough to make me wish to try further experiments, and the laboratory of the British Homoeopathic Association supplied the opportunity." . . . "There seems to me good reason to believe that in my case the administration of phosphorus does affect the tuberculo-opsonic index. It would be a far cry from this statement to announce that the drug always affects the index of everyone in this way. We know, as students of materia medica, that there are genuine drug-effects available for use in prescribing, that are not universally produced on the healthy; and I may be a specially susceptible prover; but seeing how often the symptoms of tubercle call for phosphorus, by the law of Hahnemann, it is at least suggestive if in one healthy person that drug should be capable of affecting favorably the normal defence of the organism against that invader. I want, of course, more evidence, that is, more provers."

In this connection, it is highly germane and convincing to note the following experiments, along precisely the same lines, and pointing to identically the same conclusion, recently made at the University of Michigan, and reported in the January issue of the University Homoeopathic Observer, by Dr. Claude A. Burrett.

"Having in mind the theory of action of vaccines in germ diseases, physicians of our school all over this country and England have said that drugs homoeopathically given produce their effects

in the same way. Nor has it been confined to our own school; for did not von Behring say that he knew of no better word to express the action of diphtheria antitoxin than homoeopathic? However, we must not confuse our minds with the thought that antitoxin and vaccine act in the same manner. At the University of Michigan, a little less than one year ago, believing that drugs given homoeopathically would raise the opsonic index in the same manner as do vaccines, we determined to experiment in that direction. The work was taken up by the Drug Proving Department, and it may be of interest to note that the first person to be experimented upon was the President of the American Institute, Dr. Royal S. Copeland. The work was new, and there were many obstacles to overcome; and it is nearly a year before we are able to give even a short report. Echinacea augustifolia was chosen, being a drug which we give in cases of boils, carbuncles and pustules. Those to be experimented upon were selected from the student body with special care relative to health and habits of living, as is done with all drug provers with whom we work. They were boarded at the hospital provers' table, for eight weeks, throughout the test. All knowledge of the drug was withheld, also regarding dosage, although such facts it was not thought could change the conditions.

Each prover was given a careful physical examination, as is done for each proving, and in this instance with especial reference to a susceptibility to skin eruptions. The examination of the urine and blood was carefully carried out several times to insure a normal condition.

When the proving was started the dose was given three times a day, and to insure regularity, a nurse was detailed for that purpose. For the first two weeks a few drops of alcohol in water were substituted for the drug and during that time indices were taken to ascertain the normal resistance or index of the blood to staphylococcus aureus. The index was found not to vary more that .03 per cent. for three examinations; we, therefore, took 1 as our standard since the variation was so slight.

The nurse was than instructed to give 5 gtts. of the 3x dilution and at the end of a week's administration indices were taken. Prover (a) was found to have an index of .854, while prover (b) gave 1.237. It will be noted that the first prover's index had decreased, while that of the second had increased correspondingly. At the end of four days more examinations of the blood were made with the following results: (a) 1.294, (b) 1.137. Prover (a) was beginning to respond, while (b) had fallen off. The dilution was increased to 2x and the same amount given with the following results in two weeks (a poor culture preventing an earlier examination:) (a) 1.127, (b) 1.807. The drug was continued another four days and the indices again taken—(a) 1.248, (b) .918.

It appears at once that the indices taken after giving the drug, gradually increased. In the case of prover (a) it will be noted that there was not as rapid a response to the drug as in the case

of (b), and, further, it is seen that the index did not go as high at any time in the case of (a) as with (b). It may be mentioned that the conditions governing the examinations were the same in both provers and at the same time. The bacterial emulsion was the same, the white corpuscles used were from the same source and were prepared all altogether. The tubes were placed in the incubator not to exceed three minutes apart.

Let us look to the record of the provers and find, if possible, a cause for the variation in the two indices. It may be stated at first, that the susceptibility of individuals to a drug may vary. Second, in the case of (a), during the time in which the proving was made, several pimples developed on the nose and forehead which may indicate the lessened resistance to the germ in question. Third, the element of error which has been considered above.

In conclusion, the writer wishes to leave the impression that these two experiments can be looked upon only as suggestive, but believes that such work should be reported early and, if possible, stimulate a greater number of workers in this direction. The work of Dr. Watters, of Boston University, in this field is very noteworthy and suggests the awakening of scientific investigation along the line of homoeopathic therapeutics.

Light seems indeed to be growing fast, in this new medical day. We find it good, to see in that light the justification of the faith we, and those who blazed the trail we follow, have held through the hours when light was very dim; to see that the principle of homoeopathy is rooted deep in unchanging law.

NEW YORK'S CAMPAIGN AGAINST TUBERCULOSIS.

The movement having as its object the stamping out of that ancient terrible white enemy of mankind, tuberculosis, is being waged with intelligence and unremitting energy, in our sister state, New York. On the 27th of January there was held in Albany a mass meeting of impressive proportions, to discuss and take action along the lines of the movement referred to. Many distinguished persons testified by their presence to their interest and support; Governor Hughes among them, and ex-Ambassador Joseph Choate. Dr. Edward H. Porter, Health Commissioner of the State of New York, to whose well-directed zeal the movement owes alike inception and skilled direction, made clear his purpose that the state should inaugurate a definite and persistent policy, to be pursued in its warfare against the tuberculos scourge. He has appointed an advisory board of experts to assist the health department in establishing a state policy in the fight against the ravages of tuberculosis. The following will compose the advisory board:

Dr. Edward B. Baldwin of Saranac Lake, who is connected with a sanitarium in the Adirondacks; Dr. Thomas Darlington,

health commissioner of New York city; Livingston Farrand, secretary of the National Society for the Prevention and Study of Tuberculosis; Homer Folks, secretary of the State Charities Aid Association; Dr. George W. Goler, health officer of Rochester; Dr. Willis G. MacDonald, president of the board of managers of the State Hospital for Incipent Tuberculosis at Raybrook; Dr. Veranus A. Moore, director of the State Veterinary College at Ithaca; Dr. John H. Pryor of Buffalo, one of the managers of the Raybrook hospital, and Dr. W. H. Watson of Utica, former surgeon general of the state.

Many thoughtful and suggestive speeches bearing on the matter at issue were made at the meeting by well-qualified speakers, and an educational exhibit which was offered in connection with the more didactic exercises, was viewed by many hundreds with great interest.

The tuberculosis advisory board has adopted these resolutions:

"Resolved, That a bill be presented to the Legislature providing for the notification and registration of all cases of tuberculosis.

"Resolved, That in the opinion of the tuberculosis advisory board it is most important that adequate steps should be taken to prevent the importation of tuberculous cattle into the state.

"Resolved, That the Legislature should be asked to place at the disposal of the state department of health adequate funds for the investigation of tuberculosis and for the taking of such measures as it may deem necessary for its suppression.

"Resolved, That the secretary of the tuberculosis advisory board draw up a preliminary report stating what has been done in New York state in connection with the tuberculosis problem; what has not been done and what can be done.

"Resolved, That the advisory board strongly endorses the educational value of the state tuberculosis exhibition which is now being shown around the state and believes that it should be duplicated."

BRAVO "HERING," '08!

There is unquestionably such a thing as corporate entity, as well as individual entity. The contentment and the fruitfulness with which a college class works together in its undergraduate years, is very largely conditioned by whether the class has been welded by that very subtile, very vital thing called "class spirit" into a corporate entity; or whether it remains, to the end of its mutual association, an inchoate thing, incapable of single-hearted unified achievement. One may add, the happiness and best opportunities of the instructors of a college class are very largely conditioned by the same thing. Therefore both the Class of '08 of the Hering Medical College of Chicago, and its fortunate corps of instructors, are heartily to be congratulated on the fact that

this class seems in a very unusual and delightful degree, to have achieved such entity, and to stand a cheerful, successful unit, at the end of its college work. Of which pleasant fact, the outward and visible sign is a quaint, unique and highly affording little brochure, issued by this class, and alliteratively announcing itself as "Hering College Homoeopathic Happenings." The perusal of this gives not only a genuinely amusing, but a genuinely inspiring half hour, to any reader capable of realizing what an impulse of faith and purpose and honest helpfulness will vibrate into the working world, when such a class goes forth to its life-work.

The very fine little apologia for the existence of the book in question, is found, running thus, on its opening pages:

"As we approach the 'Exit' we seek a characteristic souvenir of these busy weeks of tireless effort and social interchange. So here we are bringing to each other a few indelible thots and sayings to be carried out into the broader streams of life, into the maelstrom of anxious labor; that we may occasionally, during future leisure hours to be found here or there, revel in day-dreams of these 'Old days at Hering.'

"Let each, actuated by his peculiar nature, say to us something which shall recall his well-remembered bent of mind and purpose; and for such message only, he shall be held accountable; for we are not, could never be, quite of one mind, but one from many; and all staunch and true to Homoeopathy, as we understand its principles and Law of Cure."

"There follow the 'thoughts and sayings.' Among the former are words that are much more than echoes; words that voice original and well considered thought. For example, the following, from a short but really significant essay on 'Potency and Its Metaphysical Bearing,' by Mr. Shunker:

"Potency is a synonym for a force or power which is latent in and underlies the physical aspect of any material object. To realize this, one is carried into the abstruse and unimaginable—a phenomenon which, according to one philosopher, can only be realized by an intuitive mind in the deep moments of ecstasy and by *mere passivity*. . . . It is the Real behind the Unreal, a power which gives harmony to the object of its physical functions; the life-force which sets amoeba in motion; which sends the tremendous volume of water dashing against the stern rock and, through its latent capacity, wears and tears it. . . . The Power which permeates any object does so by virtue of its being a power or force as a whole—we cannot presume it to be divisible numerically. Undoubtedly, to a materialistic mind, it may look strange; yet after full consideration, one may realize the fact —how the power thus dividedly permeating an object individually, is undivided at the same time, and stands the same Power as a whole. The significance of this point may be made clear by the instance of the Sun—which sends forth its light and heat through each ray individually, and yet the same come from the sun as a whole. . . . The Hindu boys in India are told, in their re-

ligious books, about the days when the great Sages retired to snow peaks of the Himalaya mountains and in their solitary nooks simply struck the stone called chagmag against another stone for the production of fire. Does not this reveal something latent in the so-called inanimate object? Is it not a drawing out from the concrete form, through favorable conditions, of a something potent? Is it not evident that there is a life-force latent in every object as if in a sheath, by virtue of its superority to the visible object? This characteristic fineness or nicety so difficult to comprehend is the *chief feature* in the object considered—the spark of light which, while hidden in the innermost cavity of the coarse and rough (that is, the object) is ever giving forth its lustre, like the rays of the sun. . . . It is the Light which dazzles the eye of the most expert; the great Potency, the Power which is lurking everywhere and revealing itself in countless ways; is in, and without, and everywhere."

The "sayings" are evidently sayings familiar to all the class; the sort of simple, merry jest that in youth floats out on careless laughter; but when the years have parted the comrade hands, and hushed many a one of the well-remembered voices, are quoted on the too few days of reunion, with a catch in the breath, even if with a twinkle in the eye. Among the most savory of those offered here, are the"key-note" symptoms of the individuals of the class of '08, and of certain of their instructing staff; for one of whom, for instance, *Arnica* is the class prescription, because she "does not speak a word." "Declines to answer question;" for another *Ant. Crud.* because he is "inclined to make noises;" while, in twinkling slyness, the class offer *Ignatia* as a helpful remedy for a certain instructor presenting symptoms of being "amiable when feeling well, but easily disturbed!"

Bravo, cheery and plucky class of '08 of Old Hering! *Hoch soll' sie leben!*

VALUABLE SUGGESTIONS ON THE FEEDING OF INFANTS.

The problem of the correct feeding of infants is one of the most constantly occurring, and the most vitally pressing of problems that can confront the physician, the mother, or the nurse. It is a problem on whose right solution, in thousands of individual instances, depends a life as precious as frail, and terribly helpless in its inability to communicate, or even to hint, its own needs. Much, and much that is highly useful, has been written on this immensely important topic. Many standard works are current, by study of which the physician may learn to read so accurately the signs of physical diagnosis in his infant patients, as to determine closely what factor in the feeding of any individual case is responsible for a condition of unsatisfactory nourishment. A book which very thoroughly and very helpfully supplements such works as the

above, by suggesting exactly how to remedy such unsatisfactory conditions, has lately been issued by the Mellin's Food Company. The book is only in a limited and indirect and entirely legitimate sense an advertisement of Mellin's Food; legitimate, because the food itself has, by its proved usefulness through many honorable years, established itself as a standard preparation and an entirely dignified article of prescription for the physician's use. The book in question uses the Food in such a manner; merely as one ingredient in a greatly extended and infinitely varied series of possible formulae for an infant's dietary. These formulae are the result of prolonged and expert work in perfectly equipped laboratories. They make it possible, by intelligent use of them, to find almost mechanically, and without the special study of computation for which neither physician, mother nor nurse can easily find leisure, the formula which has been found necessary to replace on another in unsatisfactory use; varying from said formula in exactly any ingredients or proportions desired. The value of such a dietetic "Ready Reckoner" in the care of infants, assuredly needs no insisting on. Its service is equally obvious to the overworked city practitioner, and to his country confrère living far from exhaustive libraries of reference and from the prescription laboratories whose exactitude can be counted upon in emergencies. Parents and physicians alike may greatly profit by the use of "The Mellin's Food Method," and both owe a debt of obligation for its preparation.

IMPORTANT NOTICE TO SUBSCRIBERS.—By a recent ruling of the Postmaster General we are debarred from the use of second-class mail privileges for subscriptions not paid within four months from the beginning of magazine year. It is therefore very necessary that our subscribers pay their bills promptly in order that the Gazette need not be put to additional and unnecessary expense for delinquent subscriptions. It is earnestly requested that all who are in arrears send in their payment promptly, and all such are reminded that subscription bills are payable in advance,—see front cover of every number.

SOCIETIES.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homoeopathic Medical Society was held at the Natural History rooms February 6, 1908, the meeting being called to order by the president, Dr. J. A. Rockwell.

BUSINESS SESSION.

The records of the last meeting were read and accepted.

Dr. Lawrence F. Keith was proposed for membership.

It was voted that By-Law II. should be amended to read: "The business sessions of the society shall be held only at regular and adjourned meetings, shall be opened at 8 P. M.," etc.

The resignation of Dr. Charles Montague was accepted.

SCIENTIFIC SESSION.

Program.

"The Milk Supply of Large Cities." Samuel C. Prescott, Professor of Industrial Bacteriology, M. I. T. Illustrated by stereopticon.

It was then voted by the meeting that the time for refreshments be postponed for half an hour.

It was voted, upon motion of Dr. Wood, that a rising vote of thanks be extended to Prof. Prescott.

Upon motion of Dr. S. H. Calderwood, it was voted that the Committee on Legislation of the Boston Homoeopathic Medical Society be instructed to appear at any or all of the hearings of the Massachusetts Medical Society that may be held to do what they may to aid the matter of investigation of medical expert testimony.

The meeting then adjourned for a social half-hour.

BOOK REVIEWS.

The Essentials of Medical Gynecology. According to the Eclectic, or Specific, Practice of Medicine in the Treatment of Disease. By A. F. Stephens, M.D., Professor of Medical Gynecology in the American Medical College, etc. The Scudder Brothers' Company. Cincinnati, 1907.

In regard to the text of this book one can find much to warmly commend. Emphasis is well placed upon the relative importance of medical or conservative treatment in gynaecology as against surgical methods, the place for each being clearly defined. The book opens with what the homoeopath might call "indications for remedies in gynaecology," followed by what might well pass for a part of one of our repertories. But little difference is noted in the main body of the volume from several other pre-existing books except as regards treatment which is here, of course, eclectic. That which does come in for criticism, however, is the illustrations, many of which seem to be more caricatures than reproductions of nature. Far better would it have been if these objectionable ones had been entirely omitted as they give a bad impression, (particularly the color plates) from the time the book is taken up till it is put down. Apart from this it will be found well worth reading, particularly by those interested in Eclectic medication.

Modern Medicine. Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore, etc. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume III., just ready. Leather, $7.00, net; Lea Brothers & Co., Publishers, Philadelphia and New York. 1907.

Volume III. of this now well-known series completes the section on Infectious Diseases, begun in the preceding one. It also includes the Diseases of the Respiratory Tract, devoting to these nearly four hundred pages.

The various contributors are as a whole somewhat less well known than those of the two earlier volumes. The names of Drs. Anders, Baldwin, MacCallum and Hare and that of Dr. Osler himself are, however, sufficient guarantees of the value and authenticity of their respective subjects. The editor has assumed personal charge of the chapter upon Syphilis, devoting to it nearly one hundred pages, and treating it in his characteristically attractive manner. Tuberculosis receives the most detailed attention at the hands of men like Baldwin and MacCallum.

Our early favorable ideas concerning the importance of this series becomes more and more certain as one after another of the seven books appears, each living up to all the promises made for it. Certainly Osler's Practice is bound to become a classic in medicine as well as any work can in these times of changeable scientific thought.

We have no hesitation in recommending it as the best and most comprehensive complete work upon Practice that has yet appeared and one that will be of the greatest value to every possessor.

Excerpta Therapeutica. Burroughs, Wellcome & Co. London, New York, Montreal, etc. 1907.

This is a little pocket booklet of over three hundred pages, containing in addition to descriptions of the various medicines prepared by this company, a considerable amount of information of value to the physician. About 150 pages are devoted to therapeutic notes and about 50 to diseases and treatment. The booklet is accompanied by a small but interesting historical sketch on anaesthesia from the earliest historic times to the present date.

The Practitioner's Visiting List. 1908. Lea Brothers & Co., Philadelphia and New York. $1.25.

From year to year the Practitioner's Visiting List has been favorably noted by the Gazette, and this favorable attention still continues to be amply warranted. It is issued in different styles, the most popular being a weekly for 30 patients and a monthly for 120 patients. Thirty-two pages of reading matter are included, covering dose table, examination of the urine, therapeutic reminders and ligations of arteries, all, of course, in a very brief manner. The paper is good and the reviewer can speak from personal experience concerning the wearing ability of the entire volume.

Messrs. P. Blakiston's Son & Co. have prepared for distribution among physicians a diagram enlarged from Morris' Human Anatomy, illustrating the distribution of the internal maxillary artery with its branches. This is well mounted on heavy paper and is accompanied by thumb tacks for attaching to the wall.

Thomas Skinner, M.D. A Biographical Sketch. By John H. Clarke. London Homoeopathic Publishing Company. 1907.

Dr. Clarke is a writer who commands attention upon any subject that he undertakes. In the present instance he makes the life of Dr. Skinner teem with intense interest. This life was, indeed, a most unusual one. Dr. Skinner, for years an assistant of Sir James Simpson, was until past middle life an open and ardent opponent of homoeopathy. After a sickness of three years, without any benefit, he was rapidly cured as soon as he began the homoeopathic treatment. A law introduced by himself into the Liverpool Medical Society, compelling his resignation or expulsion, he chose the former alternative and wrote a farewell address, giving the reasons for his action.

The reviewer has been much interested in perusing this book and feels that others will also profit by it.

What to Do for the Stomach. A Careful Arrangement of the Most Important Symptoms in Diseased Conditions of the Stomach and the Remedy Indicated in the Cure of These Symptoms. By G. E. Dienst, Ph.D., M.D., Professor of Theory and Practice in the Hering Medical College, Chicago. Philadelphia. Boericke & Tafel. 1907.

This little book is arranged similarly to the earlier one, "What to Do for the Head." It is a compilation from the best repertories, giving in alphabetical order the sypmtoms and the drugs of service with each. All who believe in accurate prescribing, as every homoeopath should, will find the study of this book bringing many valuable results. It will probably appeal most strongly to those who use the higher potencies in their medications.

The Enthusiasm of Homoeopathy. With the Story of a Great Enthusiast. By John H. Clarke, M.D. Homoeopathic Publishing Company, London. 1907.

This is a bound copy of the presidential address delivered by Dr. J. H. Clarke before the British Homoeopathic Society in 1906. It deals with the brilliant rise and career of Dr. Mure in Palermo, in Paris and in Brazil. Written in the pleasing style so invariable with this author, it demands attention from start to finish. It draws many interesting deductions and will be read by all homoeopaths with much profit.

McClure's Magazine for March leads off with an article on Governor Hughes of New York, by Burton J. Hendrick, describing his boyhood and career as a lawyer and investigator. "The Cost of Living," by George Kennan, is the history of an institution trying to solve an important problem which confronts the average man. The illustrations are from good hands, and the fiction is most attractive. Price, 15 cents per copy; $1.50 per year.

THE MONTH'S BEST BOOKS.

Studies in Laboratory Work. Daniels & Stanton. $4.00. P. Blakiston's Son & Co.

Text-Book of Ophthalmology. Fuchs. $6.00. J. B. Lippincott Company.

Treatment of Internal Diseases. Ortner. $5.00. J. B. Lippincott Company.

Syphilis. A Treatise for Practitioners. Keyes. D. Appleton & Co.

PERSONAL AND GENERAL ITEMS.

Dr. C. D. McDonald, B. U. S. M., 1901, has moved from Bath to Portland, Me., and is located at 360 Woodford street.

Dr. Howard Moore, B. U. S. M., 1905, announces his removal from Newton to 661 Boylston street, Boston, where he will devote his attention to orthopaedic surgery. Hours, 1 to 3 P. M.

Dr. Mary Mulliner announces the removal of her office to 803 Boylston street, where she may be consulted between 1:30 and 3 P. M. Special attention is given to mechano-therapy.

J. E. Sternburg, B. U. S. M., '09, announces the opening of a new optical establishment at 100 Boylston street, Boston, Mass.

Dr. Annie M. Gannon, who has been spending some months at the Woman's Southern Homoeopathic Hospital of Philadelphia, has returned to Boston and resumed her practice at 34 Isabella street.

Dr. Frank E. Leslie announces the opening of a thoroughly modern house at Andover, Oxford County, Maine. The situation is among the woods of the Rangeley Lake region, and here the Doctor is prepared to accommodate a limited number of patients convalescing from surgical and other acute diseases; also those affected with respiratory and nervous disturbances.

Dr. Wallace C. Stratton, class of '78, B. U. S. M., who, after the loss of his office in the San Francisco earthquake and fire, removed to Oakland, California, is located at 473 Fourteenth street of the latter city. Before his removal to California in the late 80s, Dr. Stratton was in practice in Milton, Mass.

Dr. Henry I. Twiss, of the class of 1903, B. U. S. M., and since his graduation on service at the Homoeopathic Hospital, Melbourne, Australia, has been spending some months in and about Boston, doing post-graduate work in orthopaedics. He expected to return to Australia in January.

Dr. Eben C. Gould, class of 1905, after spending about a year in service at the Melbourne Homoeopathic Hospital, is now located in Hobart, Tasmania, as assistant to Dr. Gibson and also as resident at the Hobart Homoeopathic Hospital.

Dr. Christopher Egland, class of '95, B. U. S. M., is assisting Dr. W. K. Bouton (B. U. S. M., class of '85) in the latter's private practice in Melbourne, Australia, and has recently been appointed to a position on the Melbourne Homoeopathic Hospital out-patient visiting staff.

Dr. Osman Royal, who has been spending some weeks in Boston, returns to his practice in Portland, Oregon, by way of the South and California.

Dr. Charles W. Morse of Salem and Dr. John F. Valentine of Danvers, both graduates of the School, have been spending a few weeks in post-graduate work in Pathology at Boston University School of Medicine.

Dr. Geo. H. Wilkins of Newtonville, Massachusetts, is giving a course in Theory and Practice to the Senior and Junior classes of B. U. School of Medicine.

Dr. R. S. Copeland, president of the American Institute of Homoeopathy, has signified his intention to be present at the annual meeting of the Mass. Hom. Medical Society in April, "unless something unforeseen should interfere."

Dr. Copeland is a "born orator," and those who fail to hear him on this occasion will lose a rare treat.

Dr. A. T. Lovering, 10A Park square, Boston, librarian B. U. S. M., will assist the profession in research work, preparing papers, writing up cases, making abstracts and tabulations, obtaining statistics. Manuscripts revised, edited and typewritten; proof sheets corrected.

COMMUNICATION FROM DR. SOUTHWICK.—The many friends of Dr. George R. Southwick will be pleased to read the following letter received from him by the editor:

My Dear Doctor:—

Kindly announce that the report of my decease in the recently published list of the members of the Mass. Surgical & Gynecological Society is "greatly exaggerated."

Sincerely yours,

(Signed) GEORGE R. SOUTHWICK.

THAW TRIAL FEES.—For their services as experts in connection with the Thaw trial, the following amounts have been paid: Dr. C. F. MacDonald, $6300; Dr. Austin Flint, $5315; Dr. William Maybon, $3987; Dr. R. C. Kemp, $3102; Dr. A. R. Diefendorf, $990.

The Gazette is informed that the position of Assistant in Diseases of the Ear and Throat at the Medical Mission on Hull street is vacant. Applications should be made to Dr. T. M. Strong, Hotel Ilkley, Huntington avenue.

The Fort Wayne Medical Journal has been merged into the Journal of the Indiana State Medical Association, the first number of which appeared January 15th.

If one may judge from a single copy, the new journal will bring credit to the medical profession of Indiana, and to its editors.

Under the will of Mrs. Susan E. Hoyt, widow of Joseph B. Hoyt, a wealthy New York leather merchant, Stamford Hospital at Stamford, Conn., will benefit by a fund which will eventually become $20,000, and is to be used for the providing of free beds.—Boston American.

The will of the late Mrs. Olivia Drake of Portsmouth, N. H., includes the following bequests: Boston Floating Hospital, $1,000; Peabody Home for Crippled Children, Boston, $500; Cottage Hospital, Portsmouth, house at 3 Mark street, to be known as the Philbrick Home for Convalescents.—Boston Record, October 23d.

CLOSING OF CAMBRIDGE SCHOOL OF NURSING.—Announcement has recently been made of the closing of the Cambridge School of Nurses on account of lack of a sufficient number of pupils to insure its success. It will be remembered that about two years ago this school was opened with an attendance of eight students. A yearly tuition fee of $150 for the first year and $75 for each of the three succeeding years was required. A somewhat elaborate course was given, but one that apparently was not sufficiently attractive to bring a large enough attendance.

NEW MEDICAL SCHOOL.—The University of Wisconsin has organized a department of medicine which will provide the first two years in medical instruction; the last two years will be taken elsewhere. Dr. C. R. Bardeen is the dean.

The Boston board of aldermen has passed an order calling for the raising by loan of $17,000 to be used for the erection of a consumptives' camp at Mattapan.

METROPOLITAN HOSPITAL, NEW YORK CITY, with its 1300 beds, is the largest homoeopathic hospital in the world, and presents to its internes unsurpassed opportunity for obtaining experience in every department of medicine and surgery.

Examinations for appointment on the Resident Staff will be held at the Hospital on Friday, April 3rd, 1908, at 10 A. M., and simultaneously at Chicago, Boston, St. Paul, St. Louis and Cleveland.

Eighteen vacancies are to be filled for 12 or 18 months' service, commencing June 1st or Dec. 1st, 1908.

Applications for examination, accompanied by three letters of reference, should be sent to Edward P. Swift, Chairman Examining Committee, 170 West 88th street, New York.

INTERNATIONAL CONGRESS OF TUBERCULOSIS.—The International Congress of Tuberculosis will convene in Washington from September 21st to October 12th, 1908, under the presidency of Dr. Frank Billings, of Chicago. There are three honorary vice-presidents: Theodore Roosevelt, Grover Cleveland and Dr. William Osler.

Sections in pathology, bacteriology, surgery, hygiene, etc., will present interesting programs.

RECENT DEATHS.—Dr. Chas. A. Dorman, class of '69, N. Y. Homeo. Med. Coll., died at his home in New Haven, Connecticut, on December 5th, 1907, aged sixty-four years.

Dr. Alva A. Hoag, class of '88, N. Y. Homeo. Med. Coll., of Bridgeport, Connecticut, died on December 30th, 1907, aged forty-eight years.

Dr. Sarah Louisa Buxton Atwood died on October 6th, 1907, in her native town of Newbury, Vermont, at the age of eighty-two years. She graduated in 1872 from the New England Medical College—now Boston University School of Medicine—and for eight years practiced medicine in Watertown, Massachusetts, returning to Newbury, Vermont, in 1889. Dr. Atwood was the widow of William D. Atwood, who was in service in the Civil War and who died in the National Home for Disabled Soldiers at Milwaukee, Wisconsin.

A new baby in the family!
The family scales are broken!
The iceman's are borrowed!
The baby weighs 47 pounds!!!
—"Progress."

DOCTORS AND LAWYERS.—"We are professional men in every sense of the word; we have the mental labor of lawyers, the moral standing of ministers, the technical knowledge of organized artisans, and the business qualifications of school children. The average man will give a lawyer $300 to $500, together with a lifetime's praise, to keep him out of the penitentiary for from two to ten years, and at the same time he will raise a phosphorescent glow and a kick that can be heard around the world if a doctor charges him $50 to $100 to keep him out of hell for a lifetime."—Texas State Journal.

LONDON HOMOEOPATHIC HOSPITAL.—The British Homoeopathic Review, in treating of the statistical results of the various London hospitals for 1906, gives the following comparative table of mortality in which, as it will be seen, the homoeopaths have no cause for shame:

(1)	London Homoeopathic Hospital	Mortality	5.9	per cent.
(2)	St. George's Hospital	"	7.3	" "
(3)	Charing Cross Hospital	"	7.6	" "
(4)	Hampstead Hospital	"	7.8	" "
(5)	St. Mary's Hospital	"	7.9	" "
(6)	Temperance Hospital	"	8.4	" "
(7)	Middlesex Hospital	"	9.2	" "
(8)	Great Northern Hospital	"	9.6	" "
(9)	University College Hospital	"	10.3	" "
(10)	London Hospital	"	10.94	" "
(11)	Children's Hospital	"	17.2	" "

A RIVAL OF ADAM.—A small boy who had been told that God made Adam a wife of a rib which he took from the side of the first man, complained soon after of not feeling well.

"What is the matter with you?" inquired his relative.

"I've got such a pain in my side," was the reply; "I think I must be going to have a wife."—Boston Record.

A DISPENSARY EVIL.—Dr. W. S. Thayer in the Maryland Medical Journal, summarizes the dispensary evil in part as follows:

A letter was sent out to a number of physicians in the city of Baltimore and their answers to it show a wide divergence of opinion on the subject. As against the commonly accepted opinion that many people able to pay for medical services seek free service at the dispensary, one physician of large experience says: "Doctors seem to me to be eminently unable to judge of the financial standing of people." He calls attention to the fact that owing to the common habit in this country of living up to the limit of their means there are many people who, owing to temporary misfortune or loss of work, are really in a condition of genuine want. It is common for women, when visiting a dispensary, to put on the best clothes they have and thus give rise to an entirely erroneous impression as to their financial status. He further states that many physicians have confessed to him that the dispensaries are a "relief" to them, as the patients "when unable to pay go to dispensaries and when in funds send for their attending physician again." He concludes that "when the average American has money he spends it and becomes a pauper under any misfortune that is lasting."

ROSACEA.	SYPHILIS.
1. History absent.	1. History of primary lesion.
2. Malaise and sore throat absent.	2. Preceded by malaise sore throat and characteristic rash.
3. The sebaceous glands are always involved by papules and tubercles.	3. Sebaceous glands of the face not involved.
4. The color of the tubercles is red or purplish.	4. Polymorphous arrangement of the lesions which are coppery in hue.
5. No crusts or ulcers.	5. Crusts and ulcers present.

—Exchange.

IN FAVOR OF CREMATION.—Mrs. Meekton: "What do you think, James. Mother says she wants to be cremated."

James: "All right. Tell her to get her things on and I'll take her down now."—Exchange.

"In all fractures of the elbow, whatever position the arm is placed in, it should be inspected frequently, the radial pulse noted, and the swelling carefully observed. All apparatus should be removed at least once a week, and while passive motion should not be instituted until late, massage may be started after the primary swelling has subsided."—Scarlett in the Monthly Cyclopaedia of Practical Medicine.

Do not be misled into thinking that skin grafting without anaesthesia is difficult, or impracticable, or beyond your skill. Know what to do and how to do it, then with a steady hand and a cheerful countenance go ahead and do it. Let the patient reflect your confidence and cheerfulness. The pain will be slight, and only for a moment, quite different from the long period of suffering and distress which accompanies a general anaesthetic, and then it is so very important in its results. To repeat briefly: (1) Wash the skin with soap and hot water and flush it off with salt solution; (2) cut the graft with a sharp razor and spread it at once with a probe over the wound; (3) apply the dressing of silver leaf, silk protective tissue, gauze and bandages; (4) redress in five days; (5) well in ten days to two weeks.—Rose, Medical Record, Nov. 16, 1907.

IN PROPORTION.—For many weeks the irritable merchant had been riveted to his bed by tyhpoid fever. Now he was convalescing. He clamored for something to eat, declaring that he was starving.

"Tomorrow you may have something to eat," promised the doctor.

"Here is your dinner," said the nurse the next day, as she gave the patient a spoonful of tapioca pudding, "and the doctor emphasizes that everything you do must be in the same proportion."

Two hours later the nurse heard a frantic call from the bed chamber.

"Nurse," breathed the man heavily, "I want to do some reading; bring me a postage stamp."—Philadelphia Ledger.

THE MEDICAL CATECHISM, AND WHAT WE MAY LEARN FROM IT OF DOCTORS.

Question.—Who are you?

Answer.—A fashionable physician.

Q.—What is a fashionable physician? A.—A fashionable physician is a doctor who practises among the upper ten.

Q.—What qualifications are required of you as a fashionable physician? A.—To live in a smart neighborhood, to keep up a good establishment and to charge high fees.

Q.—Are there any other requisite qualifications? A.—Yes; one other. I am required to have some knowledge of the art of medicine.

Q.—From what complaints do your patients chiefly suffer? A.—From idleness, self-indulgence and appendicitis.

Q.—Then are all your patients idle? A.—Nearly all.

Q.—Are they all self-indulgent? A.—With few exceptions.

Q.—Do they all have appendicitis? A.—All who can get it. It is more sought after than any other complaint.

Q.—How do you treat appendicitis? A.—I do not treat appendicitis. I pass the patient on to a fashionable surgeon, who performs an operation.

Q.—And does the operation always reveal the existence of appendicitis? A.—It does not always reveal the existence of appendicitis.

Q.—What does the fashionable surgeon do in this event. A.—He sews the patient up and says nothing about it.

Q.—What is disgraceful professional conduct? A.—Advertising.

Q.—What is advertising? A.—A crime almost entirely confined to men in the lowest ranks of the profession.

Q.—Quote me a typical example of this crime of advertising. A.—A typical example is seen in the case of the obscure general practitioner who allows his name to be mentioned on the prospectus of a poor man's Benefit Club.

Q.—How is he punished for so odius a crime? A.—By being struck off the Medical Register.

Q.—Do fashionable physicians advertise? A.—Fashionable physicians never advertise.

Q.—Are their names ever mentioned in the papers when they happen to be attending some distinguished patient? A.—Yes, always.

Q.—Is this advertising? A.—No.

Q.—Who determine what is, or is not, advertising? A.—The General Medical Council.

Q.—Of whom does the General Medical Council consist? A.—Of Fashionable Physicians.—From Truth.

The Maryland Medical Journal prints the following revised fee table as ordered by the Council of the Faculty of that State. This, while subject to variation according to circumstances, will give one a very fair idea of the average just charge:

MEDICAL AND SURGICAL ATTENTION.

First visit in any case of sickness	$2	to	$20
Each subsequent visit	2	to	5
First consultation visit	5	to	100
Each subsequent consultation visit	5	to	100
Single visit and advice in special cases, where the physician is not the regular attendant	5	to	25
Distant visits, for every mile over two miles in addition to the usual charge, night visits double	1	to	5
Night visits, between 10 P. M. and 7 A. M.	5	to	10
Detention with patient all night	10	to	100
In case of several patients in one family, charge the visit to one, and to the others each one-half the amount charged to the first.			
Advice at physician's office, night double	2	to	10
Advice anywhere except at office	2	to	10
Advice by telephone	2	to	10

SURGICAL OPERATIONS.

*Minor	5	to	100
Major	100	to	10,000
Obstetrical attention	20	to	1,000

MISCELLANEOUS.

Microscopical or chemical examination of blood, sputum, urine or other secretions	5	to	50
Administering anaesthetic	5	to	100
Gonorrhoea or syphilis, in advance	15	to	500
Written opinion as to health of patient	10	to	50
Oral opinion as to health of patient	5	to	25
Expert testimony or detention at court per day	50	and	up.
Opinion involving a question of law	50	to	150
Examination for life insurance	5	to	10
Family physician's certificate for life insurance	5	to	10
Certificate of cause of death for life insurance			10
Post-mortem examination for legal investigation	100	to	500
Post-mortem examination for the family	25	to	50

*By the term minor surgery is meant those small operations or dressings which usually do not endanger life, require neither an assistant nor general anaesthetic.

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ORIGINAL COMMUNICATIONS.

SOME PROBLEMS IN GASTRIC DIAGNOSIS.*

BY FREDERICK P. BATCHELDER, M.D.
Professor of Physiology, Boston University School of Medicine.

When the chairman of your bureau communicated with me last month he was endeavoring to solve a problem of a different kind and invoked my participation in such solution. For the courtesy of the cordial invitation to participate in your program this afternoon please accept my sincere thanks. Since the next paper on your program deals with such a pre-eminently practical topic (Gastric Surgery and the General Practitioner), it seems appropriate to consider one of the not unusual forms of disease of the stomach and gather from the subsequent discussion more light for the future.

In my course of instruction in Boston University School of Medicine during the past year consideration of the important part taken by afferent or "sensory" nerve impulses from the gastro-intestinal tract, from the urinary tract, and from the skeleton muscles lead to the following statement: "As a rule, if the viscera are performing their functions in a normal manner we shall not be conscious of their activity, and it is only when modifications in such normal function occur that those sensations which we speak of as painful appear and voice the disturbed functions."

There is a time in the career of a prospective medical student when his veneration for the noble art of healing leads him to believe that the diagnosis of disease and the practice of medicine constitute an exact science. The recent graduate in medicine, if he be fortunate, does not immediately have this wonderful vision dispelled, but to many, and to the writer, it has often occurred that case after case comes for treatment and the clinical picture is anything but an exact or "typical" one.

One of the organic diseases of the stomach is what is technically termed "ulcer" or "round ulcer." In the diagnosis of such a clinical picture if the condition be typical, you will find:

1. Localized epigastric pain often posterior to the cartilages

*Read before the Worcester County Homoeopathic Medical Society, November 14, 1907.

of the sixth and seventh ribs, possibly radiating in a stellate manner and also extending through to the back. This pain usually follows the ingestion of food or liquids.

2. Vomiting a variable length of time after taking food, and testing the vomitus for hydrochloric acid, shows it to be usually 200 or 300 per cent. increased.

3. Hemorrhage. Blood will be present in the vomitus whether food has been taken or not.

As introductory to the writer's experience the classification which Musser gives, quoting from Welch, is as follows:

1. "Those cases where there are no symptoms whatever.
2. "No symptoms until the sudden occurrence of hemorrhage or perforation.
3. "The symptoms of chronic gastritis or gastralgia only.
4. "The typical case above mentioned.

The value of the clinical examination of the body fluids, excreta, etc., cannot be looked upon as giving us infallible data in our medical work, and as in other pathological conditions, as here, we must conclude that if a positive reaction be obtained, good and well, but a negative reaction must not be taken to mean a negative diagnosis. In these cases to be narrated some startling and instructive developments were manifested which serve most emphatically to warn us and urge us to carefully investigate all possible source of information in order that we may find the key which will unlock or solve the problem.

Miss R. consulted me about a year ago for what she termed indigestion. Her weight in November, 1905, was 125 pounds, having lost thirteen pounds in the previous twelve months. Only two points in her family history threw any light on the case. Her mother died at twenty-nine from what was called hemorrhage from the stomach, but carefuly inquiry leads one to believe from all data, including an autopsy, that multiple gastric ulcers and perforation were the cause of death. One brother has had more or less chronic gastritis.

There were three distinct points in her history: In March, 1905, she had her first abrupt attack of dull localized epigastric pain and soreness on palpation, with acidity. These symptoms lasted three weeks and suddenly ceased, except that a slight sense of soreness persisted. On August 15, 1905, she developed her second abrupt attack, identical with the first, lasting only about ten days. On November 5, 1905, she developed her third attack following the eating of welsh rarebit. The subsequent epigastric pain was dull and intermittent. Some distress and occasional thirst were present but no nausea, vomiting, or diarrhoea. Flatulence existed in some degree and belching, etc., afforded relief. The appetite was irregular, the epigastric soreness was marked and the pain recurred in a most erratic manner at almost any

time except in her sleeping hours. It was somewhat peculiar, to say the least, that discomfort ceased almost instantly if she lay down, and her nights were excellent.

Modification of her diet and the administration of remedies afforded complete, although temporary, relief. She went one week practically free from pain and digestion seemed almost normal. This very strongly confirmed the opinion that she had a sub-acute gastritis. Physical examination disclosed nothing except a small spot of soreness high up in the epigastrium one-half inch to the left of the middle line. Pain and discomfort ceased during this manipulation.

The case was kept under observation, and on December 23, 1905, she for the first and only time, began to have deep-seated, radiating epigastric pain, extending through to the back. Three days after she was put to bed and given a bland and non-irritating diet, but soon the pain and distress appeared, even though she maintained the recumbent posture. A Boas test meal showed H. Cl slightly *decreased*, lactic acid absent. This clinical test did not prove of much assistance and Drs. J. Emmons Briggs and Horace Packard saw the case in consultation about this time. An exploration was suggested as the only way of solving this problem, and on December 29 Dr. Briggs operated, assisted by Dr. Packard, and the writer administered ether as the anaesthetic.

The stomach was drawn out and turned upward. High up on its posterior wall and about midway of the lesser curvature the intestine was adherent, and a small infiltrated area could be felt and nearby a white stellate cicatrix was found. The intestinal adhesion marked the site of an ulcer. The stomach wall was cut through and the portion including the ulcerated area removed. I have a microscopical section to show you which exhibits chiefly an enormous round-celled infiltration of fibrous tissue forming the base of the ulcer. The ulcer was craterlike, two c. m. in diameter, with thickly-raised edges, and at the margin of the bottom of the crater there was a white fibrous band. Today this patient is in the best physical condition she has been for five years and has regained her normal weight.

The writer may be pardoned for presenting this at this time, since a more extensive report of the case appeared in the New England Medical Gazette in February, 1906, but without this case the perspective of our entire picture would be incomplete. Practically the only typical clinical feature in this patient's case was the single, but brief, attack of radiating epigastric pain extending through the back. The preponderance of opinion based on presumptive evidence and the clinical character of the case with definite repeated attacks, was in favor of gastric ulcer as a tentative diagnosis. The lack of H. Cl in the test meal may possibly be accounted for by the character of the ulcer and cicatrization at

the base of the ulcer indicating a relative lack of over-sensitiveness.

The normal outpouring of gastric juice with the hydrochloric acid and other constituents is dependent upon stimulation of the gastric afferent nerve endings in the mucous membrane by the food within the stomach. The excess of hydrochloric acid in the gastric secretion attending a typical ulcer would seem to be dependent in part on increased irritability of the mucosa which is perpetuated and even increased by the presence of food.

The history of the next case is a contrast to the one just given. Mr. E., aged thirty-eight, was admitted to my service in the Mass. Homoeopathic Hospital, July 18, 1906. He was a patient of Dr. R. V. Sweet of Rochester, N. H. By occupation he was a grocery clerk and often handled very bulky, heavy articles. His father died of nephritis at sixty-seven and his mother of cerebral hemorrhage at seventy-seven. One brother and one sister are in good health. Three brothers died in childhood. Previous history:

Had been well up to a time eighteen months before, but had an operation for hemorrhoids in 1903. He began having some pain in the region of the stomach after eating, which bromo seltzer relieved. Later on the pain led to nausea and then vomiting, with relief. Occasionally he could eat without pain, even the food seemingly relieved him, and he would for a time be better. After six months of this he consulted a physician. The treatment afforded temporary relief. During the latter part of February, 1906, he was so ill that he went to bed and rectal feedings only were used for ten days, after which he gradually took nourishment by the mouth. After spending nine weeks in bed he became able to readily take a general diet. About four weeks later distress after eating returned, usually appearing one and one-half hours after meals with only occasional vomiting, which persisted up to the time of his admission to the hospital, but at no time was there any blood present. The focus of the distress or pain was not in the mid-epigastrium, but was referred to a point about opposite the lower border of the stomach near the middle line. The vomitus at times was acid in taste and he had some flatulence. Between June 1 and July 18 he had lost eighteen pounds in weight. His tongue was a little coated, had noticed some backache for two months and felt weak and tired. Abdominal palpation showed tenderness at a point near the median line above the umbilicus. His appetite was good but had been obliged to take milk and eggs chiefly.

On July 22 a Boas test breakfast was given and withdrawn from the stomach after thirty minutes. Tests showed .6 of 1 per cent. of H. Cl (a three-fold increase) and no lactic acid. The patient was kept under observation, was up and about, had a soft liquid diet with plenty of milk and egg with some starchy food, and was on Nux vomica eleven days, then was given Atroph sulph. 3x. Under such medical treatment he was often free from pain, but

his improvement was only partial. On August 16, having previously considered and accepted surgical interference, he was transferred to the service of Dr. J. Emmons Briggs, who that day made an exploratory incision. Examination showed a diffuse infiltrated area particularly on the posterior wall of the stomach just below the lesser curvature, and there was also a spot of conical shape with a central depression, the site of a round ulcer. On incising the stomach there was such a diffuse infiltration occupying, as estimated, one-third of the stomach wall that an inferior gastrojejunostomy was made. A portion of the tissue was removed at the time, and I have here a slide under the microscope for your inspection which very beautifully shows an abundance of normal glandular tissues with not a trace of malignancy. I have not recently heard from this patient, but his recovery was most satisfactory and uncomplicated. He left the Hospital a wiser and a happier man.

Cases of this sort present to our minds some serious questions as to the ultimate prognosis. In this particular instance time will determine the development or non-development of future malignant trouble. The microscopical examination would seem to justify the diagnosis of a benign process involving such a wide-spread area in the stomach wall, and yet cases almost identical with this have been known in process of time to take on a fatal malignancy at the original site. It is hardly within the scope of this paper nor will time permit the discussion of carcinoma, secondary to and commencing at the margin of a round ulcer.

The last case to be mentioned was in some respects most typical. Miss F. C., aged thirty-four, waitress in a summer hotel, was sent to the Hospital by Dr. Walter H. Tobey and entered my service August 25, 1906. Previous history:

"Always has had a stomach trouble." Family history, negative. Two years ago she developed a severe and sudden attack of epigastric pain half an hour after a meal, followed by severe vomiting of food only. She remained in a hospital in Newfoundland six weeks and fully recovered. Three weeks before admission to the Hospital she had a return of the same symptoms with severe sharp pain in the region of the stomach, one half hour or less after eating, which continued daily and was brought on by taking water or small amounts of nourishment or a hearty meal, and would be followed by vomiting of the stomach contents, but never of blood. Frequently the pain radiated in a characteristic manner and occasionally extended through to the back. The patient was put on suitable rectal feeding, consisting of the whites of two eggs, a tablespoonful of panopepton, a heaping teaspoonful of sugar of milk and normal saline sufficient to make six ounces. This was given four times in twenty-four hours. The stomach was given absolute rest and the patient received Atropia sulph 3x, one tablet dry on the tongue every two hours. In forty-eight hours this

treatment gave her entire relief. Urinalysis at this time showed total amount 1000 C. C., reaction acid, sp. gr. 1025, total 24 hours, solids, 58 grms.; total 24 hours, urea, 26 grms.; total, 24 hours, chlorine, 5.5 grms.; total 24 hours, Phos. acid, 2.9 grms.

A trace of albumen was found and the sediment showed some leucocytes, a few hyalin casts, a few blood disks and amorphous urates. After due consideration on the part of the patient, to whom we plainly stated that in the opinion of all who examined her, including her own physician, Dr. Walter H. Tobey, she had a gastric ulcer and that surgical interference offered the best and most permanent means of relief, and also we realized fully that unless something was speedily undertaken, her one means of feeding would have become exhausted before that post-operative period when this would be so necessary. It was deemed unwise to submit the patient to a test meal. She was transferred to the surgical service of Dr. J. Emmons Briggs, and on September 3 he made the operation. The stomach was drawn out, and high up on the posterior wall about midway of the lesser curvature an infiltrated area was found about an inch in diameter, in the middle of which a central conical depression could be felt. An operation was made by Dr. Briggs, similar to that in the first case cited, which the patient bore very well. The early part of the post-operative period promised well, but in a week or ten days, even though the stomach had borne such nourishment as beef juice, vomiting returned, and September 18 and 19 the patient presented a condition of persistent insomnia, vomiting at irregular intervals, and most profound mental depression amounting at times to utter despair. All remedies tried failed to check the vomiting or lift the cloud. At this time some special tests of the urine were suggested and made by Dr. A. A. Starbuck, the senior surgical interne, notably, tests for acetone, di-acetic acid and indoxyl. A large amount of each of these was present and the reaction was very marked. It is hardly necessary to remark there was no glycosuria. Sodium bi-carb to the amount of ten grains a day was administered in water, even though the patient rejected a part of it. Saline and nutrient enemas were continued, and presently some form of carbo hydrate food was given by the mouth and a part of it retained. The patient rallied and the indoxyl had nearly disappeared from the urine before the other substance began to diminish much.

In this case diagnosis of the gastric condition was comparatively easy. It was by no means easy to determine beforehand the reason for the late secondary vomiting. Much praise is due to the surgical service for the conduct of the case and the recognition through appropriate clinical tests of the auto-toxemia from which the patient was suffering. May it not be that somewhat frequently cases of suspected uremic vomiting not due to nephritis may be due more often than we have hitherto suspected to acetonemia? Most assuredly, so far as human discernment goes,

the last patient owes her life and convalescence to the recognition and treatment of this somewhat unusual menace.

Summary:

In two of these three cases we observe that the clinical test for hydrochloric acid gave variable results. In all cases after operation one or more clinical tests as well as microscopical examination of the tissue were found practically indispensable. In each case surgical interference and operation proved confirmatory of the tentative diagnosis and gave most satisfactory results. The diagnosis in the first instance could not be definitely made beforehand, and no two of the cases were alike. Individualizing seemed just as essential in attempting a diagnostic conclusion as in any other aspect of medical practice.

THE USE AND ABUSE OF KEYNOTES IN PRESCRIBING *

By Dudley A. Williams, M.D., Providence, R. I.

In presenting this subject before you today I realize that much of what I have to say is already known to many of you and must of necessity be in the nature of a repetition. And yet I venture to state that many of you, some grown old in the service of Similia, have fallen into ruts and routine methods in your prescription work. No one realizes better than I how easy it is to fall into these habits either from tiredness or from laziness. It is so easy to follow the lines of least resistance, so easy to take up a magazine or book after the evening office hour and enjoy yourselves rather than work out the remedy of some case that has troubled and puzzled you during the day.

As one of my colleagues said to me not long since: "Homoeopathy is all right, but it takes too much time and too much study to always prescribe that way. Specific medicines for special diseases, easy labor-saving methods are the needs of the present-day homoeopathic physician. I want a remedy for headache, one for diarrhoea, one for rheumatism, etc." In other words, this friend of mine wanted to find the easy short cut to accurate homoeopathic prescribing which you and I know does not exist and never can exist. It is a lamentable fact, but none the less true, that there are a good many men who practice under the guise of homoeopathy who are in this class. Such men as these, and, alas, that they are so numerous, are the successors of such wonderful prescribers as Hahnemann, Boenninghausen, Dunham, Hering, Lippe, and others.

Now the use of keynotes or characteristics or peculiar symptoms, "the red strand in the rope," are often the cause of leading

*Read before the Massachusetts Homoeopathic Medical Society.

astray some of our younger prescribers simply because they do not take into consideration the fact that they are simply the guideposts showing the way to the remedy and not the final destination. Too many times aggravation from motion means Bryonia, or red sandy sediment in the urine, Lycopodium, or pain on first moving, Rhus, etc. Too many times the examination of the patient stops right there after this or that one keynote has been elicited and a prescription made, only to have the patient return at some later day, little, if at all relieved.

Now, then, how are we to use these guideposts? Let me quote to you from an ancient volume which the average modern homoeopathic physician of today either doesn't possess or else it will be found on some top shelf covered with dust, a relic of his college days. It has been passed long ago, he thinks, by the present-day scientific medical advancement, but I venture to say that if you will substitute the word opsonins and opsonic index for the words vital force and dynamis, a more specious argument to support Wright's theory cannot be found in present-day literature, although these premises were written almost a hundred years ago. This old, yet ever new book, says: "Each medicine produces particular effects in the body of man and no other medicinal substance can create any that are precisely similar." (Par. 118.)

In order, then, to accurately prescribe we should learn just what are the particular effects of each remedy so that we may readily distinguish drugs one from the other.

Now, is there any further aid to be had in learning just what these particular effects are? I seem to remember another bit of advice from the same book. "In this search for the homoeopathic remedy the striking, remarkable, uncommon and peculiar (i. e., characteristic) signs and symptoms of the case of sickness are to be especially and almost exclusively brought to notice." The general and indefinite, such as loss of appetite, headache, weakness, restless sleep, discomfort, etc., if they are not more closely defined, deserve little attention, for one finds something about as indefinite in almost every sickness and caused by almost every drug." (Par. 153.)

The general and indefinite symptoms, then, if we follow this dictum, are useless because they are caused by almost every drug. They are not those symptoms produced by any one drug. The characteristic, i. e., the striking, remarkable, uncommon and peculiar symptoms are, then, the ones which no two drugs produce in an exactly similar manner. These are our keynotes and to define it in a few words: The keynote symptoms of any drug are the particular effects of that drug which no other drug produces in a precisely similar manner.

One other guide to the study of keynotes, a thought peculiar to our school, emphasized by the founder of homoeopathy and verified many, many times by his followers, is that the mental

symptoms are a surer guide to the proper selection of the remedy than the pathological.

I need hardly bring to your mind the tearfulness of Pulsatilla, the restless fear of Aconite, the anxiety of Arsenicum, the crabbedness of Nux, the changeableness of Ignatia. The mental symptoms, as a rule, have no diagnostic or pathological value and hence are among the important ones. They indicate, perhaps, more than any others, the individuality of the patient, much more so than the physical symptoms do. Now comes one of our greatest stumbling blocks, I think the commonest mistake made by prescribers today. What constitutes the totality of symptoms? We talk about it a great deal, and I find it means a different thing to almost every man. As a corollary to this question, and one that, I believe, unlocks the door of our difficulty, is the relative value of symptoms. So many of us do not distinguish between symptoms. Many times physicians go astray from the homoeopathic road, simply because the totality of symptoms means to them all the symptoms in the case, both diagnostic and therapeutic. They religiously take down all the symptoms they can elicit and then struggle for hours with a repertory trying to bring order out of this choatic mass. All symptoms are of equal value and of equal rank, and in the end they are muddled worse than when they started. Then what happens? Why, they must do something for the case and so they fall back upon some palliative measure. Each time this becomes easier and easier and they salve their conscience by proclaiming themselves liberal and say: "I take the best wherever I find it," or "I believe in giving my patient the benefit of anything that will help."

In many instances, if not in all, this is a tacit confession of just such failure as I have mentioned somewhere and sometime.

The totality of symptoms to be used in the search for the simillimum is the totality of the peculiar and uncommon symptoms, for, as I have just quoted to you, the others are useless, being found in almost every patient. To illustrate a little that I may make myself clear, let me take a case of intermittent fever. Here is a condition, I will venture to say, that is less prescribed for homoeopathically than any other disease the homoeopathic physician sees. Quinine is so easy and so scientific! Strange how these same cases keep recurring each spring or each fall and come back to be cured (?) each time!

Our patient, we will say, has the regular chill, fever and sweat. Suppose he has no thirst with the chill, that is not strange nor uncommon; but suppose he has great thirst with the chill; that would be uncommon and to some degree peculiar. You would expect thirst with the fever, but a total absence of thirst would be most uncommon. He would want to be covered up during the chill, pile on the blankets. Wouldn't it be rather striking and peculiar if he wanted to be uncovered, and wouldn't wanting to

be covered during the fever be peculiar? The absence of one stage would be uncommon and so would the reverse order of them.

But you say: " am still prescribing for the chill, fever and sweat, and surely they are diagnostic symptoms." True, but if you remember the passage I quoted not long since, it said the general and indefinite symptoms, unless they are more clearly defined, deserve little attention, etc. It is because they are closely defined that they are made of greater value and lifted from the plane of diagnostic symptoms to that of characteristic or keynote symptoms.

Take measles for another example. You are all familiar with the common, i. e., diagnostic symptoms. You will find them under a number of drugs, but suppose your patient, in addition to these common symptoms, has this one prominently: Picks the lips until they are raw and bleeding. This is certainly an uncommon and peculiar symptom, and why? Because all cases of the disease do not have it, but only peculiar cases, and your remedy for that particular case of measles must include this symptom in its rubrics.

A keynote may be found in the history of a patient, but it may not be at all peculiar or characteristic of his sickness. Some seemingly unimportant symptom may be much more so. Thus, Chamomilla would not be prescribed for every baby that is quieted by being carried about in the arms. Another symptom which Chamomilla has not may be much more peculiar and uncommon.

A symptom may be peculiar as a concomitant to one disease and with another not at all so. Thus a diarrhoea with a colic might not of itself be peculiar or uncommon, but as a concomitant of a pneumonia it would be. Profuse micturition alone, unqualified, is of little or no value in the choice of a remedy, but profuse micturition relieving a headache or accompanied by swelling of feet and ankles would make it uncommon and peculiar. So any common symptom may be qualified or defined so as to make it a peculiar or characteristic one.

In just so far as our discrimination between symptoms is developed, judging when they are peculiar and uncommon and when they are useless, just so successful shall we be in our prescribing.

The necessity for discrimination may be shown in that well-known keynote of Phosphorus. As soon as water becomes warm in the stomach it is vomited. Now vomiting after drinking is found under some twenty-six drugs. How are we to know when the vomiting is due to water becoming warm in the stomach, or when it occurs simply as a consequence of drinking? So, again, nausea on smelling food, a keynote of Colchicum, is found under at least two other drugs (Dig. and Sep.). Of course, no one ought to prescribe on just that one keynote, and yet how many times it is done!

But I think I hear some of you reminiscencing and saying: "Oh, well, I had a case, so and so, and just such a keynote came up and I gave the remedy and it cured." Granted, we all have made some very fine cures by just such a method, but you and I know it was only happen-chance, only a chance hit and has nothing to recommend it as a routine method, and that where we had one such brilliant success by this method we have had many, many dismal failures.

Those of you who are familiar with the case of the washerwoman cured by Bryonia reported by Hahnemann and found in his Lesser Writings, can recognize the force of my argument. To those who are not familiar with the case mentioned, I most cordially recommend it as a masterpiece of discrimination of symptoms even in a simple case.

The venerable Hering had a saying with which you are all familiar, that a prescription to be of value must be like a stool, have three legs to stand on. This truism has been misapplied many times and has become to mean to some that any three symptoms found under a drug would suffice to produce a stable seat. This is a fallacy and our failures prove it such. The legs to your therapeutic stool must not only be of equal length, but of equal strength, else your stool will collapse.

Hahnemann left us three distinct statements to aid us in using keynotes. These statements cover the whole ground, I think, both as to the patient and the medicine employed. Briefly, they are stated thus: 1. Each medicine produces particular effects in the body of man and no other medicinal substance can create any that are exactly similar. (p. 118.)

2. In prescribing, the striking, remarkable, uncommon and peculiar symptoms of the patient are to be studied, for these must especially be covered by the characteristic symptoms of the remedy. (p. 153.)

3. The totality of symptoms is the only guide in the selection of the homoeopathic remedy. (p. 70, *et al.*)

You will observe that all the important words of these statements are in the plural. Thus we read of particular effects of drugs, of peculiar symptoms, of totality of symptoms, etc.

All this indicates that in every case many factors are to be considered. In none do we read of single symptoms being used. Each drug has its peculiar symptoms or keynotes, which taken collectively, surely indicate that drug; but few, if any, drugs have one symptom which invariably calls for that remedy.

To illustrate this thought: Lycopodium has a group of symptoms which taken together can always be relied upon to indicate that remedy, but each individual symptom of this group is found under many other drugs. None of us could scarcely fail to know what remedy even these few symptoms call for. Aggravation from 4 to 8 P. M., symptoms going from right to left, especially of the throat, fanlike motion of the alae nasi, clear urine deposit-

ing a red sandy sediment, a full bloated feeling after eating a little, etc.

The whole art of prescribing, and there is such a thing as an art, I had almost said a science of prescribing, resolves itself into finding for each patient that drug whose particular effects are most similar to the totality of the particular, uncommon, and characteristic symptoms exhibited by the patient.

This, of course, excludes prescribing upon one symptom and prescribing for the name of a disease. The single symptom will oft times indicate the drug, or drugs, to be studied, but nothing more.

In so far as we apply this rule in our practice, in that degree shall we attain success in relieving our patients. If we would only spend as much time and thought in studying the art of homoeopathic prescribing as we often do in the art of diagnosis, the nearer would we approach the success of the Old Guard, that coterie of men, who, in the beginnings of homoeopathy in this country made it respected wherever they went.

And what made for their success? Simply following the rules laid down in the Organon by the founder of homoeopathy, Samuel Hahnemann.

HEPAR SULPHUR IN AURAL DISEASES.—Hepar sulphur is an important remedy in the hands of the aurist, but its use is practically confined to suppurative cases—chiefly to hasten the ripening of furuncles in the external canal or to promote discharge in suppuration of the middle ear. It is especially adapted to recent, acute cases which Belladonna has failed to abort, and to cases where the discharge, already established, has become checked prematurely, with increase of pain, of febrile disturbance, and of distinctly localized tenderness upon pressure.—H. P. Bellows, M.D., Homoeopathic Eye, Ear and Throat Journal.

PULSATILLA.—The pivotal characteristics are:

1st. Fat, fair, flabby patient, with blonde hair, blue eyes, changeable disposition, always in the garret or the cellar.

2nd. Sluggish, venous circulation, associated with all symptoms.

3rd. No thirst and chilliness with all symptoms, even fever.

4th. Catarrhs of all mucous membranes, with thick, bland, yellow, profuse discharges. (Also thick, bland thoughts.)

5th. Acute indigestion after rich food, with white, pasty tongue.

6th. Scanty, delayed menses, with spasmodic dysmenorrhoea.

7th. Aggravations and ameliorations same as other venous hyperaemias, better tonic influences (walking in open air, consolation, etc.), worse atonic influences (sedentary life, worry, etc.)

PULSATILLA. *MUCOUS MEMBRANES.* Catarrhal inflammations of any mucous membranes, sub-acute in character, never violent in manifestations, secreting a thick, yellow, bland mucus, sometimes tinged with green. So this discharge may indicate the drug in ophthalmia, otorrhoea, gastritis, diarrhoea, gonorrhoea, or leucorrhoea.—Monroe. Medical Century.

IS MEDICINE OF VALUE IN THE MODERN TREATMENT OF TUBERCULOSIS?*

By George N. Lapham, M.D., Rutland, Mass.

In the modern treatment of pulmonary tuberculosis so much stress is laid on the importance of fresh air, nourishing food, cold baths and other necessary factors in the treatment, that the value of medicinal treatment is almost lost sight of. In fact, a great many physicians tell their patients that medicine is of no use in the disease; that all they need to do to effect a cure is to go to the country, eat plenty of nourishing food, keep in the open air as much as possible, and nature will do the rest. Important as are all these measures and necessary as it often is to urge upon the patient the necessity of their careful observation, he naturally gets the impression that the physician's services are no longer needed; that the nature cure is all sufficient, and he is perfectly competent to prescribe for himself what he ought to do, or not to do. And herein lies a possible danger to the patient and frequent disappointment to the physician. The importance of a constant and corrective supervision of a physician is overlooked. He is far more competent to judge as to how much exercise a patient should take, how much and when he should be allowed deep breathing, when entire rest should be enforced, and numerous other details in which he needs to be carefully directed to obtain the best results. A change of environment to favorable conditions, together with the hygienic measures and careful supervision, will in nearly every case be followed by improvement, but furthermore we believe that the demonstration of the indicated remedy will be correcting unfavorable symptoms, hasten the patient's recovery. There are a fortunate few of these incipient cases that seem to run an uneventful course, presenting no symptoms worth mentioning or where the fresh air treatment alone will suffice. But the large majority manifest some constitutional weakness or a certain train of symptoms that call for medical treatment, such as frequently recurring pleurisy, tendency to blood spitting, indigestion, and a hundred and one other secondary symptoms that can often be corrected by medicine only.

At the Massachusetts State Sanatorium we have the exceptional opportunity of watching the effect of all forms of treatment in incipient phthisis, as the homoeopathic school is there given an equal opportunity with the old school of treatment of cases.

Clinical observation affords us a basis for the opinion that the treatment according to the law of similia has shown on the whole fully as satisfactory results—as the so-called "regular" treatment. Of course it is often difficult to determine just how

*Read before the Massachusetts Homoeopathic Medical Society.

much credit to give to the action of drugs administered to patients following out the hygienic treatment. How would this or that case have gotten along without any medicine is a question that often suggests itself and of course in any individual case is difficult to answer.

But I submit that when cases that have before entrance shown a persistent train of symptoms, that continue after entrance, but upon the administration of medicinal agents these symptoms show marked improvement, we may then feel justified in attributing the favorable result to the action of the drug. It is on the basis of hundreds of such cases that we have day by day increasing confidence in homeopathic medication in tuberculosis.

We can roughly divide the symptoms presented in incipient tuberculosis into primary and secondary, the primary symptoms being those produced by the disease itself and the secondary symptoms those due to the disturbance of other organs or parts of the body not directly resulting from the tubercular process. Far more favorable results may be obtained in treating these secondary symptoms. The most common of the primary symptoms are cough and expectoration. The cough in the early stage of the disease is usually of a dry and hacking character accompanied by little or no expectoration. It is due to local irritation in the affected lung, although often referable by the patient to the larynx or trachea. In this stage there is often considerable relief from the administration of the indicated remedy. In the more advanced stage of the disease when there is more secretion in the bronchi or necrotic material from the broken down tubercles, the cough results from effort to expel this material from the lungs. A cough of this character is very persistent and difficult to treat and must continue until this waste matter is removed. Occasionally such remedies as Antimonium iodide, Ipecac and Tartar emetic when indicated will soften the cough and render it easier for the patient to raise.

As secondary symptoms may appear, gastric disturbances, nervous manifestations, catarrhal affections of the nose and throat, rheumatism, and cardiac, renal or other functional disturbances. These can logically be treated only as independent conditions and with fully as much success as in non-tubercular patients.

What advantages then are there in administering the homoeopathic remedy over other forms of treatment?

1. The homoeopathic remedy can be given in a certain train of symptoms to correct them, while "regular" treatment at best is confined to local applications, general tonics or the attempt to counteract one or two important symptoms, instead of treating the totality of symptoms.

2. Functional disturbances cannot follow the administration of the homoeopathic remedy. It is, at least, something to our

credit to do the patient no harm. On the other hand even in these days of rational treatment, very many cases present themselves that have impaired digestion, and otherwise show ill effects undeniably due to the over-use or too constant use of Kreosote, coal tar derivatives, etc., in the attempt to tone up the system or reduce temperatures.

3. The results, when obtained are usually definite. The symptoms treated are greatly ameliorated or entirely disappear, and when this end is reached the medicine can be discontinued or changed to suit other symptoms.

4. The patient takes the least amount of medicine necessary to obtain the desired results. His digestive system is not burdened with tonics, alteratives, emulsions etc., but is left free to digest and assimilate plenty of nutritious food, the best tonic and the only internal tonic the patient needs.

5. In institutions the comparatively slight cost is an important item. This is readily seen when we compare the cost of the constantly increasing number of new drugs and combinations placed on the market by large pharmaceutical firms. These expensive preparations so highly praised in advertisements, are usually used a few times and then discarded for something new.

There is a more or less prevalent idea that a person suffering from pulmonary tuberculosis is less susceptible to minute doses of medicine than non-tubercular patients, presumably on the assumption that the toxins of the disease exert a counteracting effect. I do not believe this to be true. Indeed, the peculiar susceptibility of some people to very small doses is just as apparent as in other diseases. Adjuvants can and should always be employed where it will help the patient. Massage, local applications, hydrotherapy and electricity all may be helpful, for the mental and moral as well as physical effect.

By adhering to homoeopathic prescribing in these cases we not only get satisfactory results but we avoid the temptation to use the many proprietary preparations, many of which in their announcements, by implication if not by direct statement, are claimed as practical panaceas for the disease. Their name is legion. It is surprising to find what a large proportion of patients have been previously taking these proprietary remedies, trying first one and then another, (and very often on doctor's prescription) to get "built up." Very likely many of these preparations are excellent, in that they may contain drugs desirable in certain conditions, but the uncertainty of such haphazard prescribing, to say nothing of the great expense to patients who can ill afford it, brings out in marked contrast the rational method aimed at in homoeopathic prescribing. Granted the results we desire are not always obtained, we are nevertheless following consistently on fundamental rule, the only law of therapeutics ever enunciated. The results so far have been satisfactory, but individual opinions

are not conclusive. A larger clinical experience and increasing number of cases treated, can be the only evidence of value as to whether or not the therapeutic law of Hahnemann is more successful than any other treatment.

All physicians will gladly welcome and use any specific for tuberculosis, if such a thing is ever discovered, and proven of real value in the treatment. But until that time shall arrive, the only medical treatment of value that we can give our tubercular patients must be symptomatic and I believe we may confidently feel, at least in incipient cases, that after we have put the patient under the best conditions possible and see to it that he is following out the prescribed rules of hygienic living, the homoeopathic treatment will in most cases be all he will need in the line of internal medication.

IS MEDICINE OF VALUE IN THE MODERN TREATMENT OF TUBERCULOSIS?*

By Herbert C. Clapp, M.D., Boston.

The hygienic treatment of incipient pulmonary tuberculosis is far more important than the medicinal. In fact, that is what everybody now-a-days thinks who knows anything practically about it. It cannot be otherwise. While on the one hand patients are sometimes cured by proper hygienic measures without any medicine whatever, in my mind it is doubtful if on the other hand cases are often cured by medicine, if the hygienic measures are disregarded. But this statement, true as it is, does not at all prove that medicines are of no use in the treatment of the disease, as some extremists pretend to claim. Some people do not seem to be able to hold more than one idea at a time. When convinced by observation of the wonderful efficacy of hygienic measures, they are so impressed as to consider them all sufficient, and as rendering entirely unnecessary any other aid. This is not the position of most of the men who are actually curing the disease, but of those who have got a smattering only of the new ideas—like the theorists and newspaper reporters, who like to announce wonderful cures without medicines. Generally it is not an easy matter to cure a case of pulmonary tuberculosis, and to do so often requires much patient attention and skill and the use of all available measures within our reach. We should have as many arrows in our quiver as possible. Of the different hygienic measures themselves, we may in some cases disregard certain ones and yet be successful. For instance, in a febrile case we may sometimes get a cure without the "rest" treatment. Formerly when consumptives were indiscriminately sent into the woods or out to a ranch and told to rough it, some of them got well, although many

*This paper is Dr. Clapp's discussion of Dr. Lapham's paper printed above.

more whom we could now cure, died under it. It was either kill or cure, and individualization was not practised then as now. So, as it is possible for some to get well without the "rest" part of the modern hygienic management, the observance of which is so necessary to the recovery of many, it is likewise possible for some to get well without any medicinal treatment.

It is our duty, however, to take advantage of every means which may benefit our patient, and to give him as many chances for recovery as possible; and I am very sure, after having had experience in both directions, that more patients can be cured by a combination of both methods than by hygiene alone.

We may look at the medicinal treatment of tuberculosis from two points of view, as constitutional and symptomatic. By far the most important of these is the symptomatic, and the purely constitutional part, where there are no special symptoms, we can sometimes safely omit, depending on hygiene alone. If, however, as is very often the case, there are special symptoms, they should by all means be met by the indicated remedy. For instance our patient has indigestion which every one knows is a very important obstacle to his recovery, proper nutrition by the absorption of abundant and healthful food being a sine qua non. So desirable is it to remove this obstacle, that to do our whole duty we ought to attack it with medicine as well as hygiene, even if the latter can in some cases handle it alone. The same with diarrhoea, sweats, cough and other symptoms which may or may not be strictly dependant on the tubercular poison. By getting the patient rid of as many as possible of these obstacles to recovery, we place him in a better position to fight the tubercular poison itself. We have some early cases with a positive diagnosis (T. B. for instance) and yet with practically no symptoms. These are particularly the cases which often get well by hygiene alone, and yet even in these we may often get a quicker and surer result by a remedy addressed to the dyscrasia.

Is homoeopathic medication in incipient tuberculosis any better than other kinds? Those of us who have tried it to any extent are certain that it is. Here as elsewhere, in addition to the positive good which is easily discernible, we have the negative advantage of not doing any harm, which cannot be said always of such remedies as morphine, kreosote, etc.

In fact, from all that I have said, it may easily be gathered that in my opinion, although the hygienic management with strict supervision is more important, yet the additional prescription of homoeopathic remedies is important enough to warrant us in saying that its omission is a neglect of duty on our part which will result in the patient's not having as many chances for recovery as he ought to have.

HOMOEOPATHIC REMEDIES TO BE THOUGHT OF IN THE TREATMENT OF INCIPIENT PHTHISIS.*

DAVID P. BUTLER, M.D., RUTLAND, MASS.

In treating incipient lung tuberculosis, drug prescribing should be thought of only when hygienic measures have been planned.

We have no specific remedy for tuberculosis. Iodine, it seems to me, has affected it only when symptoms calling for Iodine were present and clinically has not seemed as often valuable as many other drugs. It is no test of the value of a remedy to give it to cases that improve without medication and to get good results. We must bear this in mind if we wish to test our remedies so that they will be of acknowledged value.

The gross conformation of the chest is no index to the susceptibility of the individual to lung tuberculosis. It is the power of resistance of the individual cell. Recent investigations into the question of the opsonic index point to the blood serum as containing that factor which decides whether or not these bacilli shall live in the human body.

At the start we find two sets of symptoms,—those that led to the infection, intensified somewhat by that infection, and those dependent on the infection itself. These latter are not the most important. Should they become so the case is no longer incipient. We often speak of the condition that precedes discoverable or objective signs of the disease as the pre-tuberculosis stage. Whether, as some claim, this is due to the presence of the T. B., or is that condition which invites the infection is of little importance as regards treatment. At any rate it is a state of malnutrition and should be treated as in any other disease, disregarding to a large extent the presence of the T. B. As in most conditions of this kind, we find a large group of symptoms referred to the digestive tract, and the prognosis of an incipient case of tuberculosis depends largely on the digestion.

I do not intend to go into symptomatology, but to name certain remedies that have proven good clinically and that usually are called for by this group of symptoms. Of this list Nux vom., Ipecac, Bryonia, Nux moschata, Lycopodium, Colocynth, Arsenite of Copper, and Gelsemium are prominent. Nux Vomica is the one most often required and the results have been up to expectation. The teasing cough, lack of appetite, feeling of fullness, distress after food, sour or bitter eructations and constipation yield to this remedy in a way that should demand positive indication for any other remedy when these symptoms are present.

Another group of remedies is that referring to the respiratory tract. Coughs when they do not cause fever, pain, blood spitting,

*Read before the Massachusetts Homoeopathic Medical Society.

nausea or loss of sleep should be let alone. Among the remedies that have most often affected harmful coughs favorably are Nux vom., Drosera, Rumex, Phos. in liquid form, Causticum, Bryonia, Iodine, Kali-bi., Laurocerasus, and Ignatia.

For the various chest pains, Bryonia, Aconite, Rhus tox, Bell., Cimicifuga and Nitrate of Aconitine have proven good. It is in this last list of remedies that I think we find one that we could least spare in treating incipient phthisis. This is Bryonia. Not many years from now pleurisy will be defined as tuberculosis of the pleura. In fully 60 per cent. of the cases of lung tuberculosis do we find pleuritic pain among the earliest symptoms, and certainly a much larger per cent. develop it in the course of the disease. The effect of this drug in removing the most annoying symptom of this disease has been the most gratifying thing in the drug therapeutics of incipient lung tuberculosis.

In glandular complications Iodine is undoubtedly the remedy.

Pulmonary hemorrhage in incipient cases is rarely dangerous. Medication has comparatively little effect on this condition. It is only in recurring hemorrhages markedly congestive in character and when the congestion is evident to the patient as a condition that precedes bleeding, that we are able to prescribe with satisfactory results. Aconite is the remedy here. Even in women where the threatened hemorrhage is coincident with the time of the menses results from Aconite have been better than from Mellilotus.

It is rather remarkable that Gelsemium has proved valuable in controlling the severity of tuberculin reactions. I have, however, on record a rapidly-increasing number of cases where such has been the case.

To sum up.—The combinations of symptoms are met, as in other diseases, by the indicated remedy, with no better, or no worse results. But there being a uniformity in such combinations certain remedies stand out prominent. And I have mentioned here those that have seemed of special value to me in a large number of cases.

It becomes more evident every year that to gain acknowledgment of the value of our remedies they must be tested by clinical experience carefully recorded and covering thousands of cases. If the remedies fail to stand such a test, and their provings are beyond doubt, I see no reason why we should continue to prescribe them. The final test is that of utility. Many of our remedies have stood that test. Among them, in my experience, are those I have named. And they have seemed invaluable not to have been thought of except as selected by the law of the similars.

COST OF TUBERCULOSIS.—It has been estimated by Dr. J. B. Huber that tuberculosis is the cause of an annual loss to the United States of $330,000,000. When we compare the amount spent for eradicating this preventable disease, it is certainly ridiculously small in comparison.

HOMOEOPATHIC PALLIATION IN ADVANCED PHTHISIS.*

By Samuel H. Calderwood, M.D., Roxbury, Mass.

Members of the Massachusetts Homoeopathic Medical Society:—

I have been asked to say a few words to you upon homoeopathic palliation in advanced phthisis; both in private practice and as used at the Cullis Consumptives' Home.

First allow me to give you a little information regarding that Home. It was founded in 1864 by Dr. Charles Cullis, a member of this Society. A small house was obtained, which was soon outgrown, and a much larger one was then purchased at Grove Hall. In 1871 an act of incorporation was passed by the General Court, and the Hon. William Claflin was elected president of the board of trustees, serving in that capacity up to the time of his death, which occurred in 1905. The Hon. Elbridge Torrey succeeded him and is now its president. Upon the death of Dr. Cullis, his son-in-law, Rev. E. D. Mallory, became the superintendent, devoting his entire time to the work of the Home. In 1898 the new building, containing forty beds, was erected.

The Medical Board is made up with Dr. Herbert C. Clapp as consulting physician, Drs. James T. Cutler, Edwin P. Ruggles, Percy G. Browne, and the writer, visiting physicians. Two senior students from Boston University School of Medicine serve as internes.

The requirements for admission are:

1. Consumptives in the last stages of the disease.
2. Must be without means of support or friends able to care for them.
3. Acute and not chronic cases, as accommodations are limited, and a much larger number can thus be helped.
4. Cases that do not require surgical treatment.

Any person without money, without home, without friends, suffering from the ravages of the great white plague is welcome to this institution and is given the comforts of a home, the care of a nurse, and medical attendance. The annual expenditure is about $15,000, which is raised entirely by charity. All of these years it has been doing work rightfully belonging to the city, yet not one penny has ever been received from the latter, nor has it been asked for unless perchance in the prayers of Dr. Cullis. But you all know, or ought to know, that the prayers of the righteous are without avail when municipal officers are concerned.

So much for the Home. Now as regards palliative treatment of the disease. The first essential is fresh air. I do not mean to the point of discomfort, for we must remember that these are the incurables, so weakened by disease that they cannot

*Read before the Massachusetts Homoeopathic Medical Society.

stand the rigorous treatment given those in the early stage. Give them all the sunlight possible, together with an abundance of good, nutritious food.

For the cough, which is perhaps the most troublesome and constant symptom, with them day and night from the beginning to the end, we have no specifics; each case is one by itself, presenting its own group of symptoms. The entire materia medica is before us from which to select a remedy to combat them. We may have the dry, hollow cough aggravated by motion, touch, noise, drafts of air, with red and dry fauces, which belladonna will relieve, or the dry, croupy cough of the greatly emaciated patient, in the mucous membrane of the larynx is dry and sensitive, the secretions hard and tough, with great weakness and shortness of breath, especially on going upstairs, where iodine or its combinations will be of service. Again, the patient may be having great difficulty in breathing, almost suffocated, the bronchi filled with mucus, loose and rattling, but with little expectoration; tartar emetic will be our agent. In another case we may have the stannum cough with a very profuse, almost constant expectoration, accompanied by great weakness, aggravated by cold, talking and motion. When the patient covers his head with the clothing to stop his cough, which is hard, dry, aggravated by cold and at night,—rumex. For the persistent, dry cough, forcing the patient to sit up in bed for relief, try hyoscyamus. As adjuvants, teaspoonful of glycerine in a little hot water, or hot milk, or a teaspoonful of chloroform water, inhalations of steam from boiling hops, or from tincture of abies nigra in hot water.

Haemoptysis requires absolute rest of mind, tongue and body, and such remedies as aconite, ipecac, millefolium, geranium maculatum, and hamamelis. Some advocate a diet of gelatine, but the writer has had but little experience with it.

For the fever, cold or tepid sponge baths, continued until the temperature is reduced, and repeated as often as required. The remedies most useful have been bryonia, aconite, ferrum phosphate, baptisia, the later especially in fever of the septic type.

Night sweats, a persistent and annoying symptom, are often relieved by atropine, phosphoric acid, or jaborandi.

Gastro-intestinal disturbances require a careful supervision of the diet. Perhaps the pre-digested foods will best be borne, to which may be added milk containing a few drops of milk of magnesia, or diluted with barley water, lean beef or steak or scraped beef serve the purpose well in some cases.

For the acidity and flatulence, such remedies as pulsatilla, nux vomica, carbo veg., natrum phos., kali carb. For diarrhoea, ars., china, ferrum, and phos. acid.

Pleurisy: For this painful complication, present in so many cases, strapping the chest with broad strips of adhesive plaster, or the application of a hot starch poultice will be very comforting. If the pains are sharp and stitch-like, aggravated by the

least movement and relieved by lying on the painful side, we have that remedy which seldom fails us, bryonia; or, if the order is reversed and there comes relief from motion and aggravation by lying on the painful side, kali carb. will help.

I am sorry that I have brought you nothing new, and I thank you for your patience.

LUPUS ERYTHEMATOSUS.*

By John L. Coffin, M.D., Boston, Mass.

There are two varieties of Lupus Erythematosus encountered, the circumscribed and disseminated. The former type is the more common, and is usually seen about the nose, cheeks, and ears, and when on the scalp it is generally conjointly with the disease on the face. It may be limited on the scalp, however, and exist several years. In rarer instances the hands show the eruption, but as a rule in conjunction with the patches elsewhere. In most cases the face is the seat of the disease. There are no constitutional symptoms except in the disseminated type, nor are subjective symptoms present to a troublesome degree. There may be slight burning or itching, but usually no local discomfort is complained of.

In the circumscribed type, most common, the disease begins as one or several rounded, circumscribed, pin-head to pea-sized pinkish or reddish spots, upon which, if undisturbed by frequent washing, slight adherent scaliness is observed, they are somewhat elevated and this is most pronounced at the border. They slowly increase by peripheral growth, and after attaining variable size (one inch or more in diameter), they are apt to remain stationary or they may increase and coalesce, or a disposition to retrogression may show itself in some patches, and a tendency to atrophic change centrally.

"The patches are sharply defined against the sound skin by a slightly or pronouncedly elevated border, while the innermost central part is somewhat depressed and usually atrophic; the glaudular ducts are generally enlarged and patulous, and the entire surface is very thinly and irregularly covered with grayish or grayish-yellow scaliness, usually scanty in quantity."

Patches on the nose and cheeks are most common, and sometimes these may coalesce and look like the wings of a butterfly. The whole surface may be of uniform appearance and thickness, or thinning or atrophy are noted centrally. The patches found on the ears are not generally so sharply defined. They resemble slightly at times erythematous patches of erythema multiforme or chilblains.

On the hands the disease is more superficial, has the color of

*Read before the Massachusetts Homoeopathic Medical Society.

violet or rosy red, and usually patches are on the dorsal surface. When occurring on fingers, toes, or pinnacles of the ear, it often begins as chilblain or a simulation of it.

When on the scalp, the patches are thickened and not so red generally, with partial or complete loss of hair over parts affected. The atrophic degenerative change is so marked that it simulates true scar tissue, and is essentially scar-like in character.

In the disseminated type, the patches have the eruptive phenomena, the disease advances and often retrogresses, and in many cases signs of general tuberculosis supervene. When patches are on the lip or in the mucous membrane of the mouth, the color is closely like that of the lip or may be violaceous, sometimes bright red, and other times pale red.

Lupus erythematosis is one of the most chronic and intractable diseases we have to treat. The disease is not common and is a malady of early and middle adult life. The cases most common occur between the ages of eighteen and twenty. Both sexes are subject to it, but cases are more common in women. Local congestive conditions and flushings from any cause favor its production, such as seborrhea, eczema seb., acne rosacea, exposure to sun, chilblains, and it has appeared after variola and erysipelas and similar disorders.

The influence of systemic conditions is not known, but cases always tend to get worse when the general health is below standard and when active digestive disturbances and nervous excitement or depression occur.

The most interesting question in connection with this disease is that of its relation to tuberculosis. Certain of the prominent dermatologists believe it to be a form of tuberculosis and for the past ten years much discussion has taken place on this subject. The present status of opinion is very well defined by Stelwagon in the last edition of his work in the following words:

"The main question, however, is the possible relationship to tuberculosis. In recent years there has been a growing belief that the eruption is an expression of this disease, and the evidence accumulating and recently set forth, notably by Boeck, following that already formulated by Hutchinson, Besnier, Hallopeau, and others, has materially strengthened this view, with which my own clinical observation coincides. In more than a majority of the cases of the disseminated type reported, tuberculosis or some suggestive pulmonary disease developed, rapidly leading to death (in our own country, Hardaway, Fox, Bulkley, etc.) In many of the ordinary clinical types variously reported, tuberculous tendencies in the family or patients, or the presence of scrofulous glands or other signs of this constitutional state has been noted, and many of the cases eventually succumb to pulmonary disease. In fact, Besnier and Hutchinson have found tuberculosis more frequently associated with lupus erythematosus than with lupus vulgaris. Fordyce and Holder have recently reported a few instances of

associated tuberculosis and a most admirable judicial presentation of the subject has been made by Roth, who collated about 250 cases of lupus erythematosus, and of these, in over 70 per cent., there were evidence, more or less pronounced, of tuberculosis. His views, in the absence, so far, of bacilli findings in the lesions, is that possibly the toxin generated was the causative agent, which accords with French opinion on the subject. It is only fair to state, however, that many prominent observers, among whom Duhring, Kaposi, Crocker, Leloir, and others, fail to subscribe to this view, although Crocker admits the undoubted frequency of the disease in those of tuberculous family history."

The treatment of these cases, as may be inferred from their chronicity, is very unsatisfactory. Many patches may be improved and sometimes cured, but new ones continue to appear, and in this way the disease may last for months and years.

Whatever the true relation between this affection and tuberculosis may be, it certainly seems to be a fact that these patients are of the type which offers good tubercular soil, and therefore the general constitutional care should be along these lines which have accomplished so much in the generally tubercular, viz., open-air and forced-feeding treatment. The history of the few cases that have come under my care shows that they have been poorly nourished, without exception, and such hygienic means as will stimulate the appetite and enable these patients to take and assimilate the greatest amount of food, I believe to be of paramount importance in these cases. Locally, all sorts of treatment, surgical, by cautery and an almost unlimited variety of local applications, have been tried with varying results. Suffice it to say that today the harsher methods of treatment have in general been abandoned and the best results have been attained by alternately stimulating and soothing the part. X-ray has disappointed most operators. As a rule it has no effect on this disease, but the high frequency applied at a distance of from one-eighth to one-half inch from the tissues has been beneficial in some cases.

ECTOPIC GESTATION.—When any woman after puberty and before the menopause, who has menstruated regularly and painlessly, goes 4, 5, 6, 8, 10, 15 or 18 days over the time at which menstruation is due, sees blood from the vagina differing in quality, color, quantity or continuance from her usual menstrual flow, and has pains, generally severe in one side of the pelvis or the other or possibly in the hypogastric region, ectopic gestation may be presumed.—Harris. Journal A. M. A.

BRAIN OF FAMOUS LINGUIST.—According to newspaper reports, the brain of Dr. George Sauerwein, the famous linguist, who was able to speak and write fifty languages, has been examined by Professor Stedia. Nothing structural was found in any part of the brain to indicate the possession of this unusual talent. In fact, as it is stated, there was nothing to distinguish this brain from that of a countryman who is unable to speak his mother tongue correctly.

ECTOPIC GESTATION.*

By Charles T. Howard, M.D.

Statistics tell us that to every five hundred normal pregnancies there is one case of ectopic gestation. This makes the condition just frequent enough to demand our attention, and just rare enough to arouse our interest.

Again, statistics tell us that 90 per cent. of all ectopic gestations are tubal, the other 10 per cent. being divided among ovarian, abdominal, and retro-peritoneal. In so much as my experience has been limited to the tubal I shall confine my remarks to that variety.

The etiology of tubal pregnancies has been much written about. Briefly stated, the conditions are these: First, that impregnation normally occurs in the tube, and whenever obstruction is present the descent of the impregnated ovum is arrested. The cause of the obstruction may be blind pockets from diverticula in the lining mucous membrane, or, as in my last case, from an accessory opening near the fimbriated extremity.

The most frequent cause, however, I believe to be the mildly inflamed tube with those marked convolutions, such as are so frequently found in abdominal cases, the inflamed and thickened condition of the mucous membrane associated with the twists of the tube itself being sufficient to arrest the normal descent of the ovum; and it must be remembered that if the ovum is temporarily delayed its increased size prohibits its tardy descent.

The exact location in the tube where the arrest of the ovum occurs is of some practical interest, insomuch as it makes a difference as to the probable outcome. You will readily see that an ovum arrested just outside of the uterine cornu is more liable to cause an early rupture than one located in the middle of the tube. The attachment of the tube to the firm uterine wall allows of little distention. Again one located in the middle of the tube is practically sure of rupture sooner or later, while one located within or close to the fimbriated extremity may with its increasing size be expelled into the peritoneal cavity with only a very slight hemorrhage, and be there absorbed, a condition known as tubal abortion and probably fairly frequent.

Dr. O. M. Steffenson in the American Journal of Surgery for April, 1907, has summarized his investigations of 1000 cases of ectopic gestation. He has carefully searched through the literature for all reported cases. His conclusions in regard to the frequency of tubal abortions are that they terminate 45 per cent. of tubal pregnancies, whereas tubal rupture with discharge of the ovum into the abdomen terminate 44 per cent., the other 11 per

*Read before the Mass. Homoeopathic Medical Society at Worcester Oct. 9. 1907.

cent. of the reported cases being either cases of broad ligament rupture or unruptured at the time of operation.

If his conclusions are correct it would seem that tubal pregnancies are of much more frequent occurrence than usually considered, and that many cases abort into the peritoneal cavity with little hemorrhage, and the diagnosis of uterine colic is made.

Judging from the cases I have seen in the Massachusetts Homoeopathic Hospital in the past eight years, I cannot believe that tubal abortion is so frequent as stated. The most frequent variety I believe to be where the ovum is arrested near the middle of the tube and that the almost invariable outcome is rupture with hemorrhage, often fatal unless operated upon early.

So much for pathology. For diagnosis there is usually a pretty clearly cut group of symptoms. According to Kelly they are as follows:

1. Cessation of menstruation.
2. Other signs of pregnancy, such as nausea, changes in the breasts, etc.
3. The patient often feels differently in the pregnancy as compared to previous ones, and suspects something is wrong.
4. Pains in the pelvis and the presence of a tumor, which is distinct from the uterus, and sensitive upon pressure.
5. Recurrences of irregular, more or less profuse menstruation.
6. Discharge of decidual cast.

If rupture occurs it is accompanied with:

1. Sudden severe pain, often coming on during exertion.
2. Patient is compelled to go to bed with marked anemia or in collapse.
3. After rupture the patient may have hallucinations, often becomes weak and emaciated, and in some cases there is marked nephritis.

If I supplement this catalogue of symptoms with a few words, I think it will be sufficient. I would emphasize as the diagnostic points:

1. The skipping of one or more periods followed by intermittent menstruation, more or less profuse, and ofttimes, though not always, shreddy in character.
2. On vaginal examination the presence of a sensitive tumor, at one or the other side of the uterus, and boggy to the touch.
3. When rupture has occured, the ordinary signs of hemorrhage plus the history of sudden severe agonizing pain, usually accompanied with fainting or collapse.

If in any given case the first two are present, I believe it is almost invariably an extra uterine pregnancy and unruptured. If all three are present it is always a ruptured tubal pregnacy.

The treatment of an unruptured tubal pregnancy is as early an operation as possible after the diagnosis is made, opening in

the median line and removing the affected tube, thus saving the patient from the almost inevitable rupture and consequent severe hemorrhage.

Where the rupture has occurred and the patient is in collapse from hemorrhage, both the conservative and radical line of treatment have adherents. The conservative advise waiting until shock from the rupture is passed; the radical advise immediate operation regardless of the patient's condition.

In an article in the July number of the American Journal of Obstetrics and Diseases of Women and Children, Dr. Hunter Robb of Cleveland states the position of the conservatives as follows: A woman will rarely or never bleed to death from a ruptured tube. Death when it does occur is caused as much by nervous shock as by hemorrhage. Therefore, put the patient at rest both bodily and mentally, and wait for the passing of the shock before operating.

In order for a hemorrhage to prove fatal a woman must lose about four-tenths of the total blood which in a woman of one hundred and thirty pounds, would be about four pounds or one quart and twenty-three ounces. This amount Dr. Robb maintains is not often found in the abdominal cavity.

In order to maintain his position he operated upon dogs thirteen times, at first severing the ovarian arteries upon each side and leaving them unligated to bleed as freely as they would into the abdominal cavity. They all made a rapid recovery, and several were a few days later subjected to a second operation when the uterus was removed in toto, leaving the uterine arteries unligated. Again all recovered rapidly from the hemorrhage, it being found necessary to kill but one and that because of a gaping, infected wound.

His conclusions are that if a dog can stand such a severe abdominal hemorrhage, a woman can endure the lesser hemorrhage from a ruptured tube, and that where a fatal issue occurs, it is the contributing element of nervous shock that determines the outcome.

Dr. Robb also reports a series of twenty cases, nine of which were ruptured and where the waiting policy was adopted. He lost but one patient and that from ileus on the tenth day, a second operation failing to relieve the condition. I should judge, however, that he had been particularly fortunate in his cases, for he states that at the time of admission to the hospital, eighteen of the twenty had a normal temperature or above, the highest being 101.4. Temperature not definitely given in one, and one in collapse had a temperature of 96. From such a statement I gather that this last case was the only bad one, or more would have had sub-normal temperatures, and that his results would have been equally good under immediate operation.

At the Massachusetts Homoeopathic Hospital prior to 1904

there had been forty-one cases of ectopic gestation. Since January 1, 1904, there have been fifty-three cases. Of these fifty-three, thirty-six have been unruptured at time of operation with two deaths, one a case presenting a fibroid, and other abdominal complications, so that death was probably not due to the extra uterine, and one with general peritonitis on admission. A case which I will report.

Since January 1, 1904, there have been seventeen cases of ruptured tubal pregnancies with three deaths, and many were desperate cases. Could more have been saved had a waiting policy been adopted? I believe not.

In the first place several hours have usually elapsed between the time of rupture and admission to the hospital. A sufficient length of time for the hemorrhage to stop and reaction from nervous shock to occur if it is to occur at all.

In the second case I believe it to be true that while some cases may cease bleeding spontaneously, there are other cases which will continue until controlled by operation or until death ensues. Consequently delay is dangerous, since there is no way of telling at once into which class the individual case will fall, and if the hemorrhage is to be a continuing one, each half-hour adds very materially to the severity of the case.

In conclusion I wish to report very briefly a series of seven cases, two of which I feel have been a little unusual.

Case 1. Mrs. M. S., age thirty-five. Always well. Menses began at sixteen. Regular but very painful until child was born ten years ago. Since then has suffered some with pain in right side. No miscarriages. Last period six weeks ago. Normal. Soon after began to have a profuse flow, which has continued intermittently to the time of admission. Has also suffered with pain all through the pelvis.

Operation, median incision. Extra uterine of about six weeks found with hemorrhage into broad ligament. Right tube inflamed and swollen to about the size of one's little finger. Left tube and ovary removed. Right tube and appendix. Uneventful recovery.

The only observation I would make on this case is that insomuch as the right tube was markedly inflamed, it is probable that the left one was also prior to gestation, and probably was the cause of the arrested ovum.

Case 2. Mrs. L. D., age twenty-nine. Colored. Menses at thirteen, always regular until last three or four months. Last period three months ago, but has had for the last two months more or less bloody discharge. Married seven years. One child, no miscarriages. Present illness—taken sick on the morning of admission to the Hospital (admitted at 5 P. M.), with sharp, irregular pains on the right side. Had two attacks of fainting followed by chills. Dizzy, weak; vomited several times.

This patient was brought in from the dispensary district with the diagnosis all made. Previous to her removal her temperature was 93 and no pulse whatever could be felt at the wrist. I reached the Hospital at the same time as the patient and proceeded at once to operate. Synchronously with the primary incision an intravenous injection of saline was given. The abdomen was found full of blood and clots. The bleeding right tube ligated and removed with all expedition possible. The left tube found to be inflamed and removed. The blood and clots washed out and the abdomen closed. Aside from a slight suppuration of her wound her recovery was uneventful.

To me the interesting points of this case are, first, the extremely low temperature of 93 (which I might have questioned had it not been taken by Dr. Harry Lee, which is a sufficient guarantee of its correctness), and the absolute lack of radial pulse. In fact, the patient was so near death's door that it seemed futile to operate upon her. I felt sure of a death on the table.

The second point of interest was the promptness with which she reacted when the hemorrhage was controlled and an intravenous of saline solution given.

In this case I am morally certain that Dr. Robb's method of watching for reaction would have been fatal.

Case 3. Mrs. A., age forty-three, sent to the hospital by Dr. N. R. Perkins. Menses always early, otherwise normal. Married twenty years. Seven children; no miscarriages. Last period two weeks ago. Nothing abnormal. No discharge since. Had a slight chill one week ago. Two nights later had similar attack with pain on right side. Did not faint. On the night before admission taken again with pain and soreness in right side, nausea and vomiting. Did not faint. Admitted to the Hospital with temperature of 97.8, pulse 130.

Physical examination showed a very much distended abdomen, exquisitely tender on the right side low down. Vaginal examination negative except for tenderness on the right side. Extra uterine pregnancy was thought of and ruled out from the menstrual history and lack of demonstrable pelvic tumor. It was thought to be one of those fulminating cases of appendicitis with general peritonitis, where the infection is so overwhelming as to get no reactive temperature.

The right tube was found ruptured and bleeding. The gestation sac no larger than a pea located close to the uterus. Tube ligated and removed. Uneventful recovery.

The points of interest in this case were the very early rupture and absence of a suggestive menstrual history, a normal period having occurred two weeks before. The early rupture was undoubtedly due to the location of the gestation sac, it being so close to the uterus that there was little chance for distention of the tube.

Case 4. Mrs. M. S., age twenty-eight, October 5, 1905. Menstruation began at thirteen years. Irregular and painful at times. Married seven years. Two children, one miscarriage last March. Last regular period August 20. About two weeks ago began to have pains in right side low down. No nausea, chills, or vomiting. Two days ago felt very weak when on the street, and thought she would faint. No sudden pain. Yesterday morning had fainting spell.

Vaginal examination showed tumor in right side. Abdomen very sensitive to touch. Small umbilical hernia. Temperature 98.2; pulse 74.

Abdomen opened in median line and found filled with clots. Right tube ruptured but bleeding stopped. Tube ligated and removed. Incision prolonged upward to include the umbilical hernia, sac dissected out and wound closed. Uneventful recovery.

Case 5. Mrs. M., age twenty-four. Colored. Menses at sixteen. One child. One miscarriage. Last regular period November 16, 1906. She knew she was pregnant, but did not realize that anything was wrong. Began to flow some June 3, 1907. Flowed slightly for two or three days. Same again on July 10. On July 4 was taken with severe pain in the abdomen and left side. Vomited day and night. Pain and vomiting continued until admission. Admitted to the Hospital July 14. Temperature 101; pulse 130. Abdomen distended and rigid; exquisitely tender. Pelvic examination revealed an evenly rounded mass extending half-way up to the umbilicus on the left side.

The abdomen was immediately opened and a general peritonitis found. In the pelvis was an evenly rounded mass about eight inches in diameter disintegrated and sloughing. It was at first impossible to differentiate it from the uterus, in that it had extended above and was closely adherent to it. The mass was so soft and boggy that in attempting enucleation the finger easily penetrated its substance anywhere. It proved to be the left tube and was ligated and removed. The abdomen was thoroughly irrigated and gauze drains inserted in every direction. As soon as the patient had recovered from the anaesthetic the Murphy-Fowler position and drainage were employed.

The patient had a stormy time for the first five or six days, then apparently was much better and on the road to recovery. On the tenth day she very suddenly began vomiting again, went into collapse, and was dead in about three hours.

This case was of interest to me because if was the largest extra uterine gestation sac I had ever seen, and also because it had sloughed causing general peritonitis before it had ruptured.

Case 6. Mrs. M. B., age twenty-six. Admitted to the Hospital July 29, 1907. One child, no miscarriages. Gives a history of slight continuous flow since June 17. Not aware of skipping any periods. Did not consider herself pregnant. Examination

revealed the uterus slightly enlarged and a mass on the right side; lacerated cervix, and ruptured perineum. No milk in breasts. Diagnosis of probable extra uterine made. Under anaesthesia during the preliminary examination, the sac was ruptured and on opening the abdomen free blood was found and a gestation sac about two inches in diameter in the right tube. Right tube removed. Uneventful recovery.

Case 7. Mrs. E. H., age twenty-seven. Married four years. No children, no miscarriages. Menses began at fifteen years, skipped until eighteen. Always very irregular, very painful in back, sides and down legs. Always profuse. Last period June 23. Since August 12 has had fairly profuse flow, coming irregularly and shreddy in character. No pain. Did not realize she was pregnant.

Vaginal examination showed bunch in left side. Operation, median abdominal incision and an unruptured tubal pregnancy about three-quarters of an inch in diameter found on the left side. Tube ligated and removed. Examination of the right tube showed an accessory opening about one-half inch from the normal fimbria. Abdomen closed. Uneventful recovery.

The interesting point here was the finding of the accessory opening in the right tube. It was impossible to say whether a similar condition had existed on the left side and had been the cause of the extra uterine.

An analysis of these seven cases shows three unruptured cases, in one of which the tube had sloughed causing general peritonitis, and four ruptured cases. Of these four, one probably ruptured during the preliminary examination and ought, perhaps, to be classed with the unruptured. The other three at the time of admission to the Hospital showed subnormal temperatures ranging from 93 to 97.8, and a pulse rate ranging from 130 to pulseless.

The treatment has been immediate operation to control hemorrhage and reliance has been placed upon the intravenous injection of saline solution to combat shock.

This I consider to be the correct line of treatment, notwithstanding the advice and experiments of Dr. Hunter Robb. I am, however, open to conviction, and trust that in the discussion there may be a free expression of opinion if any present believe in the conservative line of procedure. I trust also that the points of differential diagnosis may be thoroughly brought out, that experience may be gained for future use.

It was with the hope of a full discussion of these two points that this paper was written. I trust it may fulfill its purpose.

CHANCES OF DEATH FROM CANCER.—Sir William Church, the former president of the Royal College of Physicians, states that the probability of death from cancer is now 1 in 12 for all men over 35 years of age and 1 in 8 for all women of corresponding age. This is in comparison to 1 in 21 and 1 in 12 of twenty years ago.

SURGICAL OPERATIONS ON THE INSANE, WITH REPORT OF CASES.

By Winfield Smith, M.D.,

There is and always has been, unquestionably, considerable doubt in the surgical world as to the benefits to be derived from surgical operations during the time patients are suffering from any of the various forms of insanity.

This short and incomplete paper is written for the purpose of demonstrating that in a few cases, at least, surgical operations have proved beneficial, and that in properly-selected cases one can look for a fair percentage of recoveries and a goodly number of improvements in the mental condition of the patients.

To indicate the amount of confusion existing in the minds of surgeons when contemplating possible operations upon insane subjects, I have taken the liberty of quoting from various authorities of comparatively recent date. In 1899 "Angelucci and Pieraccini have published the results of an international inquiry into the question of the advisability and efficacy of chirurgico-gynecologic treatment in hysteria and insanity. They received reports of 109 cases in which ablation of the internal organs of generation was undertaken for the cure of hysteria and insanity and other neuropathic conditions. Only seventeen were stated to have been affected beneficially. The remaining ninety-two were either uninfluenced or affected injuriously. Insanity afterward developed in forty-four of these women, twenty of whom had suffered from hysteria before the operation, while twenty-four had not. Twenty-three others who were insane and hysteric prior to the operation were worse after it. Two not previously hysteric had become so. The remaining twenty-three who had been in part insane and in part hysteric, remained in the same state after operation. The authors also received reports of six cases of hysteria which were favorably influenced by suggestion through simulation of the operation. Of seventy-six alienists who sent in opinions as to the advisability of surgical interference in hysteria, fifty-six were unfavorable to such interference, three were in favor of it, while the remaining seventeen would not commit themselves to an opinion on the question. Of eighteen surgeons and gynecologists, thirteen were against operative treatment, while five were favorable to it under certain conditions. The authors conclude that ablation of the normal uterus or appendages is to be entirely proscribed as a means of cure in hysteric neuroses and insanity; that the existence of hysteria constitutes a contra-indication of surgical operation for the cure of gynecologic conditions; and that such operations can only benefit the neuropathic state of the patient through suggestion. They further recommend that in cases in which all known means of combating hysteria have failed, the

effect of suggestion should be tried by simulating the operation of laparotomy."

Again, in the American Year-Book of Medicine and Surgery for 1902 we find the following: "Gynecologic surgery among the insane has reached the end of its sixth year in the London (Ont.) Asylum, during which time the work has been carried on in a systematic manner, but without much encouragement from the profession or the alienists in Canada. In the annual report on the asylums of Ontario just issued, a summary is given of this work. During the year closed fifty-five of these cases have been operated on. Of these patients seventeen have recovered, sixteen have improved, none have died, and so far as yet heard from, twenty-two of the cases are improved mentally. It is fully expected that several of the sixteen improved will get quite well. During the period of this work at London 286 female patients have been examined, generally under an anaesthetic, and organic diseases have been found in some one or more of the pelvic organs in 243 of them. Only forty-three of the entire number subjected to an examination have been found free from pelvic diseases. A total of 564 diseased conditions were found in 226 patients." In the women's halls the average recovery rate, including cases improved, for the five years 1886-1891, calculated on the admissions, was 37.2 per cent.; in the next five years, 1891-1895, it was 37.5 per cent. But in the next five years, during which the gynecologic work was a factor, that is 1896-1900, the recovery-rate rose to 52.7 per cent." The chief credit of this work belongs to A. T. Hobbs, who has never performed the operation merely for the insanity, but always for some actual disease. He remarks that the most frequent type of ovarian insanity is that of mania. Sexual delusions are the exception, but when present are pronounced. As to why diseases affecting the organs of ovulation interrupt normal mental functions in so many of the female sex it is difficult to conjecture. Plausible theories may be advanced as possible explanations of this phenomenon. Two theories are advanced as probable solutions, viz.: 1. The Reflex Theory. This theory hinges upon the fact that irritation produced in one organ by disease affects its numerous nerve filaments, and from these through the nerve plexuses connecting the various organs of the body, it reflects its irritability upon one or more of the other organs. The brain being but an integral part of the body, it is just as liable to disturbance of its physiologic mental functions, as shown by various insane phases, as is the vomiting produced by a pregnant uterus. Insanity is very liable to occur in those whose brains are unstable in character, or who are afflicted by an hereditary tendency to mental break-down when suffering from pelvic disease. 2. The Internal Secretion Theory. This is founded upon a theory advanced by some German physiologists who claim that there is a "normal contribution of specific material by the reproductive glands to the blood or lymph and hence to the whole

body," and "this secretion reacts upon the rest of the organism through the nervous system." If this is true, the deduction may be made that the changed condition in the ovary brought about by pathologic changes would produce a pathologic secretion.

If, therefore, the healthy ovarian secretion exercises such a profound effect upon the nervous organism in health, what must be the effect upon the nervous system when there are unloaded into the circulation noxious diluents of such unknown potency as the products of deranged ovarian functions? These theories are offered in explanation of how ovarian disease acts in producing mental alienation. J. H. Croone considers that under no circumstances should any insane woman be operated on unless there is some distinct condition that is compromising life.

Removal of ovaries and other operations, with a view to influencing better conditions of insanity and hysteria, are very unpromising. After degenerative processes have taken place in the brain, he considers it absolutely useless to look for any mental cure by any form of operative procedure. As regards insanity from operation, his own records show five cases in a thousand abdominal sections. In looking for the causes of these mental disturbances after operation the first factor was the hereditary one; the second possibly was sepsis; loss of blood, defective action of the kidney, etc., also had their influence in producing mental symptoms. In removing the ovaries the climacteric was induced, and the woman placed in all the possible risks of that period. Probably a neurotic constitution is an essential prerequisite for the development of post-operative insanity. For illustration of the possibilities, even without operation, he reports a case of mental disturbance for menstruation in a woman with good family history, in whom no operation had been performed. He calls attention to the fact that the normal functions of the uterus and ovaries are themselves not associated with mental aberration; alterations in the temper, actual hallucinations, disordered appetites of all kinds, are occasional accompaniments of these perfectly normal processes.

Bucke says they examined 256 women at the London Asylum and found disease of the uterus, ovaries, or the adnexa in 219 cases. Operation was performed on 200 of these, resulting in four deaths. Of the 196 who recovered eighty-three were cured of their insanity, forty-five others were improved, and the remaining sixty-eight are unimproved up to date. Among the sixty-three cases operated on for causes not gynecologic there was but one recovery from insanity. He further says the meaning of these facts seems to be that the diseased conditions under consideration —diseases of the ovaries and tubes—have the most influence upon the mental health of the patient; that is, the most influence in the causation of insanity; that disease of the body of the uterus and cervix comes next in importance as a cause of mental disturbance; that uterine tumors and tears of the perineum rank still

lower; and that ordinary surgical diseases, such as hernia and tumors of the body at large, seem to have no influence at all as causes of such disturbance. No case was operated upon for insanity itself, but only when operation was indicated without reference to the mental condition."

If these statements prove anything, it is that the greater proportion of men who have had experience in the treatment of insanity by surgical interference are almost universally in doubt as to the efficacy of operative treatment of the insane. They have, unquestionably, had a large number of cases under observation, but it seems to me that oftentimes a slight change in technique or a choice of different surgical treatment in some of the cases might have brought about more satisfactory results. In the small number of cases which I have the privilege of reporting, it is manifestly impossible to draw as broad conclusions as has been done by the authorities above quoted; but I think it can be said, in all fairness, that the appended large percentage of recoveries would have been augmented had more radical operations been done in several of those which were not altogether satisfactory.

The patients operated upon were eleven in number, and they were inmates of the Westboro Insane Hospital, of this State. In every instance there were gynecological symptoms in marked degree, which were called to the attention of the hospital physicians in various ways. The suggestion that surgery might be a benefit came in each case from the superintendent of the hospital, and it is but giving due credit to add that pathologic conditions of a gynecologic nature were invariably found. The cases, operations and results are as follows:

Mrs. A., aged thirty-one years, manic depressive, manic type.

Her operation took place on the 13th of July, 1905, for perineorrhaphy and trachelorrhaphy. The parts united by first intention, except for a small stitch abscess around the deep sutures.

Following the first three days after the operation she showed a decided general improvement, and has had no relapse of her mental symptoms.

Mrs. F., aged thirty-six years, manic depressive, depressed type.

Was operated upon September 26, 1905, for double oöphorosalpingectomy. There was found a right-sided hydro-salpinx, the size of a fist. The right tube was found inflamed. The left ovary was cystic; the appendix was found congested and removed. In addition there was also ventro-fixation.

She made an uneventful recovery. There was no return of depression following the operation.

Miss A., aged twenty-one years, dementia praecox, katatonic form.

She was operated upon September 26, 1905, for vaginal hystero-oöphorectomy. The right ovary was found cystic and the tube inflamed. The uterus had a rather elongated cervix. In addition to the above the clitoris was also dissected out.

Patient reacted well after the operation. She left the hospital November 27, 1905. A recent report received from her shows that she continues to do well.

Mrs. C., aged twenty-eight years, manic depressive, depressed type.

Operated upon October 4, 1905, for oöphoro-salpingectomy. Right ovary was found to be cystic; tube congested and hypertrophied. Left ovary was also found cystic, but not to as marked degree as the right. Right ovary and tube were removed. Left ovary was incised and sutured. The appendix was found congested and removed.

Patient made an uneventful recovery. The progression of her case was not as satisfactory as some of the others. Her menstrual function returned and with it there is at times a return of the irritability.

Mrs. R., aged forty-three, involution melancholia.

Operated upon October 4, 1905, for trachelorrhaphy and perineorrhaphy. Patient recovered from the operation without any ill effects, but at no time has there been a general improvement in her condition as a result of the operation.

Mrs. B., aged twenty-eight years, chronic neurasthenia.

Operated upon October 16, 1905, for oöphoro-salpingectomy. Right ovary and tube were bound down, ovary cystic, tubes congested. Left ovary was free, somewhat cystic, but less so than the right. Ventro-fixation was performed. Appendix was found congested and removed.

She made an uneventful recovery and was more comfortable as a result of the operation, although there was no decided general improvement.

Miss B., aged eighteen years, dementia praecox, hebephrenic form.

Operated upon October 16, 1905, for hystero-oöphorectomy. The operation was suprapubic. There was found a large left-sided tumor attached to the left ovary, the sixe of a hen's egg. The right ovary was cystic; cervix was long and congested. The appendix was found bound by adhesion, showed slight congestion; the same was removed.

She made an uneventful recovery and was greatly benefited by the operation. There was a general improvement and she has been able to leave the hospital.

Miss J., aged twenty-two, imbecility.

Operated upon November 29, 1905, for suprapubic hystero-oöphorectomy and appendicectomy. Both ovaries were found diseased, cervix uteri elongated, appendix firmly bound down by adhesion.

Patient made a satisfactory recovery and left the hospital May 21, 1906, greatly improved, and as far as is known continues to do well. The object for which the operation was performed brought forth all that was hoped for.

Mrs. D., aged thirty-seven, manic depressive, depressed type.

Operated upon November 27, 1905, for trachelorrhaphy and perineorrhaphy.

She made an uneventful recovery and was greatly benefitted by the operation, bringing about a general improvement, so that she left the hospital January 17, 1906.

Miss K., aged fifty-five years, paranoia.

Operated upon May 12, 1906, for removal of hemorrhoids, by clamp and cautery.

There was a general improvement in her condition as a result of the operation.

Mrs. D., aged thirty-one years, dementia praecox hebephrenic form.

Operated upon May 12, 1906, for trachelorrhaphy and perineorrhaphy.

The result of this operation was not satisfactory. The sutures not only of the cervix, but also of the perineum, gave way, resulting in stitch lacerations of the cervix.

She was operated upon a second time on May 18. Following this operation the parts healed fairly well, especially the cervix. The operation brought about no improvement in the patient's general condition.

As a summary then we have eleven cases, eight of which are improved, and three of which, while suffering no complications from the operations performed, are unimproved in their mental condition. It will be noted that two of the latter group are those in which perineorrhaphy and trachelorrhaphy were performed, showing clearly, I think, that patients who are suffering from the milder forms of pathological conditions in the pelvis are not as amenable to surgical treatment as those whose mental state is due to the more severe forms of disease of the uterus and its adnexa. In the other case unimproved I feel that removal of the uterus, the tubes, and the ovaries might possibly have brought about a more satisfactory result, as it will be noted that a sufficient part of one ovary was left to continue the menstrual function, and the worst symptoms present themselves at the time of menstruation. I am fully aware of the necessity of conserving the ovary in all cases where it is possible, in those of good mental balance, whether or not there is any evidence of hysteria in the patient operated upon, and I have personally seen most discouraging results in patients suffering from hysteria in some of its manifestations which, apparently, could be referred to the ovaries as a point of origin. Nevertheless, in spite of the small number of cases reported, and the inability to draw broad conclusions from

more or less inadequate evidence, I am forced to believe that at the present writing radical operations on the insane promise less severe post-operative complications and more hope of recovery than do similar operations in the mentally sound.

Summary: Eleven cases, eight improved, three unimproved, making 27 per cent. of all cases operated, with no result in the improvement of the mental condition, and 73 per cent. of satisfactory results.

I must take this opportunity of complimenting the State and the trustees upon the facilities offered for doing surgical work at the Westboro Hospital, and of thanking the resident members of the Medical Board for their efficient assistance and care of the cases which have come under my observation.

SMITHSONIAN INSTITUTION.
HODGKINS FUND PRIZE.

In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a part of which was to be devoted to "increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man." In furtherance of the donor's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which will be held in Washington, September 21 to October 12, 1908, a prize of $1,500 is offered for the best treatise "On the Relation of Atmospheric Air to Tuberculosis." Memoirs having relation to the cause, spread, prevention, or cure of tuberculosis are included within the general terms of the subject.

Any memoir read before the International Congress on Tuberculosis, or sent to the Smithsonian Institution or to the Secretary-General of the Congress before its close, namely, October 12, 1908, will be considered in the competition.

Such memoirs must not have been published prior to the Congress. The Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded.

No condition as to the length of the treatises is established, it being expected that the practical results of important investigations will be set forth as convincingly and tersely as the subject will permit.

The right is reserved to award no prize if in the judgment of the committee no contribution is offered of sufficient merit to warrant such action.

Memoirs designed for consideration should be addressed to either "The Smithsonian Institution, Washington, District of Columbia, U. S. A.;" or to "Dr. John S. Fulton, Secretary-General of the International Congress on Tuberculosis, 714 Colorado Building, Washington, District of Columbia, U. S. A." Further information, if desired by persons intending to become competitors, will be furnished on application.

CHARLES D. WALCOTT,
Secretary of the Smithsonian Institute.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 33 Whiting Street, Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

THE NECESSITY OF A NATIONAL OUNCE OF PREVENTION.

The work now being done so actively and intelligently by the "Committee of One Hundred," toward establishing a National Health Organization, is work second to none in vital importance to our nation; and it deserves the warmest and most thorough support at the hands of physicians and laity. The demand for such an organization is an eminently reasonable demand; eminently economical; eminently philanthropic, and humanitarian. An intelligent, authoritative campaign of preventive medicine national in scope and including public instruction by every means; theoretical and practical, along the lines of the preservation of national health and the avoidance of disease-causes would be an agency incomparably great and beneficient in building up our nation's physical and, by no wide indiscretion its mental and psychic growth.

The following leaflet, recently issued by the committee above referred to, tells its own story convincingly and well:

"For a nation to permit great wastes to go unchecked is more than a suicidal policy; for an evil more destructive than race suicide is race homicide. There are four great wastes today, the more lamentable because they are unnecessary. They are *preventable death, preventable sickness, preventable conditions of low physical and mental efficiency*, and *preventable ignorance*. The magnitude of these wastes is testified to by experts competent to judge. They fall like the shades of night over the whole human race, blotting out its fairest years of happiness.

"The facts are cold and bare—1,500,000 persons must die in the United States during the next twelve months; equivalent to 4,200,000 persons will be constantly sick; over 5,000,000 homes, consisting of 25,000,000 persons, will be made more or less wretched by mortality and morbidity.

"We look with horror on the black plague of the middle ages. The black waste was but a passing cloud compared with the white waste visitation. Of the people living today over eight millions will die of tuberculosis, and the federal government does not raise a hand to help them.

The Department of Agriculture Protects Animals.

"The Department of Agriculture spends seven million dollars on plant health and animal health every year, but, with the exception of the splendid work done by Doctors Wiley, Atwater and Benedict, Congress does not directly appropriate one cent for promoting the physical well-being of babies. Thousands have been expended in stamping out cholera among swine, but not one dollar was ever voted for eradicating pneumonia among human beings. Hundreds of thousands are consumed in saving the lives of elm trees from the attacks of beetles; in warning farmers against blights affecting potato plants; in importing Sicilian bugs to fertilize fig blossoms in California; in ostracizing various species of weeds from the ranks of useful plants, and in exterminating parasitic growths that prey on fruit trees. In fact, the Department of Agriculture has expended during the last ten years over forty-six millions of dollars. But not a wheel of the official machinery at Washington was ever set in motion for the alleviation or cure of diseases of the heart or kidneys, which will carry off over six millions of our entire population. Eight millions will perish of pneumonia, and the entire event is accepted by the American people with a resignation equal to that of the Hindoo, who, in the midst of indescribable filth, calmly awaits the day of the cholera.

Infant Mortality Preventable.

"During the next census period more than six million infants under two years of age will end their little spans of life while mothers will sit by and watch in utter helplessness. And yet this number could be probably decreased by as much as one-half. But nothing is done.

"The states' rights doctrine can be applied against the Department of Agriculture as effectively as against a national department for health. It is not, then, a question of constitutionality, but rather of whether or not such a department is needed by the nation.

"The logic that justifies an annual appropriation of $2,000,000 for a live-saving service against the accidents of the sea should justify protection against accidents of disease and death.

"Agitation for the factory acts, the eight-hour day, regulations concerning female and child labor and immigration is justified primarily as health regulation.

"In addition to the economic gain, the establishment of a National Organization of Health would gradually but surely di-

minish much of the misery and suffering that cannot be measured by statistics. Sickness is a radiating center of anxiety; and often death in the prime of life closes the gates of happiness on more than one life. Let us not forget that the 'bitter cry of the children' goes up to Heaven and that civilization must hear, until at last it heeds, the imprecations of forever wasted years of millions of lives.

"If progress is to be real and lasting, it must provide whatever bulwarks it can against death, sickness, misery and ignorance; and in an organization such as a National Organization of Health—adequately equipped—a vast preventive machine—working ceaselessly, an attempt at least would be made to staunch those prodigal wastes of an old yet wastrel world."

The physicians of our country have no dearer purpose at heart than to dissipate the ignorance which is as the blighting shadow under which health-germs must sicken and die. Such a campaign as the one now under discussion, is therefore a thing to be endorsed, heart and soul, by every physician of America, and supported by his efforts and his influence so far as these may extend. The fullest information on this propaganda, and suggestions as to how its interests may be most effectively served, may be had on application to J. Pease Norton, Drawer 30, New Haven, Connecticut.

THE NAVY AND THE MEDICAL PROFESSION.

"Life" has it out for doctors usually, and not always without some show of justice on its side. This time its shaft seems better aimed even than usual. Probably apropos of the recent appointment of a medical officer to the command of a ship, "Life" has a certain cartoon illustrating a scene on shipboard "during our next Naval Battle." The accompanying text reads:

"Doctor, the Dover's powders are exhausted."
"Then engage the enemy with quinine and whisky!"

Whether or not a certain doctor is capable of taking over the command of a ship cannot be discussed without knowing first of all if he possesses the total of qualifications necessary to such a position. It is easily comprehensible that to the naval mind, in which the doctor has so long stood as the amiable "Sawbones" of the mess-room, the idea of his station in the conning-tower or on the "bridge" is far from a congenial one. To each man his chosen work, for which experience and choice has fitted him. Ambition and efficiency are far from being synonymous terms. The honorably successful naval surgeon does not rise in the estimation of his peers by attempting to fill the not more honorable and so widely different duties of the naval commander; nor can he wisely be called to do so.

A WORTHY RECORD FOR HOMŒOPATHIC STUDENTS.

If the now rarely-heard but once familiar charge be advanced that homoeopathic colleges send out their students less well equipped for the battle with man's fleshly ills than do those of the older medical denomination, a very adequate answer may be found in the recent report of the Secretary of the Board of Medical Supervisors of the District of Columbia. Dr. George S. Ober, the secretary in question, reports that at the examinations held by his board, in April, July and October last, 85 candidates appeared, of whom 53 passed and 32 failed. Of these candidates 4 were graduates of homoeopathic schools; 1 from Boston University, 1 from the New York Homoeopathic Medical College and 2 from Hahnemann Medical College, Philadelphia. The first 10 in order of rank are as follows:

New York Homoeopathic Medical College.....97 %
Hahnemann Medical College, Philadelphia.....93.7%
Howard University.....90.2%
George Washington University.....89.9%
Hahnemann Medical College, Philadelphia.....89.4%
Boston University.....89.2%
George Washington University.....87.6%
George Washington University.....87.3%
Georgetown University.....87.1%
Yale Medical School.....86.2%

It is to be noted that only four homoeopathic candidates applied for examination and that these four are all to be found among the six who passed the most successful examinations. Those obtaining lower marks came from the best schools of the country, among which may be mentioned Johns Hopkins, Yale, McGill and the University of Pennsylvania.

Surely a record to rejoice in, and from which to take good courage!

OF INTEREST TO HOMOEOPATHISTS.

The following clipping, taken from a recent issue of the daily Transcript should be of especial interest to homoeopathists, since it shows that investigators into the action of drugs upon the animal organism are looking to the effects of these medicines upon healthy human beings, as their standard, instead of drawing conclusions from the supposed therapeutic actions of these same drugs and medicines. The details of the exhaustive "experiments" referred to are of course not given, but doubtless if they were, they would prove valuable reading, and also prove to be real additions to our materia medica. Possibly and even probably Dr. Wiley in his experiments made use of some of the lower animals,

and may not even have been aware that most of the drugs in his list have already been proven by homoeopathists, and form a recognized part of their materia medica.

"EFFECTS OF DRUGS ON THE HUMAN SYSTEM."

Dr. Wiley Reports to the Committee on Agriculture Results of Experiments.

"Dr. H. W. Wiley, chief of the Bureau of Chemistry of the Department of Agriculture, reported today to the House Committee on Agriculture the results of exhaustive experiments conducted by the bureau to determine the poisonous effect on the human system of such drugs as borax, benzoic acid, benzoate of soda, sulphate of copper, sulphur dioxide, formaldehyde and salicylic acid, when contained in foodstuffs. Dr. Wiley said that the expulsion of those and kindred drugs from the body is performed almost entirely by the kidneys, and that he is satisfied the term of American life would be lengthened if the use of such drugs in foods were wholly discontinued. He said he was convinced that kidney disease, so prevalent among Americans, is partly the result of constant introduction into the system of such preservative substances as benzoate of soda, carried in foods.

"Discussing sulphur dioxide and its injurious effects, Dr. Wiley told the committee of a discovery just made by him that salt solution is a perfect substitute for sulphur in the whitening and drying of fruit. He exhibited samples of apples dried experimentally by the Bureau. The sulphured fruit was not so white or tender as the salt cured."

OPTIMISM SPEAKS.

The prophet Jeremiah fathered a numerous progeny. It is not an infrequent thing to have people claim that things are not as good as they used to be—that there is deterioration moral and physical—that unwholesome influences have the upper hands in therapeutics and in social life, and that things generally are on the down grade. It is not unlikely that such pessimistic views are the result of a disordered digestion, or of insufficient nourishment; that they are in fact, possible signs of ill health. A happy, if temporary antidote to such counsels, is found in certain opinions voiced by H. G. Wells, in "New Worlds and Old," and quoted without comment in a daily Herald of recent issue:

THE WORLD A BETTER PLACE.

"The world is now a better place for a common man than ever it was before, the spectacle wider and richer and deeper and more charged with hope and promise. Think of the universal things it is so easy to ignore; of the great and growing multitude,

for example, of those who may travel freely about the world, who may read freely, think freely, speak freely. Think of the quite unprecedented numbers of well ordered homes and cared for, wholesome, questioning children. . . . When the dross has been cleared away and comparison becomes possible, I am convinced it will be admitted in the aggregate, in philosophy, in significant literature, in architecture, painting, and scientific research, in engineering and industrial invention, in statecraft, humanity and valiant deeds, the last thirty years of man's endeavors will bear comparison with any other period of thirty years whatever in history."

The *Gazette* gives cheerful assent to these propositions and would add to the list of blessings referred to, the detailed records of the enormous advances made in medicine and surgery during the past thirty years, which have resulted in the saving of many thousands of human lives.

Optimism is not to be looked upon as a sign of a weak mind; but rather as a sign of strength, reliable digestion, and a well balanced mentality; which things are in themselves well-springs of hope and cheer to mankind.

SOCIETIES.

The regular meeting of the Boston Homoeopathic Medical Society was held in the Natural History Rooms Thursday, March 12, 1908, the meeting being called to order by the President, Dr. J. A. Rockwell.

Lawrence F. Keith, M.D., was elected to membership.

It was voted that resolutions as read by Dr. Clapp with regard to a bill asking the recognition of homoeopathic remedies in the United States Pharmacopoeia be sent to the House of Representatives.

A letter sent to Dr. Klein by the House of Representatives was referred to the Legislative Committee.

Upon motion of Dr. Sutherland it was voted that the society send a petition to the State asking for the reappointment of Dr. Harvey as secretary of the Board of Registration of Medicine.

The society was informed that Dr. S. H. Calderwood was reappointed as chairman of the Legislative Committee. Scientific session.

Program—The Cinematograph, Dr. W. G. Chase; motion pictures, general discussion.

PRESIDENT OF THE O. O. AND L. SOCIETY.—The January number of the Homoeopathic Eye, Ear and Throat Journal contains an excellent likeness of Dr. D. W. Wells, the well-known Boston oculist, who is now the President of the O. O. and L. Society. In addition there is a biographical sketch of the Doctor, giving a brief history of the salient points in the life of the new President. We extend our congratulations both to Dr. Wells for the honor received and to the Society for being represented by such an able man.

BOOK REVIEWS.

A Text-Book of Clinical Medicine. Treatment. By Clarence Bartlett, M.D., Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia; Visiting Physician to the Hahnemann Hospital. Philadelphia. Boericke & Tafel. $8. 1908.

In the opinion of the reviewer, no book has appeared within several years that should prove of such value to every homoeopathic physician as this one that Dr. Bartlett has just prepared. Indirectly it is a companion volume to the one by the same author upon Diagnosis, already so well known.

As is stated in the preface. "the ultimate object of medicine is successful treatment. Let diagnosis and pathology advance to any extent and it avails us nothing aside from its scientific interest, if it does not aid us in the prophylaxis and cure of disease."

The object of this book is to cover not only the entire field of general medicine but to include the various specialties as well, in so far as it is desirable for the general practitioner to follow them. In fulfilling this desire several of the chapters have been written by specialists, among whom we note Van Lennep, Thomas, Raue, Gramm, Bigler and Ashcraft.

Treatment by homoeopathic medication receives, of course, most careful attention in every disease, those remedies most frequently useful being given with brief indications for each. In some quarters the same criticism will probably be made as has been directed against Goodno's Practice, that too much stress has been laid upon palliative and non-homoeopathic agents. This part of the subject is certainly very fully discussed, and, in our opinion, very wisely so. For whether the homoeopath does or does not believe in the use of colchicine or phenol in rheumatism, potassium iodide in syphilis, etc., a complete book upon treatment should cover, to a certain extent, all of these measures.

One decided innovation is inclusion of a chapter upon opsonic therapy. The reason given for this is the author's opinion that it will prove to be "medicine's most valuable asset." This is the first book of practice, so far as we know, of any school of practice that has shown itself thus up to date.

Considered in its entirety, Bartlett's Therapeutics is a book that will prove its value many times to all those who carefully peruse and study it.

Progressive Medicine. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.S. Vol. I. March, 1908. New York and Philadelphia. Lea & Febiger.

Progressive Medicine for March deals with progress in surgery of the head, neck and thorax, in infectious diseases, in paediatrics and in rhinology, laryngology and otology.

The possibilities of brain surgery, even the possibility of removing part of the cerebellum, are brought forth clearly. Surgery of the thyroid and of the female breast seem to have been objects of particular study during the past year. Typhoid fever and acute articular rheumatism have been special objects of investigation, the results of which are here well epitomized.

The specialties of otology, rhinology and laryngology are fully reviewed by competent men, but will prove of less value to the general practitioner than the remainder of the volume.

As usual, the book is neatly prepared and well arranged in a manner suitable for binding. It should prove of much value to every reader.

THE MONTH'S BEST BOOKS.

Diseases of the Breast. Rodman. $4. P. Blakiston's Son & Co.

Surgery, Its Principles and Practice. Vol. III. Keen. $7. W. B. Saunders Company.

Progressive Medicine. Hare and Landis. Lea & Febiger Company.

Transactions of the American Institute of Homoeopathy. Frank Kraft, Publisher.

Text-Book of Clinical Medicine. Bartlett. $8. Boericke & Tafel.

Diseases of the Nose and Throat. Kyle. W. B. Saunders Company.

Minor Surgery. Foote. D. Appleton & Co.

McClure's Magazine for April contains a most attractive selection of reading matter, both serious and light: "The South After the War," by Carl Schurz; second article by Burton J Hendricks on Governor Hughes; "Some of My Associates of the Stage," by Ellen Terry; "The Prevention of Crime," by Prof. Munsterburg; another installment of Mary Stewart Cutting's novel, "The Wayfarers"; a poem by Louise Imogen Guiney, and a number of good short stories. Price, 15 cents per copy.

Boericke & Runyon, the homoeopathic pharmacists and publishers of New York, announce the forthcoming edition of a manual of practical obstetrics by F. W. Hamlin, Professor of Obstetrics in the New York Homoeopathic Medical College and Hospital. This will be a practical book designed for ready reference. Binding in flexible leather. Price, $2.50.

New Medical Journal.—The year 1908 witnessed the inception of a new medical journal called the Archives of Diagnosis. This is a quarterly devoted to the study and progress of diagnosis and prognosis, and is edited by Dr. Henrich Stern of New York. One notable feature is the complete elimination of all advertisements. If one may judge from the first number, the magazine will be of decided value.

PERSONAL AND GENERAL ITEMS.

An homeopathic physician is wanted for the town of Woolwich, Maine. At present the field is entirely destitute of such.

On the morning of March 9th the School of Medicine (B. U.) was visited by fire, which broke out in the gallery of the museum of the Pathological Department. Fortunately, while the loss and damage were considerable, the fire was confined to the museum. Had it broken out in the night and not been discovered, the whole building might have gone, and undoubtedly the loss would have been much heavier than it was.

Dr. William L. Soule, class of '96, B. U. S. M., for some years in Australia, is at present located at 170 South Common Street, Lynn.

Dr. J. Lewis Mahoney, class of '98, B. U. S. M., after a year and a half spent abroad in the Vienna, Paris and London clinics, has returned to Boston and opened an office in Warren Chambers, 419 Boylston Street.

Dr. Henry C. Aldrich of Minneapolis has removed his offices to the new Donaldson Building, corner of Nicollet Avenue and Seventh Street.

Dr. Benjamin C. Woodbury, Jr., class of 1906, B. U. S. M., has removed to Portsmouth, New Hampshire, having taken the practice of the late Dr. F. L. Benedict, recently deceased.

The Homoeopathic Hospital of Montreal, Canada, desires to secure a house physician for the year 1908-09. The Hospital has forty-five beds and gives a good general training. The Out-Door Department offers an excellent opportunity for work in Homoeopathy.

Applications will be received until May 1st. For further particulars address Dr. A. R. Griffith, 221 Peel Street, Montreal, Canada.

There is a good opening for an active Homoeopathic physician at Winthrop, Maine. Address Dr. B. C. Woodbury, Jr., 2 Middle Street, Portsmouth, N. H.

Dr. Laurence F. Keith, class of 1907, B. U. S. M., for some months resident physician at the Out-Patient Dept., Massachusetts Homoeopathic Hospital, haslocated at 115 West Emerson Street, Melrose.

RECEPTION BY DR. AND MRS. SUTHERLAND.—On the evening of February 26th, Dr. and Mrs. Sutherland entertained at their home on Beacon street, Boston, the Gregory Society of Boston University. This is composed of young women students in the School of Medicine. The program for the evening was entirely Scotch, consisting of descriptions of travels by Dr. Sutherland, Scotch stories by Mrs. Sutherland, and songs of the Highlands by Miss Ruggles. A supper consisting of favorite Scotch dishes, partaken in a room warmed by an open fire of burning peat, gave local color and realism to the occasion. Judging from the reports by those present, the evening was one of the most enjoyable ever spent by the Society, and it appropriately closed with the singing of "Auld Lang Syne."

WANTED.—A physician in an old and established sanitarium for nervous and mental invalids. Preference for college graduate, single, experienced in general practice. Address, New England Medical Gazette.

Dr. J. A. Balcom has removed his office and residence to 203 Lewis Street, Lynn. Office hours: 1-3 and 7-8.

Dr. Dana F. Downing, B. U. S. M., 1904, has resigned his position of Assistant Physician in the Newton Nervine and the Newton Sanatorium.

WHERE ARE WE DRIFTING?—The Eclectic Medical Journal contains an editorial from which the following is abstracted on account of its very concise and clear description of present tendencies:

"It is surprising to note the drift or trend of medical opinion from time to time. We are not an old physician by any means, yet we have been in the profession long enough to have witnessed some radical changes in professional ideas. When a student, Virchow's cellular pathology was taught, and one rarely or never heard of a microbe or the germ theory of disease. Now the pathogenic germ is sought for in all diseases, though not yet isolated, for even all the infectious diseases, and diseases are now classed as infectious that were not thought to have been such at that time. Serum therapy was not dreamed of and "therapeutic nihilism" unheard of.

"With the advent of bacteriology and serum therapy, medical teaching has materially changed. Pathology and bacteriology have in a large measure displaced materia medica. Many diseases then thought to have been medical are now classed as surgical and surgery divides the time or attention with bacteriology. Materia medica has been eliminated from the curriculum of certain colleges and applicants before examining boards are not examined in this supposedly minor branch of medicine. The question naturally arises, has the pendulum swung to its limit or too far? We fancy it has gone to its limit, and it will be but a short time until therapeutics will again demand the attention that its importance deserves."

STANDING OF MEDICAL SCHOOLS IN MASSACHUSETTS.—The fourteenth annual report of the Board of Registration in Medicine, being the report for the year 1907, gives tabulated data of the results of applicanta for registration in Massachusetts during the year. Eight institutions are represented by nine or more candidates. The standard of Boston University, while leaving much to be desired, is nevertheless quite satisfactory. The list is as follows:

	Number Failed.	Percentage of Failures.
Harvard College	1	2
Boston University	1	7.1
Tufts College	5	9.8
Dartmouth	1	11
University of Vermont	2	15.3
Massachusetts College of Osteopathy	8	42
College of Physicians and Surgeons	7	43
Baltimore Medical School	12	52

Baltimore University seems to show the most unfortunate results, as from this school six applicants appeared, none of whom succeeded in passing the examination.

RECENT DEATHS.

On January 27th, Dr. Allen Dexter Hammond of Brockton, Mass., of the class of 1893, Boston University School of Medicine, aged 36 years.

On March 13, Dr. Frank L. Benedict, for many years in practice at Portsmouth, New Hampshire. Obituary notice will appear later.

CHARLES WOODHULL EATON.—The Gazette learns with sorrow of the decease of Dr. Charles Woodhull Eaton of Des Moines, Iowa. During the last few years Dr. Eaton has made a name and a reputation for himself that have become country-wide. Born in Lancaster, Wisconsin, the son of a Congregational minister, he received a preliminary education equal to that now essential for the baccalaureate degree. He entered the New York Medical College, graduating therefrom in 1878. He graduated from Hahnemann of Chicago in 1879 and soon after opened an office in Des Moines, Iowa. The Doctor is probably best known by his ideas concerning the vaccination question, he being an ardent antin-vaccinationist. At the meeting of the American Institute of Homoeopathy, held in Jamestown, his paper entitled "The Facts about Variolinum" was so enthusiastically received that the Institute voted to have printed and disseminated throughout the country ten thousand copies.

Dr. Eaton was never married. Three brothers are living, one of whom, Dr. Samuel L. Eaton, of Newton Highlands, Mass., is well-known throughout New England.

Dr. D. B. St. John Roosa died suddenly in New York on March 6th, at the age of 70 years. His career in medicine has been a notable one, and his loss will be keenly felt by many. During the Civil War he was an army surgeon and later held the position of Professor of Diseases of the Eye and Ear in the University of the State of New York and in the University of Vermont. His most energetic efforts, however, were directed toward the inception and successful perpetuation of the New York Post-Graduate Medical School and Hospital. Of this institution he was president for 26 years.

NEW DRESS OF THE "AMERICAN PHYSICIAN."—Beginning with the January number of this year, this well-known journal under the able editorial direction of Dr. Frank Kraft, has changed from the form heretofore used and now employes one of the same size and general arrangement as the Gazette. We think that this adds to the desirability of this publication, which we have always held in high esteem.

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ORIGINAL COMMUNICATIONS.

THE SIGNIFICANCE OF ABDOMINAL PAIN.*

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

This topic can hardly fail to yield something of interest and profit to physician and surgeon alike. Without attempting to treat the subject at length, let me suggest a few thoughts of practical bearing on our daily work, asking your free discussion of the same when I have finished.

To me the abdomen has been the special field of ever-increasing interest. It contains so many different organs capable of so many diseases; presents so many and varied problems for successful diagnosis and treatment, and likewise so many possibilities of error; is, in fact, the battle ground where victory has in so many lines gained steadily over defeat, that one must, indeed, be lacking who does not feel some enthusiasm in the fight our science is making against abdominal disease.

From surgical operations themselves we have gained clinical knowledge of inestimable value. Diagnosis in conditions formerly not only obscure, but even impossible, has become increasingly accurate; in a region, too, where early diagnosis so often means the actual saving of life. The most valuable symptom of visceral disease is pain. And yet the viscera themselves have no sensory nerves and therefore do not sense pain at all. As shown in abdominal operations under local anaesthesia, they may be torn, cut or burned at will without the knowledge of the patient. This, of course, means that the peritoneum covering the viscera is likewise not sensitive. Furthermore, there is no proof that the sympathetic system is capable of carrying sensory impulses.

On the other hand, the abdominal wall protecting these organs has no less than three sensory layers. First the skin, second the flat muscles of the wall, and third the loose connective tissue lying just outside the peritoneum, known as the subserous connective tissue.

One thing I had noticed repeatedly in the incision for laparotomy. Cutting through skin, fat and fascia and muscle down

*Read before the Rhode Island Homoeopathic Medical Society, January 1908, and before the Mass. Homoeopathic Medical Society, April, 1908.

to this layer of connective tissue, then nicking and gently tearing with the fingers this subserous layer, I would be surprised by an unexpected demonstration on the part of a patient not profoundly anaesthetized, so that later I came to divide this layer likewise with the scalpel instead of the fingers, reasoning that anything so affecting the patient should be avoided. Cutting occasions less shock than tearing. (And let me say right here that the ideal abdominal incision is, to my mind, the straight cut which separates as little as possible the different layers. Such method exposes less surface for possible infection, and offers cleaner surface for apposition and healing, with less liability to pockets.)

Caird first demonstrated this connective-tissue sensitiveness during an operation for radical cure of hernia. Under cocaine injected in the line of incision the patient experienced no pain when skin and muscles were incised. Gentle separation of the loose connective tissue with the fingers, however, caused exquisite pain. No pain was felt when the peritoneum was cut, nor afterwards when it was stitched, showing that the peritoneum of the wall, as well as that covering the viscera, is unsupplied with sensory nerves. MacKenzie also verified this sensitiveness of the connective tissue, and consulted several anatomists, none of whom knew of any sensory nerve distribution in that region. It remained for Ramstrom to demonstrate that this layer *is* richly endowed with sensory nerves and nerve endings, these being derived from those supplying the muscles of the abdominal wall.

Now this sensory layer of the muscles is by far the most important of the three, since it has most to do in diagnosing visceral disease (viscero-muscular reflex).

It is not, therefore, a sensitive or tender appendix we have been finding these years past, but an inflamed organ capable of announcing its trouble to nerve centres in the spinal cord, from which in turn communication is sent to the muscular or protecting layer of the abdominal wall, also the skin, the painful spot being in the contracted muscular fibres of the wall itself, corresponding approximately to the location of the diseased organ. Hence the expression, "pain in the abdomen," has been subject to challenge, because the pain, though of abdominal origin, is not strictly *intra*-abdominal. This reflex painful spot or point of pain, although wonderfully truthful as a rule, takes liberties at times. Nerve distribution may vary in different individuals. Anomalies occur. The pain of an appendicitis may exceptionally come on the left side instead of the right. And it is essential to know these points in order to advise our patients safely. This very thing is reported to have happened recently in the practice of one of our city's able physicians, delayed operation, resulting in the death of the patient from appendicitis recognized too late.

Important is it likewise to know that pain referred to the abdomen may have its origin in diseased organs quite remote. I have seen two or three cases of pneumonia in private, and

in consultation which would have passed unrecognized but for careful examination of the chest, the pain being wholly abdominal. And I have read of one case in which three surgeons in consultation actually opened the peritoneal cavity, to find nothing till pneumonia was brought to light by delayed examination of the lungs.

We should regard this error inexcusable but for the knowledge that exceptionally a pneumonia may take two and even three days to develop, chest symptoms being quite negative, while the early prominent symptoms have been abdominal pain and tenderness, muscular rigidity, tympanites, and rise of temperature. In explanation note that the thoracic nerves from the sixth to the eleventh, supply branches to the skin and muscles of the abdominal wall as well.

Peacocke writes that diaphragmatic pleurisy causes pain rarely at the top of the shoulder of the affected side, but more often in the abdomen, even as low down as the umbilicus. The association of the phrenic nerve and fourth cervical is recalled.

Other sources of abdominal pain outside the cavity are: cyst, or abscess of the wall, syphilis, Pott's disease, lead poisoning, trichiniasis, tabes dorsalis, aneurism.

How far then may we trust to locality of pain in diagnosis? Evidently in limited degree, since pain so often fails to indicate the exact place from which it originates. Is it not discouraging that in our science we have to deal so largely with probabilities instead of certainties? Not more so than in other matters human. Every problem of life is solved, and every step of progress is taken, on probabilities. It is our business to make these probabilities extreme enough to approximate certainties, but "probability is the rule of life," and will so remain.

Having noted these remote sources of abdominal pain we proceed with a few general observations on pain due to intra-abdominal lesion, remembering, however, that most serious chronic diseases may reach an incurable stage without pain at all. A few facts have been learned. Precordial pain is generally due to trouble in the stomach or intestines. In most acute attacks of abdominal disease pains are felt first in the region of the solar plexus, which has been called the "abdominal brain." The pain of appendicitis, gall bladder disease, gastric or intestinal perforation, is generally first felt in the epigastrium. Note that "the appendix is at fault one hundred times oftener than the stomach, colon, or ileum." The caecum is in some individuals quite movable. The appendix may keep company with the gall bladder, lie deep in the pelvis, on the left of the median line, or behind the ascending colon. (Neuroma of a lumbar nerve may be mistaken for appendicitis.) Peristalsis in the hollow viscera is a routine phenomenon unperceived in health. Interrupted, that is, unsuccessful peristalsis, occasions colic, at times most excruciating. Pain from the contraction of hollow organs as a rule

increases gradually, reaches its height, and again gradually subsides. Pain from spasm of the ileum is almost always referred to the umbilicus; pain from spasm of the colon generally to the supra-pubic region. This can be readily demonstrated by giving a large enema. Periodicity in peristaltic pain is a matter of common observation. Our hospital patients after abdominal operations quickly learn about "gas pains," and "gas" is the bête noir of matron, nurse, patient, and friends as well. But gas is wholly innocent and unoffending, a friend in fact, without whose help the kinks and contractions might never be corrected. Gas is a necessary and essential tenant of every portion of the digestive tract. Intestinal colic is often nature's effort for normal peristalsis in an obstructed bowel.

We have said that the abdominal viscera have no sensory nerves. There are a few exceptions. The kidney is slightly sensitive to pressure; ovary much more so. The cervix uteri (though not the fundus) has sensory nerves; testicle (originally in the abdomen) likewise. Its sympathy with the pain of kidney or ureteral calculus is due to the fact that in its descent from the kidney it borrowed a twig from the first lumbar nerve. The scrotum is not involved because supplied from the sacral nerves.

Much has been written lately on gall bladder and stomach surgery. And many diseases of these organs have come to be viewed from the surgical standpoint rather than the medical. Perhaps more than any other organ the stomach engages today the active interest of the profession the world over. Gastric ulcer is certainly much more frequent than we have supposed. Chronic pain recurring in the upper abdomen is very generally due to either gall bladder disease with or without stone, or to duodenal, or gastric ulcer. Even Ewald, a medical man and an advocate of medical treatment for gastric ulcer, advises that "dyspeptic" symptoms not yielding to medical treatment and diet within a reasonable time (4 to 6 weeks), should be referred to surgery. Laboratory diagnosis has not proved altogether satisfactory.

Corresponding to McBurney's point for appendix are other points for gall bladder and stomach ulcer. Mayo Robson's point for the former is on a line drawn from the umbilicus to the right acromion process and about halfway between the umbilicus and the costal arch. It is the point at which a twig from the 9th dorsal nerve emerges from the rectus. It is a little above the level of the umbilicus and about two inches to the right of the median line.

A woman in middle life for whom I operated last week had this spot of tenderness. She had suffered repeated attacks of gallstone colic for several years, though for months at a time free from pain. We found a contracted gall bladder full of stones, from a small filbert in size down to fine sand too small to count. Some of these had ulcerated into the edge of the liver. Others seemed almost ready to come through the bladder

wall. Adhesions to bowel were separated, gall bladder opened and removed together with the stones, and the wound drained. The gall bladder was removed for two or three reasons. First it was impossible to pry the stones out without taking much of the walls with them; second its usefulness as a reservoir for bile was gone; third the liability to cancer is lessened by its removal. Ninety-five per cent. of cancers of the gall bladder and ducts show stones to have been present. Bile is still discharging freely from the wound though now a single small tube constitutes the drainage. It will be removed this week for nature to close the opening.

During the colic attacks the pain was referred to the epigastrium, radiating also to the back. Morphine subcutaneously in 1-2 gr. doses was required to conquer it. The patient invariably rubbed with the flat of her hand the whole upper abdomen. As stones almost always form in the gall bladder itself no recurrence may be expected; a fourth and good reason for cystectomy rather than cystotomy.

In gastric ulcer the pain is often in the center of the epigastrum or a little to the left, radiating to the back and shoulders. The points of tenderness are two: first Brinton's in front, two or three inches below the ensiform cartilage and to left of median line; second Cruveilhier's behind, a little to left of the spine, at the tenth dorsal vertebra. Peacocke says at the spine also of the seventh and eighth dorsal verterbrae.

Mackenzie has been locating the stomach ulcer by the position of the painful spot. If near the ensiform he expects to find the ulcer near the cardiac end of the stomach. If near the umbilicus, at the pyloric end; if midway between these, in the middle of stomach wall. How constant this rule may prove correct can be tested by us all. Let us study more closely our chronic "dyspeptics" and make a better diagnosis in the light of recent knowledge gained largely by surgical procedures. I have at least one undoubted case of gastric ulcer; and another possible one, in a patient likewise hysterical, for whom we shall do an exploratory if satisfactory progress does not soon result from medical and general treatment. She vomits everything taken into the stomach, the distress being felt in the epigastrum. Apparently she is tender to pressure at the left of the eighth dorsal spine.

While there is much to say, I feel that you will appreciate the bringing of this paper to a close. Let me, however, relate a most interesting case ushered in by a lumbar reflex, or perhaps more strictly, lumbar nerve pressure direct.

On a Thursday in November last I saw with Dr. C. L. Green a case which presented interesting difficulties in diagnosis. He had that morning prescribed for a sudden pain in the right lumbar region. Patient was about 63 years old, had not been well for some time but had been out and about as usual. At 1 p. m. we found her in collapse, unconscious and with hardly any pulse. Examination revealed a mass apparently of the right kidney, giving

a sense of fluctuation. Percussion dulness was separated from liver dulness by the colon, and the swelling suggested a possible cyst of the right kidney. Under stimulants and saline by bowel she rallied, regained consciousness and was comparatively comfortable on Friday, though too ill for any operative procedure. On Saturday forenoon she collapsed again, and responding in the emergency (Dr. Green not being available), I found her unconscious, pupils evenly dilated, wrist pulse absent, and pallor marked. The swelling had increased, filling the upper right quadrant and extending beyond the middle line. Also was still semifluctuating. I was confident of two things; first that the trouble was hemorrhage and one not into the peritoneal cavity; second that it had to do with the kidney, just how I could not say. Patient did not regain consciousness. Autopsy next morning found a little serum in the peritoneal cavity with one or two small blood-clots. Enveloping the right kidney was a large mass of clotted blood, held back by peritoneum and fat. So adherent to the kidney was it that it could with difficulty be wiped from the capsule. An aneurism of the aorta had ruptured, the blood stream following the renal vessels, dissecting up the fatty casing and completely enveloping the right kidney.

Aneurism had been considered as a possibility, but excluded, since it was difficult to explain why it should not have ruptured into the cavity of the peritoneum instead of being held practically encysted post-peritoneally in the right upper abdomen.

LATENT DIPHTHERIA.—In an article in the Journal of the American Medical Association upon latent diphtheria, Dr. Solis-Cohen draws the following conclusions:

1. The prevalence of diptheria is due to the lack of control over latent cases of diphtheria and over the so-called "carrier" cases.

2. Diphtheria may occur in a latent form without pseudomembrane and with only slight symptoms.

3. Latent cases of diphtheria should be isolated until two successive negative cultures have been obtained.

4. All cases of sore throat should be reported to the health authorities and should be examined bacteriologically.

5. Infected "contacts" should be excluded from school or work and should not be permitted to frequent public places until two successive cultures have proved negative.

6. All who have been in contact with a diphtheria patient, whether at home, at school, or at work, should be examined bacteriologically.

7. Disinfection of fomites and terminal disinfection of rooms and their contents is insufficient and reliance thereon treacherous. Animate carriers of infection are more dangerous than the inanimate.

REPERTORY OF NAUSEA AND VOMITING OF PREGNANCY.

P. W. SHEDD, M.D., New York.

The following brief repertorial arrangement of this troublesome affection may be useful in reference. The symptom-basis is chiefly anatomic, *i. e.*, the disturbance of function whatever it is, will be found under the anatomic heading, not under the descriptive symptom; thus, Burning in the stomach is listed under Stomach, not under Burning.

Abdomen: Carbo veg. (feels bursting when eating or drinking); China (feels full, tight, constricted; garters may feel too tight); Cocc. (sensation of stones rubbing in, with every movement); Phos. (weak feeling in); Sabad. (heat in, with nausea and vomiting); Selen. (violent pulsation in—and over whole body—after eating).

Aggravation: Cold change in weather, Dulc; odor or thought of food, Sep. Symphoricarpus; third week, every; Mag. c.

Anorexia: Agar. (hungry, but no appetite); Dig. (with clean tongue); Lyc. (because of sense of satiety); Nat. m. (great hunger, but no appetite); Rhus; Sabad. (until after the first mouthful); Sep. (thought of food sickens); Sulf. ac.

Anus, sense of weight in: Sep.

Appetite: Caust. (vanishes when at table); Nux v. (poor); Sil. (good, but food nauseates); Staph. (hungry even after a full meal); Zinc (greedy, canine, can't eat fast enough).

Back, heat up the: Phos.

Belching: Arg. nit. (very difficult); Arn. (rotten-egg); Cham. (painful).

Bread, aversion to: Nat. m.

Breasts swollen and sore at periods; history of: Con.

Colic: Canth. (with violent retching and vomiting); Kali c. (stitching).

Concussion, due to a: Arn.

Constipation: Agar. (first part of stool dense, last liquid); Alumina (even soft stool difficult); Bry. (hard, dry, "burnt"); Graph. (or diarrhea); Mag. m. (large, difficult, crumbly); Nux v. (large, difficult stool, or, very frequent with painful urging); Op. (round, hard, black balls); Phos. (difficult, dry, elongated stools); Sil. (inactive rectum; "bashful stool").

Convulsions: Ant. c. (with vomiting).

Debility: Ars. (great); Phos. ac. (great); Sulf. ac. (great).

Desires: *Dainties,* China (but hardly knows what); *fruits, juicy things, cold things,* Vera a.; quiet; Bry.; *water, cold,* Ars. (which agg.)

Diarrhea: Ant. c. (watery, with occasional hard lumps); Ars. (lienteric, exhausting; after drinking); China (much flatus, not relieving); China (after drinking); Graph. (or constipation);

Merc. (mucous, followed by tenesmus); Petrol. (day only); Phos. (profuse, watery, hydrant-like); Puls. (nocturnal).

Drink gurgles as it descends: Cup.

Epigastrium: Cham. (bloated in A. M., as if contents were passing into chest).

Eruptions, vesicular, oozing glutinous water: Graph.

Eructations: Calc. (of food); Carbo v. (frequent; with only temporary relief); Cham. (increasing the pains); China (not relieving); Dulc. (empty, with throbbing; frequent while eating); Iod. (continual, empty, morning till evening; as if food turned to gas); Lauro. (like bitter almonds or HCN); Mag. m. (onion-like); Moschus (violent; musky or garlicky; hot saliva); Phos. (sour); Sep. (like spoiled eggs).

Esophagus: Alumina (constriction); Carbo v. (constriction); Cocc. (burning in; into fauces); Hep. (sensation of water rising in, as from sour things).

Eyes: Bell. (redness).

Eyelids: Caust. (ptosic, can hardly keep them open).

Face: Ars. (pallor); Bell. (pallid or flushed); Lyc. (heat, esp. in left cheek after eating).

Fear: Acon. (of crowds; of busy places; of death); Bell. (of light, noise); Berb. (of downward motion).

Feet: Calc. (cold, damp); Sulf. (cold; vertex hot); Zinc fidgety).

Flatulence: Arg. n. (gastric); Berb. (after every meal, with distension); Lyc. (gurgling in left hypochondrium).

Food disagrees: Alumina (potatoes); Carbo v. (even the simplest); Nit. ac. (fat).

Gastric derangement in general: Agar., Alumina (with inactive rectum); Bry. (better from quiet); Canth (with frequent scanty, sometimes bloody, micturition, with cutting burning pains); Nit. ac. (better from moving about or out driving); Petrol.

Gums ulcerated: Merc.

Head: Arg. nit. (sympathetic head-pain); Bry. (splitting h. a.); Nat. m. (always wakes with a h. a.); Sulf. (vertex hot; feet cold).

Hemorrhoids: Caust. (very painful on walking).

Hypochondria: Calc. (can't bear constriction about).

Itching: Agar. (various places, as if frostbitten); Graph. (blotches on body); Hep. (rash in elbow-flexure, popliteal space).

Limbs, lower: Cocc. (seem almost paralyzed).

Lips dry, parched: Bry.

Liver: Calc. (stitches in, during and after stooping); Caust. (stitches in, for hours in the afternoon).

Meat, aversion to: Sep.

Milk, great desire for: Chel. (it ameliorates the symptoms).

Mind, irritable: Cham. (imagines she hears voices of absent persons); Nux vom. (desires solitude).

Mouth: Bry. (dry); Mag. m. (continual rising of white froth into); Nux mos. (dry, also tongue and throat, esp. at night).

Nausea: Acon., Ang. (when walking, as if she would faint); Ant. c., Bell. (in throat); Bry. (on waking in A. M.; better keeping quiet); Cham. (faint-like); Chel. (causes great heat in the body); Cina (with weak, hollow sensation in head); Cocc. (very weakening, in A. M., makes her so faint); Con. (terrible, esp. in scirrhous women); Croc. (in chest and throat); Cup. (better drinking cold water); Cycl. (from least food; in palate and throat); Dig. (deathly; persistent; even after vomiting; in the A. M.); Dros. (after eating fat; worse midnight to morning); Graph. (with vertigo); Hell. (yet hungry); Hep. (frequent; momentary; with flow of saliva); Iod., Ipec. (continual); Kali c. (faint-like lying down); Mag. c. (loathing, without desire to vomit); Mag. m. (with faintness, followed by coldness and weakness in stomach and gulping up of water); Mosch. (at sight of food); Nat. m. (esp. when eating much salt food); Nit. ac. (and acidity; from fats; better moving about or out driving; constant); Nux v. (every A. M., with constipation); Petrol. (from carriage motion); Phos. ac. (as if in palate); sabad (with heat in abdomen); sep. (A. M.; as if turning inside out; from riding); Sil. (with violent palpitation; after any heating exercise); Staph. (with flow of very saltish saliva); Symphor. (deathly); Val. (as from thread hanging in throat; white lips, icy body); Zinc.

Odor, fetid, of food and drink: Nux v.

Pulse intermittent; very slow: Dig. (with light-colored stools).

Pylorus: Canth. (burning in region of).

Pyrosis: Alumina, Calc., Graph. (rancid; esp. after eating); Lyc., Merc. (rancid); Nat. m. (after eating; limpid mucus; profuse, constant); Sabad. (abdomen to mouth); Sulf. (profuse); Val. (gulps up rancid fluid); Zinc (sweetish risings; violent after eating sweets).

Redness in various parts: Agar (as if frostbitten).

Restlessness: Rhus (nocturnal, esp. after midnight).

Retching: Canth. (with vomiting and severe colic); Symphor. (violent); Ver. a. (violent).

Salivation: Merc. (with nausea; waking from sleep, esp. after midnight); Sulf. (profuse; causes nausea and vomiting).

Salt, craves: Nat. m.

Scirrhus in any part: Con.

Shoulder: Chel. (pain under rt. scapula); Rhus (pain between scapulæ on swallowing).

Sleep: Cina (restless; tosses about); Nux v. (restless, esp. after 3 A. M.); depression); Sulf. (in cat-naps).

Sleepiness: Kali c. (esp. during a meal); Phos. (all the time).

Sleeplessness: Calc. (esp. after 3 A. M.); Cham. (cannot compose herself to sleep).

Stomach: Acon. (burning in, to mouth and dorsum linguae); Arn. (soreness in); Ars. (sensation of stone in); Carbo v. (feels bursting when eating or drinking); Caust. (burning as from lime, with rising of air); Cham. (burning; into the hypochondria); Cina (constant nocturnal pressure in, causing restlessness); Croc. (sense

of fermentation or of gastric motility); Cup. (sensation of something bitter in); Dig. (burning; up esophagus); Dulc. (burning; with sense of retraction in pit); Hell. (intense burning into esophagus); Ign. (emptiness at pit; with sighing and depression); Lauro. (violent pain in, with loss of speech); Mag. m. (coldness, weakness, with fainty nausea and gulping up of water); Merc. (pit very tender to touch); Nat. m. (clawing sensation in pit); Nit. ac. (heat in, to throat with nausea); Nux mos. (sensation of fulness, with difficult respiration; particularly in last months); Phos. ac. (as if moved up and down); Puls. (pulsation in pit); Sabad. (horrid burning in, to throat); Sep. (sensation of emptiness at pit; painful feeling of hunger in); Staph. (feels relaxed, hanging down); Sulf. ac. (feels cold, relaxed).

Suffocative attacks: Lauro. (with palpitation; as if each breath were the last; sometimes better lying down).

Taste: Hell. (natural, but food is repulsive); Sil. (of food stays by her). *Bad*: Puls. (every A. M.; must wash out mouth; nothing tastes good). *Bitter*: Acon. (except water); Ars. (esp. after eating or drinking); Berb. (even saliva); China (esp. pharyngeal; everything tastes bitter); Dros. (when eating); Phos. ac. (of bread). *Bloody*: Sil. (in A. M.); Zinc. *Flat*: Ign. (as from long fasting; limbs languid). *Lost*: Alumina, Stram. *Manure-like*: Sep. *Metallic*: Cocc. *Putrid*: Bell. (rises from fauces; also when eating, drinking, though food tastes natural); Nux v. (pharyngeal); Rhus (after the first mouthful). *Rotten-egg-like*: Graph. (nauseating every A. M.) *Salty*: Iod. (continual). *Sour*: Mag. c. *Straw-like*: Stram. (or none at all). *Sulfuric*: Cocc.

Teeth: Cina (grinding); Merc. (sore; elongated sensation).

Thirst: Acon., Cycl. (intermittent); Stram. (extreme, with much saliva); Ver. a. (great; for cold drinks).

Thirstlessness: Puls.

Throat: Caust. (phlegm difficulty raised and sickening her); Mag. c. (roughness, stinging, with desire to vomit).

Time passes slowly: Arg. n.

Tobacco, can't bear odor of: Nux v.

Tongue: Ant. c. (white); Alumina (tingling-itching; must scratch it); Ang. (stitches in tip; better moving it); Bry. (dry); Calc. (sore; tip, sides, dorsum); Nux mos. (dry—and mouth and throat—esp. at night).

Urination: Alumina (difficult; must strain at stool to accomplish); Canth. (frequent, scanty, bloody, with cutting, burning pains); Con. (intermittent flow); Lyc. (pain before; better after flow begins).

Urine: Hell. (scanty; dark; coffee-ground sediment); Lyc. (red sand); Nit. ac. (very strong, offensive; horsey); Phos. ac. (frequent nocturnal passage of much colorless).

Uterus: Con. (stinging pains in cervix).

Varices sore: Graph.

Vertigo: Ant. c. (with nausea); Arg. n., Calc. (ascending stairs); Con. (esp. on turning over in bed); Graph. (with nausea).

Vision, dimness of: Cycl. (with fiery specks and sparks).

Vomiting: Acon. (occasional); Ant. c. (may be very persistent); Ant. t. (much mucus); Ars. (nocturnal, of fluids as soon as taken); Bry. (immediately after eating); Canth. (with violent retching and severe colic); Cup. (violent; frothy mucus); Dig. (with persistent nausea); Ferr. (fiery red face; of food; renewed after eating; sour, acrid); Hep. (every A. M.); Iod. (salty in taste); Ipec. (much mucus); Kali bi. (tough, stringy, sticky mucus; with such secretion present on any mucosa); Kali c. (with swooning); Mag. c. (sour; much roughness or stinging in throat); Mosch. (repeated spells of); Nux v. (every A. M.; large, difficult stool; constipated); Phos. (sour); Puls. (of mucus); sabad. (with heat in abdomen; of ascarides); Sep. (desire for, when rinsing mouth; milky water or mucus); Symphor. (continuous, violent); Zinc.

If the clinical experience of the homoeopathic school is worth anything at all, repertorial arrangement of the drug groups which have proved particularly adapted to certain clinical types is a practical development of homoeotherapeusis not to be disdained. Consider Hahnemann's Arsenicum, Camphor, Cuprum and Veratrum in Cholera Asiatica.

The physicists are gratuitously working out for us much of the theory of homoeopathy; its practicians should emphasize its practicalities.

1318 Brook Avenue.

INADEQUACY OF PRESENT MEDICAL REGISTRATION LAW.—We gather the following from the Monthly Bulletin issued by the Board of Health of Rhode Island, in which State the medical registration law is similar to that in Massachusetts in that non-graduates are permitted to apply for examination. This abstract shows well the possibilities that may be the result of such a law:

"By means of compendiums, quizzes and cramming, certain active minds are capable of acquiring, in a month's time, sufficient special knowledge to pass an examination and be permitted to practice without ever having had any clinical or bedside experience or any hospital association or operative work either on the living or on the cadaver. One applicant had the temerity to undertake the examination, his qualifications being that he had read Gray's Anatomy and studied some in chemistry, and yet he hoped to be able to cope with men who had spent four years of constant hard study in the numerous branches of medicine and surgery under a large corps of bright instructors with clinical material and laboratories for the several branches of medicine."

FOR RENT—A camp, on a lake in southwestern New Hampshire. House, barn, three boats, eight tents and complete furnishings for 12 people. $150.00. Inquire of Dr. Marion Coon, 535 Beacon St., Boston, Mass.

MIGRAINE—A CASE CURED.

MAURICE WORCESTER TURNER, M.D.

The following case is interesting for four reasons:

First, the remedies were effective, in spite of the hysterectomy having suppressed important pelvic symptoms, leaving only intensified symptoms of the head.

Second, the short and superficial action of Kali bichromicum.

Third, the persistence of menstruation after the removal of the ovaries, and,

Fourth, the cure of the headache coincident with the reëstablishment of the menses (suppressed discharge?), though the headaches began before puberty.

The patient, Mrs. A., thirty-six years old, was first seen June 15, 1907. Mother died of tuberculosis at thirty-seven years; father alive and well; sister in poor health from uterine disease. Mrs. A. has been married twenty years, has one son nineteen years old, and after he was born had two or three miscarriages. She always had "stomach trouble," and headaches began before she was ten years old. She is five feet seven inches tall, weighs one hundred and sixty pounds, hair brown, eyes blue, complexion clear, cheeks red.

On account of representations by her former physician that there was serious uterine and ovarian disease and that the knife only would cure those conditions, and probably the headaches also, she was operated on in September, 1905, and the uterus, tubes and ovaries removed. But the headaches have persisted and grown more frequent. She has always been constipated and takes Cascara each night.

Symptoms of an attack: As either coffee, tea or milk will bring on a headache she has given them up. Before the headache much abdominal flatus, especially in the scrobiculus. The headache begins with a light before the eyes, then blurring of vision, coming any time, but more often after eating or in the forenoon; this grows worse for about fifteen minutes, stops and pain begins in vertex and occiput, a dull heaviness, more on left side, with violent nausea and efforts to vomit, which, not being easy, she induces it with the finger down the throat, and a large amount of glairy, stringy mucus "like that on a frog pond, only not green," very sour, is raised; the vomiting recurs several times.

This "pumping out" of the stomach has become a habit and she does it each morning to prevent the headache, generally without success.

Headache worse from noise, or anyone walking in the room; better by tying up head, but especially relieved by the stomach being cleaned out, and then if she eat something the remains of the headache will disappear. Desire for beer during an attack, but dislike to it at other times. Face flushed, but feet and hands cold and a

little chill over body. Ringing in left ear constant, worse just before headache.

Remedies having *vision dim, blurred* or *lost, before, during* or *after headache* (Kent, p. p. 142, 273, 277), with Lac-d, and Zinc. added, are as follows:

Blindness, followed by violent headache; sight returns as headache becomes worse: Kali-bi.

Blindness, followed by violent headache: Gel., nat-m.

Pain begins with blurred vision: *Gel.*, iris, kali-bi., *lac-d., sep.*

Dim vision before headache: *Kali-bi., lac-c.*

Vision lost, at beginning of headache: Kali-bi., sars., zinc.

Dim vision during headache: *Ars.*, asar., **Cycl.**, gel., **Sul.**, vera-v.

Vision lost after headache: Sil.

The suggestion here is Kali bichromicum, and the case agrees well with the pathogenesis of that remedy as the following from the *Guiding Symptoms* shows:

"Blindness comes in morning followed by violent headache; must lie down; aversion to light and noise; sight returns with increasing headache. Soon after dinner a dull, heavy throbbing, etc. Vomiting; sour, undigested; glairy fluid; with cold sweat on hands, face hot. Periodic headache, with vertigo and nausea, morning awaking, also in evening; often better by pressure, in open air, or by eating (warm soup). Longing for beer."

While differing in some respects, yet the case and the remedy correspond in the essentials. The aggravation after eating is paralleled by "soon after dinner," and "relief of the headache by vomiting" is found under the remedy, though not marked nor included in the *Guiding Symptoms*. The "blurring," which "decreases as pain grows worse," the "morning aggravation," the "aggravation from light and noise," the "relief by pressure and by eating," all agreed as did the character of the vomitus.

She was given on June 15, 1908, one dose dry on the tongue of Kali-bi 1000, Fincke, and placebo.

June 18, reported improvement; no headache, no nausea, no vomiting; still takes Cascara. Placebo.

June 22, no headache, is very well. Placebo.

June 29, vomited yesterday and this morning, "not from headache, but on account of the hot weather" (?). As there was more gas in the stomach and she felt worse generally, Kali-bi 1000, one dose dry was repeated and placebo.

July 6, has been poorly the whole week; no appetite; even the sight of food aggravates and makes her feel sick all over; no thirst; much gas in stomach after eating, more especially under right short ribs. Is seldom drowsy and now cannot sleep till after midnight, but when asleep sensation as if etherized. Weight one hundred and fifty-four pounds, a loss of six pounds.

It was evident that she was getting worse again and that Kali-bi. had not taken hold the second time, therefore two courses

were open,—first, to repeat the Kali-bi. in a different potency, preferably higher, and second, to seek a new remedy. As a new and very important symptom had appeared the latter course was chosen.

The "aggravation from the sight of food" was more than a modality, it was a condition affecting the whole patient, consequently, as several symptoms had disappeared, this new one was of the greatest value and guiding in the selection of the second remedy.

Aggravation from the sight of food is recorded in the repertories generally under but two medicines, Merc-i-f. and Sul., to which may be added Ars., Colch., Kali-bi., Mos., and Nat-m., so the rubric should read, giving the Boenninghausen value of each medicine, ARS., COLCH., **Kali-bi.**, *Merc-i-f.*, Mos., Nat-m., SUL.

A little study showed that none of the first six remedies covered and, as there was reason to believe that the patient was psoric, one dose dry of Sul. 50,000, Fincke, was given with placebo, on the strength of this newly-developed guiding symptom of "aggravation from the sight of food," the expectation being that either improvement would follow or valuable symptoms be developed.

July 13, menses yesterday preceeded by heaviness of the head and a "puckering sensation in the vertex." It seemed that while menstruation was regular for eight or nine months following the ovario-hysterectomy it then became irregular and there has been no flowing for some months. The bowels have moved naturally (without Cascara) every day for the last week. No headache nor nausea. Puckering sensation gone. Placebo.

July 20, on the whole head better, but on 17th inst. had a headache with blurring of vision before but without vomiting. Bowels moved naturally each day. Sleep better. As the headache returned, even though only two weeks had elapsed since Sul. was exhibited, she was given another dose, dry, of Sul. 50,000 and placebo.

July 27, stomach upset last night after eating raspberries and drinking coffee, but without headache then or this morning. In fact, feels very well. Bowels regular. Placebo.

August 31, a few slight headaches without nausea or blurring, but with considerable vertigo and gastric flatus. Appetite fair; sleeps well; bowels not quite as regular. One more dose, dry, of Sul. 50,000 was given and placebo.

Since then she has been in good health, menstruation regular and has not had a headache.

Brookline, April 15, 1908.

TREATMENT OF CHRONIC PARENCHYMATOUS NEPHRITIS.—In the treatment of chronic parenchymatous nephritis, alcoholics and tobacco must be greatly restricted, skimmed milk may be drunk freely. The introduction of a quart of the normal saline solution into the rectum each night is of service. Internally the etherial tincture of the perchloride of iron is the best single remedy I have used.—Ellingwood's Therapeutist.

WHAT HOMOEOPATHY HAS DONE FOR PEDIATRICS*

C. S. RAUE, M.D., Philadelphia.

Mr. President, Members of the Massachusetts State Society and Guests:—

It is needless for me to attempt to express to you the sense of appreciation with which I have accepted your hospitality and the pleasure it gives me to be with you tonight at this pleasant and very important occasion.

Your chairman or toastmaster put me down to speak on the subject of "What Homoeopathy Has Done for Pediatrics." That is a very large field. In the limited time allotted to an after-dinner speech it will be hardly possible to pay more than a passing tribute to all the good which Hahnemann's reform in the practice of medicine, and in pediatrics especially, has done for us. From the very beginning of homoeopathy the pioneer practitioners at that time by the brilliant results which they obtained in treating sick children and by a comparison of those results with the results obtained by the allopathic treatment then in vogue, immediately placed homoeopathy upon a footing of such great popularity that it has spread irresistibly in spite of the persecution and the opposition which was especially strong against homoeopathy at that time and which is more or less with us all the time. In fact, I think that we may say that the success of homoeopathy in pediatric practice has been one of its strongest points.

From the very beginning, therefore, one of the strongest arguments that has ever been used against homoeopathy, namely that it is nothing more than therapeutic nihilism or a form of faith cure or hypnotic suggestion, has received its strongest refutation in the results obtained in treating sick children. If these results could not be attributed to drug action, but were purely psychological, I should like to know how you would get psychological effects in a psychologically immature infant.

Furthermore, the effect of homoeopathy has been far-reaching in its influence upon the practice of the old school. In the beginning of homoeopathy allopathic treatment was entirely different from what it is today. At the present time the leading minds of the old school are strenuously opposing the methods that were in use at that time. The leading old school teachers in pediatrics are advocating as little medicine as possible. They are advocating the use of the single remedy for definite effects, but they overlook the fact that these reforms are due more to the influence of homoeopathy than to any other single factor. Of course, they have advanced considerably. We must give them credit for having placed the problem of infant feeding, for example, upon a firm scientific basis. However, what good they have in their therapeutics most evidently is really from our own sources. Take, for example, the action of

*An Address delivered before the Massachusetts Homoeopathic Medical Society.

phosphorus in rickets of which they speak so highly. You will find in certain works on pharmacology that phosphorus has been given to young puppies for a continuous certain length of time, and that the bone changes which were produced by the continuous use of phosphorus have been carefully studied and were found to be quite similar to the bone changes we find in rickets in children. Just why they use phosphorus after making that statement we know, but probably they do not. Then we have men like Hobart Hare recommending podophyllin in acute entero-colitis in infancy. I might cite example after example of that sort—merc. cor. in dysentery, and others.

You will find, then, that these main reforms which have occurred in the practice of pediatrics in the old school have simply followed years after Hahnemann had pointed out the way to them and practiced them. Hahnemann was perhaps one of the first to point out the importance of diet and hygienic conditions and surroundings in restoring the health of sick children, the use of drugs being purely secondary, a drug simply being required to stimulate the organism and bring about a restoration to health through the natural channels.

Of course, modern medicine has progressed wonderfully and discoveries are being made in the laboratories which are of positive value, and we are not afraid to adopt any of these. It is gratifying to see that many of these discoveries are but a strong corroboration of the truth of homoeopathy, and this some of the leading old school men are perfectly willing to admit. Now we should not stand idly by and watch while the old school is making these discoveries and placing the principles of homoeopathy upon a firm scientific basis. They are doing it for us, and if we do not look out they will get all the credit for it. We should be busy following along the same lines, not simply saying homoeopathy is true because we see results in our practice, but let us prove it in the laboratory. An old school colleague said to me recently: "Doctor, if I were interested in speaking for homoeopathy, I would simply get busy now and take up the subject of opsonins. There you have an absolute vindication of your therapeutic method."

There is another bit of missionary work of which I would like to speak. I am afraid we have been letting things slide lately, so far as the laity is concerned. If you will take the trouble to ask your patients why they employ homoeopathy the majority of them will probably not be able to tell you. Some of them will know what the principle of homoeopathy is, but a great many people employ homoeopathy simply because their parents did or because they know they get results from it, but they are not able to speak intelligently on homoeopathy. Then, again, a great many people are prejudiced against homoeopathy because they have an entirely erroneous view as to what it is. Now if we took the trouble to explain to them that homoeopathy is not synonymous with small doses, sugar pills and office dispensing of drugs, I am quite sure that the prejudice which exists against homoeopathy in some quar-

ters would be very much reduced. Take a freshman in almost any one of our medical colleges and question him and you will soon find out how little he knows about homoeopathy, and he ought to know absolutely why he is choosing homoeopathy.

We have been gratified to note the change of attitude in the really great men of the old school towards the homoeopathic practitioner. We have not seen it where I come from, but it has happened in New York and here recently. We are very much gratified to read of the meetings of the Boston Homoeopathic Society at which representative members of both schools met and freely discussed the question of amalgamation. In line with this came the broadminded and praiseworthy statement by the estimable Osler in his farewell address to the physicians of America. These things are all very gratifying, and if we felt that these men represented the entire school and were in a position to speak for their brethren, things would be different, but we feel that these men are above their party. They are not in a position to speak for the entire school, and there still is a great deal of prejudice in the dominant school against us, and for the present I feel that these very pleasant relations which have existed sporadically are not as deep-rooted as we may be inclined to think, and for that reason I think that we should guard our possessions as strongly as ever, should stick together as strongly as ever, and should maintain the integrity of our medical schools. Personally, I think it a good idea to carry out the plan spoken of this morning, the affiliation of local societies with state societies and with the American Institute.

So far we have nothing to gain and everything to lose by weakening. We have our own institutions, our own specialists, our own medical societies, we have the best of patronage—why should we sacrifice anything, why should we allow the monumental work of our clinicians, our writers, to become a mere tradition in medicine?

I thank you very much for your hospitality and assure you it has been a great pleasure for me to be with you.

IS MEDICAL TREATMENT OF SERVICE?—The extent to which the teachings of Osler have influenced medical thought not only in the United States but abroad, is indicated in the statement by the President of a prominent British medical society that "if any daring member has introduced a subject bearing upon medical treatment, it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of disease they would be subjected to good humored banter, and received by those sitting in the seat of the scornful with amused incredulity." There will be a day, if our foresight fails us not, when a great reaction will come and when the young men, who received their medical education in the "day of Oslerism" will be seriously handicapped as compared with those men who are equipped with a broad and discriminating knowledge of drug therapy.—Editorial, Chicago Clinic.

INDICATIONS FOR SURGICAL TREATMENT IN DISEASES OF THE STOMACH.*

By James B. Bell, M.D.

I suppose that one is expected, when assigned a topic like this, to give a summary of all that is generally known upon the subject, a consensus of professional opinion and practice with relation to it. This is, therefore, what I will try to do.

Perhaps we had better first inquire what do we mean by surgical treatment? What operations are included in this? We may name the following:

1 Exploratory incision.
2 Pyloroplasty.
3 Gastro-duodenostomy.
4 Pylorectomy.
5 Gastrotomy.
6 Gastrectomy.
7 Gastropexy.
8 Gastro-plication or Gastro-raphy.
9 Gastro-plasty.
10 Gastro-gastrostomy.
11 Gastro-enterostomy or Gastro-jejunostomy.

These are practically all the operations that will be called for in the treatment of any disease of the stomach itself. This list may sound a little technical to those who have not paid particular attention to the subject, but the fog will clear up as we proceed.

The diseases or conditions for which these various operations may be indicated may also be classified as follows:

1 Stenosis of Pylorus—congenital.
2 Stricture of Pylorus.
3 Hour-glass stomach.
4 Foreign bodies in the stomach.
5 Dilatation of stomach.
6 Gastroptosis.
7 Tumor of the stomach.
8 Hematemesis.
9 Cancer of the stomach.
10 Ulcer of the stomach.

First: Indications for an *Exploratory incision* include any and every one of the above-mentioned conditions, of which the diagnosis is more or less probable, or even suspected, when the symptoms seem to call for operative interference, and the condition of the patient permits, and justifies it. To some extent all such operations are at the beginning exploratory, as the first step is always to confirm or to change the diagnosis by manual and ocular examination of the affected organ before proceeding to the indicated operation.

*Read before the Boston Homoeopathic Medical Society.

Of course, every means of diagnosis must be exhausted before resorting to this operation, and there must also be a reasonable outlook for accomplishing something more than diagnosis by exploration. In other words, exploratory operations as such must be reduced to the minimum, and in any case, one must have some further definite operation in view, if such operation can be made.

It is difficult to ascertain the mortality of exploratory incisions, but it ought to be very small. It is true that Moynihan gives it as nine per cent. in cancer of the stomach in forty-four operations, but I am very sure that in our Hospital experience it is almost nothing. At least, I have never personally known of any death from this cause.

In favor of such operations, it ought also to be mentioned that they often do a great deal of good in some unexplained way, especially in cases of cancer. It is not unusual after such an operation to see the patient much improved in every way for a long time. Quite a number of interesting cases illustrating this fact could be given if there were time. This may be accounted for somewhat theoretically by the loosening up of adhesions and the improved conditions following this process, and the manipulations involved in it. In consideration of this fact, we are all the more justified in refraining from the doubtful radical operations after entering the abdomen, as we may have reason to hope for more benefit from the exploration than from the complete operation in such cases. It is often quite as important to know when to stop as when to go on.

Second: *Pyloroplasty*, a plastic operation upon the pylorus with the purpose of enlarging its caliber. It is called for in congenital stenosis of the pylorus. This affection is not common, but is very important. If complete, or nearly so, the infant will die without the operation. If partial, the trouble may not be discovered till much later, when it causes persistent dilatation of the stomach, and nothing but the operation will cure it.

It will also be called for in some cases of stricture of the pylorus which have been caused by ulcerations. It is not applicable, however, as long as any of the original inflammatory process remains, and in any case is somewhat liable to be followed by a return of the constriction. For that reason, a gastro-enterostomy is often a better operation for pyloric stenosis, or as has been recently proposed and practiced, a gastro-duodenostomy.

Third: *Gastro duodenostomy*. This is the operation of Finney, or by a better method of Monyihan, which consists in making an anastomosis of the duodenum with the pyloric end of the stomach and naturally has taken the place of pyloroplasty for stricture, or stenosis of the pylorus.

Fourth: *Pylorectomy* or excision of the pylorus will be called for by malignant or other growths affecting the pylorus. As these growths, however, are rarely restricted to the pylorus itself, extending more or less to the stomach proper, the operation will more often be a partial gastrectomy. The operation will be counterindicated by dense adhesions, especially involving the head of the

pancreas—although even in this case, the operation has been sometimes successfully done.

The extent of the excision of the stomach in pylorectomy with partial gastrectomy may be such as to compel the closing of both ends of the incision and the making of a posterior gastro-enterostomy. This, indeed, is one of the most successful operations for cancer of the stomach.

Fifth: *Gastrotomy*, or opening of the stomach.

If we confine our attention, as required by our title, to *diseases* of the stomach, excluding foreign bodies, we shall have to limit the indications for an opening of the organ to the removal of a polypus or other tumor projecting into the stomach and to some cases of ulcer of the stomach—particularly with hemorrhage. This operation, however, must be regarded as in itself chiefly exploratory, and only making a way for the excision of the tumor, and the excision or other treatment of the ulcer. This treatment, however, of the latter condition has largely given way to that by gastro-enterostomy, as we will see later.

Sixth: *Gastrectomy*, or excision of the stomach, partial or complete. This is required almost wholly for cancer. As this disease almost always arises at or near the pylorus, and extends primarily along the lesser curvature, the operation is generally that which has been described, a combination of excision of the pylorus with a part of the stomach, with or without an anastomosis of the remaining portion of the stomach with the small intestine. It only remains, therefore, to mention total extirpation of the stomach, with an anastomosis of the end of the oesophagus with the duodenum, or if that is impossible, with the small intestine. This operation is possible, and has been somewhat successful, but also has a high mortality. We are certainly justified in doing almost anything that offers even small hope, in the presence of a disease which is surely fatal without operation.

As the radical operation, however, offers no certain promise of cure, it may be better, in case the posterior wall of the stomach is clear, to make a gastro-enterostomy, with the good prospect of prolonging life and relief of the symptoms, and with much less mortality. Moynihan seems more inclined to this view now than formerly. The whole question is overshadowed, however, by the greater one of whether we should really operate at all for cancer, as far as offering any hope of cure is concerned. The probable facts are that the average duration of life without operation is from eleven to twelve months. That cases treated by the palliative operations will live from fourteen to fifteen months, but the total amount of human life in these latter cases will be but little more, as the mortality will be from nine to twenty-five per cent. The best we can hope for in the radical operation is an average length of life of from twenty-four to twenty-six months; the total amount of human life in which cases will be reduced, however, by twenty-five to thirty-seven per cent. of operative deaths.

These latter statements may be perhaps better expressed as

follows: In one hundred cases without operation, the total of human life will be about 1150 months. With the palliative operations it will be about 1160 months. With the radical operations, including complete gastrectomy, it will be about 1680 months. The radical operations are, therefore, to be chosen when possible.

Seventh: *Gastropexy*. This is one method, of which there are several, of stitching the prolapsed stomach up where it belongs, in cases of gastroptosis. As these cases, however, can generally be relieved with suitable abdominal bandages, it is very rare that so serious an operation is justified for their relief. There are a few cases, however, where nothing else will serve, and the results have been very satisfactory.

Eighth: *Gastro-plication*, or gastro-raphy. This is a method of taking tucks or plaits on a much distended stomach, and is indicated for that condition only. The operation has a very limited application, but has been quite successful in a few cases. It has a mortality of about seven per cent. Gastro-enterostomy is generally a better operation for this condition.

Ninth: *Gastro-plasty*. This operation, like pyloroplasty, consists in making a longitudinal incision and then uniting it transversely for relieving a stricture of the stomach which divides it into two cavities, a condition known as hour-glass stomach. It is the simplest and easiest way of correcting the difficulty, but probably not as certain and permanent as gastro-gastrostomy.

Tenth: *Gastro-gastrostomy*. Where an hour-glass stomach divides that organ into two fairly equal pouches, the two may be united by anastomosis by the same methods as practiced elsewhere, and this is the best indicated operation in most cases for this condition.

Eleventh: *Gastro-enterostomy*. This term signifies the formation of a permanent fistula between the stomach and some part of the small intestine, to secure the proper emptying and rest of the stomach, and this topic forms the most interesting part of this rather dry and uninteresting paper. I feel tempted to open my throttle a little wider on this, with the risk of overrunning my time. The operation marks a real advance in the surgery of the stomach, whether the object in view be palliation or cure, and has proved highly curative in many cases. The accepted operation is the posterior one, or the uniting of the jejunum to the back wall of the stomach, and it is also called gastro-jejunostomy, which is the more accurate term. Just why the resulting rest and drainage of the stomach should prove so beneficial in most cases is not in all respects clear, and for that reason, it is not strange that the operation was not sooner devised. It is indicated in haematemesis, when persistent, and whether this is caused by an ulcer, or only by an erosion or villous spots; in acute ulcer of the stomach when suitable treatment and regimen do not result in cure; in perforating ulcer of the stomach combined with closure of the perforation; in chronic ulcer of the stomach, and generally in all ulcers of the stomach in pref-

erence to excision of the ulcers, as the latter are almost always multiple; in hour-glass stomach where the pyloric pouch is comparatively small, and the cardiac quite dilated; in dilatation of the stomach when persistent and extreme, and as the surest remedy; in cancer of the stomach with or without a partial gastrectomy. The original mortality of this operation was considerable, but more recent experience has reduced it to not more than five or six per cent. as a general average.

One word of caution should perhaps be added with respect to the last operation. It is undoubtedly true that the comparative ease with which it can be done, and the much decreased mortality, have induced some surgeons to perform the operation too frequently, and with decidedly insufficient indications, and that there are serious physiological objections to the operation.

Nothing that has been said in this paper concerning any operation should be understood for a moment as undervaluing the proper application of regimen and remedies, or as suggesting the resort to any operation as long as the other means hold out any good hope of help.

SURGERY IN DIABETES MELLITUS.—Wiener, in the Medical Record, gives the following conclusions concerning surgical procedures upon diabetics:

1. We must distinguish between diseases due to diabetes, and those that occur independently of the disease.
2. All necessary operations for diseases not due to diabetes should be performed just as in ordinary patients.
3. The abnormal products (acetone, diacetic acid, B-oxybutyric acid, lactic acid) which circulate in the blood in diabetes do harm, (a) by injuring the tissues and making them prone to infection; (b) by acting as contributing factors in producing premature arteriosclerotic changes.
4. Arteriosclerosis plays a very important role in producing diabetic gangrene.
5. There are two kinds of diabetic gangrene: (a) that caused by changes in the arteries and veins; (b) that caused by the effect of virulent bacteria on weakened tissues.
6. We should always endeavor to transform wet gangrene into dry gangrene.
7. If more than three toes are affected, especially if there is any cellulitis, a high amputation is generally indicated.
8. If the infection is progressive a high amputation should be done.
9. If in doubt about the site of amputation, a high amputation will give the best results.
10. If more than one gram of ammonia is excreted in twenty-four hours, operation had better be postponed until by careful diet the amount of ammonia is considerably reduced.
11. The prognosis does not depend on the percentage of glucose in the urine but on the degree of acid intoxication.
12. A strict meat diet will reduce the amount of sugar, but it will often bring on fatal coma by increasing acidity.
13. Sodium bicarbonate given before and after operation can do no more harm and may do good.
14. Ether and chloroform should be avoided as much as possible.
15. All operations on diabetics should be performed as simply and as rapidly as possible.

A FORTY-FOUR POUND UTERINE FIBROID.

Removal—Recovery—Comments.

By Horace Packard, M.D.,—Professor Surgery Boston University.

In this era of aggressive surgery an uterine fibroid tumor in excess of twelve or fifteen pounds in weight is a rarity.

In March of 1906 a patient was referred to me by Dr. E. B. Cushing of Lynn, into whose sphere of influence she had just fallen, seeking relief from an abdominal tumor of unusually large size. She was 42 years old, had passed her climacteric at 41, and had known of the presence of the tumor for 13 years. She had been advised that tumors of that kind usually disappear spontaneously after "the turn in life" but over a year had passed by with no evidence of reduction in size; on the other hand she felt sure that it had steadily increased.

On examination a hard smooth symmetrical mass was found filling the whole abdomen from the pelvic basin to the diaphragm. The costal cartilages and lower ribs were expanded by the convexity of the tumor. The cervix could not be distinguished by digital examination, but the convexity of the tumor could be felt roofing over the pelvic canal.

It seems surprising that a rational human being should have patiently borne the burden of such a huge growth for so many years when the modern success of surgical removal is such common knowledge. In this instance, however, the history as given by the patient indicated that she had not suffered materially until recently and the complication which finally determined her in seeking surgical relief was regurgitation of bile. In the main she had been astonishingly free from pressure symptoms. The bowels had moved regularly without recourse to cathartics, she had been able to digest and assimilate adequate nourishment, there was no oedema of the legs, no embarrassment of respiration, and she could recline in the dorsal posture any reasonable length of time without discomfort. The heart was strong and regular and urinary analysis showed that the function of the kidneys was well-performed.

The patient was spare but not emaciated, color and condition of skin good.

A pan-hysterectomy was performed November 1, 1906. An incision extending nearly from the ensiform to the pubis was necessary for the delivery of the tumor. On sliding the margin of the skin incision down over the tumor it emerged from the abdomen without an adhesion, an enormous, smooth globe, attached only by a pedicle-like band of tissues consisting of the stretched out broad ligaments bearing the blood vessels, and an elongated cervix. There was no ascitic fluid. The ureters were

not encroached upon in any way by the mass of tumors and were not seen during the operation. The wound in the pelvic floor was closed without drainage, as was also the abdominal wound.

The enormous redundancy of skin over the abdomen presented a curious spectacle. It was wrinkled as I never saw skin wrinkled before. The line of suturing was buried totally out of sight by the corrugations and duplicatures.

There was very little shock following the operation, and convalescence went on without material interruption to full recovery. At the present writing, fifteen months from the date of the operation, a letter from her physician informs me that she is in excellent health and weighs 220 lbs.

A Review of Surgical Literature Relating to Large Fibroids.

This case has been of sufficient interest to the writer to prompt him to make an examination of literature for records of similar cases. Uterine fibroids of much greater weight have been exposed post mortem.

A. N. Blodgett reported in the N. Y. Medical Record, 1880, removal of a fibroid tumor of the uterus post mortem which weighed 70 pounds.

Prior to my professional career I knew a woman who was the talk of the town because of her prodigious abdomen. Report was current after her death that post mortem examination exposed a uterine fibroid tumor weighing 60 pounds.

J. D. Ammary reported removal of an uterine fibroma which weighed 49 pounds. (Am. Journal Obs. 1876.) The patient died two days later.

Thomas Keith reported (Reprint Boston Medical Library 24 to 103 No. 12) the successful removal of an uterine fibroid weighing 76 pounds. The patient developed acute mania the eighth day but finally recovered. In the same issue he speaks of another of 38 pounds, and still another of 70 pounds, but gives no details of operation and does not state wether the patient survived.

It appears, therefore, that uterine fibroids of the size reported in this paper are extremely rare. It is to be considered, however, that the mortality after operations for such enormous tumors has been very great and fatal cases do not often get reported, hence it is not safe to conclude that my review of surgical literature brings to light anything like a fair representation of the number of cases of enormously large fibroids which have been operated on. I recall a case very early in my professional career of what seemed to me then an enormous fibroid tumor, afterwards operated on by an abdominal surgeon of world renown. The patient died on the table. No reference to the case, as far as I know, ever appeared in current medical literature.

THE STRUGGLES FOR THE PRESERVATION OF SEXUAL POWER.

By Orren B. Sanders, M.D., Boston, Mass.

In a recent number of the Boston Medical and Surgical Journal,[1] Metchnikoff, of the Pasteur Institute, is quoted as placing intestinal auto-intoxication in the foremost rank among the causes producing premature old age and death, with syphilis next in importance: alcohol and the gout-rheumatism group of disorders he lays far less stress on.

The writer of the letter from Paris in which this quotation occurs, suggests that most physicians might reverse this order, that is, putting arthritism and alcohol first, syphilis afterwards, and auto-intoxication far down the list, if anywhere.

This discussion of precedence is wide of our purpose, but you will notice that in both instances syphilis is placed second, and I believe rightly so, notwithstanding the fact that, within a year, the statement has been made[2] that syphilis in the United States produces less than 1 per cent. of all deaths; for, in the same breath as it were, the writer adds that this disease affects nearly 10 per cent. of the population. It is to be remembered that these figures can be only approximate, and the estimate becomes appreciably more significant and alarming for this very reason. Unlike measles and scarlet fever, syphilis and that other well-known and highly contagious disorder, gonorrhea, are not as a rule among the affections the physician is required to report. Indeed in the majority of instances all possible precautions are taken to suppress a knowledge of their existence.

It is rarely that the returns bear the statement that death was due to venereal disease, yet we know that the name of affections traceable to the diffusion of venereal poison throughout the system is legion. It has been well said[3] that time may visit the syphilitic with an optic neuritis resulting in blindness, with visceral complications, spinal cord lesions, early paralysis or paresis, epilepsy, etc., etc.; that 90 per cent. of all cases of locomotor ataxia are traceable to syphilis; that the number of suicides among those afflicted with syphilis is remarkably large;[4] that various forms of insanity are referred in a large number of cases to the influence of venereal toxemia.

Bramwell in expressing his views in the Edinburgh Medical Journal, January, 1903, did not hesitate to affirm that the expectation of life is shortened by one year in every case of syphilis, while Ludwig Weiss, the noted New York dermatologist, stated last November[5] that the death rate of children with paternal heredity is 38 per cent., of maternal heredity 60 per cent., of mixed heredity 68 per cent.

To the countless number of miscarriages and abortions in infected wives, I need not refer, nor to the state of anemia and

cachexia in which these wives are left an easy prey to other diseases, altogether apart from complications of specific origin. Yet this merely superficial, however appalling, arraignment of syphilis as a cause of premature old age, as a predisposer to other grave diseases, as a dealer of death to infancy, and anticipator of so-called natural death in adults has largely omitted reference to the direct effect upon the sexual organs, their structure and functions, and even were this included the consideration of syphilis would occupy a secondary place to that of that kindred formidable, yet often underrated disease known to all of us as gonorrhea.

No less an authority than Janet in discussing "Social Defense against the Venereal Peril" in 1902, declared that: "Gonorrhea with tuberculosis, perhaps more than tuberculosis, is the great pest of our age. The importance of gonorrhea to syphilis is as 100 to 1 not only from the standpoint of the number of persons attacked, but also from the standpoint of the gravity of the lesions and their perpetuity."[6]

There is no hysteria in this claim. Can we doubt its truth in the face of statements made by men of undoubted authority in our profession, statements such as these: 75 per cent. of young men contract gonorrhea before their thirtieth year; simple gonorrhea is followed by sterility in 10.5 per cent. of all cases, gonorrheal unilateral epididymitis in 23.4 per cent. and gonorrheal bilateral epididymitis in 42.7 per cent., epididymitis being now conceded to be the most frequent complication of gonorrhea, Rollet, Tarnosky, Julien, and Finger having found 2.244 cases of epididymitis or 18.7 per cent. in 11.972 cases of gonorrhea.[7] Again, 40 to 50 per cent. of cases of sterility in women are due to gonorrheal infection; the same infection makes necessary operations upon women's reproductive organs in 75 per cent. of cases reaching the surgeon; 25 per cent. of all the blindness in infancy and childhood is due to gonorrhea.[8]

You will observe that, with the exception of this last statement, all this data refers directly to the loss of reproductive power in men and women, the loss of the chief reason for the existence of the sexual organs, a loss which, sustained from such causes, must militate equally against the moral as well as physical welfare of the nation. It has been pointed out in contemporary literature that a people who seek in sexual intercourse only sexual pleasure, already pronounce their national doom of deterioration and degradation, if not of ultimate disintegration and extinction. Also it is true that sexual pleasure itself, and satisfying union in marriage, is incompatible with diseased conditions not only local but systemic, and with a bacteria that may persist indefinitely, that turn and rend the carrier of infection even while extending the contagion to the yet uncontaminated.

Even the above cursory view, then, of existing conditions would seemingly make clear that the greatest physical obstacle to the preservation of normal sexual power lies in the prevalence

and ravages of venereal diseases, and more especially of gonorrhea.

It is most unfortunate that such phrases as sexual virility and sexual potency have come to mean so largely even in the profession, merely power in the male to complete the sexual act. They convey this meaning and but this meaning among the laity almost without exception. But sexual virility or potency is not a question any longer of one sex; it means all it ever meant before, and all it ought to mean. And the trend of present day thought and effort will support me in this contention. It means the normal power in man to precreate and in woman to conceive, to mutually sustain normal sexual relations the one with the other.

The question of sexual power, its exercise and preservation, is about to be freed from all limited meaning and application, from restriction to the male sex, even from restriction to the individual male or female, from mere academic discussion behind closed doors; it is a question that undoubtedly will be speedily brought to the public forum, and receive with every coming year a greater and more intelligent share of public attention.

Now the natural leaders in this movement are physicians; and among the 120,000 practitioners in the United States there should be found enough able men and women possessed of the necessary qualifications to assume this leadership. But in the mass our own fitness is imperfect. Rudyard Kipling in "Kim" makes the lama from the hills write: "Education is greatest blessing if of best sorts. Otherwise no earthly use." Whether our education for this momentous work is, as a class, "of best sorts," I leave to you to say. Whether each one of us is extending his own knowledge by imparting what he already possesses to the members of families and the individuals coming under his observation or care, or is lending his influence by voice or pen to the supreme interests of the community is an open question. But the obviousness of our obligation to do it is not to be disputed.

Tuberculosis takes its annual toll of lives in the United States to the number of 200,000, some authorities say 220,000, and it is estimated that at the present rate 7,000,000 of the 80,000,000 now living in this country will be its victims. But it is also estimated on the basis of statistics of venereal diseases in New York City obtained by the New York County Medical Society, and which were most conservatively determined—the same proportion of cases being assumed for other communities—that sixteen million people in the United States in 1901 were infected with venereal diseases, and that facts would indicate a probable annual increase to this number of three and a half millions.[9]

It is so apparent as to make it superfluous to say that there is something fundamentally wrong with a nation where such a state of affairs can exist almost without protest, or at least effective protest. It must be attributable to the darkest ignorance or to a callousness and moral defectiveness shameful in the extreme.

I believe the chief difficulty lies in an unawakened public sentiment due to lack of information, and an excess of misinformation. When the same progress has been made in teaching both sexes and all classes, the anatomy, physiology, and hygiene of the sexual organs, their normal use and functions, the dependance of the entire body upon the health of the sexual system, the swift retribution following upon promiscuous intercourse, and the extreme difficulty, oftentimes impossibility, of curing specific diseases when once contracted, as well as their contagious nature, when the same progress has been made in even this partial teaching of essentials as has been made in the teaching of the truths about tuberculosis, then we may hope to see an appreciable lessening of venereal diseases, as well as a diminution of the number of cases of sexual perversions, of excessive masturbation, excessive coitus or ill-advised coitus in marriage, and unnatural sexual practices, especially coitus reservatus.

We have everything to lose—reputation, standing in the community, the commendation of a good conscience—by continuing the worse than useless policy of glossing over these social evils, and leaving to specialists, the best-informed of the laity, or the worst informed and most corrupt-minded hangers-on of our profession a deplorable or praiseworthy activity. It is not consistent with our professional honor that we should by our apathy tacitly favor the extension of such grievous ills. On the other hand there are already many existing conditions favorable to making our personal and collective efforts in the right direction effective.

Hardly a month passes but what we see some reference to the increase in longevity, and nearly always with some congratulatory comment appended. The desire for length of days and a prolongation of all the faculties and powers, especially the sexual power, is so generally implanted in mankind that the majority will make to this end many material concessions. With what docility, as a rule, do our patients receive our instructions for securing a more perfect functioning of the heart, lungs, stomach, and kidneys, for the preservation of normal sight or hearing. How obediently do they go to the operating table. How submissively do they consent to be massaged, vibrated or electrified, to sleep out doors, Fletcherize their food, drink Postum Cereal, and so on, and so on, endlessly. And why? Because the growing and widening intelligence of the day has been capable of receiving, and *has received*, such convincing instruction that the necessity for obeying our recommendations is in all directions recognized, and compliance is willingly rendered.

Let the same painstaking, minute, and universal instruction be given about everything pertaining to the sexual organs, and, although no millenium will speedily appear, and although men will not and never will grow into "plaster saints," yet veneral diseases which are the chief menace to normal sexual life and the preservation and extension of sexual power will be, I venture to say, very

largely abated by thus substituting universal enlightenment for the present universal ignorance.

We have 160 medical colleges in the United States, and in these colleges students during the latter part of their course receive careful instruction in venereal diseases, and in connection with this teaching should and probably do receive instruction in sexual hygiene. But the latter should be given them as soon as they cross the threshold of their school, for in ninety-nine cases out of a hundred, they have received no adequate training elsewhere, and if the ignorance of their elders is astounding and prodigous—in the majority of instances it is both—these young men have entered upon the most important of all careers without being supplied with the most needful part of their preparation. No life, except that deliberately chosen by evil-doers, offers more opportunities for a man to go wrong, to be impure in thought or deed, to violate trust reposed in him, than the life of the morally unprepared physician.

The coarse and brutal jests of the dissecting room where men work alone, the bravado attitude of professed indifference to death in its most desolate aspects, are minor but significant indications that these young men are imperfectly developed, and that they are developing along the lines of the least resistence, that of the unleavened physical side of their nature.

This whole question is no question of sickly sentimentality; it is a question of true manliness, the clean heart in the clean body, the clean, enlightened, able mind overruling both. This is the kind of manliness which made Arnold at Rugby the model master for all English public schools, the beloved and venerated leader in the hearts of all sturdy English school boys.

Our medical schools do not begin to approach being the power in the land they might be in the directions named, and after our students have pursued their studies two or three years, and hand in hand with them have carried on their investigations into the life of whatever great city they have been introduced to, it is rather late in the day to warn them of the unrighteousness and dangers of illegitimate pleasures.

What freshmen should be taught at the outset of their career in medical schools, even at the risk—so slight a one—of repetition, freshmen in all other colleges should be taught, men and women alike. And modified instruction, increasing progressively in kind and amount with the age of the hearers, should be given to children, as well as every effort made to enlighten parents, and to reach those whose centers of social life are to be found in clubs, unions, societies, institutes and the like.

I take exception to the constant harping upon the suppression of sexual impulses. It is not their suppression but their direction that is needed. Continence is all very well, but it should in youth lead up to normal functioning in marriage. Untold harm has been worked for instance by fostering the belief that frigidity in women

is praiseworthy, and, as it were, a sign of chastity. Frigidity is an abnormality as much as excessive passion.

We approve of the exhibition of a rational enjoyment of food, of pleasure in inhaling deep draughts of air, of readiness to exercise in moderation the faculties of sight and hearing. Let us be equally sensible in regard to other natural gifts and powers. Let us endeavor to have women as well as men take a straightforward and sensible interest in all the impulses of the normal body. Let us educate the youth of both sexes for marriage in the same matter of fact way that we educate them for trade or the professions. It is not, and we very well know that it is not, the increased cost of living that operates as an insuperable bar to matrimony and childbearing, but rather increased selfishness, and a distorted perspective which places individual pleasure and gain above home and family. Women are as culpable as men, and men as culpable as women.

Long continued continence, however compatable with health, is not the natural and therefore not the best substitute to offer for the illegitimate use of the sexual organs. Righteous marriage of the physically and morally qualified is infinitely to be preferred, and promises far better practical results. The assertion that women as a whole have no sexual stirrings, no general inclination for the exercise of the sexual functions, has been passed along from one writer or speaker to another until it has come to receive the unquestioned acceptance inspired by repeated iteration. But women physicians and others of large experience among women are not disposed to endorse what should be properly considered a reflection upon normal womanhood. The ranks of the increasing army of neurasthenics are recruited from among the sexually starved as well as by the sexually surfeited, and nature is no more to be defrauded than she is to be satiated without proportionate reaction of some sort, whether or not the manifestations of such reaction are capable of identification and classification.

Observation justifies the belief that, other things being equal, the health and longevity of the sexual as well as of other systems of the body are to be secured by regularity and moderation of use under conditions psychologically favorable.

In closing I wish to call attention to one other factor in the struggle for the preservation of the sexual powers, and that is the question of professional confidences or privileged communications. This question has been ably discussed in a recent number of the American Journal of Dermatology,[10] where it has been pertinently pointed out that if a client should come to a lawyer and say, "I intend to commit a crime," the law would require his legal adviser to prevent him, on penalty otherwise of becoming an accessory before the fact. Yet the man who comes to us and confesses to a gonorrheal infection which we can demonstrate to be uncured, announcing at the same time his intended marriage, is about to commit a crime of the most heinous character, and under the plea

of professional confidence we are expected to become his accomplice. In the courts of most States of the Union we may not reveal such information because of the same specious argument.

I will not dilate upon this theme, but surely such a state of affairs cannot continue if humanity and righteouness are to prevail; nor can we as physicians countenance or permit such distortions of justice, if we are to prove ourselves worthy guardians of the health of the nation.

Of the struggle for the preservation of sexual power in its integrity, and for the well-being of society I say, as did President Roosevelt in his last message to Congress concerning a certain determined policy of the government: "It is not a movement to be completed in one year, or two or three years; it is a movement which must be persevered in until the spirit which lies behind it sinks deep into the heart and the conscience of the whole people."

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[9]Prevention of Venereal Diseases, F. C. Valentine and T. M. Townsend.

[10]American Journal of Dermatology, December, 1907.

ADVICE FOR BED AND BEDROOM.—Dr. Woods Hutchinson gives the following advice about one's bed and bedroom: "All windows should be open from the top at least one foot, and, better, two to three feet, so that a gentle current of air can be felt blowing across the face. 'Night air,' as Florence Nightingale pithily remarked, 'is all the air there is to breathe at night.' It is just as pure and as wholesome to breathe as the day air. Night fogs and rain are only injurious in so far as they frighten you into shutting your windows. No air that ever blew outdoors is so dangerous or poisonous as that inside a bedroom with closed windows.

The temperature of the room should be about 55 deg. to 60 deg. F. if possible. If markedly below this, the amount of covering required is apt to become so great as to interfere with the respiration of the skin. The clothing should be as light as is consistent with warmth, the mattress elastic but firm, the pillow as high as the breadth of the shoulder, so as to keep the neck and head horizontal or slightly above when lying on the side. The good, hard commonsense of humanity has solved all these problems, and the modern hair mattress or its equivalent, single pillow and blankets, or cheesecloth-covered 'comfort,' which can be cleaned and aerated by turning the hose on it, can hardly be much improved on. Beyond these there is no virtue whatever in hard beds, flat or no pillows and cold bedrooms."—Medical Review of Reviews, December, 1907.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 33 Whiting Street, Roxbury, Mass.

EDITORS:
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ASSOCIATE EDITORS:
F. W. COLBURN, M.D. C. T. HOWARD, M.D.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

AMERICAN INSTITUTE OF HOMOEOPATHY.

As was noted in the February *Gazette*, the next meeting of the American Institute will be held in Kansas City during the week beginning June 22. That is, in about seven weeks after this issue of the *Gazette* reaches its readers, the sixty-fourth session of the Institute will be called to order. The official program has not yet been distributed, but without doubt it is nearing completion. The executive ability and determination of President Copeland and the energetic character of the Executive Committee are such that the program will certainly prove exceptionally enticing, and the meeting itself is sure to prove one of the great successes of the Institute. Officers may "plant," and Committees may "water," but the membership alone can determine the attendance; and the success of the meeting is therefore quite as much in the hands of the Institute membership as it is in the hands of its officers. Kansas City may seem to some a long distance away, but it is only four hundred and fifty-eight miles southwest of Chicago, and in these days Chicago is within easy speaking distance of Boston. It certainly is not an infrequent thing for one to call up a friend or business concern and have a talk over the telephone. Some objection may possibly arise among the New England physicians to travelling so far to attend a meeting of the Institute. But it should be remembered that the very great majority of the meetings of the Institute have been held in the Eastern States, and that our Western colleagues attend the meetings in large numbers.

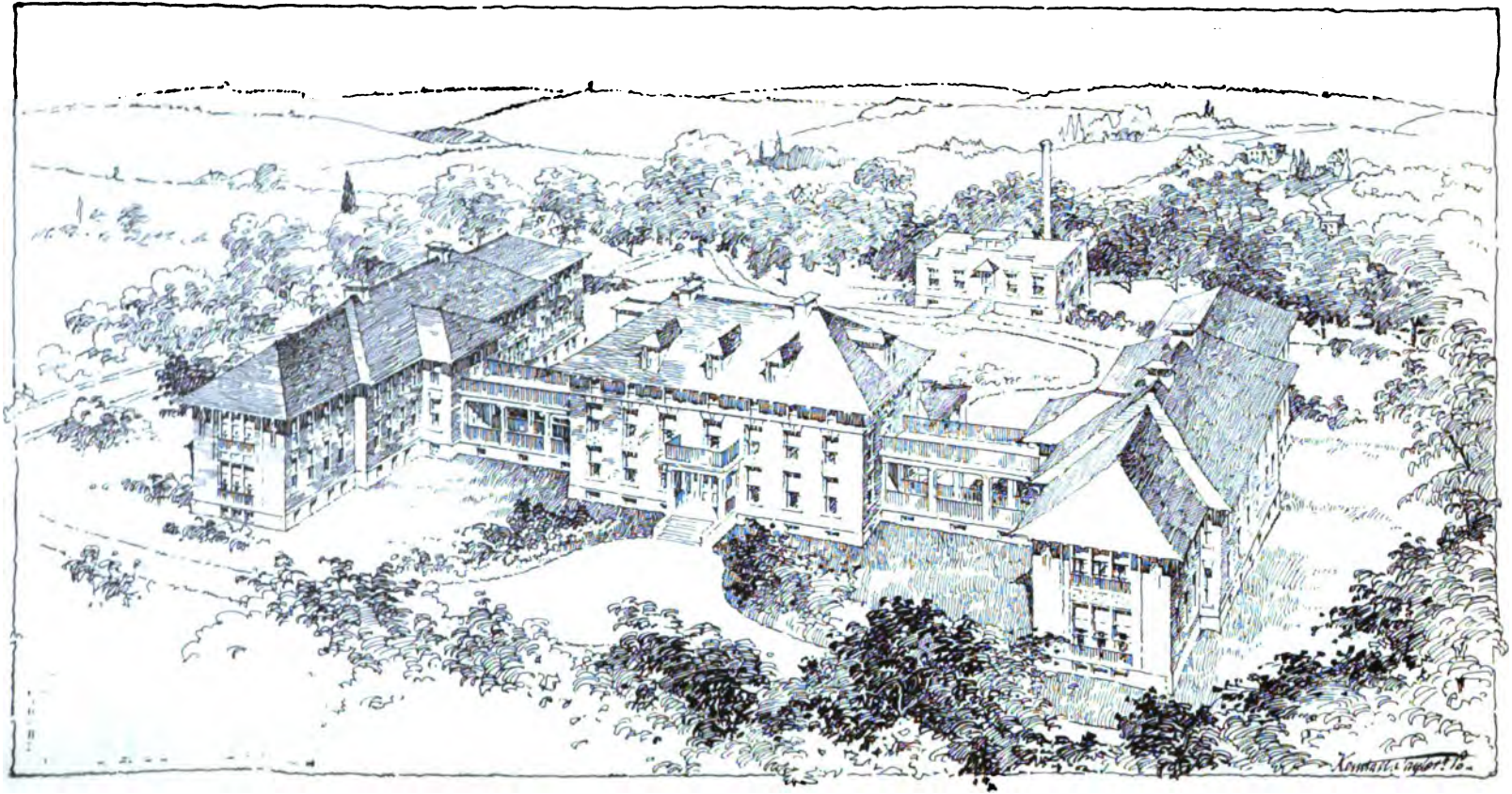
Of the sixty-three meetings of the American Institute of Homoeopathy it should be noted that six have been held in Ohio, one in Indiana, four in Illinois (Chicago), one in Michigan, two in Wisconsin, one in Minnesota, two in Missouri, one in Nebraska, one in Colorado. A glance at the atlas will show within how small an area the remaining forty-four meetings of the Institute have been

held. Of course, geography is one thing, the centre of the homoeopathic population and profession quite another; but still it is only just, once in a while, to be somewhat arbitrarily governed by mere locality in the choice of a place of meeting. New England physicians who have not been through the great West and seen the wonders of nature to be found in the Yellowstone, have the opportunity now offered, not only to get rest and change by travelling, but to see some of the more beautiful parts of their own great country. New Englanders rarely need urging to perform their duties, and it is expected that the attendance at the Institute meeting will be considered among their duties. Particulars as to railroad, routes, and fares, and the program of the meeting will be announced in the *Gazette* for June.

NEW CONTAGIOUS HOSPITAL.

At no time during the history of Homoeopathy in New England have its hospital facilities been adequate to meeting the demands made upon them. After long demonstration of the great need for them they came into existence one by one as the General Hospital, then the Surgical Annex, then the Maternity, and then the Children's Hospital. From the first there has been recognized the great desirability and even the necessity for a Contagious Hospital, but the more pressing needs were first attended to. Finally, however, a loyal, warm-hearted and generous friend of the hospital was found who donated a large sum wherewith to build a Contagious Hospital, and that building now is rapidly nearing completion. The Hospital had to purchase a large tract of land, seven acres, upon which to erect this Hospital and the necessary outbuildings, and this proved to be quite a tax on its invested funds. The new addition which is most admirably located on the Allston side of Corey Hill will have to be furnished before it is ready for use. Appeals have been made even through the daily press for the funds necessary to this end. It is for the profession to appreciate the necessity for this hospital, the financial situation, and the opportunity thus offered to do worthy philanthropic work.

In these days of active boards of health and stringent preventive measures, the stranger within our gates or the person without a home who happens to be taken ill with any of the contagious diseases finds himself most unhappily placed. If in a hotel, apartment house, or boarding house, it is necessary that the patient be moved to a hospital. Many families live in cramped quarters where isolation is impossible, and a child ill with scarlet fever, for instance, has frequently to be removed to a hospital to prevent the spread of infection among other children of its own or neighboring families. In short, whenever the necessity has arisen, homoeopathic physicians have been obliged to send their patients either to the contagious department of the City Hospital or to one of the two suburban hospitals into which occasionally non-residents are, with difficulty, admitted. The prospects now are that within a few short months



HAYNES MEMORIAL HOSPITAL FOR CONTAGIOUS DISEASES.

ample facilities will be available for the accommodation of at least one hundred and fifty cases of scarlet fever, diphtheria, measles, and the like.

Full description of the hospital need not at this time be given, but not only will arrangements be made for the care of free patients, but numerous private wards will be prepared for those who need and desire them. Homoeopathic physicians should take pride in this new addition to hospital facilities, and should also make every effort to spread among the laity knowledge of its existence and also the need that now exists for money to defray the expense of furnishing and equipping it.

STATE SOCIETY GROWTH—NO ROOM FOR PESSIMISM.

The recent annual meeting of the Massachusetts Homoeopathic Medical Society gave most encouraging evidence that instead of dying with years Homoeopathy is positively increasing in stature and strength. The business and scientific sessions were not only fully attended by large numbers of members, but the scientific program proved an attractive and valuable one. It was particularly encouraging to note that at the evening banquet there were present something more than fifty per cent. of the entire membership. It was not merely a matter of numbers that offers encouragement, but the very strong feeling of good will, confidence, liberality and earnestness that pervaded all the sessions of the meeting. The post-prandial addresses, while retrospective to quite an extent, did not dwell wholly upon the glories of the past, but dealt with problems of the present and the future in a hopeful spirit. Much pleasure was added to an otherwise pleasant occasion by the presence of Dr. Royal S. Copeland, president of the American Institute of Homoeopathy, and Dr. Willis A. Dewey, secretary of the Council on Medical Education of the Institute, and editor of the "Medical Century." Dr. Copeland possesses the happy faculty of keeping his audience amused, interested, and good humored, while at the same time he gives utterance to serious and earnest facts and opinions.

It is the opinion of the *Gazette* that Dr. Rand, now an ex-president of the Society, has unusual reason to congratulate himself upon the exceptionally fruitful year of his presidency, the semi-annual meeting in Worcester having been quite as pronounced a success as was the recent annual meeting. The largest number that ever sat down at a banquet was there present. How idle this helps to prove the talk about the death of Homoeopathy! Surely never was Homoeopathy more alive than now!

WHAT'S IN A LABEL?

What promises to be a celebrated case is now before the country in the prosecution brought under the Pure Food and Drugs Law against the manufacturer of a so-called headache remedy.

The case is referred to in the Boston Herald of April 16, from which the following quotation is made:

"Washington, April 15.—As a result of the first conviction under the pure food and drugs law, Robert N. Harper, president of the Washington Chamber of Commerce, formerly president of the American National Bank, a drug manufacturer and one of the best-known business men of this city, was today sentenced to pay a fine of $500 on one count and $200 on another count of the indictment recently returned against him for manufacturing and selling an alleged mislabeled pharmaceutical compound."

This is referred to as the first conviction made under the new Food and Drugs Law. But, naturally, under the circumstances, the fine has not yet been paid, neither has its alternative, five months' imprisonment, been served, because the case has been appealed.

"The trial brought out a host of witnesses on both sides, including many druggists and physicians. The compound which brought about his prosecution was a so-called headache remedy. Testimony was offered that an overdose would have a fatal effect, but a mass of expert testimony was given by the defence *to show that if the directions furnished with the remedy were observed its effects would be harmless.*"

At least the defense is strong, with the exception of the proviso "if." It is a common experience when people use such drugs to repeat the dose if the first one has not produced the desired result. And in this way much serious harm is done. We do not know just what the preparation is, but its contents can be easily imagined. Once more is thus graphically emphasized the duty of the profession to teach the laity that drugs are pathogenetic agents, possessing very certain power of deranging health, and that the use of drugs is not always attended by beneficial results. The final decision of this case will be watched with interest, for its results will be far reaching.

CLINICAL WEEK AT BOSTON UNIVERSITY.

The *Gazette* is glad to be able to call the attention of its readers to the following announcement, and to express the hope that the experiment herein outlined will be generously approved by the profession, and that this approval will be actively shown by the large attendance at the clinics and lectures referred to.

"In response to many requests from physicians throughout New England the Faculty of the Medical School of Boston University has decided to arrange for a week of open clinics and lectures. These will be held during "Commencement Week," June 1st to 6th, 1908, beginning daily at 9 A. M., and continuing till 4 P. M., the entire time being fully occupied by clinics, clinical lectures, lectures and demonstrations.

"More than thirty different professors and lecturers will par-

ticipate, each dealing with the particular subject in his own line that he considers of most general value.

"General medicine, surgery, gynæcology and the various specialties will all be represented, as well as other miscellaneous subjects. The course will be so arranged that each attendant can be present at every exercise and can thus obtain a survey of a large field in a comparatively short time.

"Sessions will be held at the Medical School buildings, at the Out-Patient Department of the Hospital, and in the amphitheatre and the clinical lecture-room of the main building of the Hospital.

"Free use will be made of the large amount of clinical material available in these closely-connected institutions, as well as that from other sources.

"The course will be open without fee to graduates of any reputable medical college. The number admitted will be limited, tickets being issued in the order of application.

"Further information and tickets admitting to all sessions may be obtained from the Registrar, Frank C. Richardson, M.D., 80 East Concord street, Boston, Mass."

HORARIUM FOR CLINICAL WEEK.

	9 o'clock.	10 o'clock.	11 o'clock.	12 o'clock.	2 o'clock.	3 o'clock.
Monday.	Clinic Ophthalmology, D. W. Wells.	Clinic Rhinology and Laryngology, G. B. Rice.	Clinic Rectal, F. W. Halsey.	Clinic Paediatrics, J. H. Moore.	Clinic Chest, H. C. Clapp.	Clinic Dermatology. J. L. Coffin.
Tuesday.	Clinic Orthopaedics, G. H. Earl.	Clinic Surgery, H. Packard.	Clinic Surgery, J. E. Briggs.	Clinical Medicine, F. B. Percy.	Lecture Hospital Administration, W. O. Mann.	Clinical Talk, Otology, F. W. Colburn.
Wed'sd'y.	Commencement, Tremont Temple.				Lecture Materia Medica, M. W. Turner.	Clinical Lecture, Opsonins, W. H. Watters.
Thursday.	Clinical Lecture. Neurology, E. P. Colby.	Clinic Surgery, Winfield Smith.	Clinic Surgery, W. F. Wesselhoeft.	Clinical Lecture, Neurology, F. C. Richardson.	Clinical Medicine, W. Wesselhoeft.	Lecture Otology, H. P. Bellows.
Friday.	Clinical Medicine, C. H. Thomas.	Clinic Surgery, C. T. Howard.	Clinic Surgery, T. E. Chandler.	Clinical Medicine, J. P. Sutherland.	Clinical Lecture, F. P. Batchelder.	Clinic Orthopaedics, A. G. Howard.
Saturday.	Clinic Rhinology & Laryngology, N. H. Houghton.	Clinic Ophthalmology, J. H. Payne.	Clinic Gynaecology, Southwick.	Clinical Diagnosis, F. S. Piper.	Clinic Emerson Hospital.	

Notice as to where exercises are to be held will be posted each morning on school bulletin boards.

RELIGIOUS THERAPEUTICS.

One of the most "significant" signs of the times is the new crusade against disease, in which religion and science stand in close alliance for the employment of psychic therapy. An interesting account of the origin and methods of this novel and notable union of forces which too long have stood, if not at odds, yet at an angle with each other, is found in a recent issue of "Current Literature." We offer herewith a brief synopsis, with excerpts. And we add thereto our earnest belief that, scientifically handled and conservatively safeguarded, this new crusade must result in great and lasting benefit to the communities in which it finds a welcome.

"It started in Boston, and its two most effective leaders thus far have been the Rev. Dr. Elwood Worcester and the Rev. Dr. Samuel McComb, both of the Emmanuel Episcopal Church of that city. A third and powerful recruit to the movement is Bishop Fallows, of St. Paul's Reformed Episcopal Church, Chicago, who has lately made a public declaration of his belief in 'religious therapeutics.' . . .

"The Emmanuel clinic is described as 'the first attempt to bring into friendly alliance, in an organized way, the forces of medical science and the religion of the New Testament, as these forces are understood by the best physicians and the most enlightened theologians of our time.' It rests on the theory that 'religion is the greatest therapeutic agent known to man,' and it welcomes the assistance and co-operation of the medical fraternity.

"Christian Scientists, as is well known, are uncompromisingly hostile to medicine in all its aspects. 'Disease is evil; it does not exist; ignore it; fix your thoughts on health!' is their cry to patients. But the basis of the whole system at Emmanuel is diagnosis. As Dr. Worcester has lately explained to a New York Times reporter:

" 'We have worked from the beginning with very able physicians and have done absolutely nothing without their advice and co-operation.

" 'The first step for every patient is to be sent to us by a good physician. Even then he is subjected to examination by one of our medical co-workers, who makes a thorough diagnosis and establishes a record which is carefully kept. We have exceptional facilities for consultation with specialists—surgeons, orthopedic surgeons, general practitioners, stomach specialists, ophthalmologists, etc.

" 'Our work is absolutely free of charge. We neither ask nor accept reward. Whenever we are obliged to refer patients to physicians these patients pay only if they are able to do so.

" 'By turning over to doctors those persons who require medical treatment we have not only lost no patients, but almost all of those whom we have treated ourselves have been greatly benefited, and many have recovered entirely.

" 'The functional nervous disorders treated by us at Emmanuel Church include neurasthenia, hysteria, psychasthenia, mild melancholia, fixed ideas, phobias, and bad habits.

" 'One important part of our work has been the treatment of alcoholism both in men and women; also drug habits, sexual perversions, etc.'

"When the Emmanuel clinic was started, there was some trepidation as to results. It was a unique experiment, and the pioneers were afraid that they would be misunderstood. But time has more than justified their policy. Dr. Worcester and his first lieutenant, Dr. McComb, now have ten helpers constantly engaged in the work of healing, and they say that they find the days too short to receive one-half, or even one-quarter, of the people who come to them for advice. Every day the

waiting room of the clinic is filled with people from all parts of the country, and even from other countries. Some of the sufferers sit patiently from early morning until late in the afternoon waiting for the mere opportunity to have a few moments' conversation with the rector."

AN OPEN LETTER TO THE PROFESSION.

The following circular letter needs no introductory words. Its request is simple and straightforward, and it remains for members of the profession to promptly furnish the information desired in this connection:

Worcester, April 20, 1908.

Dear Doctor:

The Council on Medical Education of the American Institute of Homoeopathy, which is working in co-operation with similar Councils of the American Medical Association and the National Eclectic Medical Association, for the advancement of higher medical education in this country, desires information upon the following points, regarding which questions have been sent to the Auxiliary Committees of the different states by the Secretary, Dr. W. A. Dewey, of Ann Arbor, Mich.

Will you assist us to supply Dr. Dewey with the desired information by giving the name and address of any Homoeopathic physician whom you know to be serving the people of Massachusetts in any of the following capacities?—

(1) As Health Officer, town, city, county or state:
(2) As town, city, county or state official, other than the above:
(3) As member of any Board of Education:
(4) As United States Pension Examiner:
(5) As member of the Legislature, in either House:
(6) Give names of any desirable openings for Homoeopathic physicians:

It is extremely important for us as a School, that the above information be fully supplied, and to this end we beg the assistance of every Homoeopathic physician in the State. Kindly fill in the blanks as well as you are able, sign your name, and return this slip to the Chairman of this Committee at once.

Fraternally yours,
J. P. RAND, Chairman,
820 Main Street, Worcester.
ELMER H. COPELAND,
G. FORREST MARTIN,
Auxiliary Committee for Massachusetts.

NEEDS OF THE ROXBURY HOMOEOPATHIC DISPENSARY.

We wish to call the attention of the readers of the New England Medical Gazette to the work for the benefit of humanity and homoepathy which is being accomplished by the Roxbury Homoepathic Dispensary. FUNDS ARE NEEDED! Call at the Dispensary, 1224 Tremont St., Roxbury, or send for a printed report,—or, if you have no time for either of these things, simply send a check for any amount, large or small, to the treasurer, Willis N. Weinz, D.M.D., 24 Akron St., Roxbury, Mass.

DIFFERENTIAL DIAGNOSIS.—Young Hopeful—Mummy, have gooseberries got legs?

Mother—No, dear.

Young Hopeful—Then I've swallowed a caterpillar.—The Tattler.

OBITUARY.

FRANK LEE BENEDICT, M. D.

DR. FRANK LEE BENEDICT, aged fifty-two years and six months, died at his home, No. 2 Middle street, Portsmouth, New Hampshire, March 13, 1908, after a lingering and painful illness. Dr. Benedict was born in Great Barrington, Massachusetts, September 13, 1856. Later his family moved to New York, where he received his preliminary education. He graduated in 1879 from the New York Homoeopathic Medical College, and immediately thereafter began to practise in Portsmouth, New Hampshire, where he made his home until the time of his death.

Although of unusually dignified and commanding presence, Dr. Benedict has on several occasions been seriously invalided. At various times he suffered much from digestive and other disturbances, in spite of which he persistently performed the many and arduous duties connected with a large practice. He was devoted to his profession and, during the summer months especially, his practice was large and necessitated his covering many miles daily. For many years he was the only homoeopathic physician in his section of New Hampshire, and was well known and much appreciated by the hosts of visitors to Portsmouth, Kittery, Isles of Shoals, and the famous resorts on New Hampshire's limited seacoast. He was a thoughtful practitioner, careful in his prescribing, broad-minded and liberal, and he will be sadly missed by hosts of friends and patients. Dr. Benedict was the son of Benjamin and Ursella Benedict, and is survived by his wife, mother and father, one brother and two sisters.

The following resolutions were unanimously adopted at a special meeting of the Des Moines Homoeopathic Medical Society, March 28, 1908:

Report of Committee on Resolutions on the Death of Dr. Charles Woodhull Eaton.

At the noon day of a noble life, in the midst of his labor, and at the zenith of his success and usefulness, our honored associate and coworker, Dr. Charles Woodhull Eaton, has been translated to life eternal.

We recognize in his death the loss of one who has been a tower of strength to the Des Moines Momoeopathic Medical Society and an influential support to the cause of Homoeopathy.

It may be said of him, his personality was the charm that endeared him, his earnestness the inspiration to others, his humor the magnet, and his faithfulness to the end his victory; parting with him is like bidding good-bye to sunshine.

We revere and cherish his memory. His invisible presence will long continue to be a blessing to us all, and we pray that the influence of his life may inspire us to higher purposes and larger faithfulness in our work.

Respectfully submitted,
HARRIETTE E. MESSENGER, M. D
GEORGE ROYAL, M. D.
ERWIN SCHENK, M. D.

SOCIETIES.

AMERICAN PROTOLOGIC SOCIETY—Announcement is received of the tenth annual meeting of this Society to be held at the Palmer House in Chicago, upon June 1st and 2nd, 1908. The officers are: President, A. B. Cooke; vice-president, L. J. Krause; secretary, L. H. Adler.

The program, as given, should prove to be of much interest to all who devote particular attention to this department of medicine.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homoeopathic Medical Society was held in the Natural History rooms April 2, 1908, the meeting being called to order by the President, Dr. J. A. Rockwell.

The records of the last meeting were corrected and accepted.

Scientific Session.

Dr. Suffa exhibited a case of traumatism in a boy from an air gun. A glass globe was inserted by Muir's operation instead of the injured one and the amount of motion permissible with it was considerable.

Specimens of a gall-bladder with stones in situ and of an extra-uterine pregnancy with ruptured tubes were sent by Dr. Watters for exhibition.

"The Homoeopathic Principle in Physical Therapeutics. Hyperaemia as a Means of Cure." (Prof. Bier's Method.) William H. Dieffenbach, M. D., New York Homoeopathic Medical College.

A vote of thanks was extended to Dr. Dieffenbach for his interesting and instructive paper.

The society then adjourned for a social half-hour.

BOSTON SOCIETY OF EXAMINING PHYSICIANS AND SURGEONS, ANNUAL MEETING, APRIL 1, 1908.

On the evening of April 1st the Boston Society of Examining Physicians and Surgeons held its first annual meeting, at the Hotel Epicure.

The Finance Committee met at 6:30, which was followed by a meeting of the Nominating Committee.

Dinner was served at 7 o'clock. Members were called to order at 8 o'clock and the minutes of the last meeting were read by the secretary. The secretary then proposed the following names for membership, they having been favorably reported by the censors; A. Carleton Potter, M. D., 186 Commonwealth Ave., Boston; Wm. J. Daly, M. D., 64 Commonwealth Ave., Boston; Walter A. Harding, M. D., Everett, Mass.; John S. Phelps, M. D., 76 Commonwealth Ave., Boston; N. R. Perkins, M. D., Dorchester, Mass.; Florence A. Sullivan, M. D., 42 White St., Haverhill, Mass.; Timothy J. Reardon, M. D., 76 Commonwealth Ave., Boston.

The President stated that the Board of Government had convened twice during the month, for the purpose of discussing plans for the incorporating of the Society, the advisability of changing the name from the Boston Society of Examining Physicians and Surgeons to the Massachusetts Society of Examining Physicians and Surgeons, and to make arrangements for this dinner. It was moved and seconded that the matter of incorporating and changing of the name be left entirely with the Board of Government.

The report of the Treasurer, Dr. Chas. O. Kepler, said that all the bills for the year had been paid and there was an actual balance of $3.75. He said that 35 members had not yet paid their dues for 1907, and suggested that the proper means be taken for the collecting of same.

The necrologist reported one death; that of Dr. E. W. Mitchell, of Fall River, Mass. It was voted that the proper resolutions be drawn and sent to the family of the deceased.

The Nominating Committee, through its Chairman, Dr. Lane, re-

ported nominations for the official positions for the coming year, as follows: President, Dr. Francis D. Donoghue; First Vice-President, Dr. Frank E. Allard; Second Vice-President, Dr. E. M. Greene; Third Vice-President, Dr. T. Leary; Treasurer, Dr. Chas. O. Kepler; Secretary, Dr. Chas. Theo. Cutting.

It was moved and seconded that the report of the Nominating Committee be accepted and the Secretary cast one ballot for the election of same. So voted.

Dr. Francis D. Donoghue, President of the Society, then addressed the members. He spoke of the success that had attended the efforts of the few who had conceived the idea of forming a society for the benefit and improvment of all medical men interested in making physical examinations. "From 20 we have grown to 94," said Dr. Donoghue, "and although the annual dues have been very low, we have had sufficient funds to meet all demands, as the report of our Treasurer shows." He then briefly outlined the meetings held during the past year and stated that he had been well pleased with the interest shown, and that he personally felt that this Society was bound to become a power in the Medico-Legal and Life Insurance world in this state.

The President introduced as the first speaker a member of the Society, Dr. T. Leary, Professor of Pathology, Tufts Medical School. Dr. Leary's subject was "New Things from the Laboratory." He said that of late years these "new things" had become quite numerous, some being impractical but very often leading to practical ends. He spoke of the serious study that has been given to Senility from the pathological standpoint; also to the study of Phagocytosis and the late theory in regard to the large intestine being a storehouse for bacteria. He briefly mentioned the transfusion of blood and hemolysis; also the value and danger of using blood serum as a hemostatic agent, briefly touching upon the various sera used at the present time as diagnostic and therapeutic agents, and closed his remarks with an interesting talk on the vaccines. All present were impressed with the scholarly manner in which he handled these subjects.

The President next called upon another member, Dr. William H. Watters, Professor of Pathology, Boston University School of Medicine. The doctor briefly spoke of the diagnosis of tubercular diseases by means of sputum examination, injections of Tuberculin, etc. The so-called ophthalmic test—dropping a solution of Tuberculin in the eye causing a conjunctivitis—he thought was fraught with some danger. He emphasized the fact that in examining the sputum the severity of the disease was not necessarily in proportion to the number of bacilli found. His talk was very instructive.

The President appointed the following committees for the year:

Board of Government—Dr. Francis D. Donoghue, Boston, Mass.; Dr. Frank E. Allard, Boston, Mass.; Dr. E. M. Greene, Boston, Mass.; Dr. T. Leary, Boston, Mass.; Dr. Chas. O. Kepler, Boston, Mass.; Dr. Chas. Theo. Cutting, Boston, Mass.; Dr. F. M. Briggs, Boston, Mass.; Dr. W. P. Graves, Boston, Mass.; Dr. Benj. Tenney, Boston, Mass.; Dr. Geo. B. Magrath, Boston, Mass.

Executive Committee—Dr. F. M. Briggs, Boston, Mass.; Dr. W. P. Graves, Boston, Mass.; Dr. Benj. Tenney, Boston, Mass.; Dr. Geo. B. Magrath, Boston, Mass.

Nominating Committee—Dr. E. B. Lane, Boston, Mass.; Dr. M. R. Donovan, Lynn, Mass.; Dr. W. H. Watters, Boston, Mass.; Dr. F. J. Hanley, Whitman, Mass.; Dr. H. J. Lee, Boston, Mass.

Finance Committee—Dr. F. J. Edgerly, Newtonville, Mass.; Dr. E. M. Murphy, Lowell, Mass.; Dr. A. K. Paine, Boston, Mass.; Dr. Arthur MacCabe, Gloucester, Mass.; Dr. C. B. Wormelle, Boston, Mass.

Membership Committee—Dr. F. E. Allard, Boston, Mass.; Dr. F. M.

Briggs, Boston, Mass.; Dr. T. Leary, Boston, Mass.; Dr. Benj. Tenney, Boston, Mass.; Dr. J. L. Ames, Boston, Mass.

Committee on Resolutions—Dr. Francis D. Donoghue, Boston, Mass.; Dr. Frank E. Allard, Boston, Mass.; Dr. Chas. Theo. Cutting, Boston, Mass.

Committee on Ethics and Legislation—Dr. F. G. Wheatley, North Abington, Mass.; Dr. E. O. Otis, Boston, Mass.; Dr. F. C. Richardson, Boston, Mass.; Dr. N. R. Perkins, Dorchester, Mass.; Dr. T. J. Reardon, Boston, Mass.

Committee on Meetings and Papers—Dr. H. H. Hartung, Boston, Mass.; Dr. T. F. Aiken, Boston, Mass.; Dr. J. V. Meigs, Lowell, Mass.; Dr. E. D. Hill, Plymouth, Mass.; Dr. F. W. Abbott, Taunton, Mass.

MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY.

The sixty-eighth annual meeting of the Massachusetts Homoeopathic Medical Society was held in Pilgrim Hall, Boston, Wednesday, April 8, 1908, at 10:30 A. M., the meeting being called to order by the President, Dr. John P. Rand.

10:30 A. M.—Report of Committee on Diseases of Children—Alice Bassett, M. D. Chairman.

Postural Conditions, Howard Moore, M. D. Discussion, Alonzo G. Howard, M. D.

Postural Conditions, Howard Moore, M.D.

Discussion, Alonzo G. Howard, M.D.—Dr. Howard laid particular stress upon the gymnastic exercises and the proper clothing recommended by Dr. Moore in the correction of deformities resulting from faulty positions.

The Prevention of Aural Disease in Children—Howard P. Bellows, M. D. Discussion, Frederick W. Colburn, M. D. "I should like to emphasize some points mentioned by Dr. Bellows. In cases that come to me where we find much cerumen it is usually where the patients have been over-zealous in cleansing their ears. The water and the soap seem to form a sticky mass which, instead of drying up and dropping out, remains.

"Then, in the catarrhal conditions we have the nose and throat to consider, and there any abnormalities like hypertrophied tonsils, adenoids, deflected septum should be attended to. Occasionally a case comes with a suppurative condition of the middle ear and they say that the attending physician, possibly, has advised them not to have anything done until the suppurative condition is entirely healed in the ear. It seems to me that that is a mistake and as long as we have a diseased naso-pharynx the condition will probably continue or recur, and I should advise removing the adenoid condition and getting nose and throat in good condition and the chances are that the ear will improve a great deal more rapidly."

11.30 A. M., Business Session. Election of Officers.

President, Nathaniel R. Perkins, M.D.; Vice-President, G. Forrest Martin, M.D.; Vice-President, George H. Wilkins, M.D.; Recording Secretary, Thomas E. Chandler, M.D.; Corresponding Secretary, Charles T. Howard, M.D.; Treasurer, T. M. Strong, M.D.; Librarian, Mary A. Leavitt, M.D.; Censors, Eliza B. Cahill, M.D.; Benjamin T. Church, M.D.; George H. Earl, M.D.; John P. Rand, M.D.; George B. Rice, M.D.

The following were appointed by the President as the Committee on Revision: J. P. Sutherland, M.D., chairman; George H. Wilkins, M.D.; S. H. Calderwood, M.D.; Frederick P. Batchelder, M.D.

Candidates for membership approved by the Board of Censors and recommended by the Executive Committee: Albert F. Abbott, M.D.;

Charles R. Bell, M.D.; William H. Bennett, M.D.; Russell Bingham, M.D.; Lurana A. Chubbuck, M.D.; W. Ladell Edgar, M.D.; Fred S. Eveleth, M.D.; E. Samuel Eastman, M.D.; Robert W. French, M.D.; John A. Hayward, M.D.; Marion R. Horton, M.D.; Halbert C. Hubbard, M.D.; Jennie T. Lane, M.D.; J. Everett Luscombe, M.D.; John B. May, M.D.; Leroy M. S. Miner, M.D.; George A. Slocomb, M.D.

1:00 P. M., Intermission and Luncheon.

(Continued in the June number.)

PERSONAL AND GENERAL ITEMS.

Dr. Hovey L. Shepherd, Associate Professor of Materia Medica in Boston University School of Medicine, who has been spending the winter in California, returned to his practice in Winchester, Massachusetts, on April 22nd.

Dr. Dana F. Downing, late of the Newton Nervine, has located at 100 Walnut Ave., Roxbury, Mass.

OLD AND RARE MEDICAL BOOKS FOR SALE—Boenninghausen's Homoeopathic Treatment of Whooping Cough, translated by Dunham; Burt's Therapeutics of Tuberculosis; Lilienthal's Diseases of the Skin, half-leather binding. (Out of print); Lippe's Materia Medica, sheep binding. (Out of print). For particulars address "K. L. G.," care N. E. Medical Gazette, 33 Whiting St., Roxbury, Mass.

FOR SALE—To a recent graduate or any reliable homoepathic physician, young or middle aged, who has $15,000 to invest in the purchase of a physician's home, continuing his excellent practice established over twenty years, in a beautiful high-class prosperous suburb of Philadelphia. A splendid opportunity at very reasonable price, $10,000 cash and $5,000 on mortgage if desired. All other offers rejected. Particulars given. Address, "Physician," Sub P. O. Station No. 26, Philadelphia, Pa.

Dr. Thomas H. McClintock, class of 1898 B. U. S. M., has removed to 1802 Church Ave., Brooklyn, N. Y.

Dr. John H. Bennett of Pawtucket, R. I., (of the class of 1891, B. U., S. M.), has been appointed a member of the State Board of Health of Rhode Island. His appointment was formerly held by Dr. J. C. Budlong, of Providence, who died in July, 1907.

Dr. Mabel C. Sisson, class of '99, B. U. S. M., has removed from 360 Greene Ave. to 348 Putnam Ave., Brooklyn, N. Y.

Dr. G. J. Jackowitz, class of 1907, B. U. S. M., after a season spent as interne in Grace Homoeopathic Hospital, New Haven, Conn., has opened an office at 664 Chapel St., that city.

X-RAY INJURIES—It will be interesting to homoeopaths and to those familiar with the efficiency of the X-ray as a cure for dermatitis, to learn that Dr. Hall-Edwards of Birmingham, England, has been obliged to have his left arm amputated on account of intractable dermatitis, appearing as the result of exposure to the ray.

At a recent meeting of the Board of Trustees of the Brockton Hospi-

tal Corporation, Dr. John R. Noyes, B. U. S. M. 1904, was elected a member of the Consulting Staff on cases of the eye, ear, nose and throat for the year 1908-9.

"Class Day" exercises of Boston University School of Medicine will be held at the School building on Monday evening, June 1st. Boston University Commencement exercises will be held on Wednesday morning, June 3rd, at Tremont Temple, Boston.

TREATMENT OF EPITHELIOMA—In the Medical Record of March 21st, 1908, Drs. Bulkley and Janeway make the following deductions from their experience with this disease:

1. The most frequent form of cancer which the dermatologist is called on to treat is, both pathologically and clinically, quite a different growth in its relatively benign course, from the usual conception of cancer.
2. It occurs chiefly about the face, in places where radical operative measures are apt to produce serious deformities, which very materially add to the patient's discomfort.
3. While the experience of 35 years demonstrates that many cases can be permanently cured by caustic pastes, these are at times disappointing and may lead to an aggravation of the trouble.
4. The curette cannot be depended on alone, but requires additional destructive agents to the base left after operation.
5. By the proper use of the X-ray we have a safe, and, in cases that have not been grossly neglected or maltreated, a sure method of cure, with the least amount of deformity.
6. In cases where knowledge and experience shows that these lighter measures are not likely to avail in checking the course of the disease, recourse should certainly be made to complete surgical removal, as this has been shown to be permanently successful in a reasonable proportion of cases.

PERSISTENCE OF THE DIPHTHERIA BACILLI.—Meikle has tabulated the average duration of the persistence of the bacilli as reported by various observers as follows: Park, from disappearance of the membrane, 8 days; Morse, 10; Bissel, 14; Cobbet, 18; Tobiesen, 10; Massachusetts Board of Health, 27; Graham Smith, 28; Woodhead, 52; Walsh, 22; Roux and Lersin, 13.6; Meikle, from first demonstration of bacilli, 18.4.—Progressive Medicine, March, 1908.

EFFICIENCY OF GREATLY DILUTED AGENTS.—In a pamphlet upon the use of super-renal glands in the physiological testing of drug plants by Crawford, we find interesting statements concerning the vaso-constrictor action of adrenalin. Quoting the results of others it is noted that Cameron obtained reactions with dilutions of 1 to 10,000,000 while Meyer was able to obtain effects from dilutions of 1 to 100,000,000. Certain synthetic adrenalins have been prepared, one of which made by Oakin, caused a definite rise in blood pressure in rabbits with cut vagi when injected in doses of 1-1,000,000 of a gram. These and many similar experiments are teaching us how little is known concerning the action of what have ordinarily been considered infinitesimal and inert dilutions.

TREATMENT OF GALL STONES.—In connection with the modern surgical treatment of gall stones we find Neusser coming forward with the following statement: "It would be interesting to know whether the surgeon who is convinced of the wisdom of radical operation, and who himself has gall stones, would not prefer to give Carlsbad a trial before consenting to an operation."

FANATICISM AND SUPERSTITION IN THE PRACTICE OF MEDICINE.

By M. W. Kapp, M.D., San Jose, Cal.

A small company of men were journeying along a great highway. They passed a horse and began to discuss the merits of the horse, and all agreed that the horse was one of the most useful and beautiful of animals. A little further along the men came to a brook and halted to rest and refresh themselves. With unanimous voice they proclaimed the beauty of the brook and the surrounding scenery and the healthfulness and purity of the waters. With their bodies refreshed and souls exalted they journeyed on, and soon came to a church edifice where services were being held. One suggested that they all enter and join in the worship. At once contention arose as each wished to know what denomination the church was and refused to enter unless it was his denomination. Each insisted that his denomination was right and that God was with him alone. The little company of men was soon in angry discussion, and while they were discussing the services were ended and the worshipers passed out. With their hearts filled with anger the men journeyed sullenly up the highway, having so soon forgotten the inspiration of the brook and the wonderful landscape. They came to the prostrate form of a fellow traveler upon the great highway. At once all creed differences were forgotten in their eager desire to assist the fallen brother. Sympathy and love filled all their hearts as each pressed forward to assist. Again contention arose. One wanted to give a big dose of strong stimulant and another insisted that the dose must be diluted or the secondary effect would be more harmful than the good that would be derived. Another had an alkaloidal pill that he carried for such emergencies. A fourth did not want the alkaloidal pill given unless it was sure to be the specific. Another said, "Manipulate his spine, for there must be some pressure on some nerve center." On said, "Let us enter into the silence and give our brother the healing thought." Another said, "Get a wet pack at once and he will soon be restored." "If I only had my electric battery now,' 'moaned one. "Let us pray, for only the Blood of the Lamb can heal," shouted still another. Each felt within himself that he was right, and again angry disputing arose loud and strong. Each felt that if any other method than his were used, the patient would die and the other fellow would be to blame for it.

While they wrangled and disputed, kind nature asserted itself and the weary muscles and nerves that had had a brief rest again took up their functions and the man got up and walked on his weary way, glad to be gone from the angry discussion that jarred so discordantly upon his ears. As he went, he heard fainter and fainter snatches of sentences as: "Noblest profession." "The only scientific method." "Attenuations." "Rot and nonsense." "Mind, mind is all." "Vertebral pressure." "Not ethical." "Faith in the Great Healer." "All quacks." "Uplifting the healing art," and he kneels and prays to his God: "Forgive them for they know not what they do."

The little company of men is still traveling and disputing, but a light is dawning, and they are beginning to realize that their aims in life are the same and all are eager to do that which is best; and deep in their hearts is the Universal God of Love—the God of Humanity and the Universe—and ere they reach the end of the journey they will travel in harmony and wonder why they quarreled, for their differences made no material change in the great onflow of the Universe.—From Pacific Coast Journal of Homoeopathy.

CANCER OF THE BREAST.—Cancer of the breast should be removed with a great skin margin; with a wide dissection of adjacent fat and subcutaneous tissue; with excision of both pectoral muscles; occasionally with stripping the fascia from the numerous neighboring muscles; with thorough cleaning out of the axilla, and when the axilla is involved beyond its base, with dissection of the neck as far as the bifurcation of the carotid. Palliative operations should be performed, if possible, with the Paquelin cautery, and in all cases the wounds should be treated subsequently with the X-rays for at least six weeks.

The speakers in Washington dealt with 1,194 cases, and an end mortality of 56.63 per cent., including all varieties of breast cancer, patients of various ages, and growths of various development. The case surviving longest without recurrence is a patient of Dennis'. Twenty-nine years have passed since her operation. Of the 1,194 cases reported, 518 are now alive and in good health, after more than three years have passed since their operation.—Progressive Medicine; March, 1908.

SURGERY OF THE HEART.—"The consensus of opinion among experimenters is that the heart after being exposed can be grasped with the hands or forceps and gently compressed with no appreciable effect on its action; that punctures with needle or knife produce only a temporary irregularity in the heart's action; that wounds produced during systole bleed more than those occurring during diastole; that wounds of the ventricle produced during systole are larger than those produced during diastole; that oblique wounds bleed more than perpendicular wounds; that wounds of the right ventricle are more dangerous because of the thin, ventricular wall, and because the blood in the right heart coagulates more slowly; that wounds of the heart heal kindly, and that the cicatrix is complete in two weeks; that interrupted sutures are better than continuous ones; that the material enclosed in the grasp of the sutures causes atrophy, and is replaced by scar tissue; that superficial stitches are less liable to tear out than deeper ones; and that the stitches should be inserted and tied during diastole, because of the danger of tearing out during systole."—Progressive Medicine. March, 1908.

THE OLD, OLD STORY.—Time was when the eminent scientists, "the immortals" of the French Academy, shook their fat sides with laughter and flashed their keen scientific wits on one poor wight who proposed to employ smooth rails on railroads and smooth driving wheels on locomotives. "Why," they explained between yells of scientific laughter, "we would as soon believe that a pop-gun could demolish the Bastile," and so on. Later on they most reverently pointed (no doubt) to the smooth rail, etc., as an evidence of the giant strides their science had made.

A certain Galileo once got into trouble for opposing the John Jasper scientists of his day. "Everyone but a lunatic could see that the sun 'do move!'"

A poor devil of a doctor once announced that the blood circulated. Wow! What a scientific hullabaloo ensued, but the time came when these soi disant scientists claimed this discovery as an evidence of their collective acumen.

So it ever has been and, probably, ever will be. Homoeopathy will stand on its merits, or fall because it has none. It will before the gibberings of men who assume to speak for science—horribly abused word. Wise men will adopt it, while—the others will not.—Editorial, Homoeopathic Recorder.

I sometimes wonder whether the custom of having "office hours" by the general practitioner is not a mistaken policy. In the first place the doctor should stay at his office all day, except when professionally engaged out of it, and in the second place, it is impossible to keep office hours regularly, since urgent calls are likely to come at any time. My advice to young physicians is: Make your office hours all day and stay in your office, except when obliged to make a call, and when out on professional calls always keep your office attendant informed concerning your whereabouts. Accessibility is certainly one element of success for the physician.—Editorial. Medical Consensus.

If we can once learn to believe that homoeopathy presents a better and quicker manner of curing syphilis than any other, we will not resort to the methods that have been tried and retried for centuries with disappointment. We must not think that we have prescribed homoeopathically merely because we have given a remedy that is said by the text books to be valuable in such cases, but must work out the case carefully, using our repertories and trying to be sure that we have arrived at the similimum. Let me also say that, if we have a feeling that we are not able to select the remedy to our satisfaction, we should not hesitate to call to our aid a specialist in homoeopathic therapeutics, just as we expect to be called in to aid the general practitioner when our specialties are involved. It will redound to our credit and to the school we represent.—Garrison. The Homoeo. Eye, Ear and Throat Journal.

THE EVENING OFFICE HOUR.—The Chicago Clinic presents an editorial which will attract the attention and probably the sympathy of the majority of physicians in general practice:

"Picture a hot August evening when the air within doors, doubly-heated by the gas-light or the kerosene lamp, is almost intolerable; picture a man whose bearing indicates him to be of more than ordinary prominence in his community and whose appearance of prosperity indicates that he is beyond the reach of want; picture this man on this intolerably hot night, seated in a stuffy office—sweating and sweltering—longing to be at his home or out in the fresh air and moonlight—and you have pictured what may be found in over a hundred thousand physicians' offices throughout the United States during any hot, August evening. Gentle reader, this is the highly-respected and generally sane and intelligent doctor 'KEEPING HIS EVENING OFFICE HOUR!' The sympathetic layman—the imaginative laywoman with unstable nerves—will look upon this function as a part of the useful life of the 'over-worked physician;' but the fellow practitioner, who, through some fortunate inspiration has broken away from the bondage of the evening office hour, will look upon the sweltering doctor as a misguided 'captive fettered at the oar of gain,' or as an unreasoning slave to tradition and custom.

"My colleague, whose practice is amply large to support him in comfort, tells me that he has kept accurate count of the money he has made during his evening office hours, which he would not have received had his office been closed in the evening. In three months, this amounted to the sum of twenty-eight dollars! I am not a spendthrift. My estimate of the value of a dollar is as high as that of any man whose soul is not steeped in avarice. However, the liberty and comfort and peace to be derived from thirty evenings at home are worth more to me than nine dollars. While we may be members of an "underpaid profession," we are not, as a rule, in such dire poverty as to necessitate sacrificing our liberty, recreation and our home life for such a pittance as this. Yet it is a question whether any physician of first-class practice really makes more than a pittance, which he would not otherwise receive, through the evening office hour."

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ORIGINAL COMMUNICATIONS.

HYPEREMIA AS A METHOD OF CURE.*

COMPILED BY WILLIAM H. DIEFFENBACH, M.D.

Since the discovery of the Roentgen ray and of radium, nothing has evoked more discussion and received more favorable mention and corroboration than the therapeutic applications of *hyperemia*, which have been advocated by Professor August Bier, formerly of Bonn University, now the successor of the late Dr. Von Bergmann at Berlin. Current medical literature teems with articles on this subject and the question of nomenclature has also received much attention. Bier classifies therapeutic hyperemia into active (arterial) and passive (venous) hyperemia; the latter he designates as "*Stauungs-hyperaemie.*" Several writers have attempted to translate the latter term, employing stasis-hyperemia, congestive hyperemia, compression hyperemia and lastly dammed hyperemia, as an interpretation of the term. Some writers, recognizing the difficulty of exactly translating the German term, have advocated incorporating it into the English language and calling the process "Stau-ungs hyperemia."

To the writer this latter adoption seems unnecessary as the term venous hyperemia carries with it the essential points of the process, and if the mechanics of the technic is desired in the term, the phrase venous compression hyperemia may be employed. As Professor Bier advocates both *active* and *passive* hyperemia, the general term, *hyperemia* or Bier's hyperemia seems sufficient for ordinary phraseology.

Professor Bier has been actively testing the therapeutic value of hyperemia for the past fifteen years, but it was not until the publication of his book on "Hyperaemie als Heilmittel," especially the second revised edition of 1905, that the medical profession awoke to the possibilities of this measure. Dr. Bier in his preface bases his theories on the Darwinian principle, claiming that disease is always accompanied by inflammatory processes and that these inflammatory processes are *reparative, not*

*Read and demonstrated before the Boston Homœopathic Medical Society, April, 1908.

destructive, attempts of nature. He refers to numerous instances where disease occurs and is cured spontaneously without medical or outside assistance, showing that the body itself has protective agencies with which we are as yet but imperfectly acquainted. No one questions the correctness of Nature's efforts in producing a cough to dislodge a foreign body which has entered the larynx or the production of emesis to eject acid or alkaline poisons which may have been swallowed by accident or intent. Severe lachrymation and rapid movement of the lids is induced when foreign or irritating substances reach the conjunctiva; nevertheless, some observers would consider these natural efforts to rid the parts of injury and disease as the *disease itself* and would *combat* and *suppress* the symptoms as presented by the patient.

While the cause of disease in flagrant cases is readily found and studied, the mistake of interfering with natural curative agents is frequently made when the causative factor is undiscovered or so small as to be seen only by means of the microscope—as in infectious disease—for wherever this interference is attempted (as in the use of coal-tar derivatives in fever—opium in large doses in diarrhoea) it is usually detrimental to the patient. Even today the majority of physicians consider fever and inflammation as dangerous factors to be combated and suppressed, and the time is not long past when all physicians held this opinion. They do not appreciate that these are but *manifestations* of some cellular disturbances—not the disturbance itself. Although many physicians are not as yet converts to the theory that fever and inflammation are reparative processes of the economy, the theory of immunity has made rapid progress and the principles of antitoxins, antibodies and alexines is readily accepted by the great majority of the profession with much less basis for consideration than the theory of inflammatory therapy presents. The majority of physicians accept the statement that the same infectious agents which poison and destroy tissues (toxins of diphtheria) at the same time furnish the ammunition with which to combat the disease by neutralizing the poisons (anti-toxin of diphtheria.) This has received renewed impetus from the Wright theory of opsonins.

In all cases of infectious diseases, where reaction is obtained, the following diction of Pffuger finds application: I. The *injury* to a tissue automatically causes the attempted *removal* of the said injury by the economy; thus when one receives a blow, one automatically rubs the part affected. Or as expressed by the same author in his work on teleologic philosophy: "The cause of each necessity of a living being is at the same time the cause of the attempted appeasement of such necessity."

Theory and practice do not, however, harmonize in all cases Cough, provoked by irritation, is a useful agency for relief, but it can become so aggravated and can occur at such inopportune

times that suppression or interference is necessary. Inflammation is a useful process but it must frequently be controlled and combatted, to avoid damage. The same pertains to fever. It is, therefore, not wise to follow Nature blindly in all her reparative processes and it is best not to forget that medical art is superior to Nature in many respects. Thus a surgeon can produce healing of a large incision within eight to ten days with restitution of function of the parts, while Nature *unaided* could not fill the granulations for many weeks, besides subjecting the patient to all kinds of dangers. While Nature performs the cure, it requires the approximation of the tissues and an aseptic wound to insure healing by first intention. If natural processes are therefore imitated by the physician without due consideration of all facts involved much harm will be done. The physician who merely prescribes medicines, the surgeon who is deft with the scalpel only, are just as harmful to the community as is the physician who employs physiological methods only, without due consideration of the whole broad field of medical science and it is a question which is the greatest bungler, the man who uses physiological methods alone, the drug dispenser or the scalpel wielder.

Professor Bier states that every organ *when active* is in a state of hyperemia. Every growth, every regeneration, has local hyperemia and every reaction to foreign substances or agents is accompanied by hyperemia, be that substance a large foreign body or a minute microscopic bacterial invasion, the strongest chemical poisons or devitalized parts of our own body—such as extravasation of blood in the tissues. He, therefore, ventures the assertion that there is no lesion which the body is able to combat or tries to remove which is able to produce *anemia*—such processes are always accompanied by or associated with *hyperemia*, if repair is possible or is attempted.

Hyperemia may be active (arterial) or passive (venous) and both have definite indications.

Active hyperemia (arterial) may be induced by increased activity of the parts, especially the muscles, rubbing of all kinds, massage, electricity, Roentgen and light rays and radium. The curative action of these remedial measures may to a great extent be due to the hyperemia they produce.

Chemicals (mustard plasters) may produce hyperemia, but the most active and most easily applied measure is *heat*. Heat has been used therapeutically for centuries without physicians appreciating that the hyperemia it induces constituted its main therapeutic factor. The body is protected from excessive heat applications by an increased flow of arterial blood to the part and increased excretion of sweat. This increase in the arterial current is desirable, for it constitutes the curative agent in most diseases where heat acts favorably. The excretion of sweat has, of course, also therapeutic action its elimination of products of metabolism and toxines, being especially desirable in all cases of toxemia.

Heat may be applied by means of foments, poultices, mud, clay, light, hot sand and hot air. Hot air is more easily applied at very high temperatures than is any other agent, as the skin is a poor conductor of heat and the induced perspiration of the tissues prevents burning of the parts. This agent is therefore, the favorite method for inducing local or general *active* hyperemia.

Passive hyperemia is produced by bandaging the parts *above* the portion to be treated with rubber tubing or rubber bandages, so as to compress the superficial veins. By employing increased or diminished compression, passive hyperemia can be lessened or augmented at will. Dry cupping and suction are also methods for producing *local* passive hyperemia.

As a rule, *active hyperemia* is recommended in chronic processes and where *bacterial infection* is not demonstrable. Passive hyperemia is employed in *acute processes* and in *bacterial lesions.*

Active hyperemia induced by heat acts as an analgesic and is especially recommended in lumbago and other lesions with rheumatic pain. Passive hyperemia relieves the severest pains within one-half to one hour after bandaging—it obviates the use of morphine in many cases. Neuralgias and headaches are also relieved by hyperemia of the active variety. In all painful bacterial affections, such as in gonorrheal rheumatism, acute rheumatic pains, tuberculous joints, all phlegmonous processes, *passive* hyperemia is to be preferred as the most efficient measure, while in neuralgias, *active* hyperemia acts best.

Professor Bier explains the favorable action of passive hyperemia in bacterial affections by asserting that the slowing of the blood current through bandaging and the consequent stasis and dissemination of same in the affected tissues causes an accumulation of leucocytes and serum in the injured parts, thus permitting increased phagocytosis and dilution and absorption of toxines. This feature is not so well secured by the more quickly flowing arterial hyperemia. With increased serum and blood corpuscles to a part, Ehrlich's antibodies have opportunities for increased and favorable action and opsonogens can be formed and the opsonic index of Wright stimulated.

Some investigators claim that the concentration of alexins explains the bactericidal action of passive hyperemia. Colleys* inoculated a number of mice with pus obtained from a staphylococcus infection and all the animals became sick and the majority died of sepsis. He next mixed the same pus with bouillon. Half of this mixture was diluted with three times its volume of fluid aspirated from an area of passive edema. The latter mixture was then injected into mice and while some malaise was noted none of the animals died. The other half-bouillon and pus mixture, killed practically every mouse into which it was injected. This experiment certainly proves that the serum added to the

*Muenchner Med. W., No. 40, 1905.

bouillon and pus mixture rendered the mice immune to the usual sepsis following the other injections.

Joseph's* experiment showing the therapeutic value of dilution of toxines was as follows:

Compression was made for 12 hours over *one thigh* of each of two rabbits. Ten minutes after removal of the bandage he injected 4 m. gr. of strychine into the hyperemic thigh of one rabbit and the same drug into the normal (non-hyperemic) thigh of the second rabbit. The second rabbit died in tetanic convulsions within 4 minutes, while the first rabbit became slightly ill but remained alive. To exclude error this experiment was repeated seven times with different rabbits and the rabbit which had the drug injected into the normal side invariably died, while the others who were injected into the edematous thigh survived the lethal dose. Dilution of the fluids of the thigh with 200-225 grammes of normal salt solution gave the same relative result, clearly proving that the dilution of the toxines caused the favorable result.

Heile† believes that autolysis of leucocytes is a very important factor in passive hyperemia. Products of waste accumulate in the tissues owing to checked metabolism and suboxidation. Cell-necrosis and death of leucocytes follow and the ferments of these broken-down cells liberate antitoxins and bacteriolysin and neutralize the toxins and destroy the bacteria present in the lesion.

Heile noticed an increase of uric acid and of the purin bases, also of urea in all cases where passive hyperemia was employed for 12 hours, and deduced therefrom that re-sorption of waste material is hastened by this method and morbid products are thrown off by the emunctories in increased amounts as the process renders them suitable for expulsion from the system.

Heat applied to produce active hyperemia produces absorption of fluids and is applicable in edema, extravasations, serous exudates, etc. Dr. Bier calls attention to the fact that *excessive active or passive* hyperemia produces edema; *mild* applications of the same processes correctly timed, unquestionably relieve edema. Thus when active hyperemia is applied for from 1 to 2 hours daily it acts as a most important absorbent and is particularly beneficial in the absorption of edema. On the other hand, hot air (215° F) applied for seven to ten hours daily will *produce* marked edema. Passive hyperemia applied with moderate pressure acts as an excellent analgesic in different lesions; if applied *excessively*, severe pain and unpleasant sensations are produced.

The same application which when applied moderately acts *favorably* upon a variety of acute and chronic local affections, if applied too *vigorously* or *excessively* does damage and causes pain

*Muenchner Med. W., No. 40, 1905.

†Muenchner Med. W., No. 26, 1907.

where it formerly relieved, and is even able to produce the lesion. Thus it is apparent that in applying hyperemia, the time, location and pressure and degree of temperature must be carefully considered and each application must be individualized according to the vitality of the patient.

The apparently paradoxical reactions briefly touched upon are noticed in many physical therapeutic agents.

Who has not noticed the inhibitive effects on peristalsis of *prolonged* cold applied in the form of sitz baths or ice-packs? Who, on the other hand, is not aware of the stimulating effects of very short cold half or sitz baths on the peristaltic wave? We note that prolonged cold applications produce a reduction in the percentage of hemoglobin and a diminution of erythlocytes. On the other hand, *short*, cold stimulating procedures are excellent an anemia and chlorosis, producing an increase in hemoglobin and corpusular elements.

Prolonged hot applications cause an *increase* in temperature and increased metabolism; short, hot applications cause a *fall* of temperature with diminished metabolism.

"*Very prolonged hot applications* give rise to muscular weakness; notwithstanding these facts, experience shows that *very short* hot applications are the best of all means for recovering a person exhausted by prolonged or violent exercise." (Kellogg.)

"Short, cold applications to the skin, being followed by dilatation of the surface vessels favor perspiration; while prolonged cold applications have the opposite effect." (Kellogg.)

These quotations can be multiplied at will and the principle outlined corroborated in many other therapeutic applications. The action of the Roentgen ray is a most important corroboration of this principle. All radiologists are convinced of the ability of the ray to cure superficial epitheliomata and other skin lesions. On the other hand, there are some radiologists who are themselves the victims of cancer induced by *excessive* exposure to the ray.

In the case of the late Dr. Weigel of Rochester, N. Y., the lesions produced by the ray were examined by competent pathologists and pronounced epitheliomata and lesions were unquestionably caused by excessive exposure to the Roentgen ray.

With medical literature teeming with histories of many hundred cures of superficial epitheliomata by the same agent, which produces this lesion if applied *excessively*, does not reason or logic indicate some *underlying principle?* Physicians who have applied drugs on this principle for many years do not require further light on this subject. The truth of the principle of Similia enunciated by Hippocrates and elaborated by Hahnemann is slowly but certainly receiving corroboration in unexpected quarters and its application in *suitable cases* must positively gain universal recogition at some not far distant period.

PRACTICAL APPLICATION OF HYPEREMIA.

The treatment of joint tuberculosis was the first disease experimented upon by Professor Bier. He employs *passive hyperemia* in this disease, active hyperemia having usually been followed by bad results. He was led to employ hyperemia in tuberculosis by the recorded fact that stenosis of the pulmonary artery and pulmonary tuberculosis were usually co-incident, this occurrence being explained by the anemia of the lung induced through the heart lesion.

Frerich's (Breslau) postulate that tuberculosis of the lung is invariably the sequel of disease of the pulmonary artery is based upon the same observation. On the other hand, Rokitansky (Vienna) stated that a cardiac lesion which reflexly causes hyperemia of the lungs secures immunity from tuberculosis. In a series of 143 cases of heart disease associated with hypertrophy and co-incident hyperemia of the lungs, tuberculosis of these organs was absolutely excluded, showing that the two conditions cannot exist in the same person.

These facts have caused a number of experiments to be made for the cure of pulmonary and laryngeal tuberculosis by means of induced passive hyperemia, Knopf (Medical Record, February 22, 1908), gives a brief report of his experiences with the Kuhn Suction Mask (described in November 9, 1907, Medical Record by Dr. Willy Meyer of New York) in *laryngeal tuberculosis.* We quote:

"We thought that it would be an interesting evidence of the therapeutic effect of Bier's treatment if we could apply Kuhn's mask after a careful examination of the throat, note the findings which the laryngoscope revealed and then examine the throat again after the mask has been used for from fifteen to twenty minutes. The following are the results: Six cases of laryngeal tuberculosis were selected from the various wards in our services at the Riverside Sanatorium. On re-examination after the first application of the mask, we were pleased to note that a marked congestion was produced in all the mucous membranes of the upper respiratory tract. This was especially noticeable in the membrane of the soft palate and epiglottis due to the usual pale character of the membrane in these parts. The anemic membrane, characteristic of such cases was covered after treatment with a net-work of small dilated venulae, proving conclusively the utility of the mask to produce the desired venous hyperemia.

With this encouraging beginning, the masks were worn fifteen minutes three times daily and examinations made from time to time to discover any change in the pathological condition of the larynx. After a few days, the congestion of the membranes became more or less permanent, lasting over from one treatment to another, the mucous membranes losing their characteristic pallor.

The cases ranged from the mildest with only slight infiltration of the cords and arytenoids with impairment of motion, to the

severest type with extensive ulceration, and in one case there was perichondritis and external abscess.

During the application of the mask, very little discomfort was experienced by the patients, consisting of slight dizziness and feeling of oppression. This became less as the patients became accustomed to the treatment. In one case, complicated with chronic otitis media with tinnitus, the dizziness became so severe as to interfere with the regularity of the treatment. This was especially true in heavy, stormy weather. During the two months of treatment all the cases but one showed some improvement. In the cases of infiltration without ulceration, the improvement was mainly symptomatic, the hoarseness and discomfort being relieved without any noticeable changes in the pathological lesion. Where ulceration existed the ulcers showed healthier, redder granulations covered by far less secretion than formerly. The one exception to any improvement was the case spoken of with chronic otitis media and severe perichondritis. With him no relief was experienced that could be ascribed to the Kuhn mask.

During the first month all other local treatment of the larynx was suspended, that we might not be doubtful as to the cause of any results obtained. Later, the eucalyptol, menthol and chloroform inhalations referred to above were added with marked benefit to those cases suffering from irritable cough."

Dr. Knopf concludes by stating that the Kuhn mask appears to be a practical means for applying the Bier treatment to the upper respiratory tract and that under its influence local anemia has disappeared, symptoms improved and ulceration takes on a more healthy character.

In the article by Dr. Willy Meyer mentioned above, similar results were obtained in *pulmonary tuberculosis* and its use in private practice and in sanatoria was strongly advocated for this affection.

The conclusions of Meyer are as follows:

I. That the beneficial influence of the mask will naturally be best shown in cases of incipient pulmonary tuberculosis, or better still when used as a prophylactic.

II. That advanced cases are also greatly benefited by it, as long as chronic toxemia and pronounced weakness of the heart do *not* render impossible any kind of improvement.

III. That the risk of hemorrhage from the lungs does not forbid its use; on the contrary, there seems to be a diminished liability of a return as the granulations in the lung tissue apparently get stronger under the application of the mask, the same as we observe this in granulations on the surface of the body, while under hyperemic treatment.

IV. That post-mortem observations of the lungs of a patient who died of chronic intestinal tuberculosis and on whom the mask had been used for several months, has shown the foci isolated and

surrounded by a mass of new-formed connective tissue, the latter being in the stage of cicatrization.

V. That on account of the large quantity of blood being aspirated into the lungs, more oxygen enters the circulation; furthermore, that in consequence of the resistance offered to inspiration, the entire system of respiratory muscles is strengthened on the basis of the idea underlying the well-known "Swedish Movement" method.

VI. That by thus improving the constituents of the blood, the use of the mask not only incidentally improves the usual anemia of phthisical patients, but promises to become one of the most powerful physical aids, so far known to us, in our fight against ordinary anemia.

VII. That according to the degree of obstruction to inspiration arranged for, the mask produces the effect of various high altitudes on the general system, that is to say, it rapidly increases the number of red and white blood corpuscles, of the latter especially the poly-nuclear neutrophiles and the percentage of hemoglobin. This is produced by the irritating effect of the condition of reduced tension of oxygen in the blood on the blood-producing tissues of the body, principally on the bone-marrow.

Inasmuch as the increase of the blood elements begins very early, one hour after applying the mask, it will be interesting to watch whether this obstructed inspiration might not be used to advantage in surgical patients, especially after abdominal operations, to produce artificial leucocytosis.

VIII. That the mask incidentally has proved of great benefit in relieving the pulmonary circulation in cases of advanced valvular diseases of the heart as also in cases of obstinate asthma.

The technic of applying the mask consists in fitting it snugly over the nose and mouth and starting with a half-hour treatment daily, gradually applying it for *one hour, three times daily.*

Another New York colleague, Dr. A. C. Geyser, conceived the idea of producing artificial hyperemia in the lung by means of bandaging the lower extremities from the ankle to the hip and also the arms and producing in this way increased fluxion to the lung. He also raises the foot of the bed so as to assist this process. Dr. Geyser is making his tests on a number of cases of tuberculosis in the last stages, at a sanatorium at Amityville, L. I., and the cases are responding so remarkably that he feels confident of the favorable results in a very large percentage of supposedly hopeless cases.

His technic follows: "At 10 A. M. bandaging begins; a rubber Esmarch, two inches by four yards, is applied with moderate firmness, but without discomfort to all four extremities. These bandages remain on from fifteen minutes to one hour, with the foot of the bed elevated about two feet. They are removed for at least two hours and the process is repeated up to 6 P. M. While the bandages

are in position, patients inhale for two to five minims of free iodine in albolene from a nebulizer." Dr. Geyser's technic also includes hydrotherapeutic reactive treatments, such as short, cold full baths in the morning and a wet, cold sheet pack in the evening. We have taken the bandaging in two advanced cases with apparent success.

High frequency currents and Roentgen rays have been employed in the treatment of pulmonary tuberculosis and joint tuberculosis and the favorable results obtained may in part be referred to the hyperemia induced by these agents. The writer has tested various high frequency modalities for the past four years, combining auto-condensation and auto-induction with the inhalation of ozone and nitric and nitrous acid fumes secured by placing a vacuum tube in the mouth and mixing same with the air inspired through the nostrils.

The breathing of pure ozone produces hyperemia of the lungs, but is a distinct irritant; by mixing same as briefly outlined above with the inspired air, the irritating properties are much diminished and some hyperemic action is undoubtedly retained. Derivation high frequency currents applied through the lung tissue produce hyperemia and the reactive fever secured by this modality is undoubtedly due to the hyperemia it produces in the pulmonary tissue. The technic of these new procedures require individualization and cannot be dilated upon at this point, excepting to emphasize that they are certainly worthy of a trial as the results thus far obtained warrant the utmost reliance on their efficacy based on increased fluxion and hyperemia of the lungs.

(Concluded in July Number.)

CANCER OF THE STOMACH FROM A SURGEON'S POINT OF VIEW.*

By J. Emmons Briggs, M.D.

At a recent meeting of the Massachusetts Surgical and Gynæcological Society I read a paper entitled "Ulcer of the Stomach from a Surgical Point of View." It is my desire at this time to supplement that article by a few remarks on the surgical treatment of cancer of that organ.

The operative treatment of all non-malignant diseases of the stomach has marked one of the brightest chapters in surgery. While in cancer no such phenomenal success has been achieved, yet enough has been accomplished so that operative measures can be most highly recommended. It is indeed true that cancer of the stomach must be considered as practically a hopeless condition and well nigh past the skill of the surgeon to do more than ameliorate, yet the suffering and vomiting are so persistent and distressing that anything tending to lessen the discomfort should

*Read before the Massachusetts Homœopathic Medical Society.

be welcomed as a godsend. Surgery offers no "healing balm" but it does promise comparative comfort to the unfortunate sufferer.

Cancer of the stomach is by no means a rare disease, for cancer of that organ represents about 25 per cent. of all carcinomatous manifestations. Inasmuch as cancer is very greatly on the increase in the United States, in like ratio cancer of the stomach is increasingly prevalent.

We know nothing of the etiology of this disease. Heredity plays a very unimportant part. Age presents few barriers to its occurrence. It is now met with quite frequently in young adult life, i.e., under thirty, but is most frequently seen in patients over forty years of age. Men are afflicted more frequently than women.

In speaking of ulcer of the stomach in my recent paper occasion was taken to comment upon the gastric ulcer as a caustive factor in cancer, and at that time much stress was laid upon that subject. Having frequently observed a carcinoma proceeding from an old ulcerative lesion and having met with this condition several times in stomach operations, I am inclined to think that old ulcers form most favorable areas for the implantation and development of the proliferating cells which characterize carcinoma.

The gross appearance of the stomach wall when attacked by cancer differs according to the variety of the disease present. The adenocarcinoma shows uneven distribution of cell activity, which tends to make the surface of the stomach nodular and irregular. The tendency is toward early ulcerations, and particles of the tissue are often detected in the vomitus. Hematemesis frequently occurs.

The true cancer of the stomach, frequently known as scirrhous, is perhaps the most common manifestation. Wherever the alimentary canal becomes the seat of scirrhous cancer a hard tumor formation is observed and a tendency toward contraction and narrowing of the lumen of the canal is seen.

In the stomach the pylorus is most frequently involved. The tumor may be small and the constriction marked, or the growth may be quite extensive, shading off into the healthy tissues with little tendency to contraction. At the pyloric and cardiac orifices an annular band not infrequently produces complete stenosis. The medullary and colloid forms I have less frequently met in this location, but recall one case of the latter which involved the stomach in a gelatinous mass.

From the description of the various forms of cancer above related it will be seen that these different pathological processes produce quite varied manifestations in the outline, shape, size and structure of the stomach. Of equal importance in this respect is the location of the lesion itself. If a scirrhous cancer attacks and contracts the pylorus, a relatively small tumor may be found at

this point, but the stomach will be greatly dilated and displaced. If the cardiac orifice be stenosed, atrophy of the stomach and dilatation of the lower portion of the oesophagus occurs. If the stomach wall becomes involved there is loss of elasticity, thickening of the walls of the viscera, until the stomach assumes little resemblance of that organ, yet its lumen may not be impaired.

Symptoms.

A wide diversity of symptoms mark the beginning of cancer of the stomach. Occasionally within a few weeks such well defined symptoms as pain, anorexia, vomiting, debility, hemorrhage, and emaciation occur, but much more frequently a number of weeks will pass before these characteristic symptoms become marked. During this time there is loss of appetite, belching of gas, aversion to meats, general debility; in fact, the patient suffers from what he and his medical attendant are likely to term dyspepsia, but instead of improving the condition grows more aggravated until those more characteristic symptoms above enumerated appear. Rarely does it happen that all these symptoms are present, and frequently the diagnosis of cancer is not made until a bunch is detected in the epigastric region and cachexia is present.

I think we may now consider these cardinal symptoms more in detail.

Pain.

This is an early and quite constant symptom, although subject to wide variation dependent upon the location of the stomach lesion. If the peritoneal surface of the organ is involved, more or less sharp, lancinating pain may be experienced. Usually, however, a dull, aching, gnawing sensation is complained of with sense of heaviness and weight, which is increased after eating. There is rarely a well defined spot from which pain radiates, as is often the case in ulcer.

Vomiting.

This is a very constant symptom. Rarely does it occur with great frequency, oftentimes only occasionally. It is usually at first sour and clear liquid, but if the pyloric orifice is obstructed, vomiting occurs several hours after the taking of food. The character of the vomitus is then foul smelling and characteristic of stagnation. In cancer of the cardiac orifice the food is often rejected as soon as taken, frequently with an admixture of chyme. Blood in the vomitus gives to it a "coffee ground" appearance; it is rarely rejected bright red in color. Occasionally it is possible to recognize cancerous tissue in the vomitus—if the tumor is rapidly disintegrating. A study of the stomach contents may lead to a definite diagnosis, but oftentimes by the time these changes are evident the disease has gone so far that a diagnosis of maligancy is established. The absence or diminution of hydrochloric acid points strongly to cancer, but much depends upon the extent and location. If limited in area of involvement

the secreting surface of the stomach will not be materially interfered with, hence no significant change in this respect will be observed. The presence of lactic acid is of greater import than the findings relative to hydrochloric acid, and its repeated occurrence after a test meal may be considered as an almost absolute indication of cancer.

Tumor.

The presence of a tumor is doubtless the most important of all symptoms, and taken in conjunction with the symptoms above referred to makes a diagnosis positive where before doubt existed. It is often only present during the late stage of the disease. Its presence is detected upon careful palpation in the epigastric region. Its surface is usually comparatively smooth, occasionally somewhat uneven or nodular. Without adhesions the tumor is quite freely movable, of course with the stomach, and can be best felt with the stomach empty. Occasionally the tumor assumes considerable proportion, when it drags the stomach into the umbilical or iliac regions.

Emaciation.

A steady, progressive loss of weight is of the utmost importance in the diagnosis of cancer. This often occurs early and elicits much apprehension on the part of the patient. This rapid wasting is all out of proportion to the loss of appetite. Steadily but surely the condition progresses until the scales register a loss of over twenty-five per cent of the body weight.

Cachexia.

Sometimes early, but more frequently as a late symptom, a condition known as cachexia develops. Cachexia is due to blood changes which occur in cancer in which the hemoglobin is greatly diminished, and a condition of anæmia developes. In addition to this, septic matter from the tumor is constantly being taken up through the lymphatics and enters the blood stream. Septic microorganisms germinate their ptomaines. These conditions acting in concert produce that peculiar sallow, or grayish white discoloration which we term cachexia.

Lymphatic Enlargement.

Carcinoma spreads via the lymphatic channels. In cancer of the breast we look for early involvement of the axillary lymphatics; in cancer of the tongue for enlargement of the cervical nodes, while in cancer of the stomach the mesenteric and retroperitoneal glands are quickly involved. The early and almost constant conveyance of carcinomatous elements into the lymph channels necessitate radical operation for this disease, which is very extensive and in delayed cases well nigh hopeless. Metastasis into remote organs usually occurs late in adults and early in young persons. The liver and lungs are the most frequent seats for these new growths. In the liver the organ can be frequently felt as considerably enlarged and nodular in appearance. The extreme emaciation renders the detec-

tion of the enlarged liver and lymphatic glands relatively easy. The disease usually terminates within a year; after suffering from pain, nausea, vomiting, emaciation, extreme weakness and prostration, a septic diarrhoea with oedema, and frequently phlebitis ends the miserable existence.

Let us now come to the consideration of cancer of the stomach from the point of view of the internest and compare his treatment with that of the surgeon.

The prognosis of cancer from a medical point of view is hopeless. No drugs possess the power to antagonize the growth. The physician must, therefore, content himself with relieving the patient's suffering, maintain nutrition, supply artificially the loss of stomach ferments which become diminished through disease, attempt to control the vomiting by drugs and the use of the stomach pump; in short, to maintain strength, relieve suffering and alleviate the patient's unhappy fate.

The operative treatment of cancer of the stomach should be considered under two heads: Radical and Palliative. In undertaking the former, operations are disappointing as a rule. In order to be reasonably successful all of the disease must be widely resected from the stomach wall and all infected lymph nodes removed. The possibility of effectually doing this is confined to a very short period at the commencement of the disease, during which the patient suffers from those indefinite symptoms which he, and oftentimes his medical adviser terms dyspepsia. Neither patient nor physician considers operation at this stage; both are inclined to hopefully anticipate recovery. We can, therefore, be sure that the radical cure of cancer of the stomach by surgical measures offers a rather forlorn hope, without even encouragement enough to recommend the operation.

While from necessity we have spoken so very discouragingly concerning operation from the point of view of radical cure, we can be much more optimistic in regard to palliation, for while medical treatment can do nothing more than to treat temporarily the symptoms which arise, surgery offers a permanent cure for many of the conditions which cause the symptoms. Take, for example, the constricting carcinoma of the pylorus. In this condition the patient is suffering from mechanical obstruction which renders the stomach unable to empty itself of its contents. This stenosis often occurs at an early stage of the disease, produces fermentative changes which take place in the stomach, giving rise to distress, eructations and sometimes vomiting of putrescent and decomposed food. A gastro-enterostomy promptly relieves these symptoms.

A cancer of the pylorus may be treated by excision of the growth (pylorectomy), if possible, with anastomosis of the duodenum to the remaining portion of the stomach. This is a very severe operation, and in the opinion of the writer only justifiable in those rare cases where there is reasonable hope of removing all the disease from the stomach and at the same time excising all infected lymphatics.

Gastroenterostomy is the operation employed in the majority of patients suffering from cancer of the stomach. It is a procedure well adapted to meet the requirements as they exist in four out of five cases of pyloric obstruction, an operation which is relatively safe, quickly performed, followed by very little shock and tolerated by patients who have little reserve strength. If properly done it affords an ample orifice for the exit of food, relieves all stagnation, stops the vomiting and offers comparative comfort to the sufferer when life otherwise would become intolerable.

There are few counter indications to gastroenterostomy. It should not be done when a resection of the pyloric end of the stomach would offer more lasting relief. It should never be done if the growth is situated at the cardiac end of the stomach, and is not necessary if the growth is non-obstructive. It is essentially adapted to those cases where the pyloric end of the stomach is immovably fixed, even if the distal one-half of the organ is involved with the upper end of the duodenum. If impossible to make the preferable operation, i. e., post-gastrojejunostomy, an interior operation may be made. I have only once made this operation, but it was followed by most satisfactory relief.

If cancer involves the body of the stomach, a partial gastrectomy may be attempted, provided the operation is undertaken very early in the disease, but it must be admitted that the prognosis is not hopeful, early recurrence being the rule. A total gastrectomy offers a greater prospect of radical cure, but the operation is hazardous, and although having been successfully done a number of times, few cases of radical cure have been reported. A complete gastrectomy is hardly to be considered in the light of a practical operation. As an experiment it has been demonstrated that a patient can live quite comfortably without that important organ, but it must be apparent that when a growth is small a partial gastrectomy will be the operation of choice. When a tumor involves a large part of the stomach the patient is practically beyond hope of immunity, and a less severe operation, notably a gastroenterostomy, will offer more practical relief.

In cancer of the cardiac orifice I have made use of Witzel's operation, a comparatively simple procedure, which affords an opportunity to feed the patient through a catheter which can be passed through the parietal wall directly into the stomach. After the feeding is completed the catheter can be removed, without regurgitation of food.

Before closing this paper I wish to call your attention to the desirability of the exploratory incision in all cases where doubt exists. All the diagnostic tests may fail or lead only to greater uncertainty. The exploratory operation alone reveals the exact pathological conditions and enables one at the same time to afford the relief demanded.

In concluding this paper emphasis should be laid upon the following points:

I. The diagnosis of cancer in its early stage (the only stage where an operation offers any prospect of radical cure) is extremely difficult.

II. If it were possible to operate very early the chances of radical cure would be greatly enhanced, therefore the importance of early diagnosis.

III. That as cases are presented to the surgeon today little hope for a radical cure can be expected.

IV. That great relief may be promised to patients suffering from cancer in which symptoms of pyloric obstruction exist.

V. That an exploratory incision offers the patient the greatest opportunity for relief, and in case a benign stricture is found every prospect of radical cure.

VI. Never hesitate to operate because a diagnosis of malignancy is made, even if the prospects of radical cure are small. The relief afforded far outweighs the disadvantages.

ROSACEA.	ACNE.
1. Involved portion of skin more vascular.	1. Involved portion more erythematous.
2. Hypertrophy present.	2. Hypertrophy slight, or absent.
3. Sebaceous glands and blood vessels both involved.	3. Sebaceous glands only affected.
4. Always attacks the face.	4. Seldom attacks the face.

THE PHYSICIAN IN VIENNA.

By Anna M. Lucy, M.D., Haverhill, Mass.

[Written for the *Gazette* from Vienna, Austria]

It has been said of Vienna that there is no place in the world its equal in the opportunities afforded physicians for post-graduate study, and this because the clinical material is so abundant, and the work so concentrated. No time is lost, as is often the case in London, Paris and Berlin in going from one large hospital to another. The Allgemeine Krankenhaus and the Poliklinik in Vienna are practically together. The former has accommodations for 3000 patients. While not an imposing structure, it is really immense, covering a large area and enclosing nine open yards or courts in which patents able to be about promenade and sun themselves. In various parts are clinic halls, lecture rooms and operating rooms of the professors and their assistants. Everywhere are patients. They simply swarm in the yards during a pleasant mild day. The place is like a small city in itself.

The first thing for the recently-arrived seeker after knowledge

to do is to find out from one of the gate officials, or some other promising looking individual, the headquarters of the American Medical Association of Vienna at the Kafe Klinik opposite the large gateway on Spitalgasse (Hospital Street). Here one registers one's name in the presence of one of the members of the Association. It is important to attend to this at once, because admission to many courses called "book courses," which are courses under the control of the Association, depends upon the date of registration. For

instance, when a popular course open to but six or ten, as the case may be, is posted on the bulletin board, fifteen or twenty physicians may sign for it, but the obtaining of places up to the required number will depend upon the date of previous registration. Those having the earliest registration get the places, and the others must wait for another time and again run their chance. In courses not under the control of the Association, precedence is given to thosce first signing the posted notice of a course. The length of these courses is generally from twenty to twenty-eight days, the time given in different ones varying from less than an hour to two hours daily; as in the skin courses about an hour, in gynecology or obstetrics all of two hours.

The courses vary in expense from $10 to $20, and occasionally higher if only one or two are taken in a course. In such subjects as gynecology, obstetrics, diagnosis, etc., the average cost is about $20. But there are also the University courses which one can attend; less expensive, and conducted by the professors themselves, this being instruction one might not be able to get in any other way.

As personal experiences generally furnish one with the most

interesting facts, a few comments on some of the courses may not be unwelcome.

The eye work has a great following. There are probably more physicians here studying this than any other one specialty. Two courses on external diseases of the eye have been particularly fine; one was given by an assistant in the Schnabel clinic, the other by an assistant in the Fuchs clinic, both in English. The instruction was especially adapted to the needs of the general practitioner, and was most painstaking and satisfactory, and there was an abundance of clinical material.

Another course of especial value to the general practitioner was on diagnosis of the diseases of the ear. This was given by one of the assistants in Politzer's clinic, and the teaching was of such excellence that even the hardest things became perfectly clear and were made as interesting as a novel.

A course in gynecology, limited to two members, conducted by one of the assistants of Professor Lott's clinic at the Polikzinik, occupied two hours a day for twenty days. During this time 171 cases were thoroughly examined, and each case discussed in detail.

The Reihl clinic offers unsurpassed opportunities for the study of diseases of the skin, six, eight or ten cases being brought before a class and demonstrated in a manner truly masterly. With men and children frequently every piece of clothing is removed, and opportunity given to study every feature of the disease. This method is, of course, greatly to the advantage of the student. Patients in all courses are most obedient, complying promptly and unquestioningly with every order, showing a reflection of that military spirit which pervades the land. Many rare skin cases one might fail to meet with at home can be observed here, owing to the almost unlimited supply of material. Among especially interesting cases observed were xeroderma pigmentosa, mycosis fungoides, and leprosy.

Professor Tandler's course in anatomy of the pelvis, with blackboard diagrams, prepared specimens, and demonstrations on the cadaver is remarkably comprehensive. He is a great anatomist and a true scientist, absolutely impartial in the instruction given his students whether men or women. This course is in German.

It is difficult to know where to stop in mentioning the different lines of work, but obstetrics is a subject of peculiar interest to women physicians, and of great importance to all general practitioners. There are over 8,000 confinement cases a year at the Allgemeine Krankenhaus. Forceps, versions, and abortions are routine cases, and rarer ones, such as Cæsarian section, pubiotomy, vaginal section, craniotomy, etc., are not lacking. Abortions in t. b. cases are induced up to three months. Repair of lacerations and curettage, together with the above-mentioned work, is done in turn by the members of a given course under the eye of the instructor.

The ward in which the instruction is given contains about twenty beds, often every bed being occupied by cases at various

stages, as abortion, to be examined and at once transferred to the operating table; also, ready for examination, abnormalities of various kinds, rachitic pelves, variously deformed, as scoliosis, etc. many of which will be operated on at once as soon as the real pains begin, by a Cæsarian section, pubetomy, or vaginal section. All cases in the ward, except the abortions, are usually at full term. Midwives conduct the normal cases, very expertly, too, and physicians only the abnormal ones.

As to language: most of the courses of paramount interest to the general practitioner are given in German, although there are excellent courses in English, too, but it is naturally of great advantage to come abroad with some partial knowledge at least of German.

It is naturally interesting to observe the physicians here from America who are pursuing post-graduate studies, and it may be said, speaking as impersonally and simply as so important a subject demands, that they certainly do not seem to show any more knowledge or any better training than the graduates here of the Boston University School of Medicine. Indeed, many of them who have been a few years in practice appear to be at a decided disadvantage, and have to learn many a thing we already know from our four years' careful instruction.

While practice would seem to give greater confidence, and through experience gained fit the practitioner to meet many an emergency which we might not be expected to handle in our inexperience, we see them fail many, many times. And not infrequently owing to our training in modern methods and the art of medicine as extended and improved in recent years, we are able to meet successfully the demands upon us which have been too much for them.

Instructors, assistants and nurses are all exceedingly courteous to us, and seem always endeavoring to make our work pleasant as well as profitable.

It may be added in reference to the advantage of belonging to the American Medical Association in Vienna, that the payment of $2 entitles one to attend its weekly meetings, and profit by its plans and arrangements for courses and united effort for the benefit of American medical men and women. This is a life membership, so holds good for a later coming to Vienna.

There are now here probably about 150 active members, and about six of these are women. Every week there is a lecture or stereopticon or demonstration of some kind by one of the professors or instructors. One evening Professor Politzer, recently retired from teaching by the court, gave a lecture; another evening Hofrath Prof. Eiselberg on "Surgical Demonstrations," with stereopticon, patients also being used in illustrating. Then after the address is a business meeting. This gives one a chance to know the things of importance to him in connection with his study, and

also to become acquainted with his own countrymen, and not feel lost in surroundings so strange, yet affording opportunities so satisfying to those who seek the best and broadest medical education, and, in addition, wish to acquire some of that general knowledge and culture, which make one a citizen of the world.

THE EYE IN RELATION TO DIABETES MELLITUS AND BRIGHT'S DISEASE.*

A. E. PERKINS, M.D.

Every symptom or condition which will be of assistance in the diagnosis or will, in any way, be a help to determine the prognosis in cases of diabetes or Bright's disease is of interest to every practitioner. Certain conditions and symptoms referable to the eye give strong hints for diagnostic purposes or are of great value in the prognosis of these cases. First let us consider the ocular relation to diabetes. Many and varied are the pathologic manifestations in the eye resulting from saccharine diabetes. It may be stated in a general way that eye complications with the possible exception of cataract are relatively more frequent in chronic cases where general symptoms, emaciation, etc., are not very marked. It, therefore, not infrequently happens that the patient first comes under observation in consequence of impaired vision. One of the most common eye symptoms is limitation of the power of accommodation due to the general muscular weakness incident to diabetes or to a peripheral neuritis or hemorrhage. This occurs in mild or severe cases, is a very frequent complication, and is often among the very earliest evidences of the constitutional trouble. As a rule the pupils will be found to be normal in size and react perfectly to light. It is well known that paresis of accommodation occurs in various constitutional troubles. The point is this, that the sudden onset and the steady increase of presbyopia particularly in subjects under the age of forty-five should lead the observer to carefully examine the urine.

There ocasionally happens to the diabetic patient an ocular affection which is extremely troublesome to himself and clearly demonstrable to his friends. One of the external eye muscles refuses to perform its function. The patient has diplopia and the motion of one eye in a certain direction is limited. Any ocular muscles may be affected. The patient may thus complain of any kind of diplopia or may have unilateral ptosis. All the muscles supplied by the third nerve, however, are rarely affected at the same time. Recovery from paralysis of ocular muscles is usually rapid and complete. One attack may be followed by another.

*Read before the Massachusetts Homoeopathic Medical Society.

Dr. Lawford relates a case when an attack of paresis of the right external rectus muscle, which recovered in five weeks, was followed, two years later, by paresis of the left external rectus of two weeks' duration. Paralysis of the ocular muscles is a complication met with in both mild and severe cases of glycosuria and at any stage of the disease. However, if it be a late complication the paralysis may be permanent.

Iritis has been observed in diabetic cases. It is usually of a plastic type, not very severe, and yields readily to local and general treatment.

The occurrence of cataract in this disease has been long recognized and is not infrequent. Diabetic cataract differs in no particular way from others in general appearance. It may appear in cases in which the general nutrition is only little affected as well as in those far advanced. Relatively young people (in case reported the age was only eleven) may be thus afflicted. In the young, diabetic cataract is, of course, soft, develops rapidly and is soon mature. It is generally symmetrical. In old people the development of diabetic cataract has no special characteristics. In both young and old it is preceded by quite marked swelling of the lens. This swelling of the lens produces more or less myopia. "Diabetic myopia, so-called, is probably due to this alteration in the form and substance of the lens previous to those changes which can be seen by the ophthalmoscope. Dr. C. F. Clarke writes, "Myopia developing in patients past forty or fifty years of age should always suggest an examination of the urine." One other pecularity of cataract due to diabetes is worthy of mention. The lenticular opacity sometimes disappears under general treatment.

Let me relate the case of diabetic retinitis occurring in the person of Mr. H. who first consulted me March, 1902. He was 60 years old and weighed 200 pounds. First noticed sight was growing dim three months before. His vision in right eye was 20.200, in the left eye 20.70. The ophthalmoscope revealed small round and irregular oval shaped hemorrhagic spots, together with numerous shining specks and patches, scattered over the retina in each eye. Questions brought out the fact that he had a good appetite, was quite thirsty, drank much water, had a little eruption on the breast, skin was dry and rather itchy, and that he passed about two quarts of urine daily. Analysis of urine showed specific gravity to be 1035, reaction acid, sugar a large quantity. Was surprised to learn that he had diabetes. Later told me that one brother died from this disease. He became totally blind and died about 2½ years later. Diabetic retinitis does not usually come on until the constitutional disease is so far advanced that degenerative changes have taken place in the tissues. It occurs in about 7% of the cases and almost always in patients who are more than 40 years of age. This form of retinitis may be either exudative or hemorrhagic, the former being characterized by the presence in the retina of small light shining specks or patches

with minute hemorrhages, the latter having larger spots and even sufficient hemorrhage to lead to the formation of vitreous opacities. Extensive hemorrhage into the retina in glycosuria is of grave prognostic significance.

One other condition is of practical interest in this connection. That is the amblyopia of diabetic origin. It resembles the toxic amblyopia resulting from the excessive use of tobacco and alcohol. It is characterized by the greater or less diminution of central vision, together with a central scotoma for green and red and also, occasionally, for blue. It may occur when not much damage has been done to the general health, but is mostly found late in the disease, and is rarely observed in patients who are under 30 years of age. It may involve only a small portion of the field, is generally symmetrical, and the central vision varies according to the general condition of the patient. Usually there are no changes in the disk that can be recognized by the ophthalmoscope, although, in a very few cases, there is the usual appearance of optic nerve atrophy. In closing this part of my subject let me repeat the ocular symptoms of diabetes.

They are, in the order in which they have been discussed, the rapid development of presbyopia in patients under 45, the sudden advent of diplopia, the occurrence, in relatively young subjects, of rapidly developing symmetrical cataracts, the onset of myopia in patients past middle age, the complication of characteristic retinitis, and the greater or less loss of central vision for form and color.

The manifestations of Bright's disease referable to the eye may be grouped under two heads, first amaurosis and second albuminuric retinitis and neuro-retinitis. It is well known that loss of sight, more or less absolute, may occur in acute or chronic Bright's. Patients suffering from acute Bright's disease, due to scarlet fever, small pox, pregnancy or exposure to cold, sometimes exhibit the group of cerebral symptoms which are classed under the name of uraemic poisoning. Headache, vomiting, convulsions, coma and amaurosis comprise this group of symptoms. The blindness sometimes precedes. sometimes accompanies the convulsions. The onset of the amaurosis is usually sudden and the loss of sight bilateral and complete. Bare perception of light may be retained. The pupils are dilated and react to light. Relief from the uraemic condition results in complete return of vision. In most instances this is true in from twenty-four hours to two or three days. One case of puerperal convulsions, due to nephritis, in my own practice, was totally blind for eight days but recovered perfect vision. Uraemic amaurosis with convulsions is particularly apt to occur in the nephritis following scarlet fever or developing during pregnancy. In some acute cases, and in the chronic forms of Bright's disease, the amaurosis may only be accompanied by headache and mental confusion. In any case, whether early or late, the advent of sudden blindness indicates

that the renal disease is severe and that the nervous system is profoundly affected by the uraemic poison. Ophthalmoscopic examination in these cases of uraemic amaurosis, as a rule, reveals no change in the eye, except such changes as may previously have existed in the fundus, to account for the blindness. In a few cases, however, oedema of the disk has been observed to be present at the time of the blindness and to later disappear coincidently with the restoration of vision. It is most probable that the circulation in the blood of certain substances classed as uraemic poisons, so affects the nerve centers, and nerve fibers, as to produce the amaurosis and other cerebral symptoms. The elimination of these poisons results in the disappearance of the symptoms.

Among the frequent ophthalmoscopic evidences of constitutional disease are the changes which may take place in the retina and the optic nerve during the course of chronic Bright's disease. Albuminuric retinitis and neuro-retinitis is characteristic and per se evidence of grave changes in the kidney. Case of Mrs. C., 28 years old. She came to my office, February 3, 1904, wondering why she could not see as well as a little time before. Vision in right eye 15.20, in the left eye 15.100. Ophthalmoscopic examination revealed hemorrhagic spots, of varying size and shape, above and below the disk in each eye, together with the characteristic small, glistening white spots and streaks, arranged in radiating lines around the fovea centralis. Examination of the urine gave this result, specific gravity 1008, reaction neutral, albumen one per cent., a few hyaline casts. She had been treated seventeen years before for kidney disease and supposed she was cured at that time.

Albuminuric retinitis is more frequently observed in chronic interstitial nephritis, although it occasionally occurs in both acute and chronic parenchymatous nephritis. No age is exempt. Bull mentions one case occuring in a child five years old. Owing to the fact that chronic interstitial nephritis is the more common form of Bright's in the middle aged and old people, the greater number of cases are met with in patients over thirty, and more frequently in women than in men. Rarely, however, does a nephritic patient develop retinitis until the disease is well advanced, but it is not uncommon for the oculist to be consulted on account of failing sight before advice is sought because of other symptoms.

About thirty per cent. of the cases of Bright's disease suffer from retinitis and neuro-retinitis. Usually the eye complication is bilateral, although one eye may be affected before the other. The first change in the retina is that of oedema and hyperaemia, the edges of the nerve are blurred, and there may be small hemorrhages. Later the fan shaped glistening white spots and streaks appear in the macular region and later still irregular shaped isolated patches show in different places. The whitish

streaks and patches are due to fatty degeneration of the nerve fibers. As the inflammatory symptoms disappear the retina and optic nerve present the appearance of atrophy. These changes in the retina usually persist. Occasionally, however, in the retinitis occurring in acute nephritis or during pregnancy some subsidence of the symptoms together with improvement of vision may take place. If the retinal changes are very marked there will be no improvement in vision even if the general condition should improve.

Infrequently a characteristic retinitis will be observed and the examination of the urine will not reveal the presence af albumen. Especially is this true in cases of granular kidney in which albumen appears in the urine only at infrequent intervals.

Aside from the question of diagnosis in case of those patients whose failing vision brings them to the oculist before any other symptom has become pronounced enough to give concern, the question of general prognosis in the cases of albuminuric retinitis is of great value. There are times when the question arises whether it is best to induce labor in pregnant women suffering from nephritis. The presence of retinitis in such a case should help to decide the question. The prognosis so far as vision is concerned is bad. So far as length of life is concerned the presence of albuminuric retinitis is of great prognostic significance. Excepting in cases occuring in pregnancy the outlook is unquestionably bad. A large proportion of these cases will die within twelve months, a very few may live two years. Of my own cases, one, in whom the diagnosis of Bright's disease was made from the characteristic retinal changes, and confirmed by a later examination of the urine, died three months after I first saw her. This woman gave a history of having had a miscarriage, the first she ever had, six weeks previously, and said she had never been sick except as she suffered the illness incident to the birth of her six children. Mrs. C., whose case is reported above, lived only ten months from the time she first noted her failing vision.

To recapitulate. Sudden blindness accompanied with headache, convulsions and coma in acute nephritis, or amaurosis accompanied by slight headache and mental confusion in chronic Bright's indicates the presence, in the system of sufficient uraemic poison to profoundly affect the nervous system.

The presence of a characteristic albuminuric retinitis indicates that grave degenerative changes have taken place in the kidneys and that the beginning of the end is near.

POSSIBLE DANGER OF THE OPHTHALMO REACTION.— Mackay, in the Boston Medical and Surgical Journal, reports the continuance of conjunctivitis for more than ten weeks following the installation of one drop of the one per cent. solution of tuberculin in the right conjunctiva sac. It is not stated whether the solution used contained gylcerine or not, but in view of the large numbers of cases in which this method of diagnosis has been employed, this case may serve as a warning.

OPEN LETTER.

Editor of the New England Medical Gazette:—

The "Repertory of Nausea and Vomiting in Pregnancy" in the May *Gazette* is so incomplete that I cannot refrain from calling attention to the fact. On looking it over I was at once struck by the absence, under *Salivation*, of *Lac-ac.* Now this remedy is one of the stand-bys in the treatment of nausea and vomiting during pregnancy and vies with *Merc.* in usefulness in those conditions when ptyalism is pronounced. I have given it with success in two cases where *Salivation* was profuse and the nausea relieved by breakfast.

On looking further I found that of the eleven (11) remedies given in the *Guiding Symptoms* as "repeatedly verified" in these conditions, Dr. Shedd omits Asar., Cimic., Vatr., Kreos., Lac-ac., and Tabac. In all he gives sixty-six (66) remedies; twenty-seven (27) of them are *not* found in Knerr, Kent., etc., under "Nausea" and "Vomiting in Pregnancy."

The combined lists in the repertories gives eighty-three (83) remedies, as follows:

1st, those most marked: Asar., Chel., Cimic., Ipe., Vatr., Kreos., Lac-ac., Nux-m., Nux-v., Sep., Tabac.

Next: Ant-c., Ant-t., Apis., Ars., Bry., Calc., Cadm., Canth., Caps., Carb-ac., Carb-an., Cic., Colch., Con., Cup., Cycl., Ferr., Ferr-ph., Goss., Graph., Hell., Helon., Ign., Iris, Gali-bi., Kali-br., Kali-c., Kali-m., Lac-c., Lac-def., Lach., Lit-t., Lob., Lyc., Magn-c., Magn-m., Med., Natr-m., Natr-s., Op., Oxal-ac., Petrol., Phos., Podo., Psor., Puls., Sil., Sul-ac., Sul., Sympho., Ver-a., Vera-v.

3d: Alet., Cocc., Hep., Natr-ph., Senecio., Zinc., and

4th: Acet-ac., Acon., Ail., Anac., Card-m., Castor., Cod., Cup-ars., Dios., Merc-i-f., Plat., Plb., Sabi., Tarent.

Dr. Shedd gives thirty-nine (39) of these and omits forty-four (44), why? The twenty-seven (27) that he gives outside of this list are: Agar., Alumina, Ang., Arg-nit., Arn., Bell., Berb., Carbo-v., Caust., Cham., China., Cina., Croc., Dig., Dros., Dulc., Hydro-ac., Iod., Lauro., Nit-ac., Phos-ac., Rhus., Sabad., Selen., Staph., Stram., Val., and he does not state whether these are from clinical results he has observed himself or why he gives them and ignores the old tried and true remedies. Will he kindly tell us?

Some of these remedies added by Dr. Shedd have suggestions as to their use in nausea and vomiting of pregnancy as *Alumina*; "gastric and abdominal symptoms during pregnancy," and *Sabad*; "gastric symptoms during pregnancy," so it would be well to have them added to the list of availables were there anything to warrant it aside from the general statement that "any remedy in the materia medica may be indicated."

Let us have repertories by all means, but let them be both accurate and complete.

MAURICE WORCESTER TURNER.

Brookline, May 11, 1908.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 33 Whiting Street, Roxbury, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

"KNAVES OR FOOLS?"—A BOOK OF THE HOUR.

The sadly vulgarized phrase, "up to date," may yet, on occasion, be an apt and honorable one. As such, it will be found peculiarly applicable to a little book which, newly issued from the press of John Hogg, of London, and supplied by Boericke & Tafel of Philadelphia, deals soundly, sympathetically, illuminatingly and convincingly in the thought and in the phrase of the present hour, with the question of the claims of homœopathy on modern medicine. The book in question is "Knaves or Fools?" by Charles E. Wheeler, M.D., B.S., B.Sc., of London, England.

The title of the book is the only thing about it which suggests exaggeration, verbal or otherwise. Its thought is singularly sequent and lucid; its phrase simple, vigorous and effective. Its title is derived from the author's argument that opponents of homœopathy must regard converts to homœopathy as either knaves, fools, or men whom experiment will justify in the course they are pursuing. His exposition of the thesis affords an excellent example alike of his reasoning and of his style. Says Dr. Wheeler:

"The strongest part of the case for homœopathy is that its practitioners are so often men who have been converted from the ordinary methods, in spite of the price exacted for conversion. There are only three possibilities open. First, that they are honestly mistaken, that they are fools. But how can this be decided (as it is claimed to be decided) by men who have not made the necessary experiments? Science admits no *a priori* reasoning when experiment is available. Second, that they are not convinced, but pretend to be, that they are knaves. Again, the only arguments used are theoretical, and the difficulty of accepting this explanation becomes enormous on investigation. The genuine charlatan is a solitary soul, distrusting others of his kind, but homœopathists form soci-

eties and seek companionship. Further, why, if their aim is fraud, burden their lives with the task of mastering intricacies of drug action adding to their professional labors a duty of which orthodox practitioners can form no conception? Let no man delude himself that it is an easy matter to practise Homœopathy well. But if it is a fraud, why build up this elaborate structure for the sake of unnecessary toil? The explanation becomes absurd. Remains the third possibility that they are right, that they do get better results, and that they are repaid for ostracism and contempt by a sense of increased power over disease. Some may wish to insert a fourth possibility, that they are partly right and partly mistaken. This is an attitude not uncommonly adopted by more generous souls who find, to their astonishment, that homœopathists can know their work and be capable of human intercourse. It is a very dangerous attitude for the conscientious adopter. By what right does he deny to those who seek his aid the benefit of any truth there may be in Homœopathy? If once he admits that there may be, is probably, truth in it, he is condemned if he shirks investigation. It is his duty to define the limits of that truth and not withhold its power from those who trust their bodies to his care."

The story of the origin and rise of homœopathy, and the story of the scientific claims and labors of the man whose name is forever associated with its beginnings, are told by Dr. Wheeler with a brevity, a simple directness, a continual appeal to evidence, an impartiality, and a frank charm of style, that make their telling a something seemingly new. In this hour when medicine as a whole, face to face with popular questioning and criticism, no less than with pessimism candidly outcrying from its own inmost citadel, must establish new claim on public confidence or risk the loss of that confidence altogether, it behooves medicine to strengthen its case by welcoming every honorable, efficient ally. The proved claim of homœopathy to being such an ally, is a very timely thing to set forth, in form befitting the hour, for the very serious consideration of the hour. And this Dr. Wheeler's little book does, to utmost admiration. Giving scarcely more than an hour to its perusal, he who will may gather from it an accurate, tolerantly-presented summary of the facts concerning homœopathy and its founder which have been too long and often too obscured and distorted by traditional prejudice, on the one hand, and traditional partisanship on the other. No better service can be rendered to the homœopathy of the hour than by urging Dr. Wheeler's book on the attention of every fair-minded student of the medical signs of the times.

We append a few citations from the many examples the book affords, of admirable re-handling of material which too many, even among homœopathists themselves, have been inclined to look on as outworn. We are sure our readers will agree with us that Dr. Wheeler's qualification of Hahnemann as one who "detested vagueness of thought and slovenliness of statement," is a qualification

singularly applicable to Homœopathy's present expositor and propagandist.

Speaking of Hahnemann as a medical student, Dr. Wheeler says:

"But in no respect does he show more clearly his intellectual superiority to the ideas and practice of his day than in his treatment of the insane. At a time when torture and chastisement were the accepted methods of dealing with mental disorders, Hahnemann writes: 'I never allow an insane person to be punished . . . and they are always rendered worse by rough treatment, and never improved.' In 1792 he cured, by his humane method, Klockenbring, a distinguished man at that time, whom the usual brutal treatment had (not unnaturally) failed to relieve. He won considerable fame thereby; but the opposition which soon after was roused by any mention of his name prevented the full benefit of his reasonable views of insanity from affecting general treatment, and by the time the methods of Hahnemann had become commonplaces of medicine his name suggested to ordinary ignorant opinion rather the subject than the physician for mental therapeutics. But if Hahnemann was in advance of his age in his ideas for the treatment of the insane, he even more markedly anticipated later conclusions in his suggestions for dealing with epidemics. Years before any publication of 'germ theories' he is found preaching the necessity of compulsory notification and isolation of infected persons, the value of abundant fresh air and the dangers of conveying disease by clothes and excreta. Indeed, it is not too much to say that his practical common sense led him to conclusions that would serve as a useful guide to public health authorities today.

" . . . If, then, it be held desirable to heal this breach of a century's standing, obviously the move must come from those in whose hands remain practically all the prominent posts, all the academic positions and nearly all the public influence. Homœopathists have nothing to offer, save the frankest recognition (if they ever withheld it) of the benefits conferred on the profession by work in other departments than their own and the acknowledgment that once Homœopathy becomes a recognized province of medicine, the need disappears for the special designation. It would be enough to keep alive the memory of a great man by attaching the name of Hahnemann to hospitals and societies and journals consecrated to special effort along the path he pioneered. Whatever sectarianism is bound up with the name of Homœopathy could be banished. But to achieve this more is needed than the good will of homœopathists. What do they ask of the orthodox, the great body of the profession? Not, be assured, any recognition whatever founded on sentiment however noble. Justice is a fine name to invoke, and history may well admit that Homœopathy has had less than its share, but no permanent union can come from anything but mutual sense of advantage. Therefore, let the profession

give nothing but free and full investigation. But no commissions of enquiry, no committees of research are sufficient. They can bind no one but their members to conclusions when every man can be himself an investigator. The thing needed is to remove the stigma from the name of homœopathists and encourage every physician to make trial of the law of Hahnemann in his own practice. To this end, let there be three authoritative statements: First, that Hahnemann was no shallow, fanatical dreamer, but a physician whose experiments are worthy of repetition and his theories of experiment. Second, that even although homœopathists should be proved by larger experience to be in the main mistaken, yet the direct and indirect effects of their teachings have been such as to suggest that there is at least a germ of truth in their opinions, and that it is incumbent on every man to define that germ for the benefit of the profession and of humanity. Thirdly, that the man who devotes time and labor to this branch of *materia medica* and its practical application deserves well of the State, and that facilities should be given to students and academic reward allotted for proficiency in this field of endeavor. . . .

. . . "These are the salient features of the life and work of Samuel Hahnemann. Surely it is evident that, however mistaken, he was no shallow dreamer, but a learned and laborious investigator, following truth as best he could, by no path but that of trial and the patient record of result. No wonder the mental balance of his contemporaries was disturbed by teaching so revolutionary. Small wonder that they preferred vituperation to argument and dogmatic assertion to experiment. Hahnemann faced the experience of all pioneers, and though the reception of his doctrines does not demonstrate their truth, history confirms the belief that new truth has seldom been met in any other fashion. By now the bitterness of controversy is passed. Differ from him as we may, no one can deny that he has left an indelible mark on medical practice. Is it not possible at last to see him clear of the mists of passion, and confess him one who toiled with no small effect in the cause of suffering humanity?

. . . "When Dante stepped at last through the last barrier of fire and rock into the Earthly Paradise, after sounding the depths of Hell and climbing the steeps of Purgatory, Virgil bade him thenceforward go on a free man, king and priest over himself. No man ever valued true authority more than Dante, and obedience to rightly-constituted rulers, temporal and spiritual, was the keystone of the arch of his world organization; but he knew that for the perfect man there could be no king and no priest, and crown and mitre must rest upon each man's brow. So Medicine must learn her final lesson. Made up of human units, each must be in his way perfect, that she may be perfect, and no perfection is possible till the principle of personal responsibility, fortified by patient, personal effort, is substituted for the easier principle of

acceptance of authority. Let the truth justify itself to each man according to his capacity unimpeded and unaided by the weight of any dogma. Then there will be no contest except for clearer vision, no recrimination, since no desire except for further light; error will be known for human weakness, to be corrected without anger and made the basis of future truth, and truth will be doubly precious, because accepted by reason and not alone by faith. Then, indeed, shall there be a profession of which its members shall be proud; then, indeed, shall it stand like the greatest of the poets in the Earthly Paradise.

Puro e disposto a salire alle stelle.

A DUTY TO THE PHARMACOPOEA.

The average homœopathic physician absorbed by his daily duties, and interested in the care of his patients, is apt to take but little interest in legislative matters, and, therefore, does not always know to what danger his own professional reputation is exposed by legislative action which may have been carried through without definite intention of working harm to the homœopathic body. When a year ago, "The Pure Foods and Drugs Law" was passed, probably no one realized that it would work hurt to homœopathic pharmacists or prescribers. But the terms of the new law, probably innocently enough, did an injustice to homœopathy which is likely to be corrected only by the active and united efforts of homœopathic physicians. The injustice was done in omitting recognition of the Homœopathic Pharmacopœa originating in and endorsed by the American Institute of Homœopathy. The only standard recognized by the new law is the United States Pharmacopœia. The differences between these two Pharmacopœias need not at present be dwelt upon in detail. Enough to say that the superiority of the Homœopathic Pharmacopœia is attested by its insisting on a well-defined and unalterable unit of strength, thereby securing uniformity in the strength of tinctures and in making dilutions and triturations correspond in strength.

The Pharmacopœia Committee of the Institute naturally was much interested in this question, and the following communication from this Committee is presented to our readers with confidence that the matter will prove of interest to them and that each reader will do all that he can to support the efforts of the Committee toward modifying the present law to the extent of having the Homœopathic Pharmacopœia recognized as a standard for the preparation of homœopathic remedies.

Fourteen State Societies which have already officially endorsed the Pharmacopœia are those of Massachusetts, New York, Pennsylvania, Rhode Island, New Jersey, Kansas, Illinois, Minnesota,

Wisconsin, Louisiana, Vermont, Connecticut, Iowa, and Oklahoma. Follows the communication in question:

"May 11, 1908.

"Dear Doctor:—

"The Pharmacopœia Committee of the American Institute of Homœopathy is endeavoring to secure action on the part of each of the state homœopathic medical societies, in endorsing the "Homœopathic Pharmacopœia of the United States."

The National Pure Food and Drug law at present in force makes the United States Pharmacopœia the standard of all preparations sold under the titles given therein, and the effect of this law is to rate our homœopathic preparations with that of proprietary and quack medicines. Efforts are now being made to correct this injustice by making the Homœopathic Pharmacopœia one of the standards, and a bill to this effect has already passed the U. S. Senate and is pending in the House of Representatives; further, as most of the States have enacted, or purpose enacting pure drug laws, it becomes imperative that the homœopathic fraternity shall endorse its own standard, that we may not suffer from discrimination in the enforcement of these laws.

"The Pharmacopœia Committee regard this as a matter of vital importance to the homœopathic medical profession, and they earnestly request that you give the enclosed circular a careful reading, feeling convinced that a full understanding of the question will insure your hearty co-operation in the work.

"We are pleased to report that fourteen of the leading State societies representing in number of members more than two-thirds of the full membership of all the state homœopathic medical societies in the United States, have already taken action and endorsed the pharmacopœia and the committee have already received gratifying assurances from five other state societies that hold meetings the present month, that favorable action will be taken.

"Will you kindly use your best efforts to bring your state into line by securing the passage of resolutions of endorsement at the meeting to be held in June?

"Should further information be desired it will afford us pleasure to give it.

"You will further confer a special favor if when action is taken, you will notify either the chairman or the secretary of the Pharmacœpia Committee and furnish him with a copy of the resolutions or votes passed."

T. H. Carmichael, M.D., Philadelphia, *Chairman.*
J. W. Clapp, M.D., Boston, *Secretary.*

The Gazette desires to thank the Detroit College of Medicine for an invitation to attend its fortieth annual commencement exercises on Thursday, May 28th, and regrets that it was impossible to be represented.

DISCRIMINATION A THING OF THE PAST.

The time was not long ago when it was considered exceedingly presumptuous for a homœopathic physician to aspire to occupying a public or official position. To be connected with a Board of Health; to be a Medical Examiner; to be a School Inspector; to be connected officially with any State institution; to be a member of any State Boards; to be connected with a Board of Education; to be Pension Examiner, member of the State Legislature, or the Senate; to be Insurance Examiner; . . . to dream of these things was a vain and fallacious aspiration. But times have changed, and the stigma of being a homœopathist is partially, if not wholly, removed. No better evidence of this can be offered than the following statistical report prepared by the Auxiliary Committee for Massachusetts of the Council of Medical Education of the American Institute of Homœopathy.

On page 231 of the *Gazette* for May is published an "Open Letter to the Profession," by said Auxiliary Committee. This circular letter had previously been distributed to the members of the State Society. The efforts of the Committee have resulted in the gathering of information which permits them to make a very good showing for the homœopathists of today. For instance, the Committee tells us that:

The following Homœopathic physicians are Health Officers in Massachusetts:

C. P. Holden, Melrose, Board of Health; Walter A. Jillson, Gardner, Board of Health; George C. Anthony, Wellesley, Board of Health; George E. White, Sandwich, Board of Health; Wesley T. Lee, Somerville, Board of Health; John D. Tupper, Westport, Board of Health; William H. Thayer, Fairhaven, Board of Health; Francis L. Babcock, Dedham, Board of Health; Charles H. Colgate, Rockland, Board of Health; David P. Butler, Rutland, Board of Health; Charles H. Thomas, Cambridge, Board of Health Chairman; Harry C. Cheney, Palmer, Board of Health; H. C. Hallowell, Quincy, City Physician; Edward R. Utley, Newton, Associate Medical Examiner; Frank A. Woods, Holyoke, Associate Medical Examiner; John L. Bacon, Southboro, Associate Medical Examiner; Charles Sturtevant, Hyde Park, Medical Examiner; E. W. Capen, Monson, School Inspector; E. R. Leib, Worcester, School Inspector; Fred C. Graves, New Bedford, School Inspector; Erdix T. Smith, Springfield, School Inspector; J. Holbrook Shaw, Plymouth, School Inspector; John H. Sherman, South Boston, School Inspector; Oscar C. Swope, Kingston, School Inspector.

The following hold official positions not connected with Boards of Health:

Charles R. Hunt, New Bedford, Jail Physician, Bristol County; John Dike, Melrose, Alderman; Charles Leeds, Chelsea, Trustee Fitz Public Library and Trustee Boston University; John Arnold

Rockwell, Cambridge, Committee on Education of the Anti-Tuberculous Association; Francis X. Corr, Assistant Physician, Boston Insane Hospital; Samuel H. Calderwood, Roxbury, Member State Board of Registration in Medicine; N. R. Perkins, Dorchester, Member State Board of Registration in Medicine; John L. Coffin, Northboro, Chairman Board of Trustees, Westboro Insane Hospital; George S. Adams, Superintendent, Westboro Insane Hospital; Henry I. Klopp, Assistant Superintendent, Westboro Insane Hospital; E. Ray Buheman, Assistant Physician, Westboro Insane Hospital; Wm. W. Coles, Assistant Physician, Westboro Insane Hospital; M. M. Jordan, Assistant Physician, Westboro Insane Hospital; Mary Johnson, Assistant Physician, Westboro Insane Hospital; Solomon C. Fuller, Pathologist, Westboro Insane Hospital; Edward P. Colby, Boston, Consulting Physician, Westboro Insane Hospital; John P. Sutherland, Boston, Consulting Physician, Westboro Insane Hospital; George B. Rice, Boston, Consulting Physician, Westboro Insane Hospital; Howard P. Bellows, Boston, Consulting Physician, Westboro Insane Hospital; Frederick B. Percy, Brookline, Consulting Physician, Westboro Insane Hospital; Winfield Smith, Brookline, Consulting Physician, Westboro Insane Hospital; N. Emmons Paine, West Newton, Consulting Physician, Westboro Insane Hospital, and State Trustee Massachusetts Homœopathic Hospital; Charles L. Nichols, Worcester, Consulting Physician, Westboro Insane Hospital; J. P. Rand, Worcester, Consulting Physician, Westboro Insane Hospital and Secretary Board of Trustees, Massachusetts State Sanatorium; H. C. Clapp, Boston, Consulting Physician, Massachusetts State Sanatorium; Geo. N. Lapham, Rutland, Physician, Massachusetts State Sanatorium; John E. Runnels, Rutland, Assistant Physician, Massachusetts State Sanatorium; Walter F. Adams, Rutland, Assistant Physician, Massachusetts State Sanatorium; Elmer H. Copeland, Northampton, Examining Physician, Massachusetts State Sanatorium.

The following are members of Boards of Education:

Fred S. Piper, Lexington; Francis H. Bennett, Springfield; George A. Slosomb, Worcester; Charles H. Forbes, Athol; Edward H. Wiswall, Wellesley; Thomas Conant, Gloucester; Winfred N. Emery, Waltham; Francis L. Babcock, Dedham; Charles E. Montague, Wakefield.

The following are United States Pension Examiners:

Geo. E. White, Sandwich; Frank E. Allard, Boston; Chas. Theo Cutting, Newtonville; Chas. C. S. Austin, Nantucket; C. B. Sanders, Lowell; G. F. A. Spencer, Ware.

The following are members of the Legislature:

E. B. Coleman, Representative, Nantucket; W. O. Faxon, Senator, Stoughton.

The following are reported to be desirable openings for homœopathic physicians:

Everett, Melrose, Medford, Malden, Stoneham, Uxbridge,

Warren, Allston, Wellesley Hills, Newton Centre, Auburndale, Somerville, Spencer, Lowell, Billerica Centre, West Springfield.

This list might be extended by including the names of approximately 150 homœopathic physicians who have been appointed Medical Examiners for Insurance Companies, positions formerly refused them; also by including a list of eighty-seven, approximately, homœopathic physicians who are members of Medical Boards of joint-staff hospitals, many of which are supported in whole or in part, by many of the cities of our State. All of which testifies very inspiringly to public confidence in the exponents of a once ostracised faith.

DR. CABOT ON THE RELATION OF THE CHURCH TO HEALTH.

The May number of the *Gazette* in a brief editorial, entitled "Religious Therapeutics," gave to its readers a very concise account of the origin of the "Emmanuel Clinic," and the purposes and methods there made use of. For many months past newspapers and magazines have contained numerous references to the Emmanuel Church Health Class, and to the connection of several well-known Boston physicians with its work. The utterances of some of these physicians as quoted in many of the articles have doubtless been much distorted, and have given the public a very inadequate idea of the real attitude of these physicians toward this new movement in religious therapeutics. Much has been made, for instance, of Dr. Richard C. Cabot's interest in this new phase of psycho-therapeutics, and he frequently has been referred to as a warm supporter of Dr. Worcester and his associate, Dr. McCoomb, in their work at Emmanuel Church. But we have seen nothing definite from the pen of Dr. Cabot himself on this subject until very recently, when a short article in the "Outlook" for February 29th, was brought to our attention. Dr. Cabot is recognized as a thinker, and as an experienced and successful medical teacher. He has a wide and enviable reputation as a medical writer, and in his speech and writings he is terse, clear and very straightforward. It is a pleasure to read in the article just referred to Dr. Cabot's own statement of his position in relation to religious therapeutics, and the *Gazette* takes pleasure in presenting a sufficiently long quotation from the article in question to reflect Dr. Cabot's opinion clearly and definnitely.

Very evidently, Dr. Cabot does not hold in any high regard the ability of the "average physician" to handle the class of cases thus far most successfully treated at the Emmanuel Clinic. He attributes this inadequacy on the part of the profession to two things. First, lack of training and interest along these particular lines; and, second, lack of interest in things pertaining to religion.

Let Dr. Cabot speak:

"Is it advisable that a like association of minister and physician for the alleviation or cure of nervous disorders should be formed in other cities? Is the clergyman the proper person to co-operate in this work? I believe that for the present great good will come of such an association, provided that all patients are examined by a wise and skilful physician, provided the clergyman has had the proper training in psychology and psycho-therapeutics, and provided he will adopt a strict system of record-keeping under the direction of his medical coadjutor. I can see that a great deal of harm may come if the wrong kind of minister take up work of this kind; but we must ask ourselves: 'What is the alternative; what treatment is now available for nervous sufferers, especially of the poorer classes, in cities where no such alliance of minister and doctor exists?' I think it will be admitted by any one familiar with the facts that for the impoverished neurasthenic, in fact, for all except the very well-to-do, the resources available in most communities are woefully inadequate. The sanitaria are unable to take more than a small fraction of such patients, even if they were able to leave their homes for the purpose; private physicians can do little for them except at an expense which the patient cannot afford. *More than this, the average physician fights shy of them; they bore him, fatigue him and annoy him; or, if he accepts them, he often makes a very poor fist of it, because he knows so little of psychology, of education, and of the intimate connection between physical suffering and the mental, moral, and spiritual life of the individual.*

"Under present conditions, therefore, it seems to me that a movement like that initiated at Emmanuel Church has great possibilities of good and rather limited possibilities for harm. Whether this will always be so I cannot definitely say. It may be that, *in the future, medical students will be trained to recognize much more fully than they now do the crucial importance of mental, moral, and spiritual conditions in their relation to bodily suffering.*

To the average medical man of the present day the idea that religion has any natural connection with the cure of disease is a stumbling-block. He recognizes more or less dimly that explanation, encouragement, education, psycho-analysis, and suggestion are potent methods for the alleviation of nervous disorders; but he does not often recognize that no one of these methods can be carried to its highest perfection by an agnostic. An explanation of mental and moral abnormalities which takes no account of the *spiritual unity of the world* in which the individual mind finds its place and its meaning is a superficial explanation, and so a relatively inefficient one. Attempts to encourage a patient without giving him any good reason for being encouraged, in ill fortune as well as in good, are superficial; for there are no good reasons for being encouraged under all circumstances except religious reasons. Education is, indeed, the most potent of all our weapons in the attack upon ner-

vous disorders; *but it is not academic nor intellectual acumen that we wish to produce in this type of sufferer, but rather that moral and spiritual awakening which gives him a greater and better reason, a purer and intenser motive, for all that he does.*

Because I believe, then, that all explanation, all encouragement, all education which ignores religion is, for that reason, slipshod and slovenly, I believe that patients whose physical ills can be mitigated through explanation, encouragement, and education need the help of some one to whom religion is a working reality.

Using the word religion as I have done in the inclusive sense, not as one activity or one interest among others, but as the *foundation and motive power* of all interests and activities, I should say that the most religious persons in my acquaintance are the educators and the social workers. Were they free to take up the work of psycho-therapeutics, I believe they would be better fitted for it than either the ministers or the doctors; but since this is impracticable, and since the great majority of the medical profession still incline to behave as if religion were a special more or less harmless interest like a taste for old china, the help of the right kind of minister should be welcomed by all physicians who have at heart the bettering of the conditions of mental and nervous health in the community at large. In the hands of a minister of integrity, good judgment, resourcefulness, and enthusiasm, co-operating with a physician of the *same caliber*, we have every reason to expect that many now suffering from functional nervous disorders will find help and strength for which they look in vain.

Let every community see to it that such men *and only such* shall receive support and encouragement in the initiation of this new experiment—the "team play" of two great professions for the alleviation of one of the commonest and keenest of human sufferings."

SPECIAL ANNOUNCEMENT BY THE LOCAL COMMITTEE OF ARRANGEMENTS, AMERICAN INSTITUTE OF HOMOEOPATHY.

The *Gazette* is always ready to present news from the Institute to its readers, and offers the following without comment, as it tells its own story:

"While the time since the changing of the meeting-place of the American Institute of Homœopathy from Oklahoma City to Kansas City has been short, and the task of arranging for its entertainment made correspondingly more difficult, nevertheless, it has been a pleasant undertaking and a work of fraternal devotion. When our worthy President, Dr. Copeland, visited us in January, we did not feel at all sanguine as to our ability to care for the Institute in a manner satisfactory to ourselves. However, when the matter was definitely settled, the professional brethren of Kansas

City came together with a hearty good will and have succeeded in making such arrangements as we feel certain will please the attending membership.

Kansas City.

"We who have lived here many years and have known Kansas City through most of its developmental period, may perhaps be pardoned in the pride we take in what we believe to be the greatest city west of the Mississippi. Not only great in its manufacturing and industrial enterprises, but also from an æsthetic point of view. As a commercial center it ranks seventh in bank clearings and likewise takes the same rank among the cities of the United States as a manufacturing point. Here may be seen great packing houses, soap factories, machine shops, stock yards and all the vital forces that form the backbone, brawn and sinew of a great city. In 1900 the official census gave the two Kansas Cities a combined population of 210,000. Today more than 400,000 souls come and go within their limits.

"The topography of Kansas City formed by hills and river valleys, naturally lends itself to beautification. Through its Park Board, Kansas City has developed one of the most complete systems of boulevard drives and parks to be found anywhere in the United States, and nothing can be more charming than to drive along these rock roads, combining as they do the natural beauty of the landscape and the charm of delightful homes built along their borders. They wind in and out, through forest and over hills, giving a kaleidoscopic view of stream and wood and distance.

Headquarters.

"It has been the aim of the committee in selecting headquarters, that the membership of the Institute might be afforded accommodations equal to, if not better, than might be found at any other place in the city, keeping in mind that a reasonable charge would be worthy of consideration. We have selected for such headquarters, the New Coates House, at Tenth street and Broadway. This is a thoroughly modern, first class hotel, entirely fireproof, conducted on both the European and American plan: three dollars per day and up American, and one dollar and a half per day and up, European. We feel that we have been fortunate in securing this arrangement. Especially is the New Coates House desirable for our meeting, because of the number of rooms which they place at our disposal for sectional and committee meetings. The hotel management has kindly secured for us Casino Hall, a beautiful room a few doors south of the hotel, in which will be held the general meetings of the Institute and some of the sectional meetings.

"It has not been the purpose of the committee to furnish elaborate entertainment for the membership of the Institute, but rather to arrange for their comfort, to the end that they might enjoy the real work of the Institute and at the same time make their attendance one of rest and recreation. The opening session will occur

Monday afternoon at four o'clock in Casino Hall. In the evening a public meeting will be held in the Willis Wood Theatre, Eleventh and Baltimore, where the President will deliver his inaugural address. Following the meeting an opportunity will be afforded visitors to meet the President and local members of the profession. Tuesday evening a reception and ball will be given in Casino Hall in honor of the attending members and their wives and friends. One of the many attractive features of Kansas City is Electric Park, and we are glad to announce that we have made arrangements with the management to entertain the members and our friends at that place Thursday evening. Here will be found Sorrentino's famous Banda Rosa (which will this year have an organization of sixty pieces), first-class vaudeville, dancing, bathing and the potpourri which goes to make up the whirl and swing of a great amusement enterprise.

"For the ladies of the Meissen and associate members a delightful program has been arranged, some of the features of which are, an automobile ride over the parks and boulevards, numerous receptions, teas and especially a pipe-organ recital at the Independence Boulevard Christian Church by Prof. Edward P. Kreiser, a recognized master in his field. The program in detail is:

Tuesday—Opening exercises Coates House, 2.30 P. M., followed by reception and tea.

Wednesday—Automobile ride from 3.00 P. M.

Thursday—Pipe organ recital, Prof. Kreiser, 3.00 P. M. at Independence Boulevard Christian Church, corner Gladstone Boulevard.

Friday—Business meeting, 3.00 P. M., Coates House.

Tea will be served at the Coates House each afternoon at five o'clock, to which the gentlemen are invited.

In conclusion it may be said that the committee has not spared any efforts in the arrangements for the entertainment of the ladies, believing that upon the success of this feature rests the success of the whole meeting socially.

Dr. John D. Tupper, B. U. S. M., 1895, has recently been elected school physician and member of the Board of Health of Westport, Mass.

Clarence E. Burt, '08, B. U. S. M., would like to communicate with physicians who wish a substitute while they are away on their vacations. Address, 80 East Concord street, Boston.

WESTERN MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY.

The recently elected officers of this society are: President, E. W. Capen; first vice-president, S. A. Lewis; second vice-president, T. J. Putnam; secretary and treasurer, J. B. Comins.

The following is the program for the year as arranged:

June, 1908—Theory and Practice. Chairman, E. H. Copeland.

September, 1908—Nose, Throat and Hygiene. Chairman, E. P. Bixby.

December, 1908—Pediatrics and Orthopedics. Chairman, E. T. Smith.

March, 1909—Materia Medica and Gynaecology. Chairman, S. E. Fletcher.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homoeopathic Medical Society was held in the Natural History Rooms, May 7, 1908, the meeting being called to order by the president, Dr. J. Arnold Rockwell.

The minutes of the last meeting were read and approved.

It was voted that Dr. Wells draft a postal card to be sent to each member asking for his vote as to the postponement of the June meeting on account of commencement week at Boston University School of Medicine and urging each member as strongly as possible to attend the June meeting of the American Institute of Homoeopathy at Kansas City.

Dr. Rockwell stated that the sum of $3,300 had already been partially distributed to twenty-four physicians who had lost all or most of their belongings in the Chelsea fire. Dr. Howard reported that he had received from members of this society $176.50, of which he had sent to Dr. Gay, the chairman of the fund, $100. Dr. Gay's letter of acknowledgment was read. It was thereupon voted that Dr. S. H. Calderwood draft a postal card, a copy of which was to be sent to each member with a second appeal for contributions in order to raise the amount to $200 which would be sent for the relief of the Chelsea physicians.

Program—Scientific Session.

"Mind Physiologically Interpreted," Arthur H. Ring, M.D.

Discussion—Dr. F. C. Richardson, Dr. J. P. Sutherland, Dr. D. W. Wells.

MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY.

(Continued from May.)

2:00 P. M., Report of Committee on Insanity and Nervous Diseases—Ellen L. Keith, M.D., Chairman.

The Anarchy of Psychism a Menace to the Throne of Reason—Frank C. Richardson, M.D.

Discussion, David W. Wells, M.D.

Clinical Aspects of Neurasthenia, Grace G. Savage, M. D.

Discussion, Frank W. Patch, M.D. "In the first place, the most interesting feature in connection with this subject is why people have it. It seems to me that this study of neurasthenia is an interesting study of personality as affected by economic conditions, and while we all realize that the disease has been recognized from time immemorial, at the same time we realize further that it is a disease of modern conditions and that perhaps one of the most fallacious of the statements that we see in any medical press is the catalog list of causes of such a disease as neurasthenia. To be sure, there are contributory causes and immediate causes which may have more or less importance, but that is not the true cause of this disease by any means and we can only get to the true cause by the study of the conditions as they exist.

"The cause is pre-eminently one of modern conditions, due largely to the concentration of the population in cities and the multiplicity of events which are constantly taking place and the inability of the average nervous system to bear up under them. The symptoms develop along the lines of least resistance and the conditions which have to do with the development of neurasthenia. We find individuals, children, in the public schools who instead of having ample opportunity for rest and the development of poise and their own personality are beset with a constant stream of events which they feel they must attend to. The nervous system has no time to adjust itself to any such conditions and the consequence is a frequent development of neurasthenia of adolescence. This is oftentimes one of the most difficult of the forms of the disease which we have to combat and only means the beginning of a long series of nervous breaks, frequently when the period comes that the resistance is less strong than before; then again at the time of the climacteric, these symptoms develop still further. It is not simply immediate causes as we find them set down in the books but largely conditions over which we have very little control at the present time. The medical profession can only exercise a protest and watch the results."

3:00 P. M., Report of Committee on Clinical Medicine—John H. Bennett, M.D., Chairman.

Significance of Abdominal Pains, Henry A. Whitmarsh, M.D.

Discussion, G. Forrest Martin, M.D. "This is a strong and able plea for the value of careful diagnosis in all cases where pain exists in connection with abdominal trouble and the emphasis which is laid upon the pain is the keynote. I was particularly struck with the humane attitude of the Doctor toward the subserous layer.

"Another point which impressed me is the reference to cases of pneumonia accompanied by abdominal pain. I have had two experiences with this condition. These cases were both fatal, cases of pneumonia in men, both of them beginning with severe abdominal symptoms thirty-six to forty-eight hours before any lung symptoms were of sufficient importance to attract the attention of the physician. The distribution of the nerves is interesting and probably explain a good many of the symptoms. It has seemed to me that there must be something to account for the severe abdominal symptoms. The disturbances in the abdomen have been frequently more than the reflex and that point is worthy of more study and care.

"In regard to the diagnostic points, of course McBurney's point has become almost a household term. There seems to be no good reason why these other points should not be as well understood by the medical profession as this one, and this again emphasizes the important keynote in the paper."

Dr. Herbert C. Clapp stated that he had often seen abdominal pain in connection with pneumonia in children but rarely in adults.

4:00 P. M., Report of Committee on Obstetrics—Frank T. Harvey, M.D., Chairman.

The Induction of Premature Labor as an Operation of Election. George R. Southwick, M.D.

Discussion, Elizabeth E. Shaw, M.D.; E. Pakenham Ruggles, M.D.

Dr. Shaw stated that in pregnant women suffering from pulmonary tuberculosis it was advisable to induce labor at the thirty-second to the thirty-fourth week because of the fact that tuberculosis makes great ravages during the last six weeks of pregnancy.

Dr. Ruggles advised the induction of premature labor in cases of serious diseases or in cases of serious contraction, and said that labor must not be allowed to go to full term where there is a history of large children or of previous difficult labors. He reported the case of a woman

who "at the age of thirty-seven was pregnant with her first child and was allowed to go over time with a most serious labor, with a persistent occiput posterior going on to a face presentation. Version was attempted with no result and necessitated a mutilating operation. Two years later she was again pregnant. I watched this case very carefully, attempting to push the head into the brim and allowed her to go practically to the thirty-eighth week. Then I induced labor by partial manual dilatation of the cervix and ruptured the membranes, avoiding too serious loss of water by pressing down the foetus and holding it until the contractions started. There was very little water lost and the woman was delivered of a nine-pound child without any difficulty and without any help."

Dr. Spalding: "I was called to a case of a patient sent into the Maternity during my term of service to have labor induced. She had had a very difficult labor before, instrumental, and she feared going through labor again at full term and the physicians had advised that labor be induced at the eighth month. I made a careful examination and decided that the pelvis was very nearly normal and I could see no reason for inducing labor. I advised her to come in a few days before her time. Labor pains commenced. The nurses and internes got her up-stairs and as soon as she got there a good, healthy, robust baby was born.

"One word in regard to incubators. I have used them but as a rule I prefer having the premature baby where it will get good warm air but have as fresh air as possible in the room. The most premature child I ever saw live was one delivered sixteen weeks before term. I had no idea that the child would live. It was a placenta previa case and while I was busy with the mother I suggested that the baby be wrapped up in cotton batting and placed behind the kitchen stove. The youngster lived and is today the father of a child. He shows that something was wrong with him, and his sister three years younger than he was always more advanced intellectually than he was."

Dr. Southwick: "A history of difficult labors is not sufficient in itself to necessitate the induction of labor. A child with a large head if well flexed may be born with perfect ease. The history of labor itself is a small factor. If we have cases where there is a physical disproportion which can be ascertained with a reasonable degree of accuracy and we can determine whether we have a head which is excessively large in proportion to the space through which it passes I see no reason why that case should be allowed to go on.

"A bougie is not infallible but it is the simplest method. Many of the cases where it does not work are explained by the fact that the bougie does not pass into the fundus. You can put in a good-sized one without harm and you may put in two or three. That is something which is done with ease and safety. There is no great risk and there is plenty of time left to dilate a cervix if necessary, but it usually works and is easily used. I take the easier course. I believe the indications for premature labor are well-defined. Where the maternal life is in danger I cannot see any good judgment from my point of view in taking a case whose life is already in trouble and letting her drift along and allow her to take chances. We could give her lots of things and we may give nothing. We have taken that risk. I do not see why we should do it.

"For the induction of premature labor by Caesarean section a high degree of surgical skill is necessary. One man with exceptional skill can do a Caesarean section but another man may not be so successful. For that man to do Caesarean section is a mistake, but he can induce premature labor and save the mother and child and be on safe ground. I do not believe in taking risks if you can help them. If we do not fail to examine our patients carefully and measure the pelvis we can tell pretty correctly what we have got to deal with before we get to the end of the pregnancy. A more faithful early examination would save sometimes from trouble afterwards. Under ideal conditions when we can elect

an operation it will be a great deal better for them and we should always encourage our patients to come in and see us."

6:00 P. M., the members and guests assembled at the American House for a social half hour.

6:30 P. M., Dinner.

8:00 P. M., Address of the President, "Homoeopathy in Massachusetts." John P. Rand, M.D.

Upon motion of Dr. Spalding it was voted that the Massachusetts Homoeopathic Medical Society appropriate not more than seventy-five dollars for a tablet to be placed in the Boston University School of Medicine in memory of Dr. Gram.

It was also voted that the Massachusetts Homoeopathic Medical Society employ a competent and sympathetic attorney to advise them in regard to legislative matters taken up in the State.

This was referred to the Executive Committee.

Address, "Recollections of Some of the Old Worthies," Herbert C. Clapp, M.D.

Address, W. A. Dewey, M.D.

"After the eloquent addresses of this evening I feel it perhaps an imposition upon you for me to say anything. However, I have been impressed with one thing and that is the attitude of the old school towards us the last few years, having been one of peace rather than antagonism.

"I might say something in this connection about the Council on Medical Education of the American Medical Association. It is there that we have seen some of the handiwork of the old school along these lines. When we were appointed last June we found ourselves in the position of doing the work of the old school which was something like this. They had just finished the inspection of the medical colleges of the United States with the avowed purpose of throwing out at least 50 per cent. of them, saying that there were too many doctors and consequently too many colleges teaching students. It is a remarkable fact, however, that they threw out 33 1-3 per cent. of the homoeopathic and only 18 per cent. of their own schools. Why were they not a little more just in their discriminations? They worked in this way. They went about and examined these schools, made a report to the various Boards of Examiners through the United States and expected through them to throw out these colleges. When we came upon the scene the first thing we did was to notify all our members, that such action by the American Medical Association was not desirable by us and that in case any question came up in regard to our own grades to give us a hearing. The Boards saw the point and most of them very promptly gave us assurance that they would not accept the rating of the American Medical Association on our own colleges and that they would await our own report thereon. This was quite a victory for us. For instance, in Ohio, in Michigan, in Idaho and in Texas they refused to throw out the colleges that they had been told to throw out. Now, it is a fact that the American Medical Association and its council of Medical Education has not any legal right whatever to go about the country and inspect medical colleges any more than our council has. The fact remains that the only people who are legally qualified to inspect medical colleges are the Boards of Medical Examiners themselves.

"The Boards resented the interference of the American Medical Association and we rather encouraged their resentment of it for that gave us a chance to make our report to these various Boards, and pretty nearly all over the country our report will be taken with as much importance

and will be accepted by the Board with as great favor as the report of the American Medical Association.

"Another thing that occurs to me just now is this: that the American Medical Association is sending out a howl all over the country that their profession is overcrowded. They want to get rid of their doctors. We have sent out a circular letter to our Auxiliary Committee asking various questions, and among others, for locations, and I have received at least two hundred locations of places not below five thousand inhabitants, where homoeopathic physicians are wanted. Some of these places are as high as twenty-five thousand inhabitants without any homoeopathic physician where they are wanted by the people. Therefore we can say that the first duty of the physicians of the country is to supply students for our colleges."

Address, "Homoeopathy in the United States," Royal S. Copeland, M.D., President of the American Institute of Homoeopathy.

"Mr. President, Ladies and Gentlemen: I think it is now about ten years since I had the pleasure of speaking to a Boston audience. At that time I quite felicitated myself upon the applause which I had received. I think my joy overflowed somewhat because in speaking of it to a friend of mine, he said, 'Our people are very fond of roasted chestnuts in November.'

"This, I take it, is an anniversary, the sixty-eighth anniversary of the organization of your society and anniversaries are always interesting occasions. Somehow we always like to talk about the fact that this is an anniversary. This anniversary means something to you as homoeopaths. It means that you are making progress of one sort or another. Progress is not always upward and forward; sometimes it is downward and backward. If there is no progress the individual or society is dead.

"This anniversary is an occasion of joy. Why do you felicitate yourselves this evening? What reason is there that you should celebrate this anniversary of your organization? You glory in past achievements and when I learn from the President and from Dr. Clapp of the past and what your organization has done, of the splendid men who have been brought up in the borders of this organization, I am not surprised that you glory in past achievements, that you take satisfaction in the present. You are happy in the thought that Dr. Rand is your president. Do you know Dr. Rand has a famous speech on the Yankee in medicine? I heard it for the first time eight years ago. Dr. Rand has told us that the Yankee is the important man in medicine and I declare I think he is right about it. You certainly have cause to congratulate yourselves on the present when you look upon the splendid college in this city. It is recognized throughout the country that you have in Boston the finest homoeopathic college in the country and in the world. I certainly believe that under the administration of this Dean and this faculty that your college will hold first place in the schools of the world.

"I am especially interested in the opsonic work and I read with pleasure of the work that was done with drugs and their effect on the opsonic index by Dr. Watters and Dr. Southwick.

"I listened with great pride and pleasure to what Dr. Clapp said about the fathers of homoeopathy in this state. I want to say that we in the West hold Dr. Chase in the same love that you do.

"I am proud of your state because of the fact that over one-third of the membership of the profession of this state are members of the American Institute of Homoeopathy. That is the largest percentage of any state in the Union. Out of 705 there are 269 members of the American Institute, but we will not be satisfied until we have 705 members.

"This anniversary is not only an occasion for felicitation over the

past and present but a time for resolutions for the future. You know we are to hold the next meeting of the American Institute of Homoeopathy in Kansas City and I have been very much cast down and saddened to find so many saying, 'That is so far, Doctor, so far.' Now won't you please come to Kansas City?

"We are living in an age of progress and no greater progress is taking place than in the practice of science and medicine. You take, for instance, the work in opsonins done by Sir A. T. Wright. Now, I realize perfectly that that work is yet in a stage of development which makes it very uncertain as to what its practical use may be, whether it is to be a permanent thing of lasting benefit to mankind. If there is anything in the opsonic theory to me it is verified in the things which Samuel Hahnemann taught us a hundred years ago. Now, nobody from Wright's laboratory claims this point that the injection of the opsonins acts as an antitoxin. The opsonin is given to excite a dynamic effect. It is taken into the system so that the cells may be stimulated to throw off certain things and thus enable the leucocytes to do their work. There never was a time in the history of medical science when the homoeopath could take courage, hold up his head and say, 'Things at last are coming our way.'

"I am in full harmony with the President in regard to the affiliation which does away with the recognition of the law of similars or the homoeopathic standards. To me the question is not one of expediency. It is a question of association of less narrow and more scientific men. It is wholly a question of morals. If the theory of similars is the law of cure I should be a dishonest and immoral man if I did not promulgate that theory on every possible occasion. For my part, while I am glad to meet the other school half-way I am not ready by any means to take down the flag in any sense, not until it is universally recognized that the theory of similars is the law of cure. Here we have this land of free institutions and free speech, and as far as I am concerned I intend to nail my colors to the mast and go down with the ship if I have to.

"It looks to me as if we were taking possession of all the things that are our own and should make claim to everything we can reach. We will take the enemy, foot, horse and dragoons, and I believe it possible in this generation to make of homoeopathy the dominant school, so let us have that for our slogan **Homoeopathy the Dominant School in this Generation.**"

Introduction of the President-Elect, Nathaniel R. Perkins, M.D.

"Mr. President and Fellow Members: I need not assure you that this evidence of confidence is indeed appreciated by me and I promise you this, that I will give my best service to the work and hope that I will have your co-operation in making the meetings in the future as good as they have been in the past."

In "Clinical Week at Boston University" Dr. George A. Suffa will have the clinic scheduled for Dr. David W. Wells and Dr. T. M. Strong the clinic assigned to Dr. C. H. Thomas.

STUDY OF SEX.—From the Boston Herald we abstract the following: London, Nov. 30.—The Hygienic and Moral Education Society, just formed in London, the first organized effort of its kind, is the outgrowth of the movement begun five years ago by such prominent men as Headmaster Easton, Dean Welldon and Lord Lytton. Its founders will strive to educate the young in matters of sex and to establish such generally accepted conventions as will render impossible the marriage of hopeless degenerates or persons afflicted with diseases transmittable by heredity There will be lectures, a publication propaganda and school instruction.

BOOK REVIEWS.

THE MONTH'S BEST BOOKS.

Bier's Hyperemic Treatment. Meyer. $3.00. W. B. Saunders Company.

Diseases of Infants and Children. Ruhrah. $2.00. W. B. Saunders Company.

Nursing the Insane. Barrus. The Macmillan Company, New York.

Bacteriology of Diphtheria. Various Authors. $7.50. G. P. Putnam Sons.

Nose, Throat and Ear. Ballenger. $5.50. Lea & Febiger.

Knaves or Fools? Wheeler. 60 cents. John Hogg, London.

The Clinic Repertory. Shedd. $1.50. Boericke & Tafel.

Practical Obstetrics. Hamlin. Boericke & Runyon.

A Nursery Manual. Benson. $1.00. Boericke & Tafel.

Protozoa and Disease. Clarke. $2.50. William Wood & Co.

Hernia. Eccles. $2.50. William Wood & Co.

Index of Treatment by Various Writers. Hutchinson. William Wood & Co.

Medical Gynecology. Kelly. $6.00. D. Appleton & Co.

The International Medical Annual. $3.50. E. B. Treat & Co.

Practice of Medicine for Nurses. Hoxie. $1.50. W. B. Saunders Company.

Text-Book of Surgical Anatomy. Campbell. $5.00. W. B. Saunders Company.

Diseases of the Nose, Throat and Ear. Medical and Surgical. By William Lincoln Ballenger, M.D., Professor of Otology, Rhinology and Laryngology, College of Physicians and Surgeons, of Chicago University of Illinois. Octavo, 896 pages, with 471 engravings and 16 plates. Cloth, $5.50 net. Lea & Febiger, Publishers. Philadelphia and New York. 1908.

At first thought the combination of the diseases of the nose and throat with those of the ear seems somewhat arbitrary. Upon consideration, however, of the close anatomical and pathological relation and interrelation of the two subjects, the appropriateness of the conjoint treatment will be seen. An idea of the relative importance of the various branches may be obtained from the statement that to the nose and its sinuses are devoted nearly three hndred pages, to the pharynx and fauces one hundred, to the larynx more than one hundred, and to the ear three hundred. One feature worthy of commendation and of copy in other books dealing with operative procedures is the numerous serial illustrations showing the various steps of each operation. Here the illustrations are practically original, being drawn personally by the author and then perfected by the artist.

This book will prove useful to both the specialist and to the physician in general practice as it covers in detail both the general and the surgical treatment, giving clear indications for each whenever possible. To the medical student it will probably be too exhaustive to be of as much service as would a smaller, less comprehensive volume.

As this is one of the early books coming from this firm since its re-arrangement, search is made for evidence to indicate any decadence from its former standards, but thus far, fortunately, in vain.

American Institute of Homoeopathy. Transactions of the Sixty-third Session. Held in Jamestown Exposition, Norfolk, Va., June 17-22, 1907. Edited by Frank Kraft, M.D., Secretary. Cleveland Publication Committee. 1907.

The annual appearance of this volume always brings to us a wealth of information concerning things homoeopathic that is only fully appreciated after careful perusal and study. Probably no one who has never

occupied the secretarial chair can realize the vast amount of work required to bring together into one place such a varied amount of material from so many different sources. It is easy to criticize and say that the Transactions should be out in the early fall, but to us it is almost wonderful to find that it is possible to get them out at all when we remember that so much depends upon the notoriously slow-to-respond doctors for their completion.

The present volume, as did its predecessors, contains full reports of the business and scientific sessions, lists of homoeopathic statistics, and lists of members. Addresses of members are sometimes incorrect and some statistics might stand slight modifications, but this cannot in any way be laid at the door of the efficient secretary. On the contrary, Dr. Kraft should be congratulated that in this immense amount of detail so little is present for criticism both as regards context and general typography. It strengthens our already firm belief that the right man is in the right place.

PERSONAL AND GENERAL NEWS ITEMS.

AN ACT FOR THE DEFENCE OF SUITS FOR MALPRACTICE.

Active members of the Massachusetts Medical Society shall be entitled, on conditions hereinafter specified, to receive, without personal expense therefor, legal advice and court service of an attorney or attorneys-at-law in the employ of the society, for the purpose of conducting their defence in any court in this Commonwealth, when they are accused of malpractice, or of illegal transactions in connection with the commitment of persons to institutions for the insane.

The legal services herein provided for shall be granted only on the following conditions:

First:—Active members of the society desiring to avail themselves of the privileges of this act shall make application therefor in writing to the secretary of the society, and shall show to his satisfaction that they are members in good standing in the society, and that all of their pecuniary obligations to the society by way of dues and assessments have been duly discharged. They shall also furnish the secretary at his request with a complete and accurate statement of their connection with and treatment of persons upon which complaints against them are based, giving dates of attendance, names of and residences of nurses and of other persons cognizant of facts and circumstances necessary to a clear and definite understanding of all matters in question, and shall furnish such other relevant information, if possible, as may be required of them by the secretary or the attorney of the society.

Second:—They shall agree not to compromise the complaints against them nor to make settlement of them in any manner without the advice or consent of the society given through its attorney, nor shall they employ other counsel in aid of their defence without the consent of the society.

Third:—In the event that they shall, without the advice or consent of the society, determine to settle or compromise complaints against them, they shall reimburse the society for the expenses incurred in undertaking their defence, and in default thereof, they shall be deprived of further privileges under this act.

Fourth:—In the event that members of the society shall make requests under the provisions hereof, the president and secretary acting togther shall have the power to grant the same, or for cause to reject them, as the case may be, and to make such further provisions or requirements as may be deemed necessary for carrying out the purpose and intent of this act.

Fifth:—It is to be distinctly understood by each and every member of this society that under no conditions or contingency will the Massachusetts Medical society pay any sums awarded in settlement or com-

promise, or by verdict or otherwise against any member sued for alleged malpractice, and each member in applying for the services of the attorney of the society in any malpractice case shall agree not to obligate in any manner the Massachusetts Medical Society, or any persons connected therewith, to the payment of any sums whatsoever for any purpose, except as may be specified in this act.

Sixth:—This act shall take effect upon its passage by the council and approval by the society, and shall apply only in cases arising subsequent to its enactment, and during the applicant's membership in the society.

CHANGES IN THE FACULTY OF THE MEDICAL SCHOOL OF BOSTON UNIVERSITY.—At the regular meeting of the faculty the following alterations and promotions were recommended to the trustees: F. B. Percy from professor of materia medica to professor of materia medica and clinical medicine; J. P. Sutherland from professor of anatomy to professor of practice of medicine; E. E. Allen from associate professor to professor of anatomy; A. W. Rowe from lecturer in chemistry to professor of chemistry; Fred S. Piper as lecturer in theory and practice; E. S. Calderwood from demonstrator of anatomy to lecturer in anatomy. Dana F. Downing was nominated to be lecturer in physiology; T. E. Chandler as lecturer on surgical pathology; Clarence Crane as assistant in clinical surgery; Mary A. Leavitt as assistant in materia medica; Lucy Barney Hall as assistant in clinical gynaecology; Anna M. Lucy as assistant in materia medica, and C. A. Eaton as instructor in pathology.

ANNUAL REPORT OF THE MASSACHUSETTS HOMOEOPATHIC HOSPITAL.—The report for 1907, which appeared a few weeks ago, will make interesting reading for anyone who has fears for the decadence of homoeopathic institutions. It has become almost a habit now for us to look for a substantial increase in the number of cases reported from year to year. And in this we are not now disappointed. Forty-five hundred and forty-eight is the total number, thus exceeding that of the last year by nearly two hundred. This is more than double the number treated in any year prior to 1901.

The total mortality was 3.7 per cent., a point as low as at any time as far back at least as 1898. On account of the large advances in the prices of provisions the per capita cost is $2.01 against $1.80 of last year. This, with other unusual combinations of circumstances, went toward making the deficit larger than in past years and if proving without remedy will require the use of the invested funds.

As in the past, however, so it is hoped that in the future friends will rise up to respond to these pressing needs.

Ninety-three nurses have been in constant attendance, exclusive of a number of others employed on special cases.

Considered either in part or as a whole, the report is a credit to the beneficent work of the Superintendent, Medical Board and all connected with the institution.

WOODSIDE COTTAGES.—The attention of the editors has once more been directed to the beauties and facilities of this favorably known institution by some very attractive little cards recently received. For these we desire to thank Dr. Patch, and in his work we desire to express our sincere approval.

DEATH OF DR. POPE.—It is with much regret that we have to record the death upon March 26th last, of Alfred Crosby Pope, M.D., M.R.C.S., one of the leading English homoeopaths, and who was for years editor or intimately associated with the British Journal of Homoeopathy.

Dr. Pope was born in 1830 and entered the study of medicine at St. Andrews University in 1847. In 1848 he went to the University of Edinburgh, passing his intermediate examination in 1850 and going up for his final in 1851. At this final examination his answers were without doubt perfectly satisfactory until the examiners learned that he was contemplating the study of homoeopathy. When this was announced the opposition against him became strong, and after an extraordinary meeting of the medical faculty he was, to quote his own words, "informed by Dr. Balfour, the dean of the faculty, that he was desired by the medical faculty to announce to me that they were not satisfied with my examination, and in the second place that they were not satisfied with the line of practice I meant to adopt." Being fully aroused by the injustice of this action of the university (an action now made impossible by an amendment to the medical bill) the Hahnemann Medical College of Philadelphia conferred upon Dr. Pope the degree of M.D. in 1852. In 1856 he became M.R.C.S. in England. From this time until shortly before his death he occupied one of the most prominent positions among the homoeopaths of England, being vice-president of the British Homoeopathic Society in 1873-4 and president in 1881. He was vice-president of the International Homoeopathic Congress in London in 1881 and president of the same Congress in 1896.

Many papers strong in defence of homoeopathy and allied subjects remain behind as a lasting monument to this staunch follower of Hahnemann.

We express to his associates our regret at their loss, and trust that they will consider his life to be an incentive to them for still greater activity.

INTERESTING STATISTICS.—The Guia Homoeopathico Brazileiro, which recently appeared, contains material that should provide food for thought to those reading it. In one section it describes the work of the various homoeopathic hospitals and among these includes a number where both the "regular" and the homoeopathic schools are represented. Here under presumably similar conditions a test of the efficiency of the two methods of treatment can be made. The mortality of each is given, among other statistics, and is as follows:

Hospital da Sociedada Portugueza, Homoeopathic Department founded in 1859: Mortality, 1859-1882—Homoeopathic, 4.57; allopathic, 5.6. Mortality, 1880-1900—Homoeopathic, 5.18; allopathic, 8.97.

Hospital da Ordem Terceira, founded 1873: Mortality, 1873-1900—Homoeopathic, 6.59; allopathic, 10.73.

Hospital da Veneraved Ordem Terceira, founded in 1859: Mortality, 1859-1882—Homoeopathic, 5.56; allopathic, 6.86. Mortality, 1880-1900—Homoeopathic, 6.92; allopathic, 11.69. Mortality, 1859-1900—Homoeopathic, 6.24; allopathic, 9.27.

Our fellow-workers in South America seem to be having the opportunity for comparative tests that we in the northern hemisphere have so long desired. The successful seizure of this opportunity seems to be abundantly proven by the above figures. Let us all extend to them our compliments and congratulations.

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ORIGINAL COMMUNICATIONS.

HYPEREMIA AS A METHOD OF CURE.*

(Continued from June.)

COMPILED BY WILLIAM H. DIEFFENBACH, M.D., NEW YORK.

Treatment of Joint Tuberculosis.

Professor Bier's technic in joint tuberculosis is as follows:

Apply the rubber bandage some distance above the lesion, making moderate pressure. The limb must remain warm and the pressure must not be painful. The maximum length of treatment is three hours, the usual time one hour daily. Cold abscesses may occur in some cases; these are evacuated. Sequestra of bone may also be encountered. Both processes are relieved surgically under ethyl chlorid. Dry cupping to remove pus and cheesy granulations from abscesses is recommended after slight incision into the lesion. Abscesses must be evacuated early; they are usually diagnosed by increased pain at the site of the lesion and an apparent aggravation of the disease. The appearance of these abscesses does not affect the treatment with hyperemia; same is continued as heretofor until resolution is complete. Fixation in joint tuberculosis is condemned as ankylosis almost invariably results.

Freedom of motion—active and passive exercise is permitted at once. This is a radical departure from old methods. In tuberculosis of the foot and knee, the joints are supported by a cast, well fitted during walking or exercise; when resting in bed, the cast is removed and methodical active and passive movements indulged in. When exercising, crutches, later canes are employed to prevent excessive pressure upon the joints. Treatment must be continued for many months (averaging nine to ten months), and the other well-known adjuvants in this disease, fresh air, wholesome diet, baths, etc., adhered to.

Gordon Wilson, M.D. (Baltimore), Journal A. M. A., April 4, 1908, describes his technic for an accurate method of controlling the pressure in the bandage when producing passive hyperemia. We quote: "Those who have made use of Bier's treatment in inflammatory conditions of the extremities know that one of the

*Read and demonstrated before the Boston Homœopathic Medical Society, April, 1908.

greatest troubles in carrying it out has been the difficulty in applying the Esmarch bandage with just the right amount of tension, and in my experience I have always found it necessary to see the patient fifteen minutes after its application to make sure that it was neither too tight nor too loose. Another factor that must be taken into consideration when we leave the bandage on all night is that there is, with sleep, a falling of the blood pressure and on this account a bandage that was not too tight for the patient while he was awake might be too tight during sleep. While making some blood pressure observations with Cook's Modification of the Riva-Rocci Sphygmomanometer it occurred to me that by this means one could control absolutely and accurately the amount of pressure and feel sure that the bandage was applied correctly. It would also have the advantage that the bandage could be applied by a trained nurse or an untrained assistant in an accurate manner by simply instructing him or her how to take the blood pressure, then to allow the pressure to fall five or ten m. m. below systolic pressure and tighten the clamp at "A" (cut) and disconnect the apparatus at B. (cut), leaving the inflated bag about the arm or thigh. In the short time that I have made use of this method I have found that with a pressure of 10 m. m. less than the systolic pressure one can bring about a passive hyperemia that fulfills the conditions as defined by Bier, namely, that there should be warmth, cyanosis and enlargement and that there should not be pain, blanching or coldness below the bandage. In the discussion on Bier's hyperemic treatment at the German Surgical Congress two years ago, Bardenheur of Cologne called attention to the errors of technic and said that only after he had exchanged assistants with Bier had his results been excellent. Klapp, Bier's assistant, attributed the bad results reported in the discussion to lack of patience and technical errors. Smieding, another of Bier's assistants, lays great stress on the importance of the right amount of pressure exerted by the bandage and attributes the poor results obtained at times to the failure to apply the bandage just right."

Among the large number of cases treated, tuberculosis of the knee as least successful. The percentages of cures were: wrist and hand 88 per cent., elbow 77.7 per cent., foot and ankle 61.5 per cent., shoulder 100 per cent., knee 60 per cent. In the latter lesion many cases after short trial with passive hyperemia were resected. When the lesions after successive treatments showed firmness of the tuberculous tissue the best evidence of regeneration was at hand. Poor results were sometimes due to faulty technic. Pressure must not produce edema nor cause pain; on the contrary, pain should be relieved if the pressure is properly applied. The limb after bandaging must remain warm. No extension or fixation is permitted, but exercise is advised with due caution, the joints being supported with casts or bandages and crutches and canes being used as aids to relieve strain or pressure.

Dr. Klapp, a disciple of Professor Bier, has lately employed

hyperemia in tubercular joints by means of cupping. The cups are fitted to the parts to be treated, the glasses being sterilized and dipped in bi-chloride of mercury, 1 to 1000. The technic for cupping consists in applying the glasses for five minutes, removing same three minutes and this process is repeated six times at one session. Treatment should be given daily until the tissue becomes red and hard and the surrounding tissue about existing fistulæ becomes hard also. When this occurs, treatment must be given every two days, later every three days and lastly every eighth day only. If cold abscesses occur they are incised aseptically and evacuated by means of cupping. In regard to the degree of suction employed in cupping, mild suction is used in cases of furuncles and carbuncles; in hot abscesses suction can be increased until slight pain is experienced. The combination of passive hyperemia and cupping offers a method of treatment which is still to be experimented with.

Tuberculosis of the Testicles.

Technic: If both testicles are affected, apply rubber tubing at the base of the testes, protecting the skin with cotton and make firm pressure. If only one testicle is affected, the well side is pushed aside and pressure made above the lesion. This pressure is kept up from one to three hours daily and the scrotum is supported by a suspensory.

Treatment has been very successful in this disease; in tuberculosis of the epididymis the method was not so efficient.

Tuberculosis of the bones, tendons and skin (lupus) have all been successfully treated with passive hyperemia.

In tuberculosis of the glands excellent success has followed the use of cupping, the technic consisting in five minutes suction, three minutes rest, repeated six times in one treatment. Daily treatments are required for good results and abscesses must be evacuated as they appear. Abscesses do not contra-indicate further treatment; suction should be continued but in a less active manner than in cases where the gland has not broken down, in which cases vigorous measures are followed by good results.

Treatment of Acute Inflammations and Acute Septic Affections of the Joints By Means of the Bandage.

Passive hyperemia is employed in acute infections and their sequelæ (contrary to the treatment of tuberculosis) for from twenty to twenty-two hours; during the remaining four or two hours of the day the limb is kept elevated so as to diminish the enormous edema which the bandaging produces. Gentle massage or rubbing with alcohol is indulged in to restore local tonicity of the tissues.

After above intermissions the bandage is re-applied in order to again secure edema in place of the former effusion. In rare cases the bandages are kept on only for eight to ten hours daily; experience has shown, however, that this short period is not as efficacious as the twenty to twenty-two hours treatment.

These shorter treatments are indicated when the location compels us to apply the bandage or tubing always at the same station, such as at the shoulder joint. Here the tubing or bandage must be changed several times even during an eight or ten-hour treatment and the parts which show signs of compression are rubbed with alcohol.

There are other locations where the twenty to twenty-two hour compression cannot be applied. These cases must be strictly individualized. The bandages must be applied carefully so as not to cause pain; on the contrary, pain should cease or be diminished and an increase of inflammation which is the natural method of the healing process, must be courted. It will then be noted that the parts become red, edema and swelling increase and the whole limb reddens. As resolution takes place, these symptoms gradually diminish.

If these evidences of inflammation constantly increase or remain stationary, an abscess is diagnosed which should be evacuated.

Passive hyperemia is gradually diminished as the lesions improve until the bandage is applied only one to two hours daily. Compression should, however, not be discarded too soon, as a recurrence may follow. The congestion produced by the bandage is intended to stop the venous return flow and not to affect the arterial inflow. In acute inflammations the limb should appear bluish, but must remain and feel warm and the pulse should be readily felt. Here and there blebs may appear on the parts treated; this indicates that the bandage was applied too tight or that an abscess is present.

Rest in bed is imperative in all severe, acute infections. It is well to remember not to make compression exactly over the same station, so as to avoid injury to the skin and formation of blebs. Where the skin is delicate the tubing or bandage must be lined with soft lint and the part rubbed after each application with alcohol to harden the tissues. When the bandage has been applied, the operator should remain about and note if pressure is too firm or too mild and if the proper swelling and hyperemia supervenes. If pressure is excessive, pain will be caused and damage will result; if pressure is too weak, the value of the treatment is diminished.

In *acute inflammations* of the *joints* and *in tendon abscesses* passive motion is employed as soon as the diminution of pain permits in order to preserve good function of the joints. The time of application in these cases is from ten to eleven hours daily.

Resume: In tuberculosis of joints *short* applications are indicated and edema is not desired; just the reverse applies in *acute* inflammations. Here marked, fiery edema is required. Never omit to elevate the limb and gently massage it during the congestive recess, so that the edema disappears in the interval between treatments and new edema can replace the old swelling.

The earlier passive hyperemia is employed in acute inflammations, the better the result.

Treatment of Acute Osteomyelitis.

Depending on the case, compression bandages are applied for various lengths of time, sixteen to twenty hours, abscesses are evacuated, with the trocar if necessary and physiological salt solution used to wash out the infected area, the wound being covered with aseptic gauze. Treatment may be required for three to four weeks in most cases. Bier reports treating fourteen cases, of which six were cured without necrosis, five with slight necrosis, two marked necrosis and one death from pyemia, following embolism of pus into the lungs and kidneys. This latter case came to the clinic at too late a stage to be successfully treated.

Treatment of Other Acute Inflammations and Suppurations of the Joints.

Besides severe infections, abscesses of large joints, abscesses of tendon-sheaths and acute osteomyelitis, many other conditions have been successfully treated with passive hyperemia. Whitlow (felons), freshly infected wounds, carbuncles and furuncles, lymph-angiomata, erysipelas, acute pruritis, eczema, etc. In acute non-bacterial inflammations *passive* hyperemia may also be used to relieve pain—thus in acute gout or painful insect bites (flies, wasps, bees, etc.) The favorable action is explained by the artificial induction of hyperemia and consequent dilution and absorption of the local irritation.

For erysipelas the bandage is placed about the neck so that redness and swelling of the skin is induced. A large number of cases thus treated were cured in five days on the average; other patients treated during an endemic attack at the same hospital with alcohol and aseptic dressings required ten days or more for improvement. The attempt has been made to use the bandage for *prophylactic purposes* in suspected *septic cases* such as in compound fractures and infections of any kind, and it will require some time to arrive at definite conclusions as to its value to prevent metastasis; theoretically the results should be good.

Treatment of Acute Inflammations and Acute Abscesses of the Head By Means of Bandage Applied About Neck.

Hyperemia of the head is applied for 18 to 22 hours daily. In cases where very marked edema occurs or the bandage is not well tolerated, cessation or interruption of treatment is indicated. A correctly applied bandage causes the face to swell and look bloated. In the inflamed areas a fiery red edema is produced, but while about the joints this red edema reaches to the bandage, in the head bandage the edema remains only around the location of the inflammation. Only in cases of marked acute glandular inflamations about the neck are diffuse, inflammatory symptoms noted.

While it requires some time for the edema to disappear in the joints after same are elevated and treatment is suspended, the swelling of the face disappears much quicker and within a few

hours after the bandage is removed the face resumes its normal condition.

As the lesion improves the periods of compression are diminished, but care must be exercised not to do so *too soon*, as recurrence of the lesion is invited. The bandage should always be applied *below* the larynx (it is not easily applied above the larynx and directly over the larynx it causes disagreeable pressure symptoms.)

A single turn of a lined rubber bandage will suffice. If the skin is tender the parts are washed off with alcohol or spirits of camphor in order to harden the tissues.

The bandage produces primarily through congestion relief of pain; it acts as an hypnotic and quiets the patient. At the beginning patients object to the bandage about the neck but they soon become accustomed to it. If pressure pain is caused, the bandage must be *loosened* until the compression is painless.

When abscesses are diagnosed they must be evacuated and irrigated as they present themselves and artificial edema applied until the lesions are cured.

Hochhaus (Therapie der Gegenwart; Heft 19) applied the bandage about the neck in 38 cases of pronounced diphtheria and also in facial erysipelas. Local manifestations were quickly improved and the process did not invade the larynx. Albuminuria and paralysis did not occur. The children were able to bear the bandage about the neck very well day and night; in some cases it was necessary to loosen the bandages ocasionally for a short period. In the case of erysipelas, the temperature quickly subsided soon after the application and the lesion did not spread further than the face. In severe angina the bandage was also of benefit in alleviating distress although it did not shorten the attack.

Nicholas and Favre (Bulletin Médicale, Nov. 9, 1907) report a trial of Bier's hyperemia in a case of alopecia in a girl who had been bald for five years. They applied an elastic bandage about the head and produced hyperemia in the scalp. The hair first appeared in the occipital region, next in the parietal region and gradually covered the entire scalp. The writer has employed high frequency currents for the same lesion with success and the reactive hyperemia induced by the effluevе would appear to have been the main factor in the cure of such cases.

Roesen (Münchner Med. Wochenschrift No. 7, 1907) described his experiments with passive hyperemia in sea-sickness. He applied the bandage about the neck and found that it produced subjective well-being but had no influence on the tendency to vomit when the stomach was full. When the stomach was empty, however, there was not the slightest tendency to nausea. The application of the bandage in mal-de-mer must be individualized and the pressure determined by the physician. He advises keeping up the hyperemia during the night when the patient is in a prone posi-

tion. The bandage about the neck also acts well in anemic headaches and has cured several cases of chorea.

Acute Suppuration of the Middle Ear and Its Complications.

Hyperemia is not indicated in above lesions when patients have a perforated or ruptured tympanum with free drainage. If the opening is insufficient, it is extended or a new incision is made. If perforation has not supervened, paracentesis is performed as soon as the diagnosis of pus is suspected. Abscesses of the mastoid are treated in the same way. Small mastoid incisions are made with drainage, and a neck bandage applied for 20 to 22 hours daily. Acute mastoiditis is treated with the bandage also. Twelve cases of acute mastoiditis were cured in three weeks with restoration of hearing in all cases but one. All these cases had been referred to the Bier clinic for the regular mastoid operation.

Cases of acute parotitis and acute lymphadenitis are reported cured with the neck bandage, incisions for drainage for pus being made when indicated.

A number of cases of severe alveolar abscesses or gum-boils were cured with the compression bandage applied 22 hours daily, with incisions for the evacuation of pus. Six cases of acute periostitis of the maxillary bone were cured with the compression bandage about the neck without necrosis of any kind occurring. Usually these cases are accompanied by sequestra, but with the Bier method this complication is avoided.

Treatment of Acute Inflammation and Abcesses With Cupping and Similar Suction Apparatus.

This method has been elaborated by Dr. Klapp, formerly Professor's Bier's assistant, now his successor at the Bonn clinic. In local inflammations and abscesses the cups are recommended tor forty-eight minutes daily divided as follows: five minutes suction, three minute rest, repeated six times. The glasses or cups must be applied with but mild air pressure. Furuncles, carbuncles, buboes, acute abscesses, mastit's, infiltrations, infected fresh or old wounds, granulation areas which are not bright red, insect bites, felons, styes, tonsillar abscesses, and paronychia are among the lesions treated successfully by cupping. In over 600 cases, cupping alone was employed, in a few others small incisions were made into the lesions and the cups were then applied.

These cups are made in various shapes and sizes dependent on the parts to be treated. There are suction cups for the gums, eyelids, furuncles, carbuncles, abcesses, ear, nose, tonsils, buboes, prostate, fistulæ, spondylitis chest and back, breast, felons, gonorrhœa, endometrium, vagina, fingers, hand, elbow, ankles and knee-joint. The smaller cups have bulbs at hand, the larger apparatus has suction pumps of various sizes in order to produce suitable vacua.

In all cases where abscesses are present they are evacuated under ethyl chloride local anesthesia. Furuncles usually heal in

five days, carbuncles in ten to fifteen days with simple cupping and the removal of the point or head with a clip of the scissors. Furuncles with abscesses are opened with a slight incision. Prompt incision is especially recommended in maxillary gland abscesses so that the cups may draw off the pus quickly. Diabetic furuncles and carbuncles are also amenable to this treatment; they require a little more time than ordinary similar lesions, as new ones are constantly recurring. Subcutaneous and periosteal felons are treated by means of a specially constructed cup or glass made to fit the fingers. Maxillary fistulæ also respond to cupping.

This simple procedure has two distinct advantages over passive congestion induced through compression bandages:

I. It removes pus most thoroughly and at the same time produces an efficient hyperemia.

II. Even when employed by those not skilled in the use of these measures, it can be applied without danger, which cannot be said of the compression method.

Resumé of the technic. In all acute inflammations the cups must be used mildly and should not produce pain or marked hemorrhage. The air should be pumped out only sufficiently to keep the cup firmly in place. The usual time consumed in cupping is five minutes' suction, three minutes' rest, repeated six times at one session and applied daily until resolution is noted.

In tubercular lesions stronger treatments than above are recommended, the strength of suction and time being dependent on the reaction.

In acute puerperal mastitis a cup is applied one and one-half inches smaller than the mammary gland. The cup must be rounded and can be held in place by the patient herself. The gland is drawn into the cup and becomes more and more hyperemic, the veins becoming prominent—the patient at last feels as if the breast would burst. The pumping of the air must not be carried further than this point. No pain must be produced in giving the treatment. In fresh cases the nipple will discharge 30 to 60 c. c. of milk and the abscesses and fistulae will discharge at the beginning quantities of blood and pus; at the close of the treatment a bloody serous discharge will be noted. The congested milk should be removed thoroughly. If the large cup does not accomplish it, the usual small milk drain is used. In mastitis, pain is promptly relieved and patients who were previously unable to sleep can, after treatment, spend a restful, quiet night. If the pain does not cease after treatment it indicates the presence of pus which has not been evacuated. Thus the fact that the patient *still experiences pain* after the cupping is of *diagnostic value in determining the presence* of hidden abscesses.

Abscesses are always evacuated with small 1-5 to 2-5-inch incisions under ethyl chlorid. Each new abscess is treated the same way and the pus must be drawn off thoroughly. During

the first stages of treatment the cup or bell jar is applied daily for forty-eight minutes intermittently as already described. As improvement takes place the length of time is diminished and the seances become fewer. In the interval between treatments an aseptic bandage is applied over the gland. Restoration of function is guaranteed by this method with *no* scars or destruction of tissue such as follow the old surgical procedures.

Treatment of Non-Infectious Diseases With Hyperemia.

Non-infectious diseases are as a class usually treated with *active* hyperemia although pasive hyperemia acts equally well in many conditions. Diseases which respond particularly well to *active* hyperemia are chronic ankylosis of the joints, chronic joint rheumatism, arthritis deformans, lesions following trauma, neuralgias, lumbago, sciatica, etc. Acute and chronic gonorrhoeal inflammations also act well under active hyperemia or a combination of both active and passive hyperemia.

Ankylosed joints, arthritis deformans, traumatic and gonorrhoeal inflammations are treated with hot air and frequently passive hyperemia by means of bandages and cupping is added to the treatment to insure results.

Chronic Articular Rheumatism.

Hot air applications for one hour daily over the affected joints is the technic recommended in this affection. If the patient is weak, start with half-hourly treatments and gradually increase the time. If several joints are affected treat one joint *one-half hour only* at the morning sitting; and repeat over another joint in the afternoon, if necessary. At all events it is rarely advisable to subject the tissues to hot air for more than two hours daily maximum. The average of one hour is followed by much better results. After treatments have been given for several weeks or months, the patient must be given a rest of from one to four weeks. During this period of rest the joints are treated with the cold stimulating compresses which are applied over the joints during the night and warmly covered so as to secure reaction.

Passive hyperemia also acts well in chronic rheumatism. It is particularly indicated in acute exacerbations especially of the small joints such as the hands, feet and elbows. The bandage is applied from 10 to 22 hours and once or twice daily the parts are gently rubbed and the position of the joints elevated so as to disperse the edema.

When passive hyperemia is employed in chronic rheumatism *distinct edema* must follow the application of the bandage if results are to be expected. Its action in this disease is not as prompt as are the results from hot air or baking, but if passive hyperemia is continued for a long period of time—in some cases for many months—the permanent results are most excellent.

In severe chronic rheumatism of many joints, the technic ad-

vised consists of employing hot air over the shoulder, hip and knee joints, and the bandage or cupping over the elbow, foot, hand and wrists. The small joints have the treatment interrupted twice a day and are gently rubbed to remove the edema.

Moderate exercise is advisable in all these cases and the patient must be encouraged to use the joints, even if only to a small extent. If active exercises are impossible, passive, gradually increasing motion must be indulged in.

Traumatic Ankylosed Joints.

Hot air treatment of one hour's duration is a specific in these cases. Passive hyperemia may also be employed between the hot air treatments, or cupping may be substituted. Cupping acts particularly well about the fingers and hands and can be vigorously applied at these locations. In all cases of trauma with or without ankylosis it is imperative to insist on *exercise* of the parts even if only to a moderate degree. The old treatment of *rest*, fixation, compression, rubber stocking, etc., prevent proper resolution and cause loss of confidence of the patient in his ability to use the parts.

Gonorrhoeal Joint Ankylosis.

Chronic ankylosis frequently follows a gonorrheal arthritis; this would be obviated if physicians would adopt the Bier method and employ passive hyperemia in all these cases. The usual treatment of fixation in these cases is based on false principles as fixation is the most frequent cause of ankylosis. The parts must have passive exercise as speedily as possible.

In chronic gonorrhoeal ankylosis the alternate use of hot air and passive hyperemia acts similarly to the cases of chronic rheumatism, although passive hyperemia is the most efficient of the two agents.

Scoliosis.

Exercises appropriate to the curvature are indicated, to be taken in a well-ventilated room. Hot air is applied *first* for 20 minutes over the area of the spine affected and this is followed immediately by the prescribed exercises.

Treatment of Acute Sub-Cutaneous Injuries.

Active hyperemia is favored for these conditions. In fractures, after replacing the fragments use hot air for one hour daily. For distortion or wrenching of tissues hot air acts well.

Hyperemia as a Means to Produce Absorption—Treatment of Edema.

Bier noted that *when hot air treatments* were applied over the edematous area produced by passive hyperemia that the edema was quickly dissipated. He advocates the use of hot air after fractures and prefers it to massage, cold compresses or orthopedic measures. The hot air box also relieves the stiffness and pain experienced in the parts after fracture dressings are removed.

Treatment of Joint Effusions.

Hot air is also a splendid remedy in effusions in the joints. Exercise is advocated in these cases and the results while not perfect show a large percentage of cures. Several cases of chronic hydrops of the knee were treated successfully with this measure. Fixation must be avoided. Hemorrhages in joints or tissues are also absorbed by hot air.

Treatment of Neuralgia and Other Painful Affections With Active Hyperemia.

Active hyperemia has been employed in lumbago, sciatica and trigeminal neuralgia. In the last it is sometimes necessary to use sufficient heat to produce a burn of the first degree in order to affect amelioration. The reported success of the Schloesser alcohol injection treatment in tic douloreux appears to rest on the reaction induced by the injections.

Passive hyperemia acts well in headaches especially of anemic origin and has also relieved two cases of chorea. In these cases the neck bandage was employed.

The Application of Hot Air in Diseases of the Bloodvessels.

Varicosites can be treated with hot air—they contract and gradually improve. Thrombi following varicosities must *never* be treated until the accompanying inflammation subsides, when the hot air treatment will act well, applied for one hour daily. In deeply located thrombi wait six months before commencing treatment. Infiltrations and edema respond to the heat, and varicose ulcers are no contra-indication to the treatment.

Threatened senile and diabetic gangrene have been successfully treated with hot air. Care must be exercised in these cases to prevent burns as the integrity of the skin is poor. Start the heat mild and never exceed 160° F. If the patient feels distress from the application, the temperature must be lowered.

Ritter (Deutsche Zeitschrift fuer Chirurgie. Band 58) recommends hot air in frost bites and frozen joints. Passive hyperemia also acts well in these affections. It is claimed that these measures stimulate regeneration of the affected tissues and by careful observation of reaction restore normal conditions.

Bier in recent articles also recommends hot air or heat in scalds and burns on similar principles and states that if heat is applied after laparotomies or any surgical incision resolution of tissue will be hurried and local freedom from bacteria insured.

Verifications of the value of Professor Bier's recommendations are so numerous that a separate volume can be filled by excerpts from writings of his enthusiastic followers. Thus gynecological treatments are now being harmonized with hyperemia principles and chronic cases of endometritis are reported cured with suction

and passive hyperemia. Hay-fever has been experimented upon, the bandage about the neck giving decided relief in this intractable affection.

In conclusion it must be emphasized that while the technic appears simple, details must be mastered and carefully followed and supervision of the patient be frequent.

Individualization must also be given to each case depending on reaction.

In advocating new measures we are apt to become too enthusiastic in their praise and the inevitable reaction must follow. This has, however, not been the case with the hyperemia treatment; its followers are constantly increasing and its scope is steadily becoming greater—this can only be explained on the basis that the treatment rests on a secure foundation of physical and physiological truth, such as we have attempted to outline.

Southeast corner Broadway and 56th St., New York City.

DIGITAL METHODS OF EXTUBATION.—Renault's Method.—The child is made to sit on the side of its bed while a nurse from behind pinions its arms closely to the sides of the body. The operator, kneeling on one knee and facing the child, embraces the head with his left hand (the thumb in front, the fingers on the occiput), while with his right hand encircling the child's neck (thumb in front, fingers on nape of the neck) he feels with the pulp of his thumb for the lower end of the tube, bending the head at the same time gently backward with his left hand. When the lower end of the tube has been defined the right thumb expresses it gently upward until it reaches the lower end of the cricoid cartilage. Without altering the relative positions of the hands the trunk is flexed on the thighs (the head remaining in the position of extension) and the tube, by the forward swing of the body, is thrown into the mouth, where it must be searched for with the fingers if the child keeps its mouth shut.—J. R. Clemens, M.D., Archives of Pediatrics.

"Is a man a better doctor because he can name offhand every bone in the body? Nay, probably a worse one, for he has neglected most likely, the common things a doctor should know in the sickroom, which is the real examining board, the court of final appeal."—Editorial, The Homoeopathic Recorder.

PUS CELL OR LEUCOCYTE.—The Medical Review of Reviews quotes Schnutgen in the Berliner klinische Wochenschrift. He says that ordinarily the leucocytes occuring in the urinary sediment in cases of nephritis are spoken of as pus cells. Senator nearly twenty years ago pointed out that in Bright's disease, taking the term to mean non-suppurative affections, the leucocytes of the urine were not polymorphonuclear cells, but mononuclear cells. This fact has not received the attention that it deserves. It is now known that lymphocytes also take part in chronic inflammatory processes, and the cells present in the tissues in chronic nephritis are mostly lymphocytes. In ten carefully selected cases of nephritis in which the urine was collected under precautions designed to prevent contamination with smegma or vaginal cucus and was promptly examined, it was found that lymphocytes occurred in the sediment.

FOR SALE.—Open Stanhope, rubber tires; good condition. Also Goddard top buggy, rubber tires, made in Amesbury, perfect condition, just painted. Dr. E. R. Johnson, Wollaston, Mass. Tel. Quincy 4; hours, 2 to 3 and 6.30 to 7.30.

PRACTICAL OBSERVATIONS OF TYPHOID FEVER.*

By C. E. Fisher, M.D., Chicago.

The deductions of this paper are the result of observations covering one hundred and sixty cases of typhoid fever in adults in railroad construction hospitals in Maryland, Virginia and North Carolina.

In each instance the service was in mountainous districts. The subjects, with few exceptions, were laboring men. Twenty-six nationalities were represented as follows: American, Assyrian, Austrian, Belgian, Bohemian, Bulgarian, English, Finnish, French, Hungarian, Irish, Italian, Macedonian, Montenegrin, Negro, Norwegian, Pole, Roumanian, Russian, Servian, Scotch, Slav, Spaniard, Swede, Swiss and Turk.

All of the patients were transported by wagon or rail or both from four to ninety miles, in countries frightfully rough, over the most primitive mountain roads, and when by rail either sitting up in the smoker or on frail cots in the baggage car.

But 24 per cent. of the cases were seen in the first week; 43 per cent. were seen in the second week; 17 per cent. were received in the third week; 6 per cent. were already in their fourth week; nine cases were wildly delirious when brought in; six were moribund upon admission to the hospital; twenty-eight were free users of malt liquors; eighteen were whiskey drinkers. The rest, almost without exception, used one or the other to some degree.

Rarely did we have a total abstainer.

In no case had there been previous satisfactory treatment.

In almost every case the patient had been ill in the roughest kind of railroad construction bunk houses or camp shacks for from days to weeks.

From this considerable fund of adult cases, in strong workmen, whose years are spent out of doors at hard labor it would seem that deductions might be drawn that would possess no little value.

It is a matter of regret that careful statistical tabulations were not begun upon entering upon the care of these cases and continued through the series. The usual hospital records were kept, and those have been freely consulted. But so fruitful a field might have been made to yield a rich harvest of substantial suggestions had the thought of a study of typhoid fever from it been entertained at the beginning, and had the time for this work been at our disposal.

From the records and careful mental analysis by myself and corps of physicians and nurses various conclusions have been forced.

The following propositions seem sustainable.

*Read before the American Institute of Homoeopathy, June, 1908.

General Propositions.

Typhoid fever is:

Not a self-limited disease.
Not safely breakable by forced drugging.
Made tolerable under proper hydro-therapy.
Unnecessarily severe under the Brand treatment.
Not necessarily interminably protractable.
Not necessarily severely fatal.
A disease in which diet plays an important part.
Gratifyingly modifiable under homeopathic medication.
A promising field for intelligent investigation.

A.

Various authors have proclaimed typhoid fever a self-limited zymosis.

Some have held that unusually protracted cases and relapses are but an associated typhoid and intestinal sepsis.

It has been considered that typhoid fever per se runs its course in mild cases in from three to five weeks, in severe cases in from five weeks to eight weeks.

My conclusion is that while this is true in cases receiving proper hygienic, dietetic and medical care ab initio it is alsc true that in occasional cases the typhoid process is protracted to the tenth week, and even longer, quite independent of the complications likely to arise which are due to sepsis.

It will not be difficult to believe this possible when we recall that the typhoid bacillus may live within the human body for long periods of time.

Instances are cited by Lenz where certain subjects have been "chronic carriers of typhoid bacilli" over as long a time as fifteen years, and it is a well-known fact in bacteriology that the bacillus typhosus is capable of inhabiting the canals of bones for many years.

In one instance recently reported a cook who had had typhoid fever and who was subsequently employed by different families over a considerable period of months left a trail of typhoid wherever she had worked.

With these facts in mind it is not unsafe to recognize in certain subjects of protracted and uncomplicated illness typical cases of long-drawn-out typhoid, the clinical characteristics being classical.

Very much depends upon the start the case received.

Likewise, very much depends upon the distance the case has had to be transported.

It was noted that all our fatal cases in our hospital at East Radford, Virginia, were brought from the mountains of West Virginia, from points fifty to ninety miles away.

At first it was thought the virus of that section must be unusually virulent, and this thought seemed supported by the

fact that cases in that section not brought to us were also very severe.

It was also thought that perhaps the altitude, 3000 feet, might have something to do with the malignancy.

But this latter thought was dispelled upon establishing another hospital, at Altapass, North Carolina, in the Blue Ridge Mountains at an altitude of 3000 feet, since it was found that our cases there were not so fatal.

The one great difference was in the matter of transportation.

At Altapass the patients were directly at hand. At East Radford they had to be brought long distances.

Another possible factor for a fatal issue lay in the fact that these long-distance cases were not brought early, as the hospital was so far away. They were kept in camp until so ill that they had to be removed. These patients were the subjects of severe delirium and intestinal hemorrhages.

It was also noted that at the hospital at Little Orleans, Maryland, with an altitude of but 600 feet, although in the Alleghany range, patients who had to be transported considerable distance ran a more protracted course and bore a greater ratio of mortality than those coming from nearby points.

Taking these facts together and analyzing results it would seem that the virulence of our cases did not depend upon altitude nor upon a special intensity of infection, although this may have been a factor in some cases, as much as upon the distance the patients had to be transported.

The deduction is that it is not wise to send or transport typhoid subjects, either by wagon or rail, any considerable distance. From hotel or home to the hospital in cities is advisable. But the long haul is always a danger.

It is difficult, even impossible, in the clinical field, to estimate the equation of intensity of infection. Perhaps this is feasible in the laboratory, the bouillon culture evidencing large quantities of actively moving bacteria. But the general practitioner is rarely a bacteriological expert and differentiation is often a difficult proposition.

In our construction work the water supply of our camps, as a rule, has been from "pure mountain springs"—in quotation marks. When these have been running free, unless polluted by inflow of surface drainage, there has been less fever.

During dry seasons, when the springs have been low, and the proportion of solids in the water has been correspondingly greater, there has been more fever.

Some years ago throughout the whole Blue Ridge district in western North Carolina, there was a general visitation of typhoid fever and dysentery, when it was found that the mountain springs were dense with minerals and free ammonia.

In another endemic in a given district it was found that the "pure spring water" had been vilely polluted by the carcass of a

deer, which had sought the fountain-head of the spring's supply when wounded and which had died at its edge.

"Pure mountain spring water" may be the most potable of all waters or the most dangerous.

Limpidity and coolness do not imply purity, invariably.

In many instances among our men we had every reason to be satisfied upon superficial examination with the appearance and taste of the water which was used, but as further cases of typhoid came from the same camps a change in water would improve the conditions.

Nevertheless, at all times these railroad laborers so constantly violate the commonest rules of hygienic and sanitary living that it is difficult to trace a singleness of source of their illnesses.

B.

Typhoid fever is occasionally abortable, but not by forced drugging.

Our patients were accustomed to "strong medicine." Calomel, compound cathartic pills, quinine and acetanalid were their standbys. Likewise with the camp physicians and neighborhood doctors.

Rarely was a patient received who had not previously had calomel, either in full or broken doses, or who had not had free cathartic purgation. It is also true that few were received who had not already had quinine or acetanilid or both. Where purgation had been practised intestinal complications were invariable and severe.

Where efforts had been made to "break the fever" by quinine and other febrifuges nervous symptoms were present in emphatic degree and delirium was an almost constant associate.

A local medical habit among the neighborhood doctors is to give calomel to free catharsis and follow it with quinine as a diagnostic measure. If it is malarial or bilious fever the drugging will "break" it. If typhoid it will not.

This procedure is not only empirical but dangerous. Every case of typhoid fever so treated is worse for the experiment. And yet it is the common practice.

This added danger was demonstrated in the cases under review beyond all cavil, whether the treatment had been self-administered or applied secundum artem by a doctor.

It is gratifying to note, in this connection, that modern old-school authors are beginning to reach the conclusion, long since generally accepted by the homeopathic profession, that calomel has no proper place in typhoid, and that the so-called "intestinal antiseptic medication" is a delusion.

Edwards, of the Northwestern University Medical School,

"Principles and Practice of Medicines," 1907, page 48, states that "Antiseptic therapy is now largely of historic interest" and on the same page says of calomel, "it is unnecessary, and at the acme is actually harmful."

The medical profession of the sections in which our hospitals have been located seem generally not to have learned this truth. patent since Hahnemann's day to the homeopath, but only now being admitted by his old-school colleague.

C.

Quite the opposite of the result from allopathic medication, the proper homeopathic treatment is often capable of aborting typhoid fever.

It is well-known that this is doubted by a great many very excellent homeopathic physicians, as the name goes, but it has been substantiated too often to be gainsaid.

In biology "to abort" means to "become checked in normal development."

In its regular course typhoid fever may be said not to have developed until the presence of petechiae, or until in the second week.

Any treatment which will check its normal development is, therefore, abortant.

In a considerable number of cases coming from camps from which severe cases were sent to the hospital, at the same times and occurring under the same conditions, of nationality, servitude and unsanitariness, the carefully-selected homeopathic remedy greatly modified and cut short the case.

Referring to the records for verification of this statement it is especially proven by our cases Numbers 147, 155, 188, 194, 230, 238, and 250, as also in several others. (Vide Valley View Hospital reports, Third Booklet, 1907.)

Conversely, in no case receiving the regulation old style of medication did we find this "normal course of development" in the leastwise held in check or aborted by the medication administered. On the other hand, exactly the opposite was true. In every case coming to the hospital from allopathic hands, whether from our own line physicians or from neighborhood practitioners, previous harsh medication proved harmful.

For the information of the half-hearted or somewhat skeptical physician calling himself a homeopath, a word.

At various times, out of consideration for the allopathic confreres who were associated with me, and who were uniformly courteous, in the absence of homoeopathic physicians in those territories to assist me in my work, and occasionally because I was somewhat at sea and non-plussed by the mixed types of cases coming to us from neighborhood doctors, I was led to deviate

from the strict homeopathic way and employ a mixed course of medication.

In no case was it satisfactory. Not only so, but in every instance it was harmful. I was always glad to get back to straight homoeopathy. Complications and unpleasant sequella were the invarible attendant of medical prostitutions.

Accuracy is always preferable to generalization.

If in any disease we meet with, careful specialization as to the medicine to be used is demanded and repaying, it is in typhoid fever. At no stage of treatment has the allopath the best of us. At all stages we have decidedly the best of him.

This has always been my belief, from general observation. Now it is my knowledge, from immediateness of contact with old-school treatment and from personal efforts in that direction myself, guided by exceedingly competent physicians of that profession.

D.

The relation that hydro-therapy bears to typhoid treatment is important.

In home care it is too often neglected altogether.

No case of typhoid fever should ever be allowed to go through its siege without plenty of water within and without.

Just what form the bathing should take is the question.

The Brand treatment implies bathing whenever the temperature rises to 102 degrees, in water of a temperature to 68 to 70.

Even in the strong men whom we have been called upon to treat we have found this too severe. In special instances it has been attended by violent shock. In others it has produced positive chill, with a rapid rise of temperature following.

It occasionally induces rheumatic arthritis and heart complications. Only rarely have we found it demanded in hospital practice by the failure of milder hydro-therapeutic measures.

I have carefully noted the effect of the Brand method in my own work and that of my subordinates, and our nursing corps agrees with me that relapses and long protracted cases more often follow when the Brand system has been employed.

To deluge a patient whose temperature is 102 with water at a temperature of 68 degrees, a difference of 34 degrees, is to produce severe inhibitory shock and incite heart failure in the end if the process is oft repeated. Furthermore, all violence of reduction has been found to be attended by violence of reaction.

Of all diseases typhoid fever is subtle, steady, persistent, gradually consuming. It is not a disease of fits and starts and stages. Like Tennyson's "Brook" its disposition is to go on forever. 'Tis the mild measure, whether it be medication or bathing, persistently applied and steadily continued that more satisfactorily influences the process.

For this reason, based upon extensive experiences and

extended observation that the modified Brand, or moderate bathing, has been employed. No plunge baths, no violent pourings, no ice water bathings, no ice caps are needed. The persistent, steady, continued use of cool water, by spongings every two hours, with as little disturbance of the patient's mental and physical comfort as possible, and the continuous application of cool abdominal packs, renewed with clock-like regularity, and with as little shock as possible to the patient, have sufficed to meet all requirements and have given us better results than more vigorous applications of water at a lower temperature.

Rarely do we go below eighty degrees.

If the patient likes water, spongings with it at a temperature of seventy is permissible and refreshing when a Brand plunge or a general sousing at the same temperature would produce sharp shock, chattering of the teeth, violent shivering and a fall in the thermometer so sudden and pronounced that a reaction of like proportions is sure to follow.

Again, the application of water by sponging better cleans the skin, and the subsequent friction that is required in the Brand method is supplied as the bath is given.

Patients will stand a lower tempered water by the gradual sponging than they will in the sudden bath, and the shock will never be severe.

In applying the abdominal pack in sensitive subjects it is rarely necessary to remove it and shock the skin by a direct renewal of water at a temperature below that which has been warmed by the body.

In these subjects all that is required is to open the superficial covering of the pack and drip cool water on the towels which lie next the skin. This may even be done while the patient is quietly asleep without his knowing it if done gently. Whereas the Brand bath is violent enough to waken the dead.

E.

Under correct homeopathic medication and properly applied hydro-therapy typhoid fever cases that do not seem abortable need rarely be protracted indefinitely.

It is the up-and-down treatment, the shocks and reactions, the harsh depressions by harsh depressants, that protract cases unlimitedly.

Despite the fact that the bacillus typhosus persists in living in the system long after the typhoid fire has been extinguished, and that occasionally under any treatment cases are met with that drag out their slow lengths beyond all reason, it is a fact that has been amply demonstrated that proper treatment will greatly modify and abbreviate even the severest onset of typhoid fever.

In this connection it is required, however, to take into account the constitutional trend of the patient—whether this

be viewed under Hahnemann's Psora, Hutchison's Pedigree of Disease, or the general term Dyscrasia.

While it is a well-known fact that typhoid claims as its victims the young and strong all too often, it is equally true that protracted cases are apt to be engrafted upon a dyscratic base, whether it be psora, sycosis, tuberculosis or what-not.

And just here frequently comes in the essence of treatment.

If in any instance it is the patient that requires differentiation and treating, it is in typhoid fever.

To ignore the constitutional idiosyncrasies is to bungle in the dark.

This is where too many homoeopaths do not suceed in aborting the fever. They prescribe for the temperature, the pulse, the tongue, the prostration and the concomitants without duly taking into consideration the kind of patient of whom the temperature, pulse, tongue, et cetera, are a part.

The limits of this paper prevent elaboration to an extended degree upon this point. It is one to take home with us, to our minds and libraries, for further reference and investigation.

Having stated that typhoid fever is not necessarily interminably protractable, that it is not necessarily severely fatal under homeopathic medication, and that it is gratifyingly modifiable under correct treatment our results should show these facts.

The class of cases brought to our hospitals was outlined in the beginning. It certainly was not record-breaking material: Men of all nationalities, whiskey drinkers, generous users of malt liquors, men previously sick in bunk houses,men living in the most unsanitary states, patients transported long distances with the fever on; less than one-fourth of the cases seen in the first week.

Besides these influences for unfavorable results our corps labored under the disadvantage of having to work with patients more than half of whom could speak no English, and to whose mother tongues we were strangers.

Is typhoid mortality of less than five per cent. high under such conditions to be expected?

And in debiting us with this per centum is it proper to charge up six out of our fourteen deaths, patients who were comatose when received, and who died within forty-eight hours after admission, four of them within twenty-four hours?

This is the record for the three hospitals over a period of four and one-half years.

One hundred and sixty cases of the mountain type of typhoid fever, usually accounted severely fatal, with a mortality of fourteen cases, including the six moribunds already noted.

This record is not cited as a personal achievement. This would not be true.

During this period of time it has fallen to my lot to have the executive work of the three hospitals, and the general management of the medical and surgical service of the three con-

struction lines, all the heavy operating to perform, two hospitals in operation at one time for the best part of a year, two hundred miles apart, and on the first line a large part of the camp service to do.

My nursing corps have devotedly attended to the typhoid cases, and to them largely belong the credit for the very satisfactory results that have been attained.

It is the first time in this country that trained nurses have been in charge of railroad construction patients in the field.

And the admirable manner in which those in my service have worked with these men of all nationalities, these American hoboes, these whiskey-soaked wanderers on the face of the earth, these foreigners of many tongues, whose knowledge of sanitation and hygiene is only equalled by the lack of knowledge along the same lines of the Irish railroad laborer and the native of the mountains in which our work has been done—bathing their dirty bodies, cleansing their typhoid mouths and looking after them in their helplessness and delirium—has excited the plaudits of our entire construction force and won for them the gratitude of sufferers from all parts of the world.

'Tis they who have given the baths and administered the medicines. To them very often in my absence from the hospitals has been left the selecting of the remedy. And to their credit they have generally selected it intelligently and well—having been instructed in only a few of the essentials and warned always to stick to one remedy at a time.

Herein has lain the success: Homoeopathy first, last and all the time; hydro-therapy in moderation always; never but one remedy at a time; always in medium or high attenuation; changed only for cause; absolutely no alternating nor mixing; not a compound tablet at any time.

F.

For typhoid diet we have relied mainly upon fresh milk. In order to be sure to have it fresh we have kept our own cows.

Rarely have we deviated from milk or buttermilk .

In no instance has the bottle beef-tea, a product still generally in use in family practice, been resorted to. I look upon it and the almost sacred chicken broth of domestic feeding as sick-room abominations.

As convalescence has been entered upon we have added fresh eggs, and to be sure of having them fresh we have kept our own hennery.

But two relapses can be traced to errors in diet. Unfortunately, one of these proved fatal. It had been a protracted case, in a

subject of tubercular history, with a large cervical abcess, and a sympathizing convalescent was responsible for the relapse by graciously sharing his delicacies with the typhoid subject during the temporary absence from the ward of the nurse.

Every three hours, unless there has been something to indicate to the contrary, each typhoid patient has had four ounces of fresh milk or fresh buttermilk, during waking hours.

Occasionally starvation for twenty-four hours has been practised where milk or buttermilk has disagreed.

We have not had to resort to pasteurization nor sterilization. Doubtless in young and more delicate subjects it is wise.

(Concluded in August.)

NEW OPERATION FOR PERMANENT ENLARGEMENT OF CONTRACTED PELVIS.—The following abstract from an editorial in the Medical Record based upon an article by Maire in La Presse Medicale, gives briefly the technique employed for permanently enlarging a contracted pelvis.

The patient is placed on her back with the buttocks brought down to the edge of the table, the thighs being hyperextended and abducted. A horseshoe-shaped incision is then made through the skin and subcutaneous tissue, beginning at a point four-fingers' breadth below the right pubic spine, running upward toward it, then transversely across to the left pubic spine, describing a slight curve with its convexity upward, and then descending from the latter spine downward to a point four-fingers' breadth below it. The cutaneous flap thus mapped out is thrown downward by cutting close to the fibrous structures covering the pubes. This flap carries away with it the suspensory ligament of the clitoris, which is detached from above downwards, with the vein which traverses it. The nearer one reaches the ligamentum arcuatum while bringing down the flap, the more closely one must hug the pubes in order to avoid the deep dorsal vein of the clitoris and the plexus of Santorini. The adductor tendons are now severed perpendicularly to the adductor fibres, and to expose the superior border of the pubes the two recti and pyramidal muscles are cut from spine to spine, and the transversalis fascia is pushed back in order to expose the prevesicular space. To protect the vessels and soft parts behind the pubes, a flat metal retractor is inserted behind the symphysis from below, thus holding them back. A Gigli saw is now passed behind the right pubes opposite the spine, and the bone is sawed from behind forward, as during a pubiotomy, but instead of bringing it through the whole thickness of the bone, the saw is carried only through one-half its thickness when its direction is changed, it being carried transversely across both pubic bones through their middle until a point opposite the left pubic spine is reached; the direction of the saw is now again changed, and it is brought directly forward through one-half the thickness of the left pubic bone. The bones then separate spontaneously from three to four centimeters and if necessary they can be brought further apart. This separation is made permanent by placing a metallic plate between the two fragments of the right pubic bone behind, or, still better, by sutures which unite the superior and inferior borders of the separated fragments. The severed adductor tendons are then sutured pubes; the suspensory ligament is repaired, and the skin flap is brought up and sutured into place.

Maire has performed this operation successfully several times, permanently enlarging the pelvis so that future deliveries took place without any operative interference.

THE WANDERING HEALTH SEEKER.*

J. HENRY HALLOCK, M.D., SARANAC LAKE, N. Y.

A few weeks ago I saw a patient who had wandered the States over looking for an Eldorado.

He first came into the Adirondacks in 1902, made a fairly good improvement, but wanted something better, so went into the mountains of North Carolina. Here he heard of wonderful results in New Mexico and he soon made a start for this better place. After a month's stay he made himself believe he would like a warmer climate and decided to try Southern California. By this time he was doing very poorly; had lost flesh, was weaker, and was coughing and raising much more.

He was now much discouraged, for hadn't he tried all the best places from the far East to the far West, and was growing worse.

One week's stop in Southern California, when he went into the mountains of this State, where he remained two months. Then he started for Colorado Springs, making but a short stop, and headed again for the Adirondack Mountains, as he was growing weaker all the time and was afraid he would never get back. "Why did none of these places agree with me?" he asked, and he couldn't yet see that he had tried none of them nor had he given any physician a chance long enough to get him started in the right way or to really benefit him, but had travelled and rushed about enough to kill a well man.

Last summer I located a physician's son in what I thought a very pleasant location, and after we had mapped out a course of treatment for him the father says: "You mustn't be surprised if John doesn't stay more than two weeks. He is uneasy and I don't want him urged to stay anywhere." As he had a cavity in one lung and a good amount of consolidation in both, I tried to make plain the gravity of the situation.

These are not exaggerated cases, but are of every-day occurrence. Of course, they don't always travel, but they talk about it.

Many patients when they first come into our woods are so braced up by the fine air that they delay consulting a physician and begin to travel about sight-seeing, etc., and do more than they would have done at home if perfectly well, and the result is that in a short time they have a relapse and possibly imagine the climate is not agreeing with them and feel like going home discouraged or looking for another location.

After twelve years, devoting most of my time to lung patients, I am positive that physicians residing on the ground

*Read before the American Institute of Homoeopathy, June, 1908.

and continually in the field know the climate and surroundings and can better advise the patient than can his home physician, and the rule holds good whether North, South, East or West, that the patient who applies at once to the resident physician and seeks his help in locating and promises to follow his advice and judgment stands a much better chance of recovery than one going to such a resort in a haphazard way. The Adirondack Mountains will do all that any pure ozone laden air can do for a tubercular patient, and there are many other mountain resorts that will do the same, but this is only half the treatment which you must recognize if you would seek the best for your patient.

"Then why not keep our patients home?" I am asked. Well, if you are in general practice you will not be likely to see more than three or four tubercular patients a year, and this will not give one the experience he should have in handling consumption.

Granting the climate conditions to be as favorable, *which they are not*, I am positive, after reports from many physicians that it is almost impossible to take a fairly well patient, i. e., one in the curable stage, and keep him going in the right way and doing just the right things, long enough to make him a cure, and have him surrounded with his home duties and pleasures, and coming in contact with his active, well friends to set him an example, and the doctor who can cure a case of consumption under these conditions deserves the bouquet.

How different it is in a resort like Saranac Lake that caters to this class of patients, and they need not be in a sanatarium to find the proper examples and to receive the proper treatment, for there are many cottages here that will take from one to four patients and give them good care. These places have many of them been caring for such patients for a long time and they greatly aid the physician in carrying out his treatment.

But I am asked: "Aren't rooms where tubercular people have been before dangerous?" Right here comes in the difference between "any old place" and a resort that knows how to handle the disease. There are few places in the United States with as rigid health laws, or where they are as well enforced.

Dr. R. L. Hutchens, Superintendent of the Ogdensburg Hospital for the Insane, has a summer home here, and in a speech recently before the New York Medical Society, declared that it was the best place in the world to live, and saying that there was no place in the world which one may visit with so much confidence in the sanitary precautions.

Any boarding-house keeper who neglects to notify the board of health and have her house properly fumigated when rooms are vacated is arrested and fined and only allowed to do business again by promising to faithfully observe the law. Just now we are averaging one arrest a week for expectorating on the side-

walk. Patients are all instructed to cover their mouths when coughing and are only allowed to expectorate in proper receptacles.

How different it is in places where the patient is allowed to make his own laws, expectorate and cough as he pleases, go and come as he pleases, vacate his room when he pleases and leave it for the next *victim* without any sanitary precautions.

Does it pay to make such strict laws? Here in Saranac Lake, where we have been taking consumptives for many years, and where our people are living with them year in and year out, the rate of natives afflicted with the disease has only been one to seven hundred, and since our strict enforcement of sanitary laws we have not had a single case in the last two years.

Contrast this with no precaution, where from down the State I have had as many as four patients from the same house. Here again the wandering health-seeker may be a menace to many sections, for such people are sure to try to discover an out-of-the-way place, where they imagine they will be more safe, outside the town limits and where proper sanitation is rarely enforced, forgetting that others have thought the same and been there before them for many years past. I must ask your indulgence for bringing such an unattractive subject before you, but I feel it a duty for the good of humanity that the truth be spoken.

THE MEDICAL INSPECTION OF SCHOOLS.*

By Franklin A. Ferguson, M. D., Bath, Maine.

The necessity for inspection of schools was brought to my attention during a recent epidemic of diphtheria in our city, when I examined the children in one of the schools, as did other phyicians the children of other schools, with the idea that the spread of the disease might be prevented.

I was impressed during the examination by the number of defects noted in the pupils, other than the particular trouble for which I was looking.

Since then, one of the members of the school board has informed me that the subject of the regular and systematized inspection of schools is to be presented to the school board. He also asked me in case the board acted upon it favorably, if I would consent to act as one of the inspectors. These facts naturally have aroused my interest in the subject, which I have found is one of the utmost importance to the welfare of the community.

*Read before the Maine Homoeopathic Society.

We build expensive buildings and equip them with necessary apparatus and furnishings, adjustable desks, chairs, etc.; require proper heating, lighting, ventilation and other sanitary conditions, and then make the child attend school without first finding out whether his physical condition will permit him to do the work required, or to make use of the opportunities provided for him, or whether on account of some diseased condition he may not be a menace to the other pupils with whom he mingles and the community at large.

I find that the subject has been agitated very much of late years, especially in America, which was first to inaugurate Medical Inspection of Schools. America owes its introduction to Dr. Samuel H. Durgin, Chairman, Boston Board of Health.

In London about six or eight months ago at the International Congress of School Hygiene, the subject in which the greatest interest was taken, and the only one which was keenly discussed was "The Medical Inspection of Schools."

All over this country and Europe the public is beginning to see the necessity for looking after the health of the children, and this is especially so in those countries where the birth rate is steadily declining (Great Britain and America). This is so because if the birth rate of a nation is becoming less and less progressively, it is necessary to keep the fewer children born in good health, and thus rear adults who will produce a healthy stock. So the care for the health of the school children becomes really a question of national preservation and also one of distinct economic value, especially to those countries where "race suicide" is the cry. In other words, healthy children become a national asset.

The intimate relation between the health of the school children and the general health is shown in the vital statistics from 1895 to 1905, where it is seen especially in regard to infectious diseases, that during the period of school attendance, there is great increase of the infectious diseases among the population at large. The school is a great factor in the spread of disease and the health of the other children and many citizens are often seriously and fatally impaired as a result of infection from the schools.

Dr. Thomas Darlington, Commissioner of Health in New York City, relates a case in the Medical News (Jan. 21, 1905) by which he clearly shows one method of spreading disease in the schools. The case is one of a boy who returned to school after "absence from unknown cause," desquamating from scarlet fever and amused himself and his school mates by peeling the skin off his hands and passing it about the classroom for inspection. A great number of children are clearly infected in the school-rooms in this manner, where beside the presence of contagion, other conditions are favorable to infection, viz.: heat, stuffiness, over-crowding, dust from floors and chalk from

boards, and poor ventilation. There are plenty of slightly ill typhoids, who are able to be about and who mingle with the other children, drinking from the same drinking-cups, swapping apple cores, chewing gum, etc. Think of the incipient tubercular pupils, the mild whooping cough and measles cases who are in school passing to other children pencils which have been in their mouths and slates which they have cleaned with soiled handkerchiefs wet in the mouth, and the value of medical inspection of schools is obvious.

It is certainly true that the care of children, both by parents and family physicians, as a rule, is both a pleasure and a source of considerable satisfaction until the child enters kindergarten or school. Until time to enter school, children are only occasionally troubled with slight colds, or indigestion, constipation, or possibly with adenoid hypertrophy, but can usually be kept in pretty good health. The beginning of school life is marked by trouble for parents and physician. The infectious diseases are apt to appear, colds recur more frequently, and whooping cough, mumps, chicken pox, measles, diphtheria and scarlet fever break out within a few years, usually after entrance at kindergarten.

The child enters the primary grade and this liability to disease increases; while the concentration of the school regime produces often toward the end of the year certain nervous disorders, such as hysteria and chorea. It is probably the opinion of most physicians who have the care of school children, that in all grades they are over-worked, so that as we pass on to high school grades we find that by the time the children are ready to graduate, if they have escaped death from infectious diseases in the lower grades, this stuffing of the courses, or "enrichment" or "expansion," as it is called, is apt to cause physical and nervous wrecks of the children and puts them in the "pink" of condition to get tuberculosis, which they often contract either just before or just after time for leaving high school.

This padding of the curriculum often produces in the pupils who do survive, a sort of intellectual dypepsia, and renders them unable to retain, assimulate and use the things they have been forced to study. They are compelled to begin many studies before they are physically or mentally prepared for the work. They must consider so many subjects that they are losing the power of concentrating the attention upon any one, and are thus developing a mental nausea which is making them incapable of any useful effort. A child's capacity depends somewhat upon his age, development and physique, as well as the desires of some perverted school official or ignorant parent. Healthy mental and physical development and not "learning" or "schooling" is the aim of education.

Our educational opportunities and means of instruction must fail in their purpose whenever a pupil on account of inability

or of abnormal physical condition is unable to grasp or to profit by them. We wait for years of fruitless struggle for him to demonstrate his inability and even then do not correct his physical defects, but he is tolerated two or three years in each grade and passed on, on account of his age, and finally he drops out of school to enter life without equipment. His defects should have been known at the beginning of his schooling and corrected, or special training given.

How often have we seen the hard-of-hearing mouth-breather, with enlarged tonsils and adenoids, considered dull and kept back in his studies until his defect was discovered and by a little surgical interference he has been made bright, intelligent and happy. How many times has the myopic or astigmatic child been scolded for want of attention because not able to see, when, with proper glasses all the seeming lack of attention, intellect and interest would have been cured as if by magic.

Many school children who appear dull and inattentive, who are nervous, morose, irritable and disorderly, who suffer from digestive disturbances, headache, dizziness, nausea, etc., owe their ills to some defect of eye, ear, nose and throat.

That defective sight, hearing, mastication, glandular growth, hypertrophied tonsils and adenoids, deformities, weak and diseased lungs, heart disease, mal-nutrition, etc., impair the intellectual and moral condition of the children is obvious. No more striking evidence of this can be furnished than to quote from report of Dr. J. J. Cronin, Assistant Chief Medical Inspector of New York (Med. Record Sept. 15, '06), on the examination of truants in one of the truant schools of the city. "Eighty-eight boys were examined and out of these 77 were defective. Some had association of defects. Cervical adenitis 62 cases; defective vision 48, bad teeth 34, hypertrophied tonsils 19, defective nasal breathing 17, skin diseases 13, mentally defective 9, post nasal growths 8, cardiac disease 3, deformed 2, defective hearing 1, defective palate 1." If truancy is the first step of criminality and mental depravity, does it not seem economy to prevent this condition by correcting the defects which are the cause of it?

Results of medical inspection of schools show all over the United States a startling state of affairs, and statistics which can be brought together in favor of it are overwhelming. In a report in "American Medicine," April, 1906, Dr. Allport of Chicago says: "Of 20,000,000 school children in the United States, 80 per cent. are suffering from some defect which interferes in varying degree with their normal physical and intellectual development.

Of 55,332 children examined in New York (Report Commissioner Darlington, Med. Record Sept. 15, '06) in 1906, the inspectors reported 35 per cent. defective teeth, 33 per cent. defective vision, 12 per cent. defective nasal breathing. Treatment was necessary in 67 per cent."

Out of 88,964 visits made to New York schools (Report Dr. Cronin, June, 1906), by medical inspectors 1905, 18,884 children were excluded for contagious diseases, 8,833 of which were contagious eye diseases; 4,692 for pediculosis; 2,018 for skin diseases; 312 measles; 74 diphtheria; 127 pulmonary tuberculosis. During 1903, 65,294 children were excluded and during 1904, 25,369 children were excluded, which shows improvement from medical inspection of over 50 per cent.

Results of examinations in all the large cities and a large number of small towns show the necessity and advantage of these regular inspections, and especially show decrease of infectious diseases as do reports from Great Britain and the other European countries, also many South American countries and from Japan and Australia.

I prepared a circular letter which I sent to the Superintendents of Schools of all the large cities of Maine and other New England States. In it I asked if their cities had medical inspection of schools and for the results of such inspection and for anything of interest which the superintendent had to suggest in regard to the subject, either for or against.

I received answers from almost all and found out that in no city of Maine did we have any regular and systematized medical inspection of the schools. All the superintendents had advised it again and again and realized the necessity for it.

Outside of Maine in a great many States medical inspection has been instituted. An examination of one or two of the letters which I received from superintendents outside of Maine will give an idea of what is thought of medical inspection, where it has been proven to be of distinct service; and also an examination of a letter from one of our Maine superintendents will give you some idea of what is thought in regard to instituting it in Maine.

Certainly the State of Maine has sadly neglected the health of its school children. What can we do as a Medical Society to improve this state of affairs? The school committees do not feel that they have legal authority to institute such inspection for the State law does not authorize it.

Testimonials of improvement in scholarship, deportment, enthusiasm, concentration and interest, after defects are remedied, are sufficiently universal to convince the most skeptical.

Medical inspection does not mean that the actual work of correcting these defects is done by the inspectors, or for nothing. It does not lessen the parents' responsibility to the child, but rather increases it. Nothing is done but to tell the parent the needs of his child, of which he would have otherwise been in ignorance, and it is left to the parent to meet these needs through the regular family physician.

It is the usual custom where physicians have been inspec-

tors to request that none of the children examined by them be sent to them for treatment, except the child be a regular patient of the examining physician, and all children are requested to go to their own family physician. This eliminates the charge that the inspectors are trying to make business for themselves, as is apt to be the case with any other arrangement.

Undoubtedly many parents, through ignorance, pride or neglect, fail to seek medical advice for their children, as advised, but it has been observed that most parents who at first ignore the warning and advice of the inspectors, eventually seek medical aid for their children from seeing the benefit derived in neighbor's children who have taken such advice. Report Dr. Allport, Chicago (Mass. Civic League Leaflet No. 7).

How may we as a State Medical Society co-operate with the superintendents of schools in their desire to institute medical inspection of schools in Maine?

A great many European countries and countries of South America, Japan and Australia, and a great many States have laws making medical inspection necessary. It should be so in all States and to make it so in Maine I suggest that after the proper discussion of this subject we recommend to our legislative committee an investigation of this subject and instruct them to do all in their power to get for Maine a law favorable to medical inspection of schools as good or better than that in many of the other States, notably Massachusetts.

With this end in view I respectfully suggest that we submit to our legislative committee a resolution to this effect:

Be it resolved that:

"Owing to the vital relation between the health of school children and that of the population at large and in order to secure permanent improvement in school hygiene and the health of the school children and the citizens at large, the proper State authorities be urged to make such law or laws for the relief of the conditions in our schools as they now exist, which are a constant menace to the health and development of the child mentally and physically and to the general public, as well secure permanent authority to school committees to institute regular medical inspection of schools."

The aim of this paper has been to accumulate and present to this society such facts and information as will interest its members in this important subject, and to furnish enough data for it to take some favorable action in regard to it, and at once.

FLORENCE NIGHTINGALE AWARD.—The bestowal of the Order of Merit upon Florence Nightingale by King Edward has met with universal approval throughout England and the world at large. It is the highest honor within the gift of the King and is the first official recognition ever made by the British government to any woman outside of royalty.

ADDRESS AT PRESENTATION OF MURAL MEMORIAL TABLET TO BOSTON UNIVERSITY SCHOOL OF MEDICINE IN MEMORY OF HANS BURCH GRAM, M.D.

By N. R. Perkins, M.D., President of the Massachusetts Homœopathic Medical Society.

Members of the Faculty and Graduating Class:

Ladies and Gentlemen:—In the midst of the festivities of this anniversary occasion, I presume a few words of a historical nature will not be out of place, especially as they refer to the early days of homeopathy.

Hans Burch Gram, M.D., was born in Boston, in 1788, on Common Street, not many doors from Tremont. The exact date of his birth is not known.

His father was the son of a wealthy sea captain of Copenhagen. While travelling in America, in 1782 or 1783, he fell in love and married a Miss Burdick, daughter of a Boston hotel keeper. On account of this his father disinherited him, but on his death bed relented, and left him his fortune. While making preparations to leave Boston for Copenhagen to receive his patrimony, Mr. Gram was taken suddenly ill and died two days later, leaving a widow and two sons, one of whom is the subject of this sketch.

Three years later the son, Hans Burch Gram, then eighteen years of age, sailed for Copenhagen to claim the fortune left by his grandfather.

With the money thus obtained and with the aid of friends and relatives, he received a superior education. His uncle, Professor Finger, physician-in-ordinary to the king, placed him in the Royal Medical and Surgical Institute, and gave him the advantages of other schools, and later, of the hospitals of Northern Europe.

Within a year after his arrival in Copenhagen, he was appointed assistant surgeon to a large military hospital, and later was promoted and served seven years as surgeon.

On resigning his position, in 1814, he won the highest degree of merit in the Royal Academy of Surgery, "*Magna cum laude*," the highest of three degrees.

He practised general medicine in Copenhagen until 1824, gaining a competence, when he sailed for America and landed at Mt. Desert, Me.

After spending a few months here as the guest of Dr. Kittrige, he sailed for New York, arriving there in 1825.

During the latter years of his practice in Copenhagen, he investigated the principles of homoeopathy as promulgated by Hahnemann in 1790, and must have been one of the early believers in the law of similia, and evidently returned to America to introduce the system here.

It is supposed that he intended to teach and not to practise medicine in America, but through unfortunate investments he lost the fortune he had accumulated from his practice in Copenhagen, and was obliged to again take up the work of his profession.

A few months after his arrival in New York he published a small phamphlet, called "The Character of Homoeopathy." This was the first homoeopathic publication in America, only one copy of which is known to be in existence today.

Dr. Gram was an enthusiastic Mason, and it was in the lodge room that he met a Dr. Folger, in 1826. A warm friendship sprang up between them which resulted in Folger's investigating the new system. He began the study of German, read the "Organon" and the "Materia Medica Pura" with Gram, and

began the practice of homoeopathy under the guidance of his preceptor.

Folger introduced Gram to a Mr. Ferdinand Little Wilsey, a prominent merchant and master of a Masonic Lodge, in order that Gram might instruct him on some Masonic points. Wilsey being a confirmed dyspeptic, was advised by Folger to place himself under Gram's treatment. Dr. Gray, his physician, consented, and thus he became the first patient that was treated with homoeopathic remedies in the United States.

So well pleased was he with the treatment that he soon began the study of medicine, and later gave up his business, attended lectures and graduated from the College of Physicians, in 1844.

Not only was he the first patient to be treated by homoeopathic remedies in this country, but also the first to study medicine with the end in view to practice homoeopathy.

Dr. Gray soon became interested in Gram, and the seeming fallacies he was trying to disseminate. He was drawn to Gram on account of his literary taste, his fine attainments in art, philosophy and science. He offered to put the system to a test, severe as he thought; he selected three cases, one of hemoptysis in a scrofulous girl, one of puerperal mania of three months' standing, and one of ascites and anasarca in an habitual drunkard.

Dr. Gray took careful notes of each case and submitted them to Gram, who was equal to the situation. He believed in the law of similia as laid down by Hahnemann, and he knew that if he failed to demonstrate its efficacy now, that he would be subjected to severe ridicule and justly so. He searched long and diligently through the six volumes of the "Materia Medica Pura," until he found the similimum in each case. Gray administered the remedies selected by Gram and so strong was his unbelief that he guarded the patients with the utmost care to make sure that nothing but the medicines should have any influence on the cases, and much to Dr. Gray's surprise each patient was cured. Gray continued one year in the trial of homoeopathic remedies as prescribed by Gram, submitting only, what to him, were incurables, but the results were so marvelous that he adopted the system and became the third of Gram's converts.

In 1839, the number of Gram's devotees had increased to nine, six in active practice and three retired, an earnest band, seeking for the truth and opening the way for wonderful results, as exemplified by the standing of our school today, with its over fifteen thousand practitioners in the United States alone.

Dr. Gram was the first of this little band to be called home. He was stricken with apoplexy at this time, and after suffering for several months, died Feb. 13, 1840, and was buried in St. Mark's burying ground in New York. In 1862, Dr. Gray, his long time friend, had his remains removed to his own lot in Greenwood cemetery.

For two years he practised medicine according to the law of similia and taught its truth alone in New York, and during the next ten years only nine were gathered beneath the banner of homoeopathy.

In my office hangs a picture of the first homeopathic physician in Massachusetts, Dr. Samuel Gregg, and I need not say that I treasure it highly. The person that would speak of the early days of homoeopathy, especially to a Boston audience, and not mention his name, would fall far short of his mission. Dr. Gregg was at this time practising medicine in Medford. He was dissatisfied with the chaotic condition of therapeutics in the medical world. In 1836 he learned something of the new school from a friend, and in the winter of 1837-8 he visited Dr. Vanderburgh of New York with a patient, he having learned of some wonderful cures that had been made by the latter. Although the patient did not receive much benefit (it being a case of tuberculosis), Dr. Gregg did. He became interested in the system, and anyone that was acquainted with Dr. Gregg knew that for him to become interested was for him to investigate, and he was no superficial student. In 1840 he removed to Boston, and practised here until he retired from active work.

In giving his experience at a meeting of the Massachusetts Homoeopathic Medical Society, in 1864, he said: "He (Vanderburgh) gave such a synopsis of the new school of therapeutics as to excite in my mind a determination to examine the merits of this theory of healing." He purchased all the books then published in the English translation, secured medicines, and began anew his life-work in a new field, marked out his way in new paths, with no familiar footprints to guide him,—but he pushed on, and found awaiting him in his later years honor from his fellow-men and his name is revered today by every member of our school.

In speaking of Gram his biographer says of him: "He was an earnest Christian of the Swedenborgian faith, and a man of the most scrupulous, pure and charitable life that I have ever known."

Dr. Barlow in a memorial says: "Future generations of physicians will do honor to the memory of Dr. Gram."

In this spirit, we, the homoeopathic physician of his native State, are this evening lovingly dedicating a tablet in enduring bronze to his memory. In this simple tribute we place a fragment of history in this building, dedicated to the teaching of the science that pertains to the healing art and especially homoeopathy, that same homoeopathy that he introduced into America and nourished with such tender care. And we place it here that it may be a constant reminder and inspiration to those who are to be the bearers of the burdens and partakers of the joys of professional life, when we who are the actors of today have made our exit—of what it meant to those early heroes that gave to us

band of physicians that he gathered around him—to introduce and to maintain a new system of medicine to meet with opposition, nay, persecution on every hand, but they were strong in their belief that they were in the right and that the right would prevail, and today we are reaping where they sowed the seed and the only scientific law of cure, and what it meant to that little the harvest is not wholly tares and thistles.

To you members of the graduating class, never forget the trials of those old pioneers of our school and what they accomplished and made homoeopathy possible for you and that it has made an honorable position for you in society, in the state, and in the nation. If you are faithful to the teaching of your Alma Mater, diligent in the study of the materia medica, such results will follow the administration of the remedies you will prescribe, that come what may in the line of fads in medicine, people will seek your services when ill and wish to be cured and thoroughly cured.

Members of the Faculty, I place this tablet in your care in the name of the Massachusetts Homoeopathic Medical Society, and should Boston University School of Medicine ever fail to teach that branch of therapeutics known as Similia Similibus Curentur, should it ever prove recreant to that trust sacredly left by the fathers that have gone before, may this tablet prove to be a handwriting on the wall: "Thou art weighed in the balance and found wanting."

ADDRESS OF ACCEPTANCE OF MURAL MEMORIAL TABLET.

By J. P. SUTHERLAND, M.D.,
DEAN OF BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Mr. President:—

In behalf of the Faculty of Boston University School of Medicine:—

In behalf of the Student Body:—

In behalf of the Alumni:—

In behalf of the Friends of Boston University School of Medicine:—

I herewith and very gratefully accept the gift you have made the school, and promise to cherish it and to care for it, holding it as one of our most highly-prized possessions. The Massachusetts Homoeopathic Medical Society, that honorable body which you represent, may well be called one of the chief founders of the School which is now the recipient of its gift. One of your predecessors in the presidential chair, Dr. Linnell, in 1865, in his annual address before the Society, urged the founding of a New England Homoeopathic Medical School in which students might receive special instruction in Homoeopathic Materia Medica and Therapeutics. Two years later, in 1867, the Society secured

from the Massachusetts Legislature a charter for such a medical school. The majority of the Faculty of the School always have been members of the State Society.

It is very fitting, therefore, that the Society, in commemorating the pioneer of homoeopathy in America, should place in the School a tablet to his memory—thereby honoring a physician Boston born and Boston bred, and honoring at the same time, the School to which the Society stands in such close and enduring relationship.

It is fitting also that a tablet to the memory of a pioneer should decorate the walls of this building, for the building itself is a memorial to the pioneer spirit. The building of which this amphitheatre is a part was erected as the home of the first school in the world for the full and complete medical education of women. The New England Female Medical College was founded in 1848 (sixty years ago), chiefly through the generous faith and the indefatigable energy of a Boston physician, Dr. Gregory, a mural tablet to whose memory is to be found in our entrance hall. After twenty-five years of existence, after the death of Dr. Gregory, the school was merged into Boston University, a University which in its turn, and in so many particulars, has manifested definitely and courageously the pioneer spirit. The example it set in medical co-education has been followed by not a few of the leading educational institutions in the country. It was the first University to offer (in 1878) and the first (in 1890) to make compulsory, a four years' graded medical course, and it is the pioneer in the United States to institute a graded five-years' medical course, in which course it graduates its first student this year.

Therefore, in a home of the pioneer spirit, it is good and fitting to enshrine the memorial of a pioneer. Mr. President, I beg you to accept the assurance of our deep gratitude for, and our true appreciation of the great honor you have done us. We gladly take upon ourselves the responsibility such honor entails. With you, we trust this memorial will ever prove to all connected with this School a stimulus in the search for truth, an incentive to preserve the noble traditions it represents, and an impelling force to hold us steadfastly to the high ideals we have inherited.

ROXBURY HOMOEOPATHIC DISPENSARY.—The annual report from this old and well-founded charitable institution once more calls to our attention the valuable work that is still being performed at this place. Under the presidency of Mr. William G. Cousens the work of the year 1907 has been performed in a very efficient manner. Six thousand five hundred prescriptions were issued, or nearly double the number of five years ago. In common with so many charitable institutions, there is crying need of more money for adequate increase of the work along various lines. Excellent work is being performed with the material available, and in the end, merit and faithfulness will be sure to be rewarded. Dr. L. Houghton Kimball is the new president.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Boston, Mass.

EDITORS:
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ASSOCIATE EDITORS:
F. W. COLBURN, M.D. C. T HOWARD, M.D.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

"CLINICAL WEEK" AT BOSTON UNIVERSITY.

The "Clinical Week" recently held by the Medical School has passed into history as one of the most successful innovations ever attempted there. From 9 A. M. Monday till 4 P. M. Saturday afternoon occurred a daily succession of clinics, demonstrations and lectures upon various subjects of medical interest. In all thirty-one members of the Faculty participated, each having one hour assigned to him in which to present to all in attendance that which seemed to him to be of most general value in his own particular field. The entire series of lectures were delivered exactly according to schedule, every lecturer being present at his specified time.

In all two hundred and fifty tickets of admission were issued, a number of applications being regretfully refused on account of lack of accommodation. The attendants came largely from the New England States, although New York, Pennsylvania, District of Columbia, California and Australia were represented by one or more physicians. From Maine came more than ten; from New Hampshire, fifteen; from Vermont, five; from Rhode Island, twenty; from Connecticut, five, and from Massachusetts, one hundred and fifty. Forty-five per cent. were graduates of homoeopathic schools, and fifty-five per cent. came from the "regular" schools. Of these, eighty or more claimed Boston University as their alma mater, many others coming from Harvard, Tufts, Dartmouth, University of Vermont, Hahnemann of Philadelphia and New York Homoeopathic.

Through the kind co-operation of Dr. Mann, Superintendent of the Hospital, and of the Medical Board, the extensive clinical facilities of both the In-Patient and the Out-Patient Departments were freely placed at the disposal of all the participants.

The great advantages of having School, Hospital and Dispensary in such intimate inter-communication were excellently demonstrated, as the entire class could readily get from one place to another with less than five minutes' interval. This is something that cannot be said of any other college in New England. Indeed, in very few medical schools in all America can it be said that there come within a radius of fifty yards for medical treatment more than twenty thousand persons annually.

The course closed Saturday afternoon with a clinic at the Emerson Hospital, Forest Hills, so fully attended that the accommodations were filled to overflowing. Before this a suitable memorial of thanks and expression of gratification had been prepared and signed by those in attendance and was presented to the Faculty.

So many requests were received for a repetition of the course that it seems probable that one somewhat similar may be arranged for the ensuing year.

THE "EMMANUEL MOVEMENT" AND COMMERCIALISM.

During the past few weeks circulars have been distributed by a well-known publishing house, calling the attention of physicians, clergy, and possibly others, to what is now known as the "Emmanuel Movement;" and, as if speaking with authority, explaining the methods that are used, and advertising certain books which it is claimed tell us just how the work is done. Unfortunately, the names of many clergymen interested in this work are used in such a way as to make it appear as if they sanctioned the advertising methods used, methods which are of the most frankly commercial sort. Prominent clergymen, like other public men, cannot prevent their public utterances from being quoted by whomsoever will. Neither can they prevent, except through copyright, quotations being made from articles written by them and published in various magazines. But it is at least unfortunate to have their names coupled with heartless and unsympathetic commercial enterprises. Such use of their names is likely to throw discredit upon their efforts.

One noteworthy feature of the advertising scheme referred to is the frank and evidently unconsciously humorous assumption that the financial status of clergymen and physicians is such that "special easy payment offers" have allurements for them. At all events they are urged to buy two books, "Psychic Treatment of Nervous Disorders," by Dubois, and Schofield's work, "The Mental Factor in Medicine," on the installment plan.

There are things even in every-day life that are bigger than a dollar, although the commercial spirit seems to be unconscious of the fact!

THE FIVE YEARS' COURSE IN MEDICINE.

Medical students are rapidly solving the question as to the desirability of a five-years' course, prior to graduation. In other countries than the United States medical instruction covers a period of five to seven years, during which period it is possible to earn either the baccalaureate or the doctorate in medicine. On this continent, though, there are Canadian medical schools in which the five-years' course is compulsory, there are no medical schools in the United States which demand more than a four-years' course, as the requirement for graduating with the degree M.D. Those who are interested in medical education realize very fully, indeed, that four years of eight months each is little enough time for adequate systematic didactic and laboratory instruction in medical science and art. The fundamental medical sciences, Biology, Chemistry, Anatomy, Histology, Embryology, Physiology, Pathology with the art of Diagnosis furnish sufficiently large subjects to occupy the average student at least three years. Add Surgery, Obstetrics, Gynaecology and the Specialties, and there is enough of systematic didactic work to occupy a total of at least four years. The acknowledged necessity of thorough clinical training demands at least a year of clinical work, during which it should be possible for the medical student to show his power of doing original work, without which a physician is poorly equipped for his life work. The medical curriculum as at present arranged includes and must include a large amount of didactic work, although considerable time is devoted to training in laboratory technique and to bedside experiences. Possibly it would be better to have nothing but didactic and laboratory work during the four years, and let the fifth year be devoted solely to clinical work and original research. At all events such seems to be the tendency of the times, if one may be permitted to interpret the attitude of medical students themselves. After doing their work in the medical school, the majority of them, that is from 50 per cent. to 66 per cent. are glad to get hospital appointments that will give them, on an average, a year of practical experience, during which time the finishing touches of education are obtained.

The recently-graduated class at Boston University School of Medicine furnishes an example of about 50 per cent. voluntarily prolonged their period of training by obtaining hospital or other appointments, in which what is called post-graduate experience may be obtained. It certainly is among the possibilities that within a few years a five-years' course, such as is now optional at Boston University School of Medicine may become a recognized and compulsory course.

PSEUDO-SCIENCE: A PROTEST.

A little over a year ago the *Gazette* received an unsolicited contribution from a physician in the middle West upon a subject, the name of which has now been forgotten.

Upon cursory examination it seemed to be a very carefully-prepared scientific paper written by one familiar with technical terms. After more careful reading, however, the editor was entirely unable to learn the meaning of the author. Abstract, formidable names seemed to abound what was else even to close examination, an unrecognizable jumble. The paper was accordingly returned with thanks. Since then, a large number of articles from the same author have appeared in the medical press, for the most part in the smaller, less important journals, all such articles, equally unintelligible. The purpose of the author we do not know, having no personal acquaintance with him. Until recently the homoeopathic journals have kept themselves reasonably clear from this inundation of odd pseudo-science. But recently in one of our best and most ably edited contemporaries an article has appeared that has a pretentious and rather exasperating appearance of scientific knowledge, but which is to our honest, if limited, understanding, only "words, words, words."

We are not speaking in criticism of our contemporary. What we do wish to enter protest against most strongly is the tendency of medical journals to publish what one must call pseudo-scientific papers; articles abounding in big-sounding words and formidable phrases, but without any real meaning,—any demonstrable idea or purpose. The authors are often of very limited erudition, and the one idea gathered by the unbiased reader is that of self-advertisement.

For uninfluential journals to publish such jargon is perhaps only what might be expected, but when our contemporaries of high rank stoop to welcome such contributions with so much good material available, we feel the time has come to offer a protest. In illustration of what is meant the following is offered. It could be duplicated in at least fifteen or twenty articles from various journals during the past year: "The heterologous proteid of our food, normally, is reverted into its simpler, component units, amino-acids, which by a reversion of the tearing-down process, re-arranges the amino-acids to form a distinctly new compound, homologous with the tissues. Hence, it is readily seen that the healthy person converts what he eats into the kind of protein that is normally human, so that what a healthy man eats necessarily becomes his own."

Is it unfair to suggest that the above would stand as a more fitting quotation from the utterances of the March Hare in

"Alice in Wonderland," than from the column of the contemporary medical press?

We do not object to technicalities in their proper place, but we hereby do strongly protest against the encouragement by publication of articles like these, which even by the use of a dictionary and text books upon chemistry, one is utterly unable to translate into sane, comprehensible English. For presumably our medical journals are published not for the personal aggrandisement of aspiring contributors, but for the instruction of physicians in the means to most directly reach their goal, the curing of disease and the prevention or alleviation of human pain.

SOCIETIES.

CUMBERLAND AND YORK HOMOEOPATHIC MEDICAL SOCIETY.

A regular meeting of the Cumberland and York Homœopathic Medical Society was held at the "Colonial Grill," Portland, Me., May 20, 1908.

The Society voted to endorse the new Homœopathic Pharmacopeia, and appointed J. Frank Trull, M.D., a committee of one to interview Congressman Amos Allen on the bill on that subject now before Congress.

Dr. C. D. McDonald of Portland read a paper on "Chorea."

After adjournment refreshments were served.

Luther A. Brown, Secretary.

MASSACHUSETTS SURGICAL AND GYNAECOLOGICAL SOCIETY.

The Massachusetts Surgical and Gynæcological Society held its seventieth session in Pilgrim Hall, Boston, on Wednesday, June 15, 1908, Dr. Edgar A. Fisher presiding.

After the reading of the Minutes of last meeting, the following were elected to membership: Lizzie Maud Carville, M.D., of Somerville; Ralph W. Hayman, M.D., Providence, R. I.; Laurence F. Keith, M.D., Melrose; Helen F. Pierce, M.D., Plymouth.

Four members resigned from the Society.

Dr. George F. Forbes, who had been a member for the past twenty-eight years, was elected an honorary member of the Society.

The Bureau of Surgery, under the chairmanship of James P. Stedman, M.D., reported as follows:

1. Report of a few cases observed during the winter service at the Massachusetts Homœopathic Hospital.—Winfield Smith, M.D.

2. "Some Deductions Drawn from the History and Treatment of One Hundred Fibroids."—Waldo H. Stone, M.D.

3. "Embolism Following Operation."—Nathaniel W. Emerson, M.D.

4. "Opsonic Therapy in Its Relation to Surgery."—William H. Watters, M.D. Discussion by George P. Sanborn, M.D., Boston City Hospital Pathological Department.

The papers were all earnest efforts and brought forth good discussion.

Dinner was served to more than a hundred at Young's Hotel.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

On account of the exercises of Commencement Week it was voted to omit the June meeting, as was done last year.

It was also voted to urge the members of this society to attend the meeting of the American Institute of Homœopathy at Kansas City, June 22 to 29.

AMERICAN MEDICAL ASSOCIATION.

The Chicago meeting of the American Medical Association was the best attended of any in the history of that organization. There was a total registration of over 6400, this being over 1500 greater than the largest preceding session. Col. W. C. Gorgas of the Isthmian Canal Commission was elected president for the ensuing year.

RHODE ISLAND HOMOEOPATHIC MEDICAL SOCIETY.

The quarterly meeting of the Rhode Island Homoeopathic Medical Society was held April 10, in Providence.

Dr. Thurber was appointed a committee of one to draw up the resolutions on the death of Dr. L. H. Brown, a recently-deceased member.

Dr. William Muncy then presented a paper upon "Facultative Hyperopia," which was much enjoyed by all present.

WORCESTER COUNTY HOMOEOPATHIC MEDICAL SOCIETY.

The quarterly meeting of the Worcester County Homœopathic Medical Society was held in Worcester May 13, at 2.30 P. M.

The Bureau of Kidney and Bladder Diseases presented, through its chairman, the following program:

"Diagnosis," W. H. Bennett, M.D., Fitchburg.

"Etiology," Amanda C. Bray, M.D., Worcester.

"Prognosis," Lamson Allen, M.D., Worcester.

"Treatment, Medical," E. R. Miller, M.D., Leominster.

"Treatment, Surgical," J. K. Warren, M.D., Worcester.

"As Detected by Uranalysis," S. H. Blodgett, M.D., Boston.

"Practical Urinary Tests for the Busy Practitioner," Dr. Amber A. Starbuck, Springfield.

"Resume of the Whole Subject," Edwin R. Lewis, M.D., Clinton. Informal discussion.

On account of the illness of Dr. Lamson Allen, his paper was read by the Secretary.

A vote of sympathy was sent by the Society to Dr. Allen.

In addition to the regular program, Dr. A. F. Abbott of Leominster reported from his private practice a very interesting case.

Dr. S. C. Fuller of Westboro took an important part in the active discussion following the papers.

In the evening Dr. Winthrop Talbot of Holderness, N. H., gave an illustrated lecture on "Normal Boyhood" to members of the Society, public educators and their friends.

It was voted that the next meeting be a "summer outing" at the Country Club house, Framingham, upon August 12. A committee consisting of the President, Dr. Keith, Dr. Glazier and Dr. Patch was appointed to make all the arrangements.

THURBER MEDICAL ASSOCIATION.—The regular meeting of the Thurber Medical Association was held at the home and private hospital of Dr. F. T. Harvey of Milford, Mass., on Thursday, June 18.

A paper upon "Opsonic Therapy," by Dr. W. H. Watters was read and very freely discussed by almost all present.

Following the Scientific Session the meeting adjourned to the lawn where tables were spread and where a bounteous luncheon was served to about fifty people.

HOMOEOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The quarterly meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, Springfield, Wednesday, June 17.

The Bureau of Theory and Practice, under the chairmanship of Dr. E. H. Copeland of Northampton, gave the following program:

1. "Psychological Therapeutics," Dr. Plumb Brown, Springfield.
2. "Why Many Young Physicians Do not Practise Homœopathy," Dr. A. R. Perkins, Springfield.
3. "Accidental Hemorrhage in Pregnancy and Report of a Case," Dr. O. W. Roberts, Springfield.
4. "Intestinal Hemorrhage," Dr. E. P. Bixby, Barre, Mass.
5. "Septic Arthritis," report of a case, Dr. S. E. Fletcher, Chicopee, Mass.

A paper upon "Furuncles in the Ear," by Dr. George Rhoads of Springfield was postponed until next meeting.

The attendance was good and the discussion upon all of the papers free. The papers were of an unusual degree of merit, particularly that upon "Psychological Therapeutics."

MAINE HOMOEOPATHIC MEDICAL SOCIETY.

The forty-second annual meeting of this Society was held in Portland, June 9, with the President, R. S. Graves, M.D., of Saco, presiding.

The morning session was held in the Lafayette Hotel, where the greater part of the business was transacted. Among other questions it was voted to unanimously indorse the homeopathic pharmacopoea of the United States. A committee was appointed to look after the openings for homeopathic physicians in the various cities and towns of the State, and an appropriation was made to defray necessary expenses.

The question of most importance was that whereby it was suggested to transform the Trull Hospital into a distinct homeopathic hospital, owned and controlled by the Society. Possibilities of moving the hospital from Biddeford to Portland were also discussed and generally favored.

It was voted to hold the next meeting in Augusta on the second Tuesday in June, 1909.

The officers for the ensuing year are: President, John T. Palmer, M. D., Portland; Vice-Presidents, W. H Kennison, M.D., Madison; George H. Rand, M.D., Livermore Falls; Recording Secretary, Luther A. Brown, M.D., Portland; Corresponding Secretary, Carrie E. Newton, M.D., Brewer; Treasurer, William S. Thompson, M.D., Augusta; Board of Censors, Drs. C. M. Foss, J. F. Trull, N. S. Holmes, M. F. Cushing; Committee on Legislation, Drs. W. S. Hill, W. S. Thompson, A. I. Harvey, F. A. Ferguson, E. S. Abbott.

At 1.45 P. M. a special car conveyed the members to the Wayland House in Dunston, where the Scientific Session was held. The program was as follows:

President's Address, R. S. Graves, M.D., Saco; "Medical and Adjunct Treatment for Diphtheria," E. F. Vose, M.D.; "Medical Inspection of School Children," F. A. Ferguson, M.D.; "Maternal Impressions," Annette Bennett, M.D.; "Marasmus in Infants," a paper by J. M. King, M.D., read by A. O. Fogg, M.D.

The annual banquet was held at 6.30, consisting of a typical and most luxurious Maine coast dinner.

Following the banquet Dr. W. H. Watters gave a paper upon "Opsonic Therapy."

The meeting adjourned at 10 P. M., after a most interesting and instructive session.

BOOK REVIEWS.

THE MONTH'S BEST BOOKS.

Progressive Medicine. Hare. June, 1908. Lea & Febiger.
Materia Medica. Boericke. Boericke & Runyon.
Sub-Cutaneous Hydrocarbon Protheses. Kolle. $2.50. Grafton Press.
Practice of Medicine. Taylor. P. Blakiston's Sons.
Practice of Hydrotherapy. Baruch. William Wood & Co.

THE MEDICAL ERA'S GASTRO-INTESTINAL EDITIONS.

The Medical Era, St. Louis, Mo., will issue its annual series of Gastro-Intestinal editions during July and August. In these two issues will be published between forty and fifty original papers of the largest practical worth, covering every phase of diseases of the Gastro-Intestinal canal. Sample copies will be supplied readers of this journal.

The Clinic Repertory. By P. W. Shedd, M.D., New York. Including a Repertory of Time Modalities, by Dr. Ide of Stettin, Germany. 240 pages. Cloth, $1.50. Postage, 8 cents. Philadelphia. Boericke & Tafel. 1908.

The author of this book has during the last few years become very familiar to the homoeopathic medical profession through his voluminous writings upon materia medica subjects. More recently the tone of these articles has changed to the repertorial.

This particular book is particularly inscribed to "Old School Men," aiming to enable them to better understand the intricacies of homoeopathic prescribing and to deliver them from the therapeutic nihilism now rampant in their school. The arrangement of the repertory is anatomic, the difference in value of the various drugs being indicated by different types.

To those who employ a repertory, this hand-book will come as a decided boon, as it is compact, neat, easily accessible and quite accurate.

Cosmetic Surgery. The Correction of Featural Imperfections. By Charles C. Miller, M.D. Second edition, enlarged. 160 pages; 96 illustrations. Prepaid, $1.50. Published by the author, 70 State street, Chicago.

This is a somewhat enlarged edition of a book already reviewed in these columns and therefore needs but little attention at this time. The author states that since the appearance of the first edition much gratifying attention has been given to it in all parts of the country. While it is possible, as he claims, that cosmetic surgery may in future come to receive much attention by the medical profession, it is nevertheless true that at the present time it stands near the border line of that which is ethical and that which is not.

Guia Homoeopathico Brazileiro Para 1908. Organisado pelo Dr. Nilo Cairo. Publicacao da Revista Homoeopathica do Parana. Anno I. Curityba, Parana, Brazil, 1908.

The idea of preparing this little book seems to have been obtained from the International Homoeopathic Medical Directory of London. It begins with a short history of homoeopathy in Brazil, dating back to the time of Dr. Franca in 1818 and describing the great work of Dr. Mure, the international homoeopath. Following this comes a list of the homoeopathic physicians, their addresses, titles, medical affiliations and office hours. Some of the most eminent are honored by the insertion of their photographs. The statistics, comparing the results of homoeopathic and allopathic treatment in the same institution, are interesting and will be referred to in another connection.

A Manual of Practical Obstetrics. By Frederick W. Hamlin, M.D., Professor of Obstetrics, New York Homoeopathic Medical College and Hospital; Obstetrician to the Flower Hospital; Obstetrician to the Hahnemann Hospital. Boericke & Runyon. New York. 1908.

This book is certainly unique in many ways. Instead of being a manual in the ordinary acceptation of the term it is a sort of extended dictionary of the subject covered. In arrangement it is alphabetical, not anatomical, and as such is of service only as a book of reference. Simulating conditions are not considered together or in proximity unless they happen to be alphabetically allied.

In the preface the writer clearly states that the object is to prepare a vade mecum, not a text-book. It is interesting to note that this letter of introduction is dated June 1st, 1908, although the entire book containing it is in the hands of the reviewer almost a month prior to that date.

In his expressed aim to prepare a concise outline of the diagnosis, symptomatology and treatment of the various disorders of the mother and child, the author has been very successful, especially in regard to homoeopathic treatment. Where needed, other forms of therapy are clearly described.

In general arrangement and typography no criticism can be made.

A Nursery Manual. The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M.D., Lecturer on Diseases of Children, New York Homoeopathic Medical College, etc. 184 pages. Cloth, $1.00. Postage, 5 cents. Boericke & Tafel. Philadelphia. 1908.

This little book, a compilation of the lectures given to nurses by Dr. Benson, is, considering its size, an admirable presentation of this important subject. Written with the avowed purpose of being for general use, it largely avoids technicalities in order to be intelligible to the lay reader as well as to the physician.

It is divided into three parts The first has to do with general topics such as the nursery, bathing, sleep, weight, dentition, crying, clothing, etc.

Part II deals entirely with feeding of all kinds, including maternal feeding, wet nurse, modified milk, and special preparations and recipes.

In Part III the care of children in illness is considered. Here, besides the general description of the diseases, is given a brief outline of treatment including indications for the more common homoeopathic medicines. From our study of the entire book we feel that it is one that will be not only of value to the doctor himself but that it is also one that he can place in the hands of his prospective or actual mothers with a great deal of profit.

With this feeling, therefore, we wish to express our hearty approval of the book, and hope that it will receive, as it deserves, a widespread circulation.

TO BLACKLIST PATIENTS.—It is reported that certain Prussian medical societies intend to draw up for distribution among their members a blacklist giving the names and addresses of patients who are dilatory in paying their bills for medical attendance. This list will be sent out every six months, and, it is said, will consist largely of the names of wealthy people.

PERSONAL AND GENERAL ITEMS.

Mr. and Mrs. George Dennis Harrington announce the marriage of their daughter, Alice Monroe, to Dr. Ralph Cleaves Wiggin, on Wednesday, June 10, 1908, in Lexington.

Mr. Frank Wood and Dr. Lillian B. Neale announce their marriage on Friday, the 5th of June, in Boston.

Dr. H. B. Bellows has gone abroad for the summer. His office will remain open as usual during his absence, his practice being in charge of Dr. F. W. Colburn. Dr. Bellows expects to resume office hours on Monday, September 14.

Mr. and Mrs. Lawson Bennett Bidwell announce the marriage of their daughter, Alice Henrietta, to Dr. Wesley Terrence Lee, on Thursday, June 18, in Hyde Park, Mass. Dr. and Mrs. Lee will be at home at 281 Broadway, Somerville, after October 15.

The marriage is announced by Mr. and Mrs. Charles Edwin Shaw of their daughter, Lucy Haskall, to Dr. Edmond Ray Lewis, B. U. S. M., 1901, on Thursday, June 18, in Clinton.

REUNION OF THE CLASS OF '98.—The Class of '98, B. U. S. M., celebrated its tenth anniversary by a banquet and reception at which over seventy-five per cent. of the class was present.

HARVEY HOSPITAL.—Dr. F. T. Harvey of Milford announces the removal of his private hospital from South Main street to 88 Congress street. The new building is admirably situated and arranged for the purposes of the institution, the lower floor being devoted to reception, dining and consultation rooms, the upper floors to apartments for the patients. This building is doubly suitable in that it joins the estate of Dr. Harvey and overlooks the very spacious lawn with its magnificent trees.

Dr. Ray C. Hart, class of 1907, B. U. S. M., after a year spent as interne at the Newton Hospital, has gone to the Homeopathic Hospital, Melbourne, Australia. Dr. Henry I. Twiss (class of 1903) also returns to Melbourne after an extended stay in this country.

Dr. George H. Martin of San Francisco, of the class of 1881, B. U. S. M., and his wife, Dr. Eleanor Martin, are taking an extended vacation from a busy practice, and attended some of the sessions in "Clinical Week at Boston University" in the week of June 1—6.

Dr. Henry F. Schantz of Reading, Pa., Dr. Charles T. Haines of Utica, N. Y., Dr. G. W. Scott of Randolph, Vt., and Dr. F. H. Everett of Castleton, Vt., were some of the physicians from out of the State who were in attendance upon the exercises of "Clinical Week at Boston University," as were also Dr. Henry L. Tillotson of Manchester, Conn., and Dr. Joseph H. Evans (class of '02, B. U. S. M.), of Guilford, Conn., and Dr. A. I. Harvey of Bangor, Me.

Dr. Frank M. Humphrey, class of 1885, B. U. S. M., died at Naples, Italy, on May 13 of the present year.

The *Gazette* is informed that there is an excellent opening for an homeopathic physician in the town of Farmington, N. H., and that one is desired there. Dr. Curtis A. Wherry, 312 Sharon Block, Salt Lake City, would be glad to answer inquiries regarding some desirable locations in Utah. The *Gazette* learns also that there is a good opening for a woman physician in the city of Brockton, Mass.

Dr. Edwin A. Clarke will give up his practice in Worcester, Mass., on August 1, and Dr. Charles A. Croissant, late resident physician of the New York Ophthalmic Hospital, will succeed him.

Clarence E. Burt, '08, B. U. S. M., would like to communicate with physicians who wish a substitute while they are away on their vacations. Address, 80 East Concord street, Boston.

Dr. Frank Kraft, Secretary A. I. H., wishes it announced that the omission of the name of the Homoeopathic Medical College of the University of Minnesota, at Minneapolis, from the Annual Announcement and Program of the American Institute of Homoeopath, pp. 56, 60, was an accident discovered too late for correction and much regretted.

FOR SALE.—Betz Static, 12 moving plate, 1 Mueter X-ray tube, tube stand, German resonator, set jars, platform, electrodes, pole charger, 1-3 H. P. alternating current motor with rheostat; $100 cash. Address, Dr. C., care N. E. Medical Gazette, 422 Columbia Road, Dorchester, Mass.

Thanks to the generosity of the Trustees of the Massachusetts Homoeopathic Hospital, a Department of Opsonic Therapy has been founded in that institution to be closely connected with the Department of Clinical Pathology.

In order to provide for suitable assistance in this Department, Dr. C. A. Eaton has been appointed Assistant Pathologist.

By an unintentional oversight the name of Dr. George A. Suffa was omitted from the list of Consulting Physicians at Westboro Insane Hospital, given in the editorial, "Discrimination a Thing of the Past," which appeared in the *Gazette* for June.

GOVERNMENT POSITIONS.—The United States Civil Service Commission announces an examination for June 17, 1908, in order to secure eligible candidates for two or three vacancies in the Government Hospital for the Insane in Washington, D. C. One vacancy will be filled by a female medical interne; the others by males. Salary, six hundred dollars per year with maintenance.

BEQUEST TO MASSACHUSETTS GENERAL HOSPITAL.—By the will of the late Charles H. Dalton, the sum of $15,000 was left to the Massachusetts General Hospital.

BEQUEST TO GRACE HOSPITAL.—The late Mary E. Ives, among other bequests, left $5,000 to Grace Hospital, New Haven, Conn., for establishing a free bed.

CHANGE OF EDITORS.—The Homoeopathic World, one of the leading English medical journals, announces that with the April number its world-renowned and illustrious editor, Dr. John H. Clarke, permanently retires. Dr. Clarke was the successor of Dr. J. C. Burnett, and has for the past twenty-three years so handled the editorial pen as to make the journal a strong factor in medicine. His successor is Dr. C. E. Wheeler, who has for some time held the position of junior editor.

Progress for April announces the retirement of its editors, D. A. Strickler and A. C. Stewart. Their place will be taken by Dr. J. P. Willard, one of the former editorial collaborators. We bespeak for both of these periodicals the continued support of the medical profession, as we feel that under the new editorial guidance all the old traditions and excellences will be maintained.

The Gazette desires to publicly express its deep gratification for the many courtesies extended to it by the popular librarian of the School, Dr. A. T. Lovering. In supplying news notes, in proof reading, in obtaining manuscript and in so many ways that none but an editor know, Dr. Lovering has proven an unfailing friend. We therefore wish that the readers of the Gazette may know of this assistance offered without hope or desire for reward or public recognition. It has been much appreciated by the recipients, however, who hereby wish to place the credit where credit is due.

COMMENCEMENT WEEK—BOSTON UNIVERSITY.

Commencement Week was ushered in Sunday, May 31, by a sermon by President Huntington, delivered in Jacob Sleeper Hall to the graduating classes of all Departments of the University. Upon June 1 the Faculty reception and Class Day exercises were held at the Medical School Building on East Concord street. These consisted of a Class History by Miss Winifred M. Woolls and a valedictory by Laurence R. Clapp. These were responded to on behalf of the Faculty by Professor A. W. Weysse. Dr. N. R. Perkins, President of the Massachusetts Homœopathic Medical Society, presented a mural tablet commemorative of the life and activity of Dr. Hans Burch Gram, a native of Boston and the first homœopathic physician in America. More extended notice of this will appear elsewhere.

Following the formal exercises was a reception by the full Faculty to the students and their friends. Refreshments were served to over three hundred people, and dancing continued to a late hour.

Upon Tuesday evening the annual alumni meeting and dinner was held at Young's Hotel. In point of attendance and in enthusiasm and interest displayed, this was the banner meeting in the history of the Association. About one hundred and twenty-five alumni sat down to dinner, and later listened to speeches, largely retrospective in character, from representatives of a number of the earlier classes. One of the most interesting was that of Dr. Geo. H. Martin of San Francisco, California, class of '81, who described most vividly the horrors of the earthquake and fire that lately overwhelmed that city. He also spoke in feeling terms of the very early assistance that the physicians of Massachusetts rendered to their fellow-workers thus left entirely destitute.

Upon Wednesday occurred the formal graduating exercises in Tremont Temple, where an address was delivered by the Rev. S. P. Cadman, and where diplomas were presented to the largest graduating class in the history of the University. From the School of Medicine came nineteen candidates for the degree of Doctor of Medicine, Martha Boyce Bates, Adah Louise Brown, M.B., Clarence Edward Burt, James Dearborn Christie, Laurence Remick Clapp, A.B., Ch.B., Howard Lewis Cushman, Charles Alexander Eaton; Robert Lovett Emery, Robert James Grandlienard, John Frederick Lovell, P. Joseph Murray, Arthur Vannavar Pierce, Hervy Brackett Pitcher, Emma Adrienne Polsey, A.B., Ch.B., J. Walter Schirmer, Adalieta Shaw, M.B., Florilla Mansfield White, Winifred Morrill Woolls, A. B., Ch. B., Elizabeth Taylor Wright; one for the degree of M.D. *cum laude*, after a five-years' course, John A. Hayward, M.D.; two for that of Bachelor of Surgery, Frank Ozro Cass and Harold Otis Hunt, and three for that of Bachelor of Medicine, Emma Hooker Fay, Gaius Elijah Harmon and David Lorenzo Martin, Ph.D., S.T.B.

Following these exercises was held the University Convocation in Jacob Sleeper Hall, at which the Medical School was represented by Dr. John L. Coffin in a characteristically eloquent address.

The outlook from all Departments seemed to be most hopeful, the Central Department, that of the College of Liberal Arts, now being suitably situated, with adequate facilities for instruction, tending to give a more dignified tone to the other allied departments.

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ORIGINAL COMMUNICATIONS.

PRACTICAL OBSERVATIONS OF TYPHOID FEVER.*

By C. E. Fisher, M.D., Chicago.

(Continued from July.)

G.

As a field for future investigation typhoid fever presents many avenues.

In the Matter of Medication.

The medication for typhoid fever, even the homeopathic medication, as generally practised, is unnecessarily crude and experimental. It is almost haphazard, I may say, in the practice of too many.

In the beginning, in typhoid there is no need for hurry. We should get the right prescription the first time. The range is not usually large, and this is easily possible. But to do it we must think and study it over carefully. How many of us fail to do this!

I never shoot at the case "in any old way" without regret.

Far better is it to put on one's thinking cap and wait till we are sure we are right before we go ahead.

A day lost in this way is a week gained over the catch-as-catch-can method of picking the medicine from the satchel or pocket case almost at random.

In Sticking to the Remedy.

The course of typhoid fever does not change with each visit of the doctor. Neither should the remedy. When carefully chosen, stay by it. Give it day by day, week by week, unless the case vacilates and changes physiognomy, which is not often.

I now carry many a patient through on one remedy, whereas formerly I floundered about as much as anyone. Today I stick to the last.

In the Matter of Dose.

The under dose is better than the over dose.

I never alternate nor mix.

The medium and high are better than the low potencies.

By the "medium" is meant the sixths to twelfths.

By the "high" is not meant the transcendental.

Rarely do I go beyond the thirtieth, sometimes higher. In occasional cases the one-thousandth, whatever that may be, has been given with excellent effect.

*Read before the American Institute of Homoeopathy, June, 1908.

In dyscrasial cases—those with pedigrees of tuberculosis, syphilis, sycosis, psora or what-not, the one-thousandth of the deep-acting constitutional, the system-searcher, an occasional dose only, whether of sulphur, graphites, calcarea, silicia, lycopodium, or other anti-psoric, will often set the case going right and seemingly pave the way for better response to the typhoid agent.

In the Matter of Repetition.

Only for the convenience of the nurse is it required or justifiable to prescribe repetition according to the dial of the clock.

There seems to be no way around this in continued fevers, unless the physician can always be present to watch the case or has nurses who have as much knowledge of medicines and their applicability as has he.

Therefore, the necessity of naming set hours for the dose.

Formerly I ordered it every two hours in fevers, every hour during the rise of temperature.

Now it is given less often, frequently every four hours, not infrequently through the night but every six to twelve hours.

When practicable it should be administered according to the symptoms, conditions and reactions of the patient, rather than at set times.

Typhoid fever is a siege. Its treatment must be a countersiege. There is no use bombarding every hour. Watch for indications for attack, without ever slacking guard.

The deduction is plain from the results in the cases reviewed that moderate medication, moderately administered, together with moderate therapy, moderately administered, form a safe and sane treatment for typhoid fever.

H.

There is room for improvement in diet.

By no means is it established that milk is the ideal. In some cases it causes dangerous scyballae to form. In others it leaves a very foul mouth and breath. Occasionally it generally disagrees. Many patients come to loath it in time. In private practice fresh milk cannot always be had.

I am led to believe that thin strained soups from well-boiled beans, peas, lentils and rice may be preferable typhoid diet, and am disposed to give this type of food a systematic trial.

We have been up the line and down the line with gelatins, wheys, toast-waters, whites of eggs and all the baby foods and prepared beef juices, and while in individual cases each seems to have its place neither nor all have offered to the typhoid subject more than a passing pap.

The sustaining of the typhoid patient as at present practised is little less than empiricism in feeding, largely guesswork, and the most difficult problem of the sick-room.

Medication.

It was not originally the intention to refer to individual remedies in connection with the treatment of typhoid fever in

this paper, but it may not be amiss in closing to very briefly out line what have been our main reliances.

First. Bryonia.

Someone has said: "The more the typhoid the more the Bryonia." Whoever said it said well.

Byronia has served us more often and more regularly than all other remedies combined. So much is this true that our corps has almost come to prescribe it routinely upon the reception of a fever case.

Begun at the beginning, the temperature rarely gets beyond control, and we have been very fortunate in warding off the intestinal relaxations that are such a nuisance so often.

The mental hebetude, the dulled expression, the besotted countenance, the dry brown tongue, the foul breath, the sluggishness of functions, the decubitus and desire to lie quiet, the slowness of pulse as compared with temperature, these and other symptoms to be found in the Symptom-Codex are the picture for Bryonia in typhoid.

Many of our cases have been carried through on Bryonia alone, without a single constitutional or intercurrent.

Second. Next to Bryonia has come Baptisia. But it has not been called for in anything like the number that might be expected from the praise it has received.

Ever since Hale pronounced Baptisia a remedy which would abort typhoid fever it has been used frequently and indiscriminately in the beginning as an abortifacient. Wheras, Baptisia is rarely indicated early. Its chief characteristics are putridity and duality of consciousness, or, rather, a perversion of our duality.

Baptisia is a secondary remedy, always to be thought of as the patient gets mixed up, and as his breath and discharges become penetratingly foul.

Someone else is in bed with him; it is the other man who is sick; what has become of his chest, leg or arm; in answering questions it is in the third person singular; it is "he," not "I." who slept well or who didn't.

These symptoms never occur in the first week. They doubtless arise from the effect of the typhoid toxin and the continued heat upon those centers in the brain that preside over duality of consciousness—hence it is the other part of use, the other fellow, if you will, who is sick and behaving badly.

In this perversion Baptisia is a classic. Likewise where putridity predominates.

And this, also, it always late.

A word about the potency. For years it was my view that all our indigenous remedies did better in the tincture or low. Hale so taught, and he was the New Remedies authority. My ideas have long since undergone a change along this line.

Baptisia does better the farther removed from the crude.

There may be a limit to the distance to be travelled to keep this statement good, but thus far I seem not to have

reached it. The sixth, twelfth, thirtieth, and even the one-thousandth have served me better than the first, second or tincture.

Third. Belladonna.

No small number of typhoid fever cases suffer severe headache, flushed face, injected eyes, dry mouth and tongue, nosebleed, general redness of skin.

Here Belladonna has served a good purpose. But it is not a long-indicated remedy. It relieves quickly or it does not. It will not carry a case clear through as does Bryonia or as does Rhus or Baptisia. But it is often indicated, and often helpful where ordinarily Gelsemium or Veratrum viride is prescribed.

Fourth. Rhus tox.

The early homeopaths were in the habit, as are too many today, of giving Bryonia and Rhus alternately to all their typhoid patients, the journals containing many brilliant cures by this treatment.

The pathogeneses of these drugs proclaim, however, that they are direct opposites in all their chief characteristics. This being true, they are not even analogously related and should not be prescribed conjointly. If it is a Bryonia case it is not a Rhus case.

For patients with intense restlessness, constant tossing about, incessant throwing of arms and legs, bitter complaints about the bed, always too hard, muttering delirium that never lets up, nightly diarrhea of a pea-soup character, involuntary watery and offensive stools, tongue intensely dry, red at the tip and with a dry streak down the centre, extending from tip to base, Rhus tox is without an equal.

As stated, in our cases it has not been very often called for. But when needed it has been needed bad and has done good work.

Fifth. Lycopodium.

Kraft calls Lycopodium the "Yellow Remedy."

Everything is yellow, the skin, the sclerotics, the tongue, the urine, the feces, the perspiration, the liver is swollen and torpid, the abdomen is distended with gas, borborygmus and flatulence are characteristic, the mind is as torpid as the liver, the patient is listless.

Lycopodium is only an intercurrent, as a rule, and not often called for. But occasionally it is very helpful.

Sixth. Sulphur.

Not often called for, yet a good passing remedy.

The heat is dry and pungent, insistent and intense. It is worse toward and in the night. The skin is as dry as if burned, and burns the hand.

The pulse is fast, for typhoid, the temperature extreme, and neither will come down and stay down.

The bowels are torpid, as with Lycopodium, the urine sluggish and very red, staining everything, but not leaving the sediment of Lycopodium.

The bladder is paralyzed, full to bursting.

Sulphur is a regenerator, a revivifier, an arouser of dormant forces, the clearer away of dyscrasial rubbish.

Rarely will it be needed long at a time, an occasional dose in the high potency sufficing.

Remedies in General.

Besides the few which have been named there are many others not to be overlooked.

Natrum sulph is another Bryonia for typhoid states.

Psorinum is another Baptisia for putridity.

Mercurius is another Rhus for nightly aggravations.

Arsenicum is in a class by itself for crises.

Phosphoric acid and muriatic acid are allies in prostration.

Phosphorus is a giant in bronchial complications.

Carbo vegetabilis is the Master's agent for collapse.

Nitric acid, China, Ipecac and the snake poisons are hemorrhagics to be carefully differentiated as needed.

Gelsemium has great muscular fatigue and high temperature for the first few days. It is a splendid febrifuge in superficial conditions, but has little scope in typhoid.

Pulsatilla has no superior in the gastric aggravations due to errors in diet or the disagreeings of proper foods. Especially is it suitable in typhoids in women and young subjects, but not often in hardy men.

In our hospital cases Nux was a wheel-horse in whiskey-users, as also in gourmands and laborers whose food was coarse and heavy.

Lachesis and Crotalus, as well as Secale and Carbo veg., are remedies of prime importance where blood degeneration is taking place in virulent cases. The hemorrhages are black and tarry, the sordes on the gums, lips and teeth excessively putrid, the prostration profound.

In conclusion, if there seems to have been a failure to bring the differentiations of the remedies up to the standard of the ideals set forth for typhoid subjects, it may be attributed to the fact that in a majority of our cases it was impossible to get from many people of many tongues those finer indications upon which the most successful prescription must be based.

All typhoid subjects have much in common.

Each one has something all its own.

Had our patients and our corps been familiar with Volapuk, or some other universal language, we might have been able to develop those finer discriminations which should always be the aim of the homoeopathic prescriber.

The State Homoeopathic Medical Society of New Hampshire, at its meeting held on June 24th, voted unanimously to adopt the pharmacopoeia of the American Institute of Homoeopathy as the standard.

THE INDUCTION OF PREMATURE LABOR AS AN OPERATION OF ELECTION*

By George R. Southwick, M.D., L.R.C.P., M.R.C.S., Boston, Mass.

The induction of premature labor in the great majority of cases presumes the existence of a serious danger to the life of the mother. Such danger may be either immediate or remote. The induction of premature labor as an operation of election implies a choice of method in treatment as well as the election of a time for performing the operation. The operation of accouchement forcé proper, i. e., the rapid dilation of the cervix and the forced, rapid delivery of the infant, is not considered in this paper, as it is an operation of compulsion and not one of election.

The safety of the mother's life is paramount. The life of the unborn babe, though of secondary importance, must be considered, and a third factor, the preservation of fecundity, deserves more attention than usually is given to it.

The application of the doctrine of asepsis to the art of surgery has changed materially the practice of both obstetrics and surgery. Rules of practice well established yesterday are modified by the advanced opinions of today which depend largely on the successful application of asepsis to the case in hand. Whether the older or the more modern views are followed depends in a measure on the conditions of the individual case.

It needs to be especially emphasized that asepsis is only as strong as the weakest link in the chain, and it requires constant, every-day, trained practice of asepsis to perfect it, or there will be more than one link broken in the chain. Another factor, quite as important, is the skill of the surgeon in abdominal surgery.

The surgical feat of an expert under favorable conditions is not a safe undertaking for a tyro or a wise precedent to follow under less favorable conditions. In other words, a method of treatment giving good results in ordinary conditions of practice is safer for the practitioner to adopt than the methods of an expert when the conditions necessary for the latter cannot be obtained.

With this preamble the following topics are suggested for discussion:

First, the treatment of grave systemic diseases of the mother which immediately threaten her life. The more common of these cases are those associated with serious and increasing albuminuria, deficient elimination of solids in the urine, persistent headache, epigastric pain, disturbance of vision from albuminuric retinitis, and a high tension pulse. A second group of

*Read before the Massachusetts Homoeopathic Medical Society.

cases are those of organic heart or lung disease complicating pregnancy. There are a number of other conditions which may imperil the mother's life, but the principles involved in the present discussion are generally applicable to them.

Another group of cases differs widely from the preceding, in that the danger to the mother is remote rather than immediate, though none the less real. They may be classed under the general heading of disproportion between the parturient passage and the passenger which under normal conditions passes through it. The passenger may be too large for the normal size of the passage, or the passage may be too small for the passenger, either in the soft parts, as from the encroachment of a fibroid tumor, or from the contraction of the bony pelvis in some of its diameters.

A complete discussion of these problems is impossible in the time at our disposal, but they enter into the ordinary practice of midwifery and the writer desires to present especially the claims of the induction of premature labor as an operation of election. This operation must not be confused with the more formidable one of accouchement forcé. It is a simple and not a major operation. It does not require the skill nor the paraphenalia of the latter. It is adapted to the use of any good obstetrician in the ordinary condition of practice. It has practically no mortality for the mother. The mortality for the child compares favorably with that of the major operations and does not greatly exceed that of ordinary labor at full term.

Let us enumerate again that group of symptoms which often precede an attack of eclampsia: serious and increasing albuminuria, deficient elimination of the solids in the urine, persistent epigastric pain, headache, disturbance of vision, and a pulse of high tension. All of these symptoms, as well as some not mentioned, may be present; sometimes, only part of them, but in either case it will be admitted that the mother's life is in peril and opinions as to the best method of treatment differ widely, even among practitioners distinguished for their skill and experience. No less an authority than Veit of Berlin states that neither albuminuria nor the kidney of pregnancy in themselves warrant the induction of labor, but that the first signs of a transposition into nephritis is an indication. Other quotations might be made, and the writer has seen cases in the care of obstetricians of repute treated by some form of expectancy, such as hot packs, cathartics, diuretics, or careful prescribing of homoeopathic remedies in either high or low potencies. Some of these cases have recovered, but there have been cases of eclampsia ensuing with loss of both mother and child where it seemed reasonably certain that the timely interruption of pregnancy would have saved the mother with a mortality risk to the child of about ten per cent. The writer advocates the prompt induction of premature labor when a majority of the

symptoms enumerated above are present. To delay is to invite the much more serious disaster of eclampsia with less chance of relief by operation. The induction of premature labor does not always prevent eclampsia, and it may be performed too late to do so, but even then, it is our best safeguard against one of the most serious complications of pregnancy and can be used in connection with other well-known remedies.

Cardiac disease is an occasional indication for the induction of premature labor. Immediate danger to life does not threaten so long as compensation is good, but great care should be taken that the strain of labor does not place too much stress on the heart. Mitral stenosis is especially dangerous and aortic insufficiency scarcely less so. It is far better to induce an easy labor four weeks prematurely in advanced heart disease, even if compensation is fairly good, than to run the risk of breaking compensation, or of worse disaster by a severe labor at full term.

Advanced tuberculosis of the lungs is a serious complication of labor. In several instances the writer has seen women die in labor or soon after, when it seemed that life might have been prolonged by an induced labor with less tax on the strength of the frail mother.

The remote danger to the mother from disproportion between the child and the pelvis if pregnancy is allowed to go on to full term brings forward the induction of premature labor more distinctly as an operation of election. It is contra-indicated if the true pelvis has not a free space of at least three inches in all its diameters, also if cancer is present. If this working space is present the induction of premature labor may become a competitor with Caesarian section, symphyseotomy, or pubiotomy. Both symphyseotomy and pubiotomy show a larger infant mortality than Caesarian section, about the same maternal mortality and a much longer period of convalescence. Any form of re-section of the anterior wall of the pelvis is much less in favor than formerly in consequence and is restricted largely to minor pelvic contractions. It is in this class of cases that the induction of premature labor finds its best indications, as the nearer the child can be brought to maturity the more surely will it survive. In pelves with a diameter of less than three inches the child is not likely to survive and Caesarian section becomes the operation of election. Both Pinard and Bar in Paris have practically abandoned symphyseotomy, pubiotomy and the induction of premature labor, though formerly advocating them, in favor of Caesarian section. Expert surgery under the most favorable conditions has reduced the mortality of Caesarian section from fifty-four per cent. to two per cent., yet it remains an operation for the expert and too serious for the ordinary conditions of practice. Müller's test for determining the best time to interfere is simple and safe to follow. If the foetal head can be easily pressed deep into the pelvic brim the operation can

be postponed till with a little difficulty the head can be forced into the brim.

The subject of the treatment of fibroid tumors complicating pregnancy is a large one and only a brief summary can be given from a practical standpoint to furnish suggestions for discussion. A fibroid grows more rapidly during pregnancy from increased nutrition. It is also true that many fibroids undergo marked diminution after labor, as the involution of the uterus cuts down the blood supply and the lymphatics are very active. The uterine fibroid rarely becomes a serious complication of pregnancy by developing so low in the true pelvis that it cannot be pushed above the pelvic brim in labor at full term. Caesarian section with hysterectomy is best applied to cases where the fibroid cannot be pushed up and blocks the passage of the infant. If there is three inches of clear working space in the true pelvis the induction of premature labor is preferable to the more severe operation, and hysterectomy can be performed at a later period when the tissues will be much less vascular and often the tumor will be much smaller. The removal during pregnancy of a subperitoneal fibroid has been accomplished successfully many times without interrupting pregnancy. The best results are obtained by handling the pregnant uterus as little as possible and tying the uterine sutures snug but not tight enough to blanch the tissue. Interstitial fibroids occasionally cause post partum hemorrhage by interfering with the symmetrical contraction and retraction of the fibres of the uterine muscle. If uterine fibroids do not encroach into the true pelvis so as to block it up or otherwise endanger the life or health of the patient the writer believes in the postponement of the operation till after delivery. If an operation must be done and a child likely to weigh four or more pounds can be delivered by premature labor the writer prefers it to Caesarian section at full term with hysterectomy, which is a formidable operation even in the hands of an expert. Dr. Morse states in an able essay on the care of premature infants that the prognosis for life is fair when the infant weighs over four pounds. This prognosis steadily increases with a larger weight. It is also true that premature infants weighing less than four pounds have a much poorer prognosis and that the chances for life very rapidly diminish with the loss of every ounce. Premature children weighing less than three pounds have very small chance for living, though exceptional instances are known.

Ahlfeld's statistics on the weight of the foetus are interesting in this connection. At the end of the thirtieth week of pregnancy the foetus weighs four and a quarter pounds; at the thirty-fourth week five and a half pounds; at the thirty-sixth week, when the induction of premature labor is most frequently performed, six and a quarter pounds. It will be seen, therefore, that there is ample margin in the weight of the child to admit of a good prognosis. Ahlfeld estimates the weight of the child

in utero by determining its length after the twenty-fifth week and has constructed a table of weights corresponding to the length of the foetus. The latter is ascertained by placing one arm of a pelvimeter in the vagina on the presenting part and the other arm of the pelvimeter on the abdominal wall over the opposite pole of the foetal elipse. Double this length will be the length of the foetus. A foetus fifteen and three-quarters inches long weighs three and a half pounds; a length of sixteen and three-quarters inches corresponds to four and a half pounds and a length of seventeen and a half inches at the thirty-fifth week of pregnancy corresponds to six pounds, etc. It is true that the premature infant requires most careful watching and feeding until it weighs seven pounds at least.

This leads naturally to the consideration of the method of operating and the danger to mother and child. There are several methods of inducing premature labor, but the simplest one of all, which can be done by any practitioner, has given me excellent satisfaction. It is simply the introduction of a catheter or bougie with aseptic precautions well up to the fundus uteri. It is of great advantage to the child if a small, conical Champétier de Ribes bag dilator or a Vorhees bag is used for the first stage of labor and the large bag after this slips out. The bag takes the place of the presenting part in dilating the soft parts. It saves the foetal head from pressure and the small bag will not displace the head. The bag is also an effective dilator and hastens delivery, especially if a weight of two or three pounds is tied to it. The use of this dilator is greatly to the advantage of both mother and child, especially to the latter, as many of the dangers to the premature infant have their origin directly or indirectly in pressure on the head or in protracted labor. The difficulties of rearing a premature infant are minimized if it is born in good physical condition and cries loudly so as to expand its lungs and close the foramen ovale. A premature infant needs to be kept warm and have plenty of good, fresh, warmed air to breathe. The writer has seen such infants in great peril when placed near a hot air or register or a steam radiator and forced to breathe hot, devitalized, cooked air. A change to an incubator and good air worked wonders. Most incubators are deficient in supplying sufficient fresh air. Constant watching for the first forty-eight hours at least, the occasional use of stimulants and the judicious feeding of breast milk in small quantities will give the premature baby a start, and it is really wonderful how such babies will thrive after the first week. The smallest premature baby in my experience had not reached the viable period of twenty-eight weeks. A careful estimate with a generous allowance for possible contingencies showed more than ten days lacking of twenty-eight weeks. The baby weighed two pounds and seven ounces, a pint measure held her and her father's finger ring slipped over her arm and shoulder. Breast milk was unob-

tainable and diluted cream was used for nourishment. That infant is now a little girl about ten years old.

In the great majority of cases the elective operation of premature labor is performed in the thirty-sixth week of pregnancy. The bones and muscular structures of the infant are well formed, but not much fat has been deposited. The baby weighs over five and a half pounds, usually. Ahlfeld's tables show six and a quarter pounds at the thirty-sixth week. The premature infant requires very careful feeding and observation for the first week after delivery. It is wonderful to see how it will thrive after its first start and ultimately catch up with the full term baby in the course of a few months. The mortality of the premature infant has been grossly exaggerated if proper precautions have been observed during labor and reasonably good care taken of it afterwards, especially during the first week.

My observation and experience lead me to believe that the infant mortality in the operation under consideration, which must not be confused with accouchement forcé, does not greatly exceed that of labor at full term and compares favorably with the infant mortality of Caesarian section.

The maternal mortality, so far as the operation itself is concerned, is practically nil. The operation has the merit of simplicity as well as safety. It can be performed readily under the ordinary conditions of practice. It leaves the mother intact and capable of further childbearing. If malformations are present which render childbirth at full term too hazardous, it is a question if it is not wiser to induce labor if the conditions warrant a reasonable expectation of a living child, rather than to wait for the performance of a Caesarian section with only a slightly better risk for the child and at least two per cent. mortality risk for the mother.

It is needless to add that the successful application of the methods discussed requires the thorough examination of all cases of pregnancy at or before the eighth month and the habitual measurement of the pelvis.

A brief summary of the points advocated in this paper for discussion are as follows:

I. In the presence of threatened eclampsia it is better to induce labor promptly than to invite further danger by expectant treatment.

II. In advanced cardiac disease, especially mitral stenosis, advanced valvular disease, or aortic insufficiency, it is better to induce labor than to await disaster or a broken compensation of heart action by the strain of a full term labor.

III. Advanced pulmonary tuberculosis is accompanied by such profound impairment of strength and vitality that the strain of labor at full term is liable to cause death during labor or to materially shorten life. Premature labor is accompanied by far less strain on the patient, and the patient's vitality is

presumably better at the seventh or eighth month than it would be at the end of pregnancy. Is not the mother entitled to the benefit of an operation which does not materially injure the prognosis of her child's life?

IV. The induction of premature labor is advocated in preference to Caesarian section for those cases of contraction of the true pelvis from any cause but malignant disease where all the diameters are three inches or over.

V. The induction of premature labor is especially advocated when excessive size of the child in relation to the pelvis (gigantism) makes doubtful the delivery of a living child through the natural passage.

VI. The conservative treatment of the uterine fibroid as a complication of pregnancy is recommended when the fibroid is not growing rapidly, is not producing undue pressure and does not encroach on the true pelvis, and the election of premature labor is recommended in preference to Caesarian section at full term if the diameters of the true pelvis exceed three inches.

VII. The safety of premature labor for the mother, the moderate risk to the child and the adaptability of the operation to the ordinary conditions of practice commend to your thoughtful consideration the induction of premature labor as an operation of election.

DIFFERENTIAL LEUCOCYTE COUNT IN ACUTE APPENDICITIS.—Recently A. H. Noehren (Annals of Surgery, February, 1908) has furnished additional data on this subject. They are based on the examination of the blood in sixty cases of acute appendicitis just before operation, which made it possible to compare the count with the actual condition present. His statistics included cases of diffuse purulent peritonitis, gangrene of the appendix, localized abscess, and inflamed appendix without adhesions. He found that in every case with ninety or a higher percentage of polynuclear cells immediate operation was surely indicated. Every case under eighty per cent. could probably have waited, as all but two were encapsulated abscesses or simple inflamed appendices; the two exceptions were cases of gangrenous appendix, both of which had seventy-eight per cent. polynuclears. The relative disproportion of the polynuclear percentage to the total number of leucocytes did not seem of much value, as six out of fourteen cases of diffuse or spreading appendicitis showed no disproportion. Noehren cites a few cases in which the history and physical examination left one in doubt as to whether an immediate operation was necessary or not; the polynuclear percentage was high and the condition found subsequently warranted immediate operation. We may thus conclude from his studies that the differential leucocyte count is of value in deciding whether an appendicitis case should be operated upon immediately or whether it can wait. None of his cases with a polynuclear percentage of over eighty could have been considered a waiting case. Noehren does not mention how many cells were counted in each case, stating only that the differential count is a simple procedure which can be more quickly accomplished than an ordinary leucocyte count. This is hardly correct, when we consider that five hundred cells should be counted to obtain an accurate idea as to the percentage of polynuclear cells.

OBSERVATIONS AND REPORT OF CASES FROM A SERVICE AT THE MASSACHUSETTS HOMOEOPATHIC HOSPITAL FROM JANUARY 1 TO APRIL 1, 1908.*

WINFIELD SMITH, M.D.

It is impossible to follow a service—special or general—at any of the large institutions for the care of the sick and find the same kind of cases year after year of such degree and number as to make it uninteresting to recapitulate and perhaps make a careful study of certain phases which may appear to be more or less irregular or of unusual interest either in the pathological status or the necessity for more or less apparently new methods in the treatment or care of the patients under observation.

It is, on the other hand, characteristic of such services that comparatively rare cases are often duplicated when one appears upon the scene, and it is not unrecorded that a somewhat lengthy list of very unusual conditions may appear at any, even the most unexpected time. The "Winter service," so-called, of 1908, differs in no respect from others in this regard and I shall make an effort to present a few interesting facts to the Society, hoping for such discussion as may prove helpful in the future.

In regard to generalities it seems to me that there is no universal agreement pertaining to the proper abdominal incision in the ordinary case of appendicitis.

In a visit last year to the London hospitals, and one recently to the surgical departments of the New York institutions, I was strongly impressed with the facts that the "gridiron" incision was preferred by the majority of the surgeons and that the length of the incision appeared to be taken into consideration in only a comparatively small number of cases. By this statement I would not be understood as *criticising* my very kind hosts but of *emphasizing* the fact which we have always stood for in this Society: that the incision shall be as small as it is possible to make it and accomplish the work, and that this statement means that the majority of such incisions can be made nearer an inch than two inches in length and made in such a manner as to prevent the appearance of post-operative hernia and to leave a very small scar as the result of the operation. In a paper before the Massachusetts Homoeopathic Medical Society some years ago, Dr. J. B. Bell gave a description of the incision which is made through the skin and anterior aponeurosis covering the right rectus abdominis muscle at a point one-half inch or thereabout internal to the right semi-lunar line and where the incision may intersect a line drawn between the right anterior superior spine of the ilium and the umbilicus.

The rectus abdominis is then drawn inward by a blunt instrument and the posterior layers are opened into the peritoneal cavity. By this procedure no muscle is cut, nor are its fibres sep-

*Read before the Massachusetts Surgical and Gynaecological Society.

arated; it remains intact and when it slides back into position it serves as a natural splint to protect the place of incision. It has seemed to me somewhat better to modify this only in so far as to start the incision at the spine-umbilical line, instead of above it, and continue it downward and a little inward from this point. I am not exploiting this incision as something new or original but with the idea in mind that a good method is improved by constant repetition. Again, median abdominal incisions are just as convenient if made low in the abdominal wall and it is safe to make them almost entirely within the area covered by the supra-pubic hair if care is taken to thoroughly evacuate the bladder just before beginning and to make the peritoneal opening at the uppermost part of the incision and thus avoid any possibility of wounding the urine reservoir.

Another small matter presents itself which does not appear at first sight as of much importance, and yet these are the very points which make for the completeness in technique which is so much to be desired, viz.: whatever may be adopted as the technique in the deeper layers of the abdominal wound, it is well to avoid a disfiguring scar by putting in the skin suture subcutaneously in both appendix and median wounds, and a zero catgut—with no necessity of removal—fits the case perfectly as far as I can see. Deep sutures are being discarded the world over and the cosmetic effect is correspondingly improved—and that is what we are striving for, constant improvement. May it not be along the lesser as well as the greater lines? In cases requiring drainage or of great emergency and in the occasional large growths which now come with greater infrequency under our observation the smaller considerations above-mentioned are of secondary importance. In the majority of cases, however, they apply.

Speaking of drainage brings to mind a slight change of technique in the treatment of pus appendices which has seemed to serve me well in all cases of such conditions in which drainage is a necessity. Instead of placing the drainage—and a sterile rubber tube is given the preference over other materials—down to the site of the pus cavity, I have been carrying it over the brim of the pelvis in close relation with the appendix site and down to the bottom of the cul-de-sac of Douglas. In several cases in former years it had been noticed that after a pus appendix operation and drainage to the abscess site only, a later development of pus was liable to occur in the pelvis, requiring a second operation and drainage through the old wound, and in one case through the vagina posterior to the cervix uteri. Again whether it may be due to unconscious improvement in the technique or to the possibility that patients suffering from severe pus accumulations are brought to treatment earlier than formerly, or to this method of drainage in which every pus case is subjected to a drain reaching to the bottom of the pelvis, or a combination of all three, may be a subject for discussion or even disagreement, but it is certain that since this method has been instituted, all the pus cases coming under my ob-

servation have recovered and are no longer such a cause of worry as under previous methods of treatment.

Another subject worthy of discussion by this and other medical societies is the question of abortion cases which are sent to our Hospital—and I judge to others in like degree—after having been subjected to criminal operations for the production of miscarriage followed by infection from such manipulations.

It is true, unquestionably, that criminal operations of this nature have been much less frequent than formerly, owing to the publicity given to the dangers incident thereto during the trial and conviction of several abortionists in the horrible suit case mystery which filled the newspapers a few years ago.

For a time these convictions had a good effect and the individuals who devoted themselves to this criminal act were more careful in their manipulations and practically retired from their chosen field of labor. Recently, however, they have unquestionably returned to their original occupation, as we had several cases during the service and three appeared in the last fortnight of the term —one dying from septic peritonitis which was far advanced when she entered the Hospital, one recovering after a hard curettage and much subsequent suffering, and one being turned over to the succeeding service on March 31st.

It will be recalled that, to quote the Boston Medical and Surgical Journal, "Francis Blinn, a well-known abortionist, who formerly conducted an establishment for his practices in New York and who was recently convicted of attempting to perform an illegal operation, was sentenced by Judge Malone on April 23, to a term of more than two years in State prison. The offence, the evidence in regard to which was secured by the County Medical Society, was committed in 1903 and Blinn fled the city before he could be tried. He recently returned to New York, apparently thinking that the case would have been forgotten.

The state of mind mentioned is apparently that which characterizes these criminals in our city, for such an increase of these pitiful cases can only mean that the abortionists have recovered their courage, and, like the one recently convicted in New York, have again come to some feeling of security.

While in New York recently, I went to the Court House to witness a part of this Blinn trial, and was able to judge something of the case. The defendant was represented by the best legal talent, and the Medical Society which worked up the case for the State, went to, what seemed to me, unusual length to secure evidence against this man who, to be sure, was a notorious scoundrel and deserved more punishment than he received. I would suggest to this Society that it might be well to communicate with the County Society of New York and learn if they are at present taking any special stand against this menace to the moral and physical welfare of the community. It may be well to say that in suspected cases which come into the Hospital it is the habit to summon a representative of the Police Department and allow him to take

such depositions and make such use of the same as he may deem wise. In this manner the responsibility of the Hospital and the staff is in a degree reduced and the police are made aware of the existence of the abortion evil.

For several years I have been nearly convinced that patients suffering from surgical diseases of the abdomen have been confined to the bed for a longer period after the operation than the conditions would warrant, and that a fair proportion of such patients could be up and about and even attending to their ordinary duties in a time much less than we have been accustomed to think possible. There is a great responsibility resting on one who keeps a patient in bed longer than the absolute requirements of the case demand, for such confinement is practically equivalent to imprisonment, and we are assuming the powers of the judiciary, and from recent experiences I am convinced that we are abusing such power in a large number of instances. It is certain that none of us can give an individual an extra week of life when the time comes that death is inevitable, and this fact, emphasizes the responsibility of taking from any life a day longer than the occasion demands. "What we cannot return we have no right to take" might well govern us in these conditions as well as in others encountered in the ordinary affairs of life.

Again, if it can be made apparent that such confinement is not only unnecessary but is also prejudicial to the general welfare of the patient, it seems to me that a distinct advance has been made, especially if it can be demonstrated that a new way of conducting these cases is inaugurated which has many advantages over those formerly in vogue. This somewhat long preamble is necessary only as a fore-runner of recent experiences, for during the last few months these ideas have gained such importance that I determined to put them to a test and the result of these observations is herewith appended.

An appendix wound is, as above stated, a simple one, and offers little chance of complicating involvements, and hence these cases have been taken as the ones best fitted for the experiments of which we shall speak more at length a little later. There are ten of these appendicitis operations and these were done on men, women and children who were suffering from inflammatory conditions which varied from simple congestion to those bordering on gangrene and perforation. Up to the present time I have made no investigations on cases requiring drainage, but am sure that a great change can be brought about along these same lines, even in the cases which we have heretofore considered incurable except after weeks and, in some unfortunate conditions, even months in bed. The only possible complication which might endanger the well-being of these drain cases is hernia, and this after-effect of operation is constantly growing less, owing to the improvement of the technique as outlined above.

The ten cases are printed on slips and will be passed about to allow for proper examination by members of the Society. It

Name	Age	Disease	Day of Sitting Up After Operation	Day of Discharge From Hospital
H. R.	18	Appendicitis	3	7
E. T.	33	"	3	9
Mrs. E. H.	44	App.-Lac. Cer.	5	10
Miss S. S.	13	Appendicitis	5	7
N. P.	35	"	2	7
H. O.	21	"	1	7
Mrs. M. M.	39	"	4	8
Miss G. E.	23	"	4	10
Miss M. T.	16	"	7	19
Miss S. L.	27	Ovarian Resection and Append.	6	12

will be observed that these patients have been allowed to sit up out of bed in from one to seven days and in every instance nothing but a satisfactory result has been attained. No patient has been obliged to return to bed after having once escaped from it. Furthermore, I have seen or heard from six of these patients repeatedly during the time elapsed since their release from the Hospital, and each of the others has promised to report on the slightest evidence of any complications or unusual symptoms. Since this list has been compiled there have been numerous cases which have run an uneventful course and the tendency is constantly to reduce the bed imprisonment. From the standpoint of the neurologist, I am pleased to report that in the opinion of Dr. Frank C. Richardson this procedure will tend to reduce the danger of post-operative neuraesthenia which must always be taken into consideration in every patient who is subjected to surgical interference.

It is, of course, impossible to draw final conclusions from such a small list of cases, and this report is "of progress" only, but I am convinced that future experiences will reveal still more advantages to be gained from this practice, and I venture to predict that in a short time it will be universally adopted. Many others, both here and abroad, have already been experimenting along this line, and although the reports are somewhat meagre, at the present time, we may confidently expect increasing evidence of the adoption of this measure as an actual advance along the line of improved methods in surgical treatment.

Two years ago I reported a case to this Society that was of interest on account of the unusual conditions prior to operation, and the question which remained as to the ultimate result of the effort made at that time. A short resumé of the former report will be necessary in order that a thorough understanding of present conditions may be obtained. The history of the case is as follows:

C. R. (born in Denmark), age 28, fell from a painting jack which was attached to the window of the fourth story of a building, on Aug. 3, 1905. He suffered a compound fracture of the left femur, a simple fracture of the right femur, and a compound fracture of the left humerus at about its middle. He was taken to the City Hospital and treated for several months, and when he came

out he had regained the use of his legs partially, but had considerable difficulty with his left arm and forearm. Later on he came under the care of Dr. Frank C. Richardson at the Out Patient Department of the Mass. Homoeo. Hospital, and a diagnosis of muscular lo-spiral (left) traumatic paralysis was made. The symptoms were left "writ-drop" and failure to extend the left fingers. The nerve was undoubtedly cut by the fragments of the humerus at the point of the fracture—not an uncommon accident in these lesions.

An incision was made on the posterior surface of the left humerus, beginning well above the middle and following the spiral direction of the nerve, and after considerable dissection, the nerve was found to have been divided at a point opposite the fracture. The ends of the nerve were found to be separated for a distance of 2 1-2 inches, and both extremities were bulbous. Each end of the nerve was stretched, the bulbous extremities were cut off, and the nerve was spliced by sewing with small catgut sutures. The wound was then drained, and the patient made an uneventful recovery. He began to have control of the wrist directly after the operation, and the prognosis was hopeful, but he moved to New York soon after leaving the Hospital, and I lost sight of him until two weeks ago, when he appeared in Boston with a suit for damages against his employer. I saw him in consultation with Dr. Richardson, in the latter's office, and he had very good control of his wrist and finger extension, but the muscles,—in response to the electric test—still showed partial reaction of degeneration.

The "wrist drop," however, had entirely disappeared, and we congratulated ourselves on what could be called a good result.

Another case which has excited my interest is as follows:

Mr. D., age 57, was operated on at midnight on March 13, 1908. He had been suffering for the previous three weeks from some indefinite abdominal lesion. His physician, Dr. Davis, had been unable to diagnose the case as one of appendicitis, but had kept this possibility in mind during the whole time that the patient was under treatment. At three o'clock on the day above mentioned, this patient was feeling better than he had for some weeks, and was very much encouraged to think that he was suffering from an attack of chronic indigestion, from which he was about to recover. At about ten o'clock in the evening, he was seized with excruciating pains in the lower part of the abdomen, not so much on the right side as on the left. He was taken to the Hospital, where I met him at 11.30 or thereabouts. On examination, the abdomen was very hard, the muscles being extremely tense. There was sensitiveness all over the lower part of the abdomen which was exquisite in its intensity, and even the short time of suffering which the man had endured had left marks almost of collapse in his countenance.

I made the diagnosis of possible carcinoma of the intestines and made an incision a little to the inner side of the usual appen-

dix region. On opening the peritoneal cavity there was a gush of dark semi-purulent fluid. It seemed nearly to fill the pelvis. The appendix was somewhat inflamed and was slightly adhered, but there was no evidence of gangrene or perforation. It was quickly removed in the usual manner and further search was made for the source of the difficulty. In the pelvis at its brim, and to the left side in the sigmoid flexure, a mass was found as large as a hen's egg, which was hard and somewhat inflammatory. It was circumscribed and located near the junction of the sigmoid and the rectum, and extended down a short distance on to the upper part of the rectum itself. The patient was now in extremis, and we were therefore unable to make any further surgical investigation. A large drainage tube was put down to the site of the tumor, and the wound was brought together in the usual manner, in the expectation that the patient would scarcely survive the night. He did, however, and in the morning, while in a desperate condition, showed evidence of an effort at convalescence.

For several days he made slow and almost imperceptible progress, and at the end of a week was in a very much improved condition. At this time a considerable amount of mucous and pus was expelled from the rectum, and on high rectal examination a mass could just be felt in the region above described. For a few days the stools were very small, almost pipe-stem like in appearance, but as the pus and mucous was discharged from the rectum, the opening evidently enlarged and the mass gradually began to disappear. The progress of the patient from this time was slow but certain, and he gradually returned to a reasonable condition of health. For three weeks after the operation this mass could be felt low down in the abdomen on the left side, and even today there is a slight feeling of growth in that position, but the purulent material, whatever it was, drained out completely, the wound healed well and sound, and the man has returned to a condition of apparent good health.

It has been said by some of the authorities that in a few conditions such as this, in which carcinoma is present and the abdomen has been opened and air allowed access to the growth, a small percentage of cases have recovered. I have seen this occur in many cases of peritoneal tuberculosis, but never to my knowledge in conditions of cancer. It seems to me, therefore, that the diagnosis of cancer in this case was not correct, but that this patient suffered from a condition which is very rare, and yet about which considerable has been written, and a few cases have been reported,—that is an intersusception of the sigmoid flexure just at its junction with the rectum. This will account for the sudden onset of the pain, for the inflammatory appearance of the growth and for the effusion into the peritoneal cavity, which soon would have become purulent in character, sufficiently virulent to cause general peritonitis and death. It is not certain that this man has

not a slow-growing cancer in the locality mentioned, but this general condition is so good and his health has improved to such a degree that it would seem impossible that a cancerous deposit could have disappeared in response to the simple operation above described.

Dr. Powers:

"With regard to an abdominal belt after operation, if there is a long incision and if the person is stout, with a large abdomen, I usually put on a belt. If, on the other hand, we have a short incision, not more than two and a half inches long, and a patient of good muscular build, if the repair is perfect without the least sign of pus I very frequently do not order a belt.

"About a year ago I did an operation for a fistula in the colon. There I ordered a belt. To my surprise the patient came to the office a little while ago with a certain amount of hernia. I said, 'Where is your belt?' She said she had never worn it. As a matter of fact, there had been an extensive abscess before the operation. The abdominal muscles were weak and the woman was of flabby build, and there I thought the belt was an absolute necessity. There had developed as a result of the operation and the conditions following it some hernia which undoubtedly will be readily relieved by wearing a belt with a reasonable pad. I think the belt itself plays a part but is not a sine qua non in abdominal section."

Dr. Spalding:

"Some twelve or fifteen years ago I did an abdominal section for a small cystic ovary, which was the first case I ever sent out without abdominal support. The woman was spare and emaciated. I could not see what possible good a belt could be to her and I did not put her to the expense and trouble of getting one. I knew that I was criticized for doing so, hence I watched the results very carefully. She suffered no inconvenience whatever. Since then I have treated others in the same way and in no case have I yet seen any trouble. I put on adhesive strips but even these I do not use for as long time as do many.

Dr. Stedman:

"Personally I think the belt is of no use. I have not used it for the last ten years. It does more harm than good.

"This matter of getting the patient up in a few days after an abdominal section is a question of moment and one that has got to be figured out to a conclusion; and one that is capable of a great deal of discussion In the simple operation for appendectomy where a very short incision is made and where the parts immediately fall together and where there is very little manipulation of the abdominal contents, or in the smaller incision by the McBurney route, I believe there is no harm in getting the patient up early, particularly if the patient has come down suddenly with the disease and has not been nagged at for some time before coming to the surgeon's table. There is a suggestive effect upon a patient from surgical operations. He rebounds for the better quickly. But if they come to the table with their nervous system more or less depleted and then have an operation and get up quickly and rebound quickly, there is coming a time very soon when there is a secondary reaction and when the poor physician has to contend with what the surgeon has left undone."

Dr. Smith said that

In every case these patients were kept in bed a shorter length of time. He reported a case of double resection of the ovary, appendectomy and ventral suspension which was operated on Monday morning, and Thursday noon the patient was sitting up and feeling pretty comfortable. He said that No. 2 and No. 4 iodized catgut was used for

abdominal sutures and that it gave especial satisfaction in hernia cases. "This bugbear of keeping people in bed has been truly a bugbear." Answering the question as to whether his action was the same irrespective of temperature, he said that if there was more than a reactionary temperature, over 99°-100°, there was a cause for it, and that cause should prevent the patient from getting out of bed. The patients feel so much better when they are up than when they are in bed. There is no dizziness, as there is in those who lie in bed for ten days or two weeks, and no uncertainty in walking. "The belt is another error; I wish I had the courage to discard it now. It is an error for a patient to lie in bed for eight or ten days because apparently she has a more or less weak spot in the abdominal wall. As a matter of fact, it is stronger than it ever was. The deep suture is absolutely of no use in such a condition, except possibly in umbilical and post-operative hernia, where you need considerable support until they get a good and firm union. I am not inclined, I think, personally to undue enthusiasm or any special fad, and I insist this is not a fad. In a recent visit to New York I met several men equally enthusiastic with myself in regard to this procedure. It was, as I mentioned in the paper, a very great pleasure to me to have Dr. Richardson say that he was sure that there was less post-operative nervous disturbance with such treatment. There is probably much less danger from adhesions from this method and the action of the intestines is much less interfered with than under the old treatment. All patients miss their exercise even though it may be of the lightest character. A movement from one chair to another or from one room to another is certainly not vigorous, but it serves to keep the general functions in better condition than when general inactivity or confinement in bed is necessary.

"We see this demonstrated in conditions like intracapsular fracture of the femur in aged people who, oftentimes, are unable to recover their health on account of the bed confinement which the proper treatment of the fracture makes necessary, and which causes a hypostatic pneumonia, which they are rarely able to combat."

TREATMENT OF NEPHRITIS.—It is questionable whether interstitial nephritis is ever cured in the sense that the connective tissue changes are removed. Albumin and casts may disappear for a time, sufficient urea may be excreted to prevent toxaemia, and the cardiovascular symptoms may be held in abeyance; but the morbid process is present and only waiting for favorable conditions to make it active. Fortunately, the pathological changes in the kidney are not always steadily progressive, nor do the two kidneys always suffer equally at the same time. Even in a given kidney the organ is frequently not affected in its entirety. These facts partly explain the long duration of many cases. A specially unfavorable sign is an increasing amount of urine with a decreasing out-put of urea, the significance of which is the destruction of the epithelium and walls of the neck of the convoluted tubules; yet there are few diseases so amenable, in a great measure, to treatment. Patients may live useful and comfortable lives from five to twenty or more years. Choroido-retinitis, a double second aortic sound, increasing arterial tension, or decreasing tension with cardiac dilatation and passive hyperaemia of the liver and kidney, and the onset of uraemic symptoms, are precursors of the end. —American Journal of Dermatology. April, 1908.

SOME DEDUCTIONS DRAWN FROM THE HISTORY AND TREATMENT OF ONE HUNDRED FIBROIDS.*

By Waldo H. Stone, M.D., Providence, R. I.

All that I say in this paper is the result of my own observations. Each and every one of the cases are my own personal patients. Any patient who was with me for a time, or sent me for an opinion, or one to whom I was called in consultation, is in no way reckoned in these remarks.

I have been in practice twenty-six years and I want it distinctly understood that I make no attempt to criticize any theory, or criticize any man's work, or any man's results, or make any attempt to offer any radical change, or any new theory, in regard to fibroids and their management. I simply want to give my experience, pure and simple, and note the observations as they have occurred during my acquaintance with these several cases. No two persons' experience is alike; no two persons see alike, even in the same kind of work; no man seems able to fathom any one subject and come to the same conclusions as his fellow man.

No man has yet offered a complete and satisfactory way of taking care of fibroid growths. There seems to be an uncertainty of feeling running through the entire profession as to just how to care for them. The many and varied results are all interesting, useful and helpful to us in forming some kind of opinion concerning the present and future of fibroid growths.

I certainly honor "experience" as one of my very best teachers. I must honor honest observation as one of my best opportunities for learning, and I equally honor the opportunity of telling what I have observed,—one of my best opportunities to criticize conclusions.

With this spirit, let me partially review "One Hundred Cases of Fibroid Growths," about which I know very definitely. The diagnosis is absolutely correct in every case, because no one has escaped the privilege of seeing other and better men than myself in consultation.

The first four years of my twenty-six years in practice I was associated with an older physician, the late Dr. J. W. Hayward, who, being an older man and a good surgeon, decided for me in all my fibroid cases, the treatment,—both present and future—for all these growths which then came under my care,—therefore, during these four years I gave the subject but little thought.

During the next seven years I found myself obliged to give some advice in regard to these growths, after good and suffi-

*Read before the Massachusetts Surgical and Gynaecological Society.

cient consultations had been entertained. My advice universally was,—"I would do as the consulting surgeon advises."

Results were not all satisfactory. There were many different ideas,—but the one, general, final remark was—"Great is Diana of the Ephesians"—no matter what I might feel or think, it was on the whole better to operate, so I realized more fully than ever, how much at a loss I was to know what was best, and what to advise my patients suffering from these growths.

During these years it unfortunately happened that every single case that was operated upon, with one exception, died or was returned to her home worse than dead,—a total wreck—and remained in this unsatisfactory state of health until death relieved the scene.

With these seven years of this experience I felt that surgery had very little to offer the miserable fibroid family, for until fifteen years ago, or during these first eleven years, all the work had been done at large and well-established hospitals and under most favorable circumstances. I noticed at this time that I had never seen a death from uterine fibroid growth, if let alone, and at the present time I can say the same thing,—no one of my patients, so far as I know, has ever died from fibroid growths, or the result of their growths.

Of these one hundred cases, only two are other than what seem perfectly well and able to enjoy a vast deal more of life than any one I have seen who has experienced operations for the relief of this trouble.

With these two pictures before me, my interest in the various agents for the relief and possible cure of fibroids grew greater and greater each year, so, as I say, fifteen years ago I took a decided halt,—a pretty stubborn one,—and with earnestness looked over the field of knowledge applicable to these conditions; such as, local treatment, electricity, Christian Science, physical culture, diet, medicines, osteopathy, baths, clothing (including corsets), etc. In no one of the various methods, except surgery, did I find any deaths recorded, and none as the result of progressive fibroid complications; therefore, in the last fifteen years I have performed but two hysterectomies from this collection—of 100 cases—and these two made uneventful recoveries,—and have seemed perfectly well ever since.

One other of these one hundred cases has had a myomectomy with the removal of both ovaries.

One other has had the removal of both ovaries with the taking off of six large and small pedunculated growths.

This is all the operating that has been done in these one hundred cases and, as yet, there have been no deaths, either from fibroids or operations.

All but one of the remaining ninety-six have grown smaller since they came under my care, and, so far as I know at the

present time, are in good health and enjoying life as well as the average person, and seem wholly undisturbed by the knowledge of the existence within them of a fibroid growth.

One growth which was agreed by the consulting surgeons and physicians,—half a dozen in number,—to be as large as a "half-peck measure," has completely disappeared. The words of the consulting physician, six months ago, were: "There is no tumor there now, any way." This case had practically nothing done for it except the administration of calcarea and calcarea iodide—I may possibly have given some other remedy, but I do not recall it. These two remedies were used most of the time, anyway. I looked out for the nourishment of the patient very carefully,—her general health improved, and the tumor disappeared.

One other patient, with a fibroid so large that she gave the appearance of being seven months' pregnant, says she has no tumor now,—and she certainly does not show it, but, upon careful examination, a very small one can be felt in the upper and left side of the uterus. This case became a convert to the Longstreth corset, and has seen him for the purpose of changing corsets three or four times a year. She comes to see me occasionally to reassure me that she is certainly growing smaller, is feeling better and able to do more and more work, as time goes on.

One case, with protracted, almost alarming hemorrhage, got better of the hemorrhage and calls herself now perfectly well. Calcarea carb. The growth is now very much smaller and is an illustration, apparently, of what calcarea carb. will or may do, when applied according to the law of similia.

A large number of these cases, which show general, marked improvement, are left unmentioned in this series,—but a sufficient number has been mentioned to cause any thinking person to be very respectful, at least, to the idea that other than surgical measures are applicable to the cure of fibroids and with far less mortality.

I have taken pains to include no consultation cases or operations which I have done for the removal of fibroids, under advisement of other physicians and friends, because in all these cases one has to rely more or less upon hearsay. In this series there is no hearsay concerning them.—I see them, I know them, and practically am living with and among them, and know whereof I speak.

While I am intimately associated and acquainted with these cases, they have one and all seen better men than I and heard their advice, but have shrunk from the thought of operative work, and followed out milder and gentler treatment. Still, I believe, almost any of them would submit to an operation, should they feel that they were growing constantly worse, but they have been induced, perhaps, to try other measures than surgery,

because of my personal hesitation in assuring them that the "Omega" was not surely to be found in surgery.

I firmly believe, and I know most of them feel sure, perhaps more so than I, that in some time to come they may possibly die,—at least, we hope so,—from other and more healthful causes than the miserable fibroid tumor

Do not think for a moment that I believe it will never be necessary to operate on any of these fibroid growths, for my honest belief is quite the contrary, but I do believe there has been far too much of it, that many a case would be far better off without any surgical aid than with it, that many a case would be living and enjoying life today, had the knife been spared and other remedial agents tried.

In a good many of these cases the menopause has passed, and the uterus is passing into, or has already assumed, the stage of inactivity.

Every case has had some form of calcarea, and all but three have, from the influence of the drug or something else diminished or gone.

Resume.

A small number of cases like this proves nothing absolutely, but it offers the suggestion that perhaps we may find in other than surgical treatment good results.

These few cases suggest that other than routine work is often worth trying, and that calcarea carb. and calcarea iod. are remedies worth further study.

In conclusion, it seems to me the state of affairs to be most earnestly sought by us all is that which Kipling so happily depicts for the artists when he says:

"And no one shall praise but the Master,
No one but the Master shall blame.
And no one shall work for money,
And no one shall work for fame;
But each for the love of working,
Each from his particular star
Shall draw the Thing as he sees it
For the God of Things as They Are."

Dr. Stedman:

"This subject is intensely interesting to me. I have no doubt that many of the older surgeons have seen these retrograde metamorphoses in fibroids. If they occur, they occur during or immediately after the climacteric age."

Dr. Spalding:

Dr. Spalding reported a case of hemorrhagic fibroid where the woman refused all surgical or electric treatment, but insisted that he "build her up" after each hemorrhage that she might be ready for the next, and that she would take the chances. This was about thirty years ago. She took the chances for several years. At length the hemorrhages ceased. Although at that time she looked like a woman well advanced in pregnancy, she has now no sign of a tumor. Another case where he excised a portion of the tumor, the tumor was very large. The hemorrhage ceased and in a few years the tumor disappeared. He did not

remember whether he gave calcarea or not. Doubtless he had seen other like cases, during the past forty years, that do not come to mind. He thought it quite possible that the corset shown by Dr. Stone, through its continued and even pressure interfering with the blood supply to the growth, might materially promote its absorption. That the cases he had reported simply illustrated the fact that all cases do not die unless they are operated upon. Were those cases in his hands today he would urge excision. He still believes the knife as used in modern surgery is the proper treatment for uterine fibroids.

Dr. Smith:

"This paper is not only an interesting one to me, but it is also remarkable. I remember a great many years ago hearing Dr. Ahlborn, of blessed memory, after making an autopsy on an appendicitis case, in the old ampitheatre of the school, where a great deal of pus gushed out of the peritoneal cavity and a perforated appendix was found, say that he was surprised at two things. One was that it seemed to take so much to kill some people and so little to kill others.

"In regard to these fibroids, it is perfectly appalling the amount of suffering which will come from a comparatively small fibroid, and yet how large a fibroid may grow in a certain patient without the slightest discomfort, and it is only where the growth is so large as to interfere with all the functions that they come to think of an operation.

"I personally have seen, as have also Dr. Emerson and other surgeons who are connected with the hospital, a large number of these fibromyomata which have degenerated into sarcoma or carcinoma which had gone on to invade almost the entire organ. A few weeks since I had a case which had been operated on six years ago by a surgeon of this city, who made a double ovariectomy and appendicectomy. After this operation the patient enjoyed comparatively good health until a few months ago, when she began to have a discharge from the vagina which gradually grew more profuse and malodorous.

"On examination the uterus was found enlarged, and this, added to the fact that she was over sixty years of age, led me to advise immediate operation. The previous incision was of considerable length and there were strong adhesions of the omentum and intestines to the line of the wound. After some difficulty the uterus was removed, and later, under microscopical section, was seen to be infiltrated with adenocarcinoma.

"I immediately wrote to the surgeon who had operated previously and he replied that in addition to the removal of the appendages of the uterus, he had excised three small growths from that organ which had proved to be adeno-fibroma when examined by a very competent pathologist.

"I speak of this case because it is a recent one and fresh in mind, and because it was, by the testimony of two thoroughly competent experts, a benign growth which developed into a malignant one after several years of apparent quiescence. This is not unique in the history of these patients.

"I am astonished that Dr. Stone has not come in contact with such cases and I congratulate him on his good fortune."

Dr. Gardner urged the ordering of a belt for the patients because of the mental effect on the wearer.

EMBOLISM FOLLOWING OPERATIONS.*

By N. W. Emerson, M.D., Boston, Mass.

In the discussion of the paper read by me at the last meeting of this Society a great deal of emphasis was laid upon two propositions which were entirely new suggestions to me, and about which I can find absolutely nothing in the current literature. One was that in myomectomy we put in too many sutures and tied them too tightly, hence we were favoring thereby the development of an embolus. As I recall it, no reasons were given for these conclusions and no arguments were offered in support of them, and they were merely presented as an opinion of the speaker. This suggestion is entirely erroneous, in my opinion, and were it accepted and practised, I believe unfortunate results would follow directly from it. As I see it, the problem of the uterine wound in a case of myomectomy is to make it as small as possible, with as little loss of uterine tissue as possible, with as little mutilation of tissue as possible, and with as clean-cut surfaces as possible, so arranged with reference to each other that when the sutures were applied such exact coaptation of surfaces shall take place as will leave no spaces in the uterine tissue and little or no deformity of the uterus as a whole. Beyond this the uterine cavity should not be opened, the incision into the uterus should be—so far as possible—of such a character that it readily lends itself to closure by an accurate apposition of surfaces of uterine tissue of as nearly an equal area as is possible, and by preference the long axis of such wounds should be in the long axis of the uterus. In cases of myomectomy, after the tumor is removed, astonishing changes immediately take place in the character of the wound by reason of the contraction of the uterine muscles which are involved in the area affected by the fibroid; therefore, what would seem at first to be an incision of considerable size will prove to be one of insignificance. Such contractions help control the hemorrhage. The sutures then should be applied to secure accurate coaptation with sufficient pressure of adjacent surfaces so that oozing will be disfavored. The sutures then should be applied with sufficient frequency and tied with sufficient tightness to control any subsequent tendency to hemorrhage. There is a nice and very narrow line of accuracy of pressure which comes only with experience but which all can acquire, within which these procedures should be carried out. While the sutures should not be tied too tightly, this is of less consequence than that they should be tied not tight enough. If they are tied too tightly, nature herself furnishes the remedy by allowing them to cut in a bit until the proper stage of tension has been reached. If they are not tied tight enough, oozing is liable to take place and, indeed,

*Read before the Massachusetts Surgical and Gynaecological Society.

may become very alarming and possibly fatal. I have seen remarkably severe hemorrhages follow the improper tying of sutures in the repairing of the cervix, and I have no question the same sort of hemorrhage could easily occur from the wound of the uterus after removal of a myoma. The loose tying of the sutures would favor an oozing into the wound even if no hemorrhage occurred, and such an oozing might easily be considerable before the restraining effect of the sutures caused sufficient pressure to close the small and insignificant vessels which were furnishing the blood. This, then, would result in a separation of the cut surfaces, all of which would certainly be unfavorable to an ideal closing of such a wound. If all hemorrhage is controlled and the smooth cut surfaces of the incision brought into accurate apposition with just the right degree of tension, union by first intention means almost a union from the very instant of closure, because the wound seals up immediately without any irritation whatever. The mere passing of the sutures through tissues so mutilated as are these is an insignificant detail, and therefore the number of sutures used seems to me without bearing on the subsequent course of the healing. Any number within reason may be used; and again, in my opinion, it would be more conducive to a rapid and satisfactory healing of such a wound to have too many sutures (that is, more than are absolutely necessary) applied, than to have too few. I cannot see by what course of reasoning one concludes that few and loosely-tied sutures disfavor the subsequent development of an embolus, while too many and too tightly tied sutures favor it. It would seem to me that the reverse of this proposition would be more likely to be true did either have any marked influence on the result. Personally, I would consider the manner of suturing to have a most insignificant bearing upon the subsequent development of an embolus. I would rank it in the same class as one would place each individual factor (as, for instance, the direction and manner of making the incision, whether by scissors or knife, etc.) of an operation of this magnitude. One could not say that any one thing had no influence, because the sum of all these minor acts makes up the whole problem, and out of them we find we get certain preponderating defects in a certain class of cases.

The other proposition was, in a nutshell, that we tied our ligatures too tightly, and, therefore, embolism resulted from this. This was an entirely new idea to me, and contrary to all my surgical teachings, either in this country or in England and Europe, and on digesting it and giving it much thought, I unhesitatingly condemn it and would consider it a pernicious teaching. If such an idea were carried out in a series of operations upon fibroids, whether myomectomy or hysterectomy, abdominal or vaginal, the results could be only disastrous. Such an idea is contrary to the teachings and experience of the whole

surgical world, so far as I am able to conclude. As long ago as 1811, Dr. J. F. D. Jones, writing on the method of stopping hemorrhage and the ligation of vessels, wrote so definitely and clearly that today we could not change much that he wrote and thereby improve it. In one place he writes: "As to the degree of force which should be used in tying it." (the artery) "I shall only observe that every operator should be acquainted with the force necessary to cut through the internal and middle coats of an artery; but as this force is very slight and the external coat of an artery is strong enough to allow the ligature to be tied tight without its being cut through, it is better to tie the artery tighter than is necessary merely to cut through its inner coats, because we shall thereby more certainly keep the cut surfaces in contact."

I have myself operated 372 cases of fibroid. Several of these lived only because of the absolute promptness and efficiency of the methods applied at the time of operation because a ligature had failed to hold which had been tied as tightly as possible, and yet was not tight enough. One case died because a ligature slipped after the wound was closed. It was a case of uncomplicated hysterectomy without any special mechanical difficulties. Immediately after the operation I left hurriedly to do an emergency case of appendicitis, and was gone about three hours. When I returned the patient was in collapse and almost pulseless, and I opened immediately again and found the abdomen full of blood, and that the ligature had slipped from one of the ovarian arteries, but the damage had been done, and although the vessel was promptly secured, the patient died as the direct result of the slipping of the ligature. Were ligatures and sutures tied loosely as a routine thing in cases of fibroid, this experience would be not an uncommon one. I do not understand by what course of reasoning the conclusion is arrived at that ligatures are tied too tightly. My early teachings were that ligatures should be tied tightly. The theoretical teaching is that the ligature must be tied with sufficient tightness to rupture the inner coats of the vessel; that when this is lacerated it contracts upon itself a little longitudinally, and in so doing the lacerated ends curl up and diminish the calibre of the vessel, and the clot is entangled in the irregularly lacerated fibres of the endothelial layer. This was taught to be one of the "wise provisions of nature," and that because of it in part very extensive accidental wounds involving large vessels frequently would close themselves. It was considered an absolute essential to the proper placing of a ligature that it should be tied with sufficient tightness to lacerate the inner coats of the vessel. Much stress was laid upon it in my student days because then silk was the most common material for ligatures, and this silk had to be removed. It was then supposed that secondary hemorrhage was favored by any delay in removing the silk ligatures, hence they were tied with extraordinary care. It was not then fully under-

stood that secondary hemorrhage was most often due to a septic process. Therefore, it was a startlingly new thought to me when we were earnestly assured that we tied our ligatures too tight, and by so doing favored embolism. At the time I think I replied that personally I tied my ligatures as tight as I could, which is true, and I sometimes wish I could get them tighter than I do. I have never heard of any disaster of any kind following the tying of a ligature too tightly; but I have heard of and seen no end of trouble because they were tied too loosely. If, as a rule, one attempts to grade the degree of snugness with which his ligatures are tied, in an effort to get them a bit loose, frightful disaster will be his experience if this principle is applied to the treatment of fibroids or major operations of any kind. In no class of cases should the ligatures be placed with more absolute accuracy and definiteness than in cases of hysterectomy. There should be no question in the majority of cases of the exact location of the ligature. It usually requires but four, two on each side, and these should be definitely applied to the ovarian and uterine artery of either side.

In these remarks it is taken for granted that catgut ligatures are used and not silk. No matter how tightly catgut ligatures are tied they probably do not strangulate that portion of the stump which is included in and lies beyond the ligatures itself. Before strangulation takes place, the ligature is relaxed a bit by absorbtion and finally either becomes fully absorbed or partly organized, and is thus merged into the tissues adjacent to it. The stump then is kept vitalized and is finally incorporated into the remaining tissues, losing, of course, its identity as a stump. Personally I never use silk in the peritoneum except as a first suture in connection with the intestine. It has absolutely no place as a ligature in hysterectomy.

However, there must be some reason why embolism occurs more often in cases of fibroid than in any other one single affection. In my experience all the cases of embolism (excepting one) affecting the heart which I have ever seen have followed some operation for fibroid. So far as I can recall, I have had four such cases, and whoever has experienced one will never forget it. The suddenness of the change from an entirely favorable condition to a practically hopeless one, the distressing appearance of the patient, and the utter hopelessness of one's own feelings in such a calamitous condition leaves one impressed for life.

In thinking the subject over, my own line of reasoning has been entirely different from that of any of the speakers on former occasions. I believe that embolism is especially favored in these cases by anatomical disposition of the vessels.

Briefly consider the facts and peculiarities of the vessels locally concerned. Under normal conditions the veins are apparently enormously disproportionate to the arteries. This, of course, is not really so, since, of course, no more blood leaves

the uterus than goes there; but the blood is brought to the uterus in a markedly direct way, through the uterine artery, a branch of the internal iliac and through the ovarian artery direct from the aorta. This arterial circulation is so constant that the appreciation of it has been perhaps the most important single factor in simplifying the operation of hysterectomy, either abdominal or vaginal. When one turns to the disposition of the veins one finds entirely different conditions. The veins are so generously supplied to the uterus that they are called plexuses, and combine at the margins of the uterus into large venous channels which are very thin-walled and laxly supported, and are capable of enormous distention. I have no end of times seen these veins proliferated until they formed a mass as thick as the palm of one's hand. These are finally aggregated into the uterine veins, which again unite into a single vein which empties into the iliac vein, which in turn helps form the common iliac, the latter being merged with its fellow into the inferior vena cava. These are all without valves from beginning to end. The ovarian veins are long straight channels; the right one enters the inferior vena cava at an acute angle, the left the renal vein at nearly a right angle These are sparingly supplied with valves and there is almost uniformly a valve at the entrance of the right vein into vena cava. The left vein as it enters the renal vein has no valve.

These veins in the uterus are capacious, and under certain conditions are known as sinuses. In the broad ligament they are very loosely supported by surrounding tissues, and the veins themselves are capable of enormous distention. They are practically passive blood channels, offering as little resistance to the return flow of blood as is possible. In fact, they are incapable of much resistance and under comparatively slight strain become remarkably dilated. Some of the vessels are very tortuous in their course, this supposed to be because of the necessary ability of the uterus to expand and contract through wide variations. As the uterus enlarges—as for instance in the presence of a fibroid—vessels are straightened, and as the blood supply to the uterus increases, the opportunity for the return of this blood from the uterus is also increased. Therefore, it does not seem to me necessary to reason along unusual lines to offer a reasonable explanation of the association of embolism with operations for fibroids. No operation can possibly take place without the formation of clots to a greater or less extent in the vessels involved. Formed then under circumstances such as obtain in these operations for fibroid, it seems to me to be easily understood that the lax veins would inadequately hold and support a clot even after it was formed, and that a clot once detached would find easy access to the venous current proceeding to the heart, and the absence of valves would favor the course of a clot after it was once detached.

Dr. Powers:

"Dr. Emerson has very graphically and accurately described the

sensation and the condition of the surgeon when in the presence of such a patient. And there are certainly no conditions where the physician is as hopeless, and that is the feeling of the whole profession, as when called to a case of embolism.

"There are, in literature, a certain number of articles in regard to it, but certainly, so far as I have been able to discover, nothing is printed which gives us any suggestion as to how to avoid any conditions of this sort. But unhappily they do occur following other operations than that of fibroid. I had an experience in that line which is somewhat of interest and that was in a case following hernia which became incarcerated. It seemed to be strangulated and it was reduced by very forcible manipulation, but there appeared when I saw the case soon afterward in the location of the hernia a distinctly palpable tumor which was irreducible by careful manipulation. I advised an operation, operated and found that this tumor which was present in the hernial sac was simply a blood clot which had been brought about by the excessive manipulation. It required very careful manipulation in coming down upon the blood clot, in seeing that we were not destroying any needful tissue, but finally the case cleared up promptly. We closed up the hernial sac and it healed up perfectly. About two weeks afterward the patient was talking to a friend one day and telling her that a week from that day she was to go home. The temperature was and had been perfectly normal. While still talking with this friend she was taken with a sudden attack of a little pain, more a feeling of distress, slight nausea, and died in about fifteen or twenty minutes. That is about the usual history, so far as the conditions are concerned.

"The special point of interest was whether the manipulation which had been sufficient to cause the clot in the sac had injured any of the vessels and had caused the embolism which later appeared. At the autopsy a collapsed area was found in the lung where the embolus had lodged.

"The active interest seems to me must be to learn if there is any discoverable method, anything to avoid the conditions, so that a little bit of light can come from this discussion."

Dr. Gardner had a patient who did exceedingly well for six or seven days after the operation. "I was there talking with him. No manipulation had been done. His temperature chart was normal. I left the room where he was lying, leaving him just as bright and jolly as possible, went into the next room to prepare the medicine for him to take. I was just turning the bottle into the glass when I heard him say, 'Oh, I have a pain in my leg.' I went in and he was dead. I fully appreciate the terror which this condition strikes to the surgeon."

PROSTATIC HYPERTROPHY.—In the Journal of Surgery, Bowers expresses his opinions concerning prostatic hypertrophy. They are summarized as follows:

1. An early operation is to be recommended before an ascending infection has occurred.

2. When complications have arisen, and the patient is uremic and highly septic, it is wise to adopt the two-stage operation. In this way the second operation can be deferred until the patient has improved physically and is relieved of the septic state.

3. Catheter life is a precarious one. Continued catheterization is responsible for the loss of many lives ultimately, and should be condemned.

4. Total and partial prostatectomy in the absence of kidney or other complication will have a very low mortality, if any. No class of surgical work has given better results and a lower mortality in our hands.

A LEUCORRHOEA REPERTORY.

ROBERT LOWELL WOOD, M.D., Brooklyn, N. Y.

In the treatment of leucorrhœa, we are too prone to neglect the indicated remedy, and to rely solely upon local treatment, regardless of the fact that there are constitutional reasons for the existence of this abnormal discharge. Little stress is here laid upon color of the discharge, which is as unreliable (with few exceptions) as that of diarrhœa (likewise with few exceptions).

Age.

In infants: Calc. carb.

In little girls: Caulophyllum (profuse and weakening).

Young girls and children: Merc. prot. (yellow).

At puberty: Alumina.

At the climacteric: Sang. (with flushes of heat).

Acrid and Excoriating.

Aesculus (corrodes the labia); Anacardium (with itching of the genitals), Arsenicum; Carbo veg. (apthæ of the genitals, smarting, burning, itching); Ferrum met. (milky); Fluoric ac; Ignatia (purulent); Kreos; Kali iod; Lil. tig (*always* excoriating); Myrica (foitid and thick); Nat. sulph. (genitals covered with vesicles which become full of pus.); Polygonum (burning); Ranunc. bulb. (gnawing); Sepia (*sometimes* excoriating); Sulphuric ac. (burning).

Aggravations.

After mensus: Aesculus.

In morning after rising: Calc. carb.

Lying down: Puls.

Walking: Aesculus; Aurum met; Bovista; Lac.

Caninum (or standing): Nat. mur. (inc. while walking).

Anæmic states with scanty menses Alumina: Helonias (uterine atony).

Accompanied by

Aching in sacrum and knees: Aesculus.

Atony of the uterus: Ambra gris; Helonias.

Colic: Aloe (with bloody mucous disch.); Bell; Sulphur.

Dragging pains in back: Kreosote (by motion).

Sepia (by motion); Medorrhinum.

Eczematous eruptions about the vulva: Graphites.

Headache: Nat. mur. (and disposition to diarrhœa, colic and mucous evacuations).

Heat in genitals: Tuberculinum.

Hysterical uterine and abdominal cramps, extending to thighs: Magnes. mur.

Itching: Agaricus (external and internal); Aurum mur. (excoriations of thighs); Aurum, mur. Hedeonia: Helonias (with blisters in rectum and discharge of bloody mucus); Ratanhia, Zincum met.

Irritation of bladder and rectum: Erigeron.

Lascivious dreams: Petroleum.

Low spirits and inclination to weep: Alumina.

Labor-like pains: China (painful bearing down); Dioscorea; Kali carb. (extending from back to uterus).

Pain under the left ribs: Ceanothus.

Pressure in vagina during discharge of leucorrhea: Cinnabaris.

Rheumatic pains: Stillingia.

Sexual excitement: Cantharis (burning on urination); Murex purp; Origanum vulg. (masturbation).

Spasmodic pain in uterus: Sarracenia.

Smarting: Ant. crud. (down thighs); Hepar (at vulva).

Sticking pains: Ammon. mur. (deep in kidney, extending along ureters and into small of back).

Stitching in genitals: Viola tricolor.

Straining when urinating: Magnolia grand; Platina (on rising from a seat, after urinating).

Sensation of weight in uterus: Actea rac.

Ulceration of os uteri: Leptandra.

Weak back: Oleum jecordis aselli?

Bland.

Kali ferrocyanatum (like pus, creamy): Kali mur. (thick, milky-white); Lamium albune (sometimes with biting in the genitals); Puls. (lying down); Zizia (acrid at first, then copious and black).

Bloody: Cocculus (like meat washings, preceding and following menses); Hamam (vagina tender); Tereb.

Blistering: Kali phos. (with too short menses).

Chronic.

Aeschulus (dark yellow and sticky): Alumina (dryness of genitals); Bovista (sensation as if head were swollen to a great size); Mezereum (corrossive); Nitric acid (*vaginal* flesh-colored); Phytolocca (*uterine*); Solidago (with copious, watery urine).

Clotted: Curare (bumps, size of a hazel nut).

Emaciation and yellow complexion: Alumina; Murex.

Exhausting

Alumina (rich in albumin); Caulop. (in little girls); Kreos. (very foetid); Robinia (general prostration; bruised sensation in cervix).

Stannum: (weakness in chest while talking).

Gushes, coming in: Gels; Graph; Sepia.

Odor.

Of fish brine: Sanicula.

Foetid: Asafoetida (profuse, *thin*); Eucalyptus; Guarea; Helonias (foul); Opium; Psorinum (large lumps, unbearable odor).

Of fresh green corn: Kreosote.

Pungent: Conium mac.

Sour: Nat. phos. (after menses).

Sweetish: Calc. phos; Merc. corros. (and nauseous).

Pregnancy l. during: Murex (sensation as if the pelvic bones were coming loose).

Preceded by

Colic: Conium (or accompanied by); Ignatia (contractive pressure in uterus); lycopodium (cutting); Sulphur.

Drawing pains in pubic, inguinal and vesical regions; Coccus cacti.

Movements in abdomen as if menses would appear: Inula.

Pressure in groins: Ratanhia.

Shooting pains in vagina: Ambra gris.

Profuse.

Acon: Alumina (runs down limbs to heels); Caulop. (in little girls); Eupat. perf; Graphites (watery and excoriating); Hapathum, *the common* dock (for five or six days, with uterine contractions and expulsive efforts); Murex (great sexual desire); Onosmodium; Sepia (in gushes); Syphilinum (while walking); Tilia europea.

Relief: Iodine (after eating); Merc. (itching by washing in cold water).

Relation to the Menses.

In place of: Cedron; Chenopodium anthel. (menses suppressed); Nux moschata; Xanthoxylum (increased b. when menses should occur).

With: Derris pinnata (menses twice a month).

Preceding: Alumina (stiffens linen; colic); Baryta carb; Calc-carb; Carbo veg; Phos; Saponaria (24 hours before menses should appear, profuse leucorrhœa with cramps).

Preceding and following menses: Alumina; Cubeba; Graph; Phos. acid (itching).

During: Chin. sulph; Cubeba (may consist mostly of leucorrhœa).

Following: Aesculus (chronic); Eupion (eight days after); Gthrea; Kalmia (one week after); Kali ferrocvanatum (*only* after menses, flows by day); Lil. tig; Nat. phos. (honey-colored); Pyrogen (bloody, horribly offensive); Ruta (after too short menses).

Ropy and Tenacious.

Acon. lueotonum; Aletris far. (stingy); Alumina; Aranea (viscid); Asarum; Bovista; Hydrastis (ropy); Kali bichr. (yellow); Nitric acid (vaginal); Trillium (copious).

Slimy: Senega.

Stains linen.

Agaricus (yellow; relaxation of the genitals); Bovista (green, (when checked nasal discharge appeared); Lil. tig. (yellow *brown*); Murex (green or yellow, with great sexual desire); Nitric acid (spots with black edges); Sepia (yellow *green*).

Stiffens linen: Kali nitricum (discharged only during pains in sacrum).

Time (compare aggravations).

Morning: Aurum sulph.

Afternoon: Naja.

4 P. M.: Physostigma (with sighing); Puls.

Night: Ambra gris (most abundant at N.); Aurum mur; Caust (at *night only*); Merc.

In *day only*: Kali ferrocyanatum; Lac. cannium (*all* day, none at night, even after taking a long walk).

During urination: Niccolum, Platina (on rising from a seat).

After stool: Mag. mur. Murex (*at stool*).

Motion: *during*; Mag. mur; Mag. sulph; Physostigma; Stronium carb. (walking); Sarsaparilla (walking); Tongo (walking)...

After sitting: Sumbul.

Excited by washing: Melilotus.

Transparent.

Alumina: Ambra gris (bluish gray); Borax (unnaturally warm); Ferrum iod. (like boiled starch); Petroleum (like white of egg); Plat; Puls (*bland*); Sabina (starchy); Viburnum opulus (*except* with every stool, when it was thick, odorless and blood-streaked).

Unnaturally warm: Borax; Guaco (as if fire were running out

Watery: Ant. crud. (containing lumps) Castoreum (or thick).

CONSULTATIONS.—The former Code of Ethics well defined the proper relationship of consultants to the attending physician and to the patient. It was customary for the consultant to keep himself in the background, so far as the expression of opinions to the patients or his friends were concerned; but in a separate room, after getting all the facts possible, from patient and friends at the bedside, necessary for diagnosis or therapeutic suggestion, review the case with the attending physician alone, and to him alone call attention to such facts as may seem to have been overlooked, and in proper candor make such treatment suggestions as might appear requisite. Oftentimes there was found to be perfect agreement between the attendant and the consultant. The consultant did not give any expression—by word or manner—of disagreement of opinion to any outsider. Then, confidence was retained in the attending physician, and he remained the family doctor for years.

But how changed! Now, when the consultant is called in, he assumes in the presence of patient and friends an air of superiority, and in the consultation room is rather dictatorial than advisory. In the sick room, with an air as if he had discovered something overlooked by the attendant, he remarks upon the quality of the pulse or respiration, or the appearance of the tongue or some condition noticeable by percussion or auscultation which had already been noticed. In short, he tries to impress the patient and the friends around that he has found it all out, and that he will recommend a line of treatment which will cure in a short time. In the consulting room, in a voice to be heard all over the house, he recommends a "favorite prescription" which scarcely in any essential differs from that already being used. On the street, he speaks with confidence as to the recovery of the patient, if his prescriptions are properly followed. If he recovers, he was called just in time to save life. If the patient, however, dies, or goes into a lingering illness, it was simply because the attendant did not carry out every detail of his recommendations in consultation.—Virginia Medical Semi-Monthly, May,

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Boston, Mass.

EDITORS:
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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

THE AMERICAN INSTITUTE OF HOMOEOPATHY.

In accordance with the programme issued by the executive committee, the 64th session of the American Institute of Homœopathy was promptly called to order in Kansas City on Monday, June 22d, at 3 o'clock P. M., and closed on the 26th, after a period of fruitful and at times exciting and interesting work. The session proved exceptional in several ways, for it saw initiated certain schemes and experiments, the success or failure of which will certainly produce a marked effect on the future of the Institute and the cause it represents. There were present from New England exceptionally few representatives. Both in numbers and influence New England homœopathists usually make themselves felt in the annual meetings of our great representative society; but this year from various causes their attendance was reduced to the minimum, probably the lowest in many years. Those who were present deserve great credit for their energy, faithfulness and the efforts they made to make a good showing for their absent colleagues.

The attendance on the whole was much smaller than was anticipated and would seem to offer an effective argument in favor of holding the annual meetings, as a rule, nearer the center of the homœopathic population. No protest is here made against occasional west-of-the-Mississippi meetings. As a matter of fair dealing such meetings should be more frequent than they have been; and if in this instance the attendance was not large, the session was, on the other hand, exceptionally, perhaps even aggressively enthusiastic, optimistic and active. Possibly this was due in no small measure to the contagious zeal, energy and strength of President Copeland, whose personality impressed itself strongly on the gatherings over which he presided.

The press work, in so far as the country at large was concerned, could not have been less satisfactory, if New England

papers are considered an example; for they contained the most meagre references to the meeting, and the only reference of more than a half dozen lines presented the sensational feature of the Thursday morning business meeting when the large sum of $5100 was subscribed by voluntary contributions for the use of the new "Board for the Promulgation of Homœopathy." The local press gave about as much space as is usually given to the Institute meetings, presenting to its readers what it considered the most striking features of each day's meetings. For instance the election of the new president, Dr. M. O. Terry's paper on "Ethics in the Profession," Dr. Frank C. Richardson's paper on "Prevalent Psycho-therapeutic Quackery a Menace to the American Intellect," and the Thursday morning meeting already referred to received elaborate notices, and papers by Dr. Hinsdale of Ann Arbor on "Infant Mortality," by Dr. C. E. Fisher on "Typhoid Fever," and by Dr. J. Richard Horner on "The Medical Expert" received brief mention. For the scientific papers which were read and discussed, and which were as a whole of a high order of merit, and for details of the business sessions, the profession will have to await the action of the special committee on the Institute Journal; for this year in the absence of the vigorous opposition the scheme has heretofore met, it was voted to publish a weekly journal of not less than 48 pages provided certain conditons can be fulfilled. The committee on the Institute Journal, through Dr. Royal, recommended the Institute

First, to secure the immediate incorporation of the American Institute of Homœopathy, which is necessary for the other steps.

Second, to make, in the name of the Institute, a contract for not more than five years with some reliable publishing house to publish a weekly journal of not less than 48 pages, to be known as the Journal of the American Institute of Homœopathy.

Third, the contract to obligate the Institute to no financial responsibility beyond the amount of $2.50 per annum for each member in good standing of the Institute, each such member to receive a copy of the journal without additional expense.

Fourth, to elect an editor for a term of not more than five years, who shall be satisfactory to and whose salary shall be paid by the publishers with whom the contract is made.

The Ways and Means Committee, consisting of the Treasurer, Dr. T. Franklin Smith of New York, Dr. J. Richey Horner of Cleveland, Dr. W. B. Hinsdale of Ann Arbor, Dr. J. P. Cobb of Chicago and Dr. A. B. Norton of New York, reported that they had considered this subject from the financial standpoint of the Institute, and that it was their unanimous opinion that the expense of the Institute would not be increased by the establishment of an Institute journal along the lines indicated.

After a lengthy discussion the Institute decided to pass the resolutions, and a committee consisting of Dr. George Royal, Dr. Benjamin F. Bailey, Dr. Royal S. Copeland, Dr. J. P. Cobb and

Dr. C. E. Sawyer was subsequently appointed to procure the incorporation of the Institute and authorized to make a contract with a publisher, with the understanding that should it be impossible to accomplish this matter without unduly delaying the publishing of the transactions, the Executive Committee should take charge of the matter of publishing the same. And the above members, together with Dr. W. D. Foster of Kansas City, were chosen by the Institute to be the trustees for the first year, to be designated in the articles of incorporation. Five hundred dollars was appropriated by the Institute for the preliminary expenses of the committee in the establishment of the Institute journal.

Perhaps the most significant action of the Institute during the session was the expansion of the responsibilities and duties of the Council on Medical Education into a board or committee on the Promulgation of Homœopathy, whose special functions in addition to keeping in close touch with the medical schools and all problems connected with medical education, will be purely missionary work of the aggressive type; to assist organizing homœopathic societies wherever possible and necessary, to strengthen existing societies by additions to membership and other means, to coördinate the profession into an effective unit, to disseminate knowledge concerning the principles and possibilities of homœopathy among the profession at large and among the laity; in short, to protect and extend the interests and usefulness of homœopathic colleges, institutions and societies. By an appropriation from the Institute treasury and by generous voluntary subscriptions a fund of over $6,000 was raised to initiate and carry on the work of the new committee. This new endeavor of the Institute will be watched with a more than critical eye—but to bring the work to its highest possibilities of success will require not the spasmodic enthusiasm of a small coterie or a committee of able and energetic physicians, but the wholesouled, devoted coöperation and patient, tireless effort of the entire homœopathic fraternity. According to President Copeland the harvest is ripe, the times are propitious and homœopathy's opportunity to extend its scope and widen its sphere of usefulness is at hand.

A less sensational and inspiring but nevertheless a most important subject was presented by the Pharmacopœia Committee, whose efforts during the past year to secure an amendment of the National Food and Drug Act while supported by the endorsement of nearly all the State societies were frustrated by the action of certain homœopathic pharmacies. The committee, through its chairman, Dr. T. H. Carmichael, reported and offered the following resolutions, which were adopted by the Institute:

Resolved, That in order to obtain the benefits of the uniformity of preparation which the pharmacopœia secures and at the same time to give homœopathic pharmacists further opportunity to comply with the obvious demands of the profession, all

homœopathic pharmacists are requested to prepare their remedies on and after January 1, 1909, according to the Homœopathic Pharmacopœia of the United States, and to state the fact that they are so prepared upon the label placed upon the box, bottle or other container so that physicians may know the official preparations of homœopathy from the numerous unofficial remedies of varying strengths that have hitherto been in use.

Resolved, That physicians are urged to demand of their pharmacists remedies prepared according to the Homœopathic Pharmacopœia of the United States, so that with remedies of a known uniform strength we may have a more scientific and useful literature.

Resolved, That copies of the above resolutions shall be sent to every homœopathic pharmacist and to every homœpathic college, hospital and medical society in the United States.

Resolved, That the American Institute of Homœopathy—the national society of the homœopathic medical profession of the United States—in meeting assembled would respectfully demand of Congress when it again assembles the passage of an amendment to the Food and Drugs Act which would add the words "or in the Homœopathic Pharmocopœia of the United States" after the words "National Formulary" wherever they occur in the law. We would demand this in order that the standards in the Food and Drugs Act may be complete by providing for the uniform strength and preparation of nearly three hundred fresh plant tinctures which are at present unprovided for, and also that justice may be done to thousands of physicians whose scientific remedies are classed among the proprietary or quack remedies.

Resolved, That the Interstate Committee and the Committee on Medical Examining Boards and Medical Legislature be instructed to render all possible aid to the Committee on Pharmacopœia to secure the passage by Congress of the proposed amendments to place the Homœopathic Pharmacopœia of the United States in the Food and Drugs Act.

An innovation which should receive the support of the profession, and an example of the new missionary spirit is the following action of the Institute in connection with drug provings. In accordance with a suggestion from the New York State Homœopathic Medical Society a committee was appointed to confer with the American Medical Association, with the idea of securing its coöperation in the proving of drugs on the human organism, with the suggestion that such proving be undertaken under the direction of a committee consisting of twenty representatives of the American Medical Association and twenty representatives of the American Institute of Homœopathy.

Two other innovations had to do *first*—with the selection of the place for holding the meetings of the Institute, which instead of being decided by vote of the house now becomes a duty of the Executive Committee after receipt of the usual invitations.

In accordance with this new vote the Executive Committee announced Detroit, Mich., as the place for holding the 1909 session of the Institute, a decision which should receive the approval of the Institute membership and which on account of the accessibility of Detroit and its general desirability should ensure a large attendance.

Second—In connection with the election of new members the following amendment to Article IV., Section 2, of the By-laws, was received and ordered printed: That the President, Secretary and Treasurer shall be members ex-officio of the Board of Censors. The entire board shall continue in service during the year. They shall be empowered to receive applications for membership at any time, and after publishing the same in the Journal of the American Institute of Homœopathy for one month, shall be empowered to elect them by a unanimous vote of the board. The motion prevailed.

In regard to new members it is to the credit of Dr. W. A. Paul, Dorchester, chairman of, and his colleagues on the Committee on New Members, that they were able to present 220 applications for membership as the result of their efforts during the past year. The applicants were duly elected to membership.

Interest always attaches to the election of new officers, more particularly the new president, and this year more than has been the case in recent years there were evidences of the political partisan spirit that added excitement if not dignity to the nomination and election. As a result the following officers were elected:

President, Dr. William Davis Foster, Kansas City; honorary president (nominated by the seniors), Dr. H. F. Biggar, Cleveland; first vice-president, Dr. T. H. Carmichael, Germantown, Pa.; second vice-president, Dr. J. Hensley, Oklahoma City; secretary, Dr. Frank Kraft, Cleveland; treasurer, Dr. T. Franklin Smith, New York; registrar, Dr. T. H. Ball, Bay City, Mich.; necrologist, Dr. George T. Shower, Baltimore.

"Le Roi est mort. Vive le Roi." It is even now time to think and plan for the 65th session of the A. I. H. to be held in Detroit in June, '09.

GRIM COINCIDENCE.

In the *Boston Herald* for July 15, mention was made of the death of Thomas D. Jordan, who was notorious for his connection with the "life insurance scandals" of three years ago, and who was living under the grim shadow of nineteen indictments; his trial having been set for the fall term of court. He was only 63 years old, and, according to the *Herald*, "but for the worry of the last few years and his enforced retirement, when Paul Mortin cleaned the Equitable house, had promise of long life. He was thought to be in robust health. Heart failure took him unexpectedly as he was

walking leisurely on the subway platform, after having deposited his ticket in the box." The *Herald* also calls attention in this connection to the fact that John McCall, former president of the New York Life, and Andrew Hamilton, custodian of that company's "Yellow Dog," have both died, "each a victim of worry and hopeless efforts to live down the memory of blighted success." T. D. Jordan is "the third conspicuous figure of the life insurance scandals of three years ago to be relieved of his humiliation by death." Two others of the group of five are physically broken and travelling abroad or living practically in exile.

An interesting and possibly profitable subject of speculation offers itself in what was the real cause of the wrecking of the lives of these men of ability, of wide reputation, of power? Under what wave of destinly were they buried? What contagion did they suffer from? Evidently death, with them, resulted not from an ordinary physical disease, but a something more subtle, a something without shape or substance, yet so potent an influence as to be capable of destroying the more delicate functions of the inner life and through these the physical basis and continent of life, the body itself.

We may surely read in this grim coincidence yet another hint that man is not the body he inhabits, a collection of protoplasmic cells with their functions and products, but an indwelling energy or force clothed for the time being with ever-changing matter capable of and doomed to degeneration, decay and dissolution. Hahnemann in his efforts to explain the cause of disease adopted the philosophical idea of "vital force," and claimed that disease was essentially a disturbance of this vital force manifested by disordered functions, signs or "symptoms;" and he has been subjected to much ridicule by sapient critics for so doing. Yet oddly enough the developments of modern psychology furnish more than a plausible basis for Hahnemannian pathology and etiology. Abundant testimony is obtainable that while the parasitic and toxic actions of microörganisms may and do give rise to disturbances of organic equilibrium leading up to what is recognized as disease and dissolution, there are other and more subtle influences than parasitc action and toxins that are quite as capable as these of leading to disease and physical death. Worry, mortification, disappointment, the consciousness of wrong doing, and allied subtle influences are not tangible, are not recognizable by chemical analysis, microscopic, polariscopic or other physical examination; the bacteriologist cannot make cultures of them (though without exaggeration they seem to be contagious, inoculable); the surgeon cannot remove; and yet who can doubt their existence or their potency? Long ago the master-student of our strange human comedy recognized these phenomena of spiritual pathology when Macbeth cried to his physician—

> "Canst thou not minister to a mind diseased . . .
> And cleanse the bosom of that perilous stuff
> That weighs upon the heart?"

The cases referred to and thousands of others bear witness to the disturbing, nay, the fatal power of such influences upon the human body. To the general practitioner and therapeutist they should surely teach a lesson; for if there are such subtle, imponderable influences capable of producing mischief of the deadliest sort, must there not be similar unsubstantials capable of upbuilding, regenerating and restoring disturbed functions? Unselfishness, faith, hope, aspiration and effort towards righteousness, bright anticipations, mental quietude, serenity of spirit, surely these should be as potent in their possibilities for good as are their opposites for evil.

IN DEFIANCE OF YEARS.

Some of us have tried to write learnedly and convincingly on "Why We Grow Old—An Explanation of the Inevitable," and kindred subjects. And there are societies in Boston, of course, but likewise elsewhere whose chief object in existing is to discuss theories for the so-called ravages of age; to discover means for preserving immortal youth. Current literature offers so many articles on the general subject that one is justified in assuming it to be a vitally absorbing one, of deep and universal interest. Even in what are recognized as the highest scientific circles the subject receives respectful consideration, and from the Socrates of the bacteriological laboratory comes a prescription for so antidoting the vicious work of sundry intestinal bacteria that the tissue cells of the body may retain perennial youth. Rumors of the discovery of the "Fountain of Youth" prove to be like the elusive "Will-o'-the-Wisp," or are suggestive of the once so popular allegorical picture, "The Pursuit of Pleasure." The *Gazette* has no theories to present concerning age, nor any specific prescription to offer for the preservation of youth except possibly to suggest that the best way not to grow old is always to remain young.

Thomas Bailey Aldrich, when asked how he remained so incorrigibly young, replied that he supposed it was because he formed that habit in youth. A worthy example of youth that may persist in defiance of years—one might well say an enviable example is reported by the Cleveland correspondent of a Boston daily. It reads as follows:

July 15.—Jason Brown, the 86-year-old son of John Brown, of Harper's Ferry fame, caused alarm among professional life-savers at Euclid Beach Park by his antics in Lake Erie.

As a member of a pioneer picnic party, Brown was attracted to the cool waves. The boathouse manager hesitated. "Our life-savers are busy now," he said. "We don't let old men bathe here."

"Umph!" replied Brown. "I'm no yearling, maybe, but young man. I don't need any life-savers swimming around after me."

Donning a suit, he ran out on the pier beyond the safety line and a guard in a boat put out after him as he saw Brown plunge.

The octogenarian stayed under 30 seconds, then came up and floated, varying his performances with back, front and side strokes for half an hour.

"That was just a dip," he said as he came out.

Youth is obviously not altogether a matter of years, or lack of them. Pluck and cheeriness are wonderful rejuvenators. The director of the Yale gymnasium bids his students "think muscle." Why not "think youth" as one of one's mental exercises? The summer vacation offers a choice opportunity for this wholesome experiment.

TOLSTOI'S VIEW OF CRIME.

Further evidence that man is something more than the wonderfull collection of cells and tissues and organs our anatomists would have us believe, something more than the complicated electro-chemical processes our physiologists teach, a something that possibly by-and-by our psychologists may be able to describe to us, is found, curiously enough, in a recent indictment of his government by Count Tolstoi. The *London Daily Chronicle* for July 15 contains a long, passionate and severe criticism of the cruel and vindictive punishments and inhuman executions of political offenders and criminals by the Russian government from the pen of the famous Tolstoi, who does not spare harrowing details in describing the horrors and tortures of these imprisonments and wholesale executions. He claims that the crimes of the revolutionists do not approach in monstrosity the criminality and stupidity of the deeds the government commits, for the latter deeds are carefully planned and arranged for by the learned and enlightened people of the upper class, and so skillfully arranged that each individual may disclaim responsibility.

It is not the cruelty, however, nor the physical suffering, but the moral depravity which makes them possible, that Tolstoi most deplores, for he says: "What is most dreadful in the whole matter of this inhuman violence and killing, besides the direct evil to the victims, is that it brings a yet more enormous evil on the whole people by spreading depravity among every class of Russians."

Tolstoi instances the shocking spread of greed among ruffians to obtain money by executing condemned prisoners, and says:

"Awful as are the deeds themselves, the moral and spiritual unseen evil they produce is incomparably more terrible."

That crime is not essentially physical but mental, moral and spiritual would seem to be Tolstoi's view, and this is in keeping with the idea that the purely animal nature of man is capable of all the greed, the cruelty, the avarice, the cunning, the lack of self-control, the lack of knowledge, the limited mental horizon, and the absence of spiritual horizon characteristic of the animal life through which he has evolved, or is in process of evolving; and the more nearly these qualities dominate his actions, the more nearly on the

purely animal plane he lives. The optimist will claim that humanity is surely, if by slow and painful processes, climbing up and away from the purely animal, and Tolstoi's attitude evidently is that whatever degrades the moral nature of man tends to unhappiness, disease, violence and death; while whatever uplifts man's moral nature tends to happiness, peace, sobriety and health.

While such meditation may not help to solve small practical problems of pathology and therapeutics, they may help the physician who faces the deeper problems of life to broad general conclusions of vast worth to himself and to those the relief of whose sufferings is his daily problem.

OBITUARY.

JOHN C. SHAW, M. D.

CAT.
E.H.B.

Courtesy of New Bedford Standard.

DR. JOHN C. SHAW.

DR. JOHN C. SHAW, aet. 51 years, died at his home in New Bedford on the second day of July, after an illness which had confined him to the house for only about ten days. He had been a sufferer from diabetes for several years.

The high regard in which he was held in the community where he made his home for so many years is testified to by the notices of his death in the daily press of New Bedford, from one of which the following facts are gleaned:

Dr. Shaw was widely known as one of the leading homoeopathic physicians of this city, and his practice was undoubtedly the largest of

any local doctor. With the exception of two years spent in Wareham immediately after graduating from the medical school, his entire practice was built up in New Bedford, where he resided for about 24 years.

Born in Mattapoisett on May 11, 1857, Dr. Shaw was the son of Bruce F. and Eliza A. Shaw, both of whom survive him. His early education was received in his native town, and he was graduated from the high school there. A medical career appealed to him, and he immediately entered the Hahnemann Medical College in Philadelphia, receiving his degree from this college at the completion of his education in June, 1882.

He began practice as a young man in Wareham, remaining there for two years before coming to New Bedford in 1884.

On September 15, 1881, Dr. Shaw was married to Mary H. C. Cannon of Mattapoisett, who survives him with two children, Miss Helen Shaw and John C. Shaw, Jr., at present in Harvard College. Besides his father and mother, two sisters and a brother also survive him. They are Dr. Elizabeth E. Shaw of Brookline, Miss Hattie Bruce Shaw of Lancaster, and J. E. Norton Shaw of Mattapoisett, an attorney in this city.

Dr. Shaw was a Mason and a member of Star in the East Lodge of this city. He was a member of the Massachusetts Homoeopathic Medical Society, the Boston Homoeopathic Medical Society and the Massachusetts Surgical and Gynaecological Society.

Dr. Shaw was an enthusiast concerning out-of-door sports, and he was a naturalist and ornithologist of considerable ability. On the Mill road, in East Fairhaven, he owned a large farm and game preserve, where he reared native game birds and fancy pigeons, not only for his own pleasure but also for his friends, to whom he freely gave. In this matter of raising game birds for the preservation and propagation of the species, he was one of only two or three men in Massachusetts who are engaged in the work, and his Fairhaven place had attracted wide attention. At his home in the city, too, he devoted considerable attention to birds and fowl besides some small animals, and at almost any time there might be seen on his lawn or in the immense cages in the rear fancy game birds of all kinds.

Dr. Shaw will be sincerely missed and mourned by the colleagues in whose fraternal respect and affection he stood so high.

FRANK CRAFT, M. D.

DR. FRANK KRAFT.—Just as we go to press the sad news reaches us of the sudden death on Sunday, July 19th, in St. Louis, in his 57th year, of Dr. Frank Kraft, the well-known and popular secretary of the American Institute of Homoeopathy. Dr. Kraft was on his way home to Cleveland from the Kansas City meeting of the Institute, where he had performed his duties with his customary promptness and efficiency. The pain of the unexpected will be mingled with the inevitable grief this announcement will awaken. As a student of materia medica, as a teacher, as an editor and writer, as an able and exceptionally serviceable officer of the Institute, Dr. Kraft had made for himself a wide and lasting reputation; and his death is an irreparable loss to the profession. Detailed notice of Dr. Kraft's life must be deferred till the next issue of the Gazette.

PERSONAL AND GENERAL ITEMS.

NEW DEAN FOR NEW YORK HOMOEOPATHIC MEDICAL COLLEGE.—Dr. W. H. King, who has for the past six years acted so efficiently as Dean of this school, recently resigned, and in spite of much urging refused to reconsider his determination. After careful consideration of the available men in the homoeopathic profession, the trustees announce that Dr. R. S. Copeland has been appointed as Dr. King's successor.

Dr. Copeland, who has just finished his service as president of the American Institute of Homoeopathy, has been intimately connected with the successful up-building of the Homoeopathic Department of the University of Michigan at Ann Arbor. Those of us who know him and who are familiar with his untiring zeal in the cause of homoeopathy congratulate the school upon the acquisition of such an energetic leader.

Dr. Clara Barrus, an alumnus of Boston University (Class of 1888), has recently written an excellent and very practical book upon Nursing the Insane, a review of which appears elsewhere. Dr. Barrus is a resident physician at the Middletown State Homoeopathic Hospital of New York, and after more than fifteen years' experience in institution work can well speak with authority.

Dr. A. P. Williamson will retire from the superintendency of the Southern California State Hospital at Patton, California, on the expiration of the term of four years for which he was appointed, on September 1, 1908. After that date his address will be Santa Monica, California.

At the last meeting of the Board of Medical Examiners of Massachusetts, Dr. S. H. Calderwood was unanimously elected chairman. Dr. Calderwood has been for years a member of the Board, having served with great acceptance, and we feel that the choice of the new official head is therefore most appropriate.

Dr. J. P. Rand of Worcester desires to inform his friends that he has purchased the estate at No. 5 Benefit street, which he will use as an office and residence. Dr. Rand has recently been reappointed trustee of the State Sanatorium at Rutland, and has been elected president of the alumni society of New York Homoeopathic Medical College.

Cora M. Johnson, M.D., class of 1883, B. U. S. M., has opened an office at "The Hanford," 197 Main street, Waterville, Me.

A PRACTICAL EXAMINATION FOR PHYSICIANS is to be added to the regular written examination by the Illinois State Board of Health. At a special meeting of the Board, held in Chicago on April 25, it was decided that the examination for medical licensure in the future should occupy four days, three of which will be devoted to the written examination and the fourth to practical tests in laboratory technique and in diagnosis and other phases of practical medicine.

One of the peculiar errors common to all neophytes in the treatment of genito-urinary diseases is to promise to cure a gonorrhea in a week. It can never be cured and is sometimes not stopped in two years. —Journal of Dermatology.

The catheter is not supposed to work its own way. It is still to be guided and not placed among the automatic drills.—Journal of Dermatology.

NEW HAMPSHIRE HOMOEOPATHIC MEDICAL SOCIETY.

The annual meeting of the New Hampshire Homoeopathic Medical Society was held at the Weirs on June 24th. The officers for the ensuing year were elected as follows: President, J. E. Willis, M.D., Somersworth, N. H.; vice-president, C. A. Sturtevant, M.D., Manchester, N. H.; secretary, R. W. Sweet, M.D., Rochester, N. H.; treasurer, Herman Christophe, M.D., Manchester, N. H. Dr. W. H. Watters of Boston gave an informal talk upon Opsonic Therapy, which was freely discussed till a late hour.

ADMINISTRATION OF SERUM BY MOUTH.—The London correspondent of the Medical Record gives the following brief report of a discussion at the Royal Society of Medicine: At the Royal Society of Medicine, on the 26th ult., the question of giving tuberculin by the mouth came up. Dr. E. C. Hort said he had given horse serum in 150 cases of various diseases, taking care that it was fresh and sterile. It should be taken immediately after meals. In acute diseases, as phthisis or pneumonia, he found it of little use. In hemorrhagic cases and ulcerations it was of value. In bacterial lesions it seemed to stimulate, repair, and inhibit the activity of the organisms.

Dr. Hector Mackenzie was satisfied that vaccine given by the mouth was a valuable treatment in staphylococcic infections. But he was doubtful as to the value of tuberculin. In case of tuberculous glands he had known improvement follow the use of tuberculin by the mouth.

TRANSMISSION OF YELLOW FEVER.—I believe that, in nature, yellow fever is transmitted from one human being to another only by the bite of a female stegnomyia mosquito, which has previously bitten another human being suffering from yellow fever. Since the epoch-making work of the Army Board, of which Reed was president, this has come to be universally accepted.—Gorgas, Medical Record, June 27, 1908.

THE USE AND ABUSE OF DRUGS.—If we will take the trouble to look over the prescription files in our drug stores and compare the prescriptions we wrote five years ago with those we write now for the same diseases for which we then prescribed, we will with no little surprise recognize two facts: First, that we have followed the advice of manufacturing chemists in prescribing their special preparations periodically as they have been brought to our notice. Second, that we have abandoned many drugs that we once regarded as specifics and are at a loss now to know why we prescribed them then.

Why this change? The diseases we have to treat now have the same symptoms, their pathology is the same, and they run the same course they did then; the change must be in the remedies used, and not in the diseases treated. Evidently there is some cause for this fact, and that cause is a lack of working knowledge of drugs and their effect on the human body in health or in disease.—Virginia Medical Semi-Monthly, March, 1908.

MATERIA MEDICA, THE OLD AND THE NEW.—The editor of the Gazette reads with considerable interest the following extract from a paper by Webb, appearing in the Virginia Medical Semi-Monthly:

"And this leads me to speak of what may be called empirical therapeutics, which if allowed to go unchecked would be utterly destructive of all exactness in therapeutical progress. Because the so-called experience of one observer is often counterbalanced by the experience of another, and unless all successes, and all failures too, are faithfully reported, there cannot be any scientific comparison nor any just conclusion."

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ORIGINAL COMMUNICATIONS.

POSTURAL DEFORMITIES.*

By Howard Moore, M.D.
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Postural deformities are variations from the normal attitude not accompanied by structural changes.

The human body may be considered a mechanism working on a certain plumb line. Slight variations in the average lines of the body with relation to the plumb line may be considered normal—but when the variations are sufficient to cause any part of the body to work at a mechanical disadvantage we have deformity. When in a machine one part, through weakness, strain, overwork, or otherwise, is made to work at a mechanical disadvantage, other parts of the machine, especially those near by, are made to feel and help bear the strain. It is precisely the same in the human body. We must for convenience consider these deformities separately, but they seldom exist except with compensatory trouble elsewhere. Thus a child with round shoulders has variations from the normal in other curves of the spine—associated with flat feet are disturbances in joints elsewhere, especially the knees.

Before considering the deformities it may be well to speak briefly of the normal posture. This, as has been said, varies greatly within normal limits in different individuals. It is affected by age, sex, race and fashion. To quote from one writer: "One would hardly expect that a military cadet would present the same normal as a woman who had worn tight clothes, heavy skirts and pointed shoes for some years."

In children above ten years it will be found fairly constant that a plumb line against the sacrum touches or is very near the convexity of the dorsal spine. Starting with a plumb line at the external malleolus, the head of the fibula and the mastoid will be found in the average boy, slightly in front, the trochanter still more in front, and about as far in front as are the fourth lumbar and seventh cervical vertebrae behind. In girls there is a tendency to carry the body farther forward than in boys. This is compensated for by hyperextension of the knees and increase in

*Read before the Massachusetts Homoeopathic Society.

the lumbar lordosis. A slight lateral curve is usually seen whose convexity is to the right in right handed subjects and to the left in left handed.

The important postural deformities of the spine are *round shoulders* and *postural scoliosis.*

Round shoulders. Three distinct types are recognized:

First, *Round Back* in which the dorsal and lumbar spine forms one complete curve backward and there is therefore an obliteration of the lordosis. What may appear as lordosis is but the upward and forward slope of the sacrum. The pelvic inclination is diminished.

Second, *Round Hollow Back,* in which the lumbar spine is bowed forward. The pelvis is therefore farther back with relation to a plumb line than in the round back. The pelvic inclination is increased. The abdomen is prominent.

Third, *Forward Displacement of the Shoulders.* The curves of the back may vary from flat to round.

To save time in the consideration of treatment these three types will be classed together in two general types—resistant and non-resistant.

Etiology. Round shoulders is the characteristic attitude of weakness and therefore any condition which predisposes to general weakness is a causative factor. Among common causes are faulty attitudes in standing and sitting. Before the advent of the modern school furniture, round shoulders were much more common than now. The method of clothing the child is responsible for a great number of cases. At about the age of four, radical changes are made in the child's dress, especially that of girls, and the truth that this method of dress is an important factor is borne out by the greater frequency of round shoulders in girls. The child is given a waist which is supported by shoulder straps and to this waist are fastened most of the child's clothing. The shoulder straps are loose and work out to the tips of moveable shoulders. Therefore the supporting muscles of the shoulders are given work which they are not well fitted to perform. "Straps" to which stockings are fastened literally anchor the shoulders to the stockings. Muscles relax and weaken as well from mental as from physical exertion. So, therefore, too prolonged study or too concentrated upon one subject must be considered an etiological factor.

Many cases have been seen in which there were no other apparent primary causes than defects in vision, or obstruction to respiratory passages such as tonsils, adenoids and bronchitis.

The *prognosis* is usually excellent with treatment. Round shoulders is not a condition to be spontaneously outgrown. Without treatment structural changes may result.

The Treatment. There are first of all one or two general measures to be emphasized. Routine and persistence are absolutely essential to success. The treatment must be daily, definite and systematic. Hygienic measures are of great importance. Have

the child live as much as possible out of doors. Encourage him to be as regular and temperate as possible in all his habits of living. Make him feel the responsibility that is his, and he will enter more into the spirit of his work.

Remove causative factors such as defects in vision, tonsils and adenoids.

As to local treatment, the matter of wearing apparel should first be considered. Do not hang too much weight on the shoulders. A waist such as the one illustrated is an excellent support for two reasons—its shoulder straps are held close to the base of the neck and its waist band is tight and low enough that the greater part of the support of the clothes comes not upon the shoulders but upon the pelvis, which is better able by far to support.

An excellent support may be made of webbing. This has a slight tendency to correct the posture by exerting a backward pull upon the shoulders. The waist band of skirt may be made tight enough for perfect support without doing any injury internally, and thus avoid the necessity of its being buttoned to a waist.

A spring back brace is indicated for the following conditions: When a temporary support is needed during a toning up of the child's general condition prior to treatment with gymnastics, and when a support is needed between stretchings or correction to maintain the improved posture which the muscles are unable to maintain without support. A brace should not be used as a corrective agent and its use should be dispensed with as early as possible.

Resistant round shoulders must first be made flexible. This may be done by gymnastics, gradual stretching or forcible correction.

The stretching may be done at home by drawing the shoulders back with the arms at the sides or on a level with the shoulders. However, one must not be deceived by what is apparently a correction, but what is in reality but an increasing of the lumber lordosis. The head must be held back as far as possible, and the exaggeration of the lordosis must be prevented. This stretching may be accomplished more effectively, however, by means of a stretching apparatus in the surgeon's office.

Forcible correction is done by means of the stretching apparatus, but a plaster jacket is applied to maintain the correction. The correction may be increased from day to day by inserting felt pads between the jacket and the front of the shoulders. The jacket is usually worn from two to four weeks, when exercises may be begun.

The gymnastic treatment of these deformities, as is true with all postural deformities, is by far the most important. The extent to which the exercises may be employed, and the length and frequency of treatments, depend upon the vigor of the individual. No half way measures will suffice, and the work should be pushed about to the limit of the child's strength.

If possible, the child should be taken out of school and given a private teacher, because constant attention to the matter of attitude will be necessary for some time. Individual instruction in gymnastics gives better results than class work.

The individual exercises will not be described, as they may be found in any work on orthopedics or mechano-therapy. However, they should be selected to perform a four-fold purpose,—first, to render the spine perfectly flexible; second, to improve muscular control; third, to strengthen the muscles which improve the posture; and fourth, to strengthen the muscular system in general.

Postural Scoliosis. This deformity is of two types—one in which the curve is a total curve without marked rotation or compensatory curves, and the other in which there is a short curve with compensatory curve. The latter type is less frequently seen.

Postural scoliosis represents about 15 per cent. of the total number of lateral curvatures, and in 90 per cent. of the cases the curve is to the left. It is more common in boys than girls, and is usually found between the ages of four or five and eighteen.

Etiology. The causes of postural scoliosis are in general those enumerated for round shoulders. Briefly stated we have—first, such conditions as predispose to general weakness; second, the assumption of improper attitudes in standing and sitting; third, the method of dress; fourth, the carrying of heavy objects; fifth, defects in vision and hearing; sixth, the existence of a short leg.

Prophylaxis should be given careful consideration. The importance of early recognition and correction of the causative factors which have been mentioned cannot be over-estimated. It is a much simpler thing, for instance, to give a high sole than to correct a lateral curvature caused by a short leg, and, too, it is much less difficult to avoid a child's carrying the baby about the house than to cure the possible results of such.

We do not begin to do enough in the training of children to assume and maintain proper attitude. More attention has probably been given the matter of school furniture than any other. This, while of great importance, is by no means the only thing to be considered. Granting that the desk and chair at school are tolerably well fitted to the pupil, there are still two or three facts remaining which cannot be dodged. The child must sit still for long periods of time, and thus deprive the muscles of activity, which is natural to childhood. A child kept sitting for so long a time is bound to assume unnatural and unsymmetrical postures a good part of the time.

School gymnastics should therefore be of such a kind as to remedy these two influences against nature's ways which cannot be avoided because of the demands of civilization. The counteracting of these influences can best be done by short periods of vig-

orous exercise of the large groups of muscles at frequent intervals. Simple exercises accomplish as much as the complicated,—an expert teacher is unnecessary, and the complicated exercises, as a matter of fact, fail to accomplish the one thing which is their strong argument, i. e., motor education. Motor education is attainable only by play and manual training.

The same measures regarding dress as have already been outlined should be carefully considered that the normal growth of the child may be as free as possible from handicap.

The Prognosis is good with treatment. Cases do not recover spontaneously, and may become structural without treatment.

The Treatment has been pretty well outlined. Remove causes, place the child under as favorable conditions as possible, and follow in general the treatment as suggested for round shoulders.

Weak Foot. The foot must serve two functions,—that of passive support and a mechanism of locomotion. It must, therefore, assume widely different postures which are normal.

Certain points regarding these postures and a few very important points regarding the anatomy of the foot should be clearly understood.

The longtitudinal arch of the human foot is a wonderful mechanism. For purpose of description it may be divided into two parts,—an outer, formed by the os calcis, cuboid, and the two outer metatarsals,—and the inner, former by the os calcis the astragalus, the scaphoid, the cuneiform and the three inner metatarsals. The former is low, depressed under weight, so that the outer border of the foot rests on the ground, is more strongly braced and therefore is better adapted to weight bearing than is the higher and more flexible inner part.

Considered as a whole, the long arch of the foot is unsymmetrical. Its posterior leg is short, descends sharply and is stable. It is therefore the weight-bearing or supporting pillar. The anterior leg is long, and flexible, not adapted to weight-bearing, but for supplying elasticity and spring.

When the foot is used as a passive support the muscles play but a small part in maintaining its posture. Owing to the elasticity of the ligaments, motions are allowed in the joints, which change the contour of the foot markedly, from what is true in activity. The astragalus rotates inward and downward on the os calcis, obliterating the outer curve of the inner border of the foot, and giving prominence to the scaphoid and neck of the astragalus. The arch depresses slightly and the fore foot spreads out.

On the other hand, used actively the foot assumes postures directly opposed to these. The muscles are engaged, the arch is maintained, the inner border of the foot is curved outward. During walking the foot serves as a lever. The distal heads of the metatarsals are the fulcrum and the calf muscles supply the power. The postures assumed are briefly these: The long axis of the

foot is approximately parallel to the direction of locomotion. The weight is borne momentarily upon the heel, then the outer border of the foot and then the heads of the metatarsals and toes as the heel is raised. Because of the difference in length of the metatarsals, there must be a turning outward of the leg, with relation to the fore foot, if the weight is to be distributed equally over the breadth of the fulcrum. Therefore, at the end of the step the foot appears "toed in."

In the weak foot we have an exaggeration of and persistence in the passive posture. Aside from the depression of the arch there is a well marked displacement inward of the leg with relation to the foot, and there is marked external rotation. The so-called "weight bearing line," instead of falling outside of the second toe, falls inside of the great toe. The inward rotation of the astragalus is, in fact, a subluxation.

It is important to realize, therefore, that the depressing of the arch is but one small detail of these deformities. In fact, cases are common in which the pronation is extreme, but in which the arch is functionally perfect.

Etiology. Conditions which predispose to general weakness, occupation, or habits which cause persistence in the passive posture, improper shoes.

Symptoms. There is a widely varying relation between the symptoms and the degree of the deformity. In one case the deformity may be slight, the symptoms severe,—in another there may have been no symptoms to speak of, but a deformity of extreme degree. Frequently in an individual the foot having the lesser degree of deformity will be the more complained of.

The first symptoms are usually those of weakness. The feet tire easily. Often there are no symptoms until late in the day,—then the feet will ache or feel tired. After standing or walking there comes a dull pain or sense of lameness along the inner border of the foot, or through the instep. The symptoms may be dated from a long walk, a jump off a car. After the deformity is sufficient to decrease the ability of the foot to perform its functions, symptoms of strain are felt in the calf muscles, the knees and hips. The spring of the foot becomes lessened so that a patient is obliged to guard his steps from curb stones and stairs.

Prognosis is excellent as regards the cure of symptoms, the return of functions and the improvement of statics, if the treatment is persistently carried out.

Treatment. Prophylaxis should be the first consideration. In the conventional life of the city there is an improper relation between the time the foot is used actively and that in which it serves as a passive support. Children do not have sufficient play of the right sort to keep the muscles and ligaments up to their proper tone. There is far more wear and tear walking on the hard streets and sidewalks than those of the country, and then, too, the wear-

ing of shoes is a decided handicap to the proper growth of the foot. A great deal might be done to offset these influences by the daily use of the few simple exercises which will be enumerated during the consideration of the treatment of the deformities.

Everything should be done which will aid in improving the general condition of the child.

Finally, the foot should be given a chance to grow as its Creator intended it to grow. Fortunately it is in adult life rather than childhood that that stage in intellectual development is reached in which style must be considered before anything else. One of the large shoe dealers of Boston recently told me two interesting facts—first, to sell shoes to fashionable people he must get out lasts which vary greatly from one season to another, and the greater the variation the more shoes he sold. Second, the lasts which had met with the greatest demand had been those which varied greatest from the shape of a normal foot. The shoemaker cares not what shoe is worn any more than the hotel proprietor cares—profit being equal—whether you eat digestible or indigestible food in his dining room. If common sense lasts were the only ones demanded they would be the only ones made.

There are a number of shoes on the market which are very commendable. A few models are shown to give you an opportunity to compare their respective merits and faults.

In brief, a model shoe should have a straight inside border from the end of the great toe to curve of heel. The outer edge should also be straight from the little toe to the curve of the heel without any cut under, a point which is disregarded in nearly every shoe. This not only gives a straight outer edge to the tread of the foot, which is normal, but it also gives breadth and stability to the shank. The toe of the shoe should follow approximately the outline of the foot, being roomy enough to avoid any constriction or pressure on the foot. The cut under on the inner side should begin well back of the metatarsal joint and should be only deep enough to allow the upper to fit well about the inner border of the foot. The shoes of young children should not have heels. When a heel is demanded, the pattern used on the Howe shoe is an admirable one. It is built down straight so that its bearing surface is as great as its base. It is extended forward one-half inch on its inner side and has one-eighth of an inch raise at this point. This gives a decided support under the inner border of the foot near the scaphoid, tending to prevent pronation. The low depth of the heel allows most of the weight to fall upon the posterior leg of the arch, which you will remember is the weight-bearing pillar.

Children should be thoroughly informed of the dangers resulting from improper dress, that they may be able and willing to choose wisely after they become old enough to choose for themselves. The assumption and maintenance of improper posture and gait should be constantly guarded against. Instruct them with re-

gard to this with the same diligence and care that is used in making them well mannered.

Active thereapeutic measures vary with the type, the etiology, and the degree of the deformity.

The importance of general measures should once more be emphasized.

The cause must be determined and removed. In almost every instance it will be necessary to recommend proper shoes. If the degree of the deformity is slight, general tonic measure, careful attention to proper postures, and exercises will oftentimes effect a cure. In more extreme cases, however, supports are indicated and these vary with the type.

There are two types to be considered—one, in which there is pronation but no flattening of the arches—the other, in which the arches are flattened.

The former, or pronated foot, is the more commonly seen. It is a type in which a plate is seldom if ever indicated. Plates are too commonly prescribed. Therefore care should be taken to determine as accurately as possible the condition of the arches—avoiding the use of plates if the arches are good.

Pronation is effectually overcome by frequent adhesive strappings. A strip one inch in width is started just below the external malleolus, carried perpendicularly downward and across the sole of the foot at right angles to its long axis. Then with the pronation over-corrected, the strap is carried spirally up and around the front of the leg, two-thirds of the way to the knee. A second strip, and if necessary a third is applied just in front of the preceding, lapping over it a quarter of its width.

Another very useful measure is the Thomas heel. This is an exaggeration of the heel already described. Its inner border has an extension forward of one-half inch, and the anterior inner border is given a raise of from one-eighth to one-quarter of an inch.

The strapping is employed until the symptoms of acute strain have subsided,—after which exercises are begun. The heel may be worn as long as there is any tendency of the foot to pronate.

If in "flat feet" there are acute symptoms, they should be pretty thoroughly relieved before a plate is used. The spiral strapping described above is a good measure to begin with, as it gives a decided support to the arch, and partially limits motion in the irritated joints. With the strapping should be used the graduated felt pads, beginning with a thin pad and increasing the thickness until the normal depth of the arch has been restored Strappings will, as a rule, maintain good support for one week. There is usually a subsidence of acute symptoms by the time the proper depth of the arch has been reached. A metal support may then be used. It should be as short as possible, as it is poor policy to splint the entire foot. It should be provided with four resting points which are in the same plane to give it stability and freedom from

rocking. It should always be made to fit the individual foot.

Most important in the treatment of these conditions is the use of exercises. Plates and strappings and heels restore the parts of the foot to their proper relation with each other, and exercises are needed to restore to the muscles and ligaments the necessary strength to keep them there.

There are four exercises which, if used faithfully, will accomplish the results. The more often they are done the better, and more quickly the results are attained. Before the child dresses, and again after he is ready for bed, are the most convenient times.

Exercise I. Stand with the feet parallel a few inches apart—head erect—hands on back of a chair to maintain the balance. Raise alternately on tips of toes and heels as many times as possible, doing the exercise very slowly.

Exercise II. Stand as in Exercise I. Roll up on outer border of feet and at the same time flex the toes as strongly as possible. Repeat as many times as possible.

Exercise III. Sit with legs crossed and circumduct the foot as many times as possible in one direction and then in the opposite.

Exercise IV. This exercise is done every time the child walks by pressing his toes as hard as possible against the ground at the end of every step.

After the periods of exercise, an excellent measure for toning up the circulation is the alternate plunging of the feet into hot and cold water—as hot as can be borne, and as cold as can be had. Leave the feet one-half minute in the hot, and a few seconds in the cold, and ten or twelve times in each. Follow with a vigorous rub.

In conclusion, let me impress upon you the importance of an early recognition of these conditions, and the importance of treating even the very slight variations from the normal. The earlier the treatment is begun the more perfect the result, and the more easily it is attained. Let me remind you that they do not recover spontaneously, and that many of the structural conditions in adults, which are so difficult to relieve even slightly, begin as postural conditions in childhood.

FEVER OF BRYONIA.—A bryonia fever case in the main will present the following picture: Pulse hard, frequent and tense. Chill and coldness predominating; red cheeks, great thirst, external coldness with internal heat; blood seems hot in veins, more chilliness in warm room than in open air. All symptoms aggravated by and during the heat: all symptoms worse by motion. Profuse oily perspiration after fever abates. Great dizziness with jerking pains in the head, particularly if patient moves. All symptoms usually aggravated in the morning. Over-sensitiveness of the senses to external impressions; worse by motion, pressure, heat, etc.—Progress, May, 1908.

HOMOEOPATHY AND MENDELEEF'S LAW.

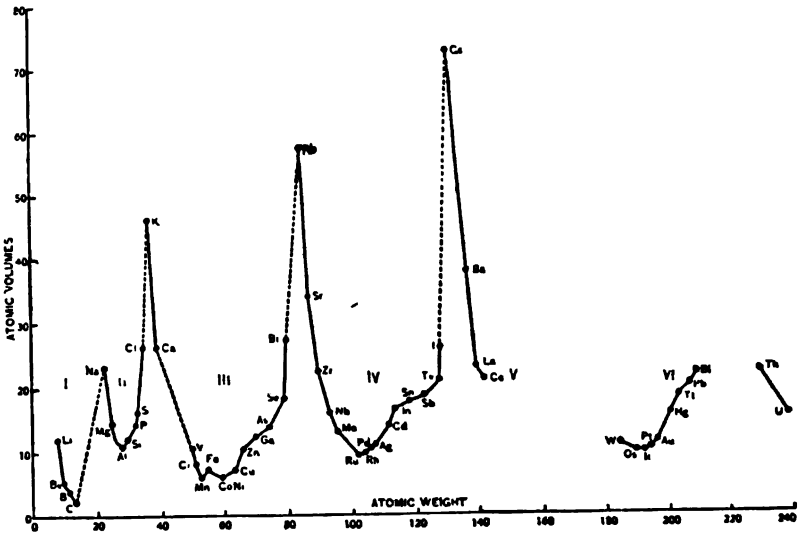
By Royal S. Copeland, A.M., M.D.

It is interesting to consider the remarkable parallelism existing between the therapeutic value of a given drug, one of the elements particularly, and the chemical properties of the same substance. As is well known, the elements calcium, strontium and barium are chemically similar and remarkably so. They look alike, act alike, and are alike in their variations. The same may be said of chlorine, bromine and iodine, or of sulphur, selenium and tellurium.

If the mean of the atomic weights of the first and third elements in either of these groups, or in any other group, be taken, the approximate atomic weight of the middle one is obtained. Sulphur, for instance, has an atomic weight of 32.1, tellurium 127.5. The mean, therefore, is 79.8, corresponding almost exactly to the atomic weight of selenium, 79.2. This discovery lead to the formulation of the so-called "periodic law," stumbled upon almost simultaneously by the Russian, Mendeleef, and the German, Meyer. So long ago as 1863, John Newlands pointed out that if the elements be tabulated in the order of their atomic weights, beginning with H=1 and ending with uranium =240, they naturally fall into such groups that elements similar to one another in chemical behavior occur in the same columns; and that, moreover, the number of elements between any one and the next similar one is seven. In other words, to quote Duncan,* "Members of the same groups stand to one another in the same relation as the extremities of one or more octaves in music! This leads us to think that not only may there be a relation between these little fundamentals of the universe, but a veritable harmony."

Briefly and technically, the law states that "the properties of an element are a periodic function of its atomic weight." This statement formulates an extraordinary fact. To quote Duncan again, it means no more nor less than this: "That if you know the weight of the atom of the element you may know, if you like, its properties, for they are fixed. Just as the pendulum returns again in its swing, just as the moon returns in its orbit, just as the advancing year ever brings the rose of spring, so do the properties of the elements periodically recur as the weights of the atoms rise. To demonstrate this fact, take some one specific property, for example, the atomic volume, which is the atomic weight divided by the specific gravity of the solid element, and arrange a table on a piece of engineering paper, in which the atomic weights read from left to right (the abscissas),

*Duncan, "The New Knowledge."



while the atomic volumes read from bottom to top (the ordinates). Now construct a curve by pricking out the position of the different elements in accordance with both their atomic volumes and atomic weights, and you will find yourself in possession of a table such as Fig. 1. We see at once from this curve that the atomic volume is a periodic function of the atomic weight. As the atomic weight increases, the atomic volume alternately increases and decreases. The periodicity proclaims itself in the regularly recurring hills and valleys which constitute the curve. Elements which occupy similar positions on the five hills and valleys have markedly similar properties. Thus, you will notice at the summit of each of the five hills, the symbols of the elements lithium, sodium, potassium, rubidium and caesium, all of these elements possessing amazingly similar properties. Or, again, find the little dot marked S (signifying sulphur) on the slope of the third hill, and you will then notice a little dot marked Se (selenium) and another Te (tellurium) in a corresponding similar position on the other two hills, respectively. These elements have strikingly similar properties. Take now another property altogether, let us say the melting-point of the elements, and make a similar diagram. You get a curve remarkably like the first one, with this exception, that the elements which were at the top at the first curve are now at the bottom. The melting-point curve is as strictly periodic as the volume curve and of the same general shape. There is a regular irregularity of the two curves, and there is not only a periodicity, but a double periodicity, as shown in the little hump on the slope of each hill of the curve. Similar curves may be constructed for many other properties. Can we imagine, then, that these atoms, these little invisibilities. in which we all live and move and have our being, are separately

created, arbitrarily made, unrelated individuals? Hardly so, for they are obviously created in accordance with some scheme. Would that we might understand this scheme all and in all! It would be a veritable glimpse behind the veil of existence. But if we cannot read from Alpha to Omega, we may spell out what we can, leaving future letters for future men; perforce content that if in this cryptogram of the universe we know indubitably that there is a cryptogram to be read, we have, at least, come to the beginnings of knowledge."

Of what interest is all this to Homoeopathy? Much every way. If our remedies, in their provings, coincide with the same periodic law, it shows that, therapeutically, Homoeopathy is in harmony with the ever-acting and universal laws of nature. Let us examine and see. I will not take chlorine, bromine and iodine, the halogen group, because everybody, familiar at all with materia medica, knows the close relationship existing. Let us take sulphur, selenium and tellurium. A casual examination of the provings discovers, among other symptoms, the following:

SELENIUM.

Skin.—Pimples, vesicles, sweating at night.

Sleep.—Sleepy early in evening, wakeful on going to bed. Dreams constantly of quarrels and journeys.

Cough.—Hoarseness, coughs in morning.

Stool.—Constipation, hard stool, but slimy at end.

Appetite.—Desire for apples and beer, later, desire for both ceased.

Face.—Twitching of muscles of the face and a crack in middle of upper lip.

TELLURIUM.

Skin.—Pimples, vesicles, herpes, offensive sweat at night.

Sleep.—Sleepy in evening, sleeps in chair, restlessness and sleeplessness on going to bed. Dreams of smoking cigars. Nightmare.

Cough.—Hoarseness, roughness, tickling and cough.

Stool.—Constipation after diarrhoea. Stool hard and crumbly, but softer at end.

Appetite.—Desire for brandy and salt, then aversion for them.

Face.—Distortion of facial muscles and burning in middle of upper lip.

SULPHUR.

Skin.—All kinds of eruptions and sour smelling night-sweat.

Sleep.—"Cat naps," light sleep, difficulty in getting to sleep.

Cough.—Hoarseness, soreness in larynx, dry, tiring cough especially at night.

Stool.—Diarrhoea in morning, also constipation—hard stool mixed with slime.

Appetite.—Ravenous appetite and desire for acids, thirst for beer and later aversion to food.

Face.—Twitching of muscles and crack in middle of upper lip.

And so we might compare phosphorus, arsenic and antimony, and formulate other groups of elements, which, at first thought, seem inappropriate bed-fellows.

What, if anything, is the significance of all this? Isn't it a bit remarkable that Hahnemann, a century ago, Metcalf, in 1852, and Berridge, in 1873, working with sulphur, selenium and tellurium, respectively, should discover the therapeutic value of three drugs, record their results and then in the year of our Lord, 1907, it should be found that all their provings, forming parts of a cryptogram, are deciphered by means of a chemical formula found to coincide with a law of nature? That all of these substances were proven by the administration of infinitesimal doses, and therapeutically established by repeated clinical tests, gives further proof that Homoeopathy is true, scientifically exact in every part, and in perfect harmony with the music of the spheres!

This is a mere hint at a subject which, in my opinion, is capable of interesting, if not convincing development. It certainly is another argument in favor of the scientific basis of our system of therapeutics.—(The University Homoeopathic Observer.)

MEDICAL AND ADJUNCT TREATMENT FOR DIPHTHERIA.*

By E. F. Vose, M.D., Portland, Me.

While I presume that it is the practical value relating to diphtheria, rather than its theoretical side, that interests those present this afternoon, still in order that a better understanding may be had of this formidable disease which for ages has been the dread of every one who has had any experience with it, I shall briefly give its history before touching upon its causes, diagnosis, prognosis and treatment as well as the modern methods of preventing its spreading to other localities and other victims.

Shurly defines diphtheria as an infectious disease characterized by a croupous inflammation of the throat and severe toxaemia. History shows that man has suffered from its ravages from a very early period. Probably no disease has been more written about by ancient authors than has this one. Pythagoras mentioned it, and a graphical description of its clinical history was given by Areatus. It is mentioned in the Talmud used in the second century, Galen wrote exhaustively upon it. Asclepiades wrote of it in the fourth century. It was known to the people of Europe in ancient times as Malum Egyptiacum.

In 856 A. D., and again in 1004 A. D., there were epidemics

*Read before the Maine Homoeopathic Medical Society.

of diphtheria in Rome, and Germany was visited by it in 1517 A. D. It appeared in Spain in the beginning of the seventeenth century and was given the suggestive name of the Garrotello.

Many of the ancient authors described cases where death was due to septicaemia, and Herreva described the paralytic sequences. Attention was also drawn to its contagious character.

At that early day tracheotomy was successfully performed according to Francotte, both in Spain and Italy. It appeared in Great Britain about 1638, when it was written upon by John Josselin and others.

It made its advent into North America in 1735, and subsequently was written upon by eminent American and English authors. Paris was visited by a severe epidemic in 1748-49.

In 1807 Napoleon the First decreed an International Congress for the consideration of diphtheria, in which prizes were given to Jum of Genoa and Albers of Bremsa.

In 1847 Virchow first pointed out a distinction between croupous and diphtherethic inflammation, until finally the accurate observations of Bretonneau and Trosseau brought the literature of diphtheria to modern times.

Then came the results of the bacteriological investigations of Klebs, Loeffler, Behring and others which culminated in 1883, when Klebs demonstrated that diphtheria was caused by a specific microbe, a discovery which was affirmed by Loeffler in the following year when he succeeded in isolating the bacillus in a pure culture.

The next step was to isolate the poisonous products of the bacillus, which was done in 1888.

Finally it was proven that the mucus membrane of the throat and nose simply furnished a surface for the bacillus to develop its poisonous products upon, which alone were absorbed into the system and caused the toxic condition, the bacillus seldom being taken into the system.

And now, the additional assertion that there frequently exists a mico-organism, which answers in every microscopical particular to the Klebs-Loeffler bacillus, and which can and does cause, what to the eye and other sense is a diphtheria, but which does not possess the toxic result if absorbed into the system; to the same extent this microbe is apparently a true Klebs-Loeffler bacillus, which in some unexplained manner has lost its virulency, but which nevertheless can cause paralysis to the lower animals.

Thus it is undoubted that one frequently gets what we call a mild case of diphtheria, or even an epidemic of the same, which is in reality a false diphtheria.

This long preface to the subject of treatment, may seem needless but is necessary to a full understanding of the disease, and may save my hearers a long and tedious investigation, which

has taken, at different times, many hours of study and observation on the part of the writer of this article.

We begin, then, our consideration of the practical portion of our subject, with the knowledge that diphtheria has existed for many centuries, finding its way into this country about the year 1735, and that finally after countless years of study and research the microscope revealed that the cause of the disease is due to the presence of a micro-organism possessing a specific poison, which caused a disorganization of the blood and a paralysis of the nerve centers.

It must be understood that the specific microbe cannot originate in the individual, but once deposited on the mucus membrane or denuded skin, can multiply indefinitely, and that during the process of that reproduction the toxic quality is generated which absorbed into the system results in what is called diphtheria. This reproduction is made possible by the heat and moisture on which the microbe is deposited.

At this point I wish to say that the diphtheric bacillus will retain its contagious power for months and even years, and this is a principal reason for the necessity for extreme care in the case and surroundings of the patient and the need of complete fumigation after the patient's recovery, in order that the germs may be destroyed. I can do no better in speaking of the preventive measures and rules for avoiding diphtheria as well as rules for disinfection of rooms and clothing in such cases than in quoting from the condensed conclusions of several eminent specialists, both in hospital and private practice.

In speaking of the symptomatology of the disease, I will premise by saying that the period of incubation is from two days to a week, and is characterized by sensations of chilliness and depression of spirits. Following these premonitory symptoms are more pronounced ones announcing a serious involvement of the digestive and circulatory systems, loss of appetite, nausea, vomiting and diarrhoea occur, accompanied by thirst and increase in the force and frequency of the heart's action. Heat and dryness of the throat, stiffness and soreness in the muscles concerned in the act of swallowing, which is painful, and tenderness on pressure under the angle of the jaw indicate the localization of the pathological process in the throat. In the first stage the temperature runs from 101 degrees to 104 degrees, according to the severity of the attack. An inspection of the throat within the first few hours of the seizure reveals a reddened, swollen condition of the mucous membranes of the soft palate and tonsils.

The appearance of the false membrane comes at the beginning of the second stage and is a thick, yellow secretion covering the tonsils, a little later a yellowish gray or a dirty grayish white false membrane is seen to have made its appearance in the fauces and pharynx, which increases in thickness and extends until but little else can be seen. If pieces of this membrane become

detached the background is rough, raw and bleeding and the adjacent groups of glands become indurated and sensitive.

The temperature falls on the completion of this process, and may become normal by the fourth or fifth day.

Through membranous decomposition, the breath becomes intolerably offensive, the pulse is feeble and the urine is decreased, high colored, rich in urea and often albuminous.

In serious cases the larynx becomes involved, the respiration becomes harsh and labored and the voice becomes hoarse. On account of the laryngeal contraction there is dyspnoea, blueness of the lips and finger nails, with puffiness of face, and, in fatal cases, coma. Other complications result from an extension of the disease to the nasal cavities with foul discharges from the nose. Invasion of the nasal ducts may cause the eyes to become affected or extension to the Eustachian tubes may presage invasion of the middle ears followed by suppuration.

The third stage results in resolution or death. This period begins in about a week when all the symptoms may subside with the exfoliation of the false membrane. The fever is gone, the pulse is normal, painful swallowing disappears, desire for food returns. The kidneys and skin resume their functions, leaving only the return of strength to be desired.

If the heart retains its strength and paralysis does not intervene, complete recovery is only a matter of time.

Between this type of the disease and simple membranous sore throat are many variations, which entail experience, knowledge and judgment on the part of the physician.

Many cases are so obscure at the inception that it is often impossible to decide at once. But such cases should receive the same care and treatment as they would if the diagnosis were positive.

Prognosis must always be guarded, as many seemingly mild cases may without warning become malignant or the cardiac strength suddenly fail.

We finally come to the treatment of this nearly always serious and so frequently fatal disease.

Eternal vigilance must be the watchword for physician and nurse.

One must always be on the lookout lest a bit of mucus or saliva be deposited in the eye or on the lips of the attendant.

My own practise is always to wear eye-glasses when attending diphtheritic cases and to thoroughly sterilize my hair and beard before seeing another patient, and also to wash hands and face with a solution of mercury bi-chloride.

There are so many gargles and other local treatments in use and which have been discarded one after the other as useless that I am going to mention only one, and I have been so successful in dissolving the false membrane with it that I use nothing else. That is a solution of sulpho-calcin, which is applied by

means of a pledget of cotton, wound very tightly round a bit of stick, and is applied as often as the physician finds necessary to keep the throat clear of the membrane. The cotton and carrier should be burned after using. The unpleasant feature about this application is its abominable odor.

Every physician has his favorite local treatments. This happens to be mine.

For nasal diphtheria, I use dioxide of hydrogen, 1 to 5 or 10, or Dobell's solution.

I use cold applications to the neck until the membrane begins to exfoliate; afterwards I use heat.

The patient's strength must be kept up as far as possible. Cold or frozen milk and cold beef tea are my favorite foods. If strength wanes, I stimulate with whiskey, sherry wine or, what I believe to be better, diluted alcohol. Tonics of quinine and iron or strychnia are favorites of the so-called regular school, as is mercury in different combinations.

At the present day the leading internal treatment in perhaps all schools of medicine is serum-therapy or antitoxin, which a majority of physicians use and have faith in it. There is a very respectable minority who either do not use it or use it to protect themselves from adverse criticism. It is used in quantities varying from 500 to 30,000 units repeated at intervals as the case indicates. It is usually injected below the axilla or between the shoulder blades, the skin having been previously cleansed and sterilized.

The remedies used by the homoeopathic school are given according to the symptomatic indications and require a special knowledge of materia medica. I will touch on that branch of treatment briefly, merely saying that personally, after thirty-two years of medical experience, I believe that in our method of treatment lies out greatest hope of success.

Without going into symptomatic indications the following remedies are among those most frequently called for: apis mel., arum tri, baptisia, echinaccea, kali bichrom., kali. mur., lachesis, merc. cyan., merc. prot., merc., zinc iod. and phytolacca. Each case is a problem by itself and must be treated as such.

Those cases of laryngeal invasion require the aid of the surgeon, and will not be touched upon.

It is now the usual practice of many physicians to treat croup and tonsillitis as if they were simply the forerunners of malignancy.

I hope this somewhat disjointed production has been of sufficient interest to repay you for your time and patience.

MIND PHYSIOLOGICALLY INTERPRETED.*

By Arthur H. Ring, M.D.,
Arlington Health Resort, Arlington Heights, Mass.

Mr. President, Ladies and Gentlemen:—

When our president asked me after our last meeting to read a paper on some psychological subject on May 7th, my first thought was that of absolute inability to do justice to the subject. However, I accepted, deeming it a privilege to add my humble word in furtherance to the much needed reform in this department of our medical work. No one I think who had the privilege of listening to Dr. Richardson's scholarly paper at the State meeting last month could fail to be impressed with the urgent need of a better understanding of mental processes by the profession at large and it has seemed to me that I might best add my little mite by bringing to you this evening a brief review of the work being done in physiological psychology. If as scientific physicians we would grasp the full significance of mental variation from the normal in our patients, we must do it from the viewpoint of objective realities. Speculative psychology, theology and other philosophies can have little place in our conception of pathologic minds. We must think in terms of neuro-pathology. Only in this wise can we obtain a clear conception of the processes which rend asunder the unity and harmony of the mind. I would especially plead for the elimination of all spiritualistic and supernatural hypothesis, to explain any of the weird phenomena which so often present themselves at the physician's office. At first glance this may seem superfluous, but one still occasionally meets with the medical practitioner who would invoke the aid of the soul or spirit hypothesis to explain apparently otherwise inexplicable aberrations in the minds of patients. To fall back upon the supernatural or even upon Divinity to explain that which we cannot understand is, it seems to me, a frank acknowledgment of ignorance. Let us not confuse medicine and theology, let us as scientific physicians stand by material facts and patiently await from our research workers, the laboratory verifications of those phenomena which at present we can but vaguely hypothecate. Let us rear our psychic superstructure as the granite worker carves his monument, with a graceful tapering top upon a firm base. If his monument comes to a point, which in concept might be continued on to a geometrical proposition we do not doubt therefore that the least particle of that point could be any substance other than the granite which forms its majestic base, and lends to the eye a sense of stability. So the human monument with its superb physical basis also ta-

*Read before the Boston Homoeopathic Medical Society.

pers to a hypothetical psychic point, which at present, perhaps, may only be defined in terms of propositions, but here again, by analogy, those of us familiar with its physical structure are forced to believe that this psychic point can be but a farther continuation of the same functionating cells which form its more substantial basic structure. In other words let us attempt to ascribe each psychic error to some psycho-physical units. Mendel in his text book of Psychiatry tersely sums this matter up when he says in his introduction "mental diseases are diseases of the brain."

That you may grasp the full importance of a working knowledge of nervous and mental diseases, for a diagnosis of many of which a knowledge of abnormal psychology is necessary, let me quote from a paper by Dr. John Punton of Kansas City on "Nervousness."* He says "the alarming mortality and widespread prevalence of nervous and mental disorders in recent years is sufficient to attract the attention of every intelligent citizen. At first sight it scarcely seems possible that during the years from 1900 to 1904 diseases of the nervous system were responsible for more deaths than any other class of ailments. A bulletin on health statistics lately issued by the United States Census Bureau claims that no less than 302,876 persons died from some nervous disorder during this period."

In the Homœopathic Hospital last year ('07) 12 per cent. or 92 of the 733 medical house patients were classed as nervous: While in the out-patient department, 688 or over 6 1-2 per cent. of the cases were also classed as nervous. This doubtless does not include many cases of a purely functional nature but is rather an estimate of the number presenting gross pathological types. The field of greater interest which at present engrosses much of the attention of the profession and the laity is the so-called functional psychoses, and it is in just these cases that psycho-analysis may help us. The human mind involuntarily turns to that which mystifies and inspires it with awe, that which it cannot understand. This is a common fact, and is, I believe, one of its fundamental instincts. Surely without it we should have no progress; it is a kind of primitive interest. In a matter so complicated as an understanding of the nervous system where there remains still many incomplete links in our chains of reasoning, it is, as Dr. Richardson has so well pointed out, of doubtful expediency to lay before the untutored mind that which can only create more awe and mystery. Apropos of our own attitude Prof. James in his address on the "Energies of Men" has taken occasion to point out that the scientific doctor should not be so hide bound and prejudiced as to blind himself to the interest in the great popular emotional or religious movements that are characteristic of our people and our day. His warning is timely and the reaction has come. Men

*Journal of the American Medical Society, Feb. 1, 1908.

long committed to technical and diagnostic medicine are grasping the importance of the psychic factor in the treatment of disease. At the annual meeting of the Somerville Medical Society not long ago, Dr. Richard Cabot said in substance: "I am inclined to believe that as scientific physicians we have laid too much stress on diagnosis and too little importance upon treatment." It is doubtless a nice thing to know with laboratory precision the exact chemical and physical reactions of our patients and to match them up to our catalogue of diseases, but unfortunately this does not always interest the patient. He comes to us to be cured of his malady and there are many cases to whom our minute and detailed examination serves only to emphasize, in his morbid mind, the seriousness of his ailment.

Having said this much regarding the importance of the subject and the attitude which I believe we should assume towards it, let me now go on to the pith of what I have to say, namely: to build up for you from a physiological basis a conception of our various mind processes. For much of what I have to say I am indebted to a wonderful little book entitled "Physiological Psychology" by the great English psychologist, W. McDougall, and adopting his scheme I will ask you to think of the nervous system as being composed of three systems of reflex arcs, (1) The simple spinal reflexes, (2) The sensori-motor reflexes and (3) The association or idea-motor reflex arcs.

From the rapid strides now being made by the infant science of Psycho-physics it is evident that for us as Dr. Wells has pointed out in his delightful little book,* progress lies in the domain of what might be termed mental physiology. From this view point we must begin with nervous elements and construct therefrom a human nervous system which shall represent all our life processes including the most abstract reasoning and judgments of the philosopher. This is the reverse of classic psychology which, beginning with the vast aggregate—we term consciousness, has sought by a process of subdivision to split up the mind into its various component parts. The former is a process of synthesis, the latter one of analysis, both have their advantages and a knowledge of both is necessary to an understanding of our mind processes, the one complementing the other. At present, however, I shall confine myself to the synthetic method. This has perhaps been best presented by McDougall and a French physiologist by the name of Morat. To rear this structure we must begin with the neuron but must think of it in a slightly different aspect than of old. We have learned through improved staining methods that the neuron is not the entity which we had supposed but consists of a series of fibrils, each extending from its dendrite through the protoplasm of the cell and through the axone directly to its terminal arborization, and we have reason to believe that each of these fibrils

*Psychology applied to Medicine.

is continuous. It is further probable that this protoplasm of the cell which we have previously supposed to be the battery generating a nervous impulse is, in all probability, merely the source of nutrition for these fibrils. With this as our neural element let us see how we may build up an individual possessed of the powers of sensation and motion. The materialistic philosopher long ago pointed out that man is merely a highly organized automaton, that at birth he is simply a machine endowed with potentiality, that stimuli reaching his central nervous system through the various sense organs generate motor responses. The babe cries when the safety pin is not rightly adjusted and smiles when he is tickled, but as yet he knows not why he thus reacts. Sensations affect him pleasantly or unpleasantly, but he reasons not. We assume that at this early stage McDougall terms the arcs of the first and second levels are as yet the only functionating part of the child's nervous system. As you doubtless know, some of the animals probably never advance beyond the development of these two systems of reflex arcs and some of the very lowest, as the snapping turtle and the lobster, have mostly the first arcs, i. e., exhibit mostly direct uninhibited motor responses to stimuli. As a practical illustration of the first arc one need only cite the involuntary winking of the eye to protect it from dust—while the second or sensori-motor arc is illustrated by the motorist who forces his eyes open through clouds of dust because of necessity.

The primary arc needs no explanation before a medical audience, it is purely a motor response to a sensory stimulus. Yet it is upon the basis of this simple reflex action that we shall build up our entire conception of the mind. To explain intelligently the transmission of the nervous impulse from the dendrites of the sensory neuron to the arborizations of the outgoing motor neuron, physiology and psychology alike have had recourse to the very simple phenomenon of the spark gap. By it we conceive that the nervous impulse, of whatever it may consist, jumps from the end of the fibril or fibrils of the sensory dendrite to fibrils of the motor dendrites, and herein lies the explanation not only of normal cerebration but also a very fertile field for the explanation of the functional psychoses. For this spark must pass through a substance which according to the state of its nutrition may give easy or difficult access to it or conceivably, through delicate chemical changes, may temporarily or entirely inhibit the sparks transmission. Here then we have a perfectly possible, indeed probable, physical explanation by which to account for every bodily state from that of the sense of health and well being to that of simple fatigue, pathologic fatigue, and the various psychoses and even tics, migraine, epilepsy, paralysis agitans, etc. This spark gap is technically called the synapsis.

With this conception of an elementary reflex arc let us see what functions are presided over psychologically by the intermed-

iate or sensory-motor arcs. Anatomically the incoming impulse is transmitted from the primary sensory neuron through the synapsis to a second long axone, which passing through the posterior column of the cord, and giving off so called collaterals at various levels, extends to the cortex of one hemisphere of the brain. In the upper part of the cord collaterals make junction with other fibers which crossing the median line pass up through the basal ganglia and the central white core of the cerebrum to the cortex of the opposite hemisphere. Each hemisphere is thus connected by in-coming paths with the sense organs of the opposite side of the body. The nerves of the special senses are similarly connected with the cortex through junctions in the basal ganglia. Upon reaching the cortex, each axone is assigned to a definite portion of the brain, thus allowing us to localize with certainty the exact areas where many of the functions of our sensory organs are carried on, and there is good reason to believe that sooner or later laboratory researchers will map out topographically upon the brain the location of the special functions of each of these intermediate arcs with as much certainty as the geographer draws his map of a well known country.

Through these incoming sensory channels each sensory organ contributes to the brain certain definite kinds of sensations of elementary qualities. Through the skin four are received, namely: pressure, pain, heat and cold. Through the muscles and joints that sensation which we call kinæsthetic, which contributes to consciousness of our sense of position and equilibrium. Through taste four sensations, namely: sweet, sour, bitter and salt. Through smell, though difficult to analyze, McDougall thinks eleven more or less simple sensation qualities are received. Through the eyes four elementary qualities are received, namely, that of red, green and blue contributed by the cones and the achromatic sensation quality contributed through the medium of the rods. The auditory sensations are difficult to reduce to their elements, but there is good reason to believe that the auditory centre in the brain receives from the ear not more than fifty elementary tone qualities. To these must be added a small number of illy defined sensations received from the viscera and the vestibular apparatus. This then is the sum of all sensations received by the brain through these intermediate or sensory-motor arcs, and they may be termed the real psycho-physical elements. The passage of these nervous impulses through these sensory-motor arcs has psychical effects, namely: effects in consciousness which we call sensation, and inversely the sum total of sensations at any moment may roughly be said to determine the state of consciousness.

There is experimental evidence that each neuron, by virtue of its specialized end organ conducts but one specific elemental sensation to the cortex, and these joining with other elementary sensations may form a new synthesis. This fusion or synthesis

of sensations gives to consciousness a new though analyzable sensation. Thus lemonade is a distinct taste sensation though we may distinguish in it the sour feelings of the lemon and the sweet of the sugar.

When any physical impression is made on a sense organ, the sensation that it excites is commonly in some degree pleasing or displeasing, exciting or soothing. This is called the feeling tone of the sensations. In a general way it may be said that sensation qualities are pleasant when of low intensity and become unpleasant when their intensity is increased beyond a certain point which we may call the indifferent point. This indifferent point varies from time to time for each quality of sensation, and is different for different individuals. We may go further and say that it may differ in the same individual according to his degree of health. Thus the perverted or ill feeling excited by an impression made on one of the higher senses may be due in part to reflex changes produced in the viscera which in turn excite organic sensations which augment the feeling tone. That the feelings are physiologically conditioned we cannot doubt when we reflect how greatly modified they are by changes in the state of the nervous system induced by fatigue and rest, by drugs and disease. McDougall thinks it improbable that there exists in the brain any special organ or psychological substrata of the feelings. He thinks it likely that the feeling tone of sensation is probably determined by some peculiarity of the psycho-physical processes that excite the sensations themselves. However that may be, he says we may define the most general conditions of pleasant feeling as the normal activity of the nervous system at moderate intensity and those of unpleasant feelings, as abnormal activities, especially processes of abnormally high intensity. One of the most primitive and striking psychic effects of the feeling-tone of sensations is that manifested through emotions.

(*Continued in October.*)

ROUTE OF OPERATION IN PROSTATECTOMY.—To sum up my views briefly, at the present time I am performing 20 per cent. of my prostatectomies by perineal route, and 80 per cent. through a supra incision. Of these 80 per cent., about 40 per cent. by the two-stage method. With the advent of this method the mortality has been markedly lowered. The prostate in a man in the first stage of prostatic disease, which per rectum feels low down, is small and movable, and where there is no apparent complication I remove by perineal route. The convalescence is much shorter, and there is less shock than when we do a complete operation by supra-pubic method. The disadvantages are difficulty of thoroughly examining bladder with the finger; more danger of incontinence and position of wound. The supra-pubic route is used by me in all cases of advanced prostatism where there is usually cystitis of a matured type; where an examination of bladder is necessary in search for stone formation, new growth, the good position of wound for observation and dressing. On the whole, better drainage than by perineal route. No danger of incontinence.—American Journal of Dermatology, April, 1908.

EDITORIAL.

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WHAT IS THE PRACTICE OF MEDICINE?

The practice of medicine has immemorially coexisted with the human family. Amongst the earliest traditions of the human race the "medicine man" figures prominently. In the literature of the present day the wonderful accomplishments of medicine occupy no inconspicuous place. Why, then, after an existence of thousands of years, after an evolution that has been characteristic of civilization itself, should such a question be asked as that which stands above written? With such a history as medicine boasts, has not the question, "What is the practice of medicine?" been answered thousands of times? Are there not simple and clear definitions acceptable to all?

It is a curious reflection on medicine itself, as on the wisdom of the ages, that no practical and satisfactory definition of medicine has been made and accepted. That is, the *Gazette* has been unable to find a statutory definition that can be legally applied. Are the difficulties in the way insurmountable? Is the task impossible of execution? If there be such a thing as the practice of medicine its definition certainly cannot be impossible. If the definition be difficult,—then in the interests of society, it is high time the difficulties were overcome.

The antiquity of medical practice; its universality throughout all time and among all people; its increasing importance and effectiveness; the steadily augmenting volumes of legal enactments concerning medicine; all demand that a statutory definition be phrased as a prerequisite to modification of exist-

ing laws or the enactment of new statutes. When judges disagree who shall decide? At the present time, in such a state, for instance, as Massachusetts, a judge may decide that a midwife is not practising medicine, and another judge will decide that said midwife is practising medicine. One judge will decide that an osteopath is not practising medicine, another one rules that he is. And neither judge has statutory definitions to use as a foundation for his opinion, but is governed so far as we know by his own sense of the fitness of things.

An elaborate machinery exists in practically all the states of the Union for testing the qualifications to practice of graduates of medical schools, and laws controlling medical practice are now voluminous. Boards of health and state legislatures, examining and licensing boards are supposed to be familiar enough with medical practice to make the laws which regulate it. Councils on medical education have been formed in connection with various national medical associations, and much time is spent in formulating a medical curriculum and in establishing minimum requirements for matriculation into medical schools and for graduation therefrom. And yet where shall one look for an exhaustive, authoritative, statutory definition of the practice of medicine?

Is anyone justified in asserting that charlatanism is less rampant today than it was in 1890, when the agitation concerning medical laws was so well under way? As far as statistics are concerned it may not be possible to state definitely whether or not charlatanism is increasing or decreasing. But the *Gazette* ventures the opinion that what is recognized as charlatanism is more prevalent today than it yet has been in the history of our country.

It is not to the credit of our civilization that elaborate laws should be enacted to regulate the practice of medicine, before the practice of medicine itself has been clearly defined. But for its serious aspects it would be considered farcical to legislate for or against an undefined something, as is the case with our medical laws. The confusion that exists is practically due to the fact that it is not sufficiently recognized that the practice of medicine is simply an Art; but an Art, the usefulness and success of which is absolutely dependent upon knowledge, i. e., upon fundamental medical sciences. It is unnecessary to review the evolution of the practice of medicine to establish this point. But it would be easy to demonstrate that with the

advancement of knowledge concerning anatomy, physiology, pathology, bacteriology and the allied sciences, there has been an equal advancement in ability to prevent and cure diseased conditions. A quotation from Plato reads:—

> "And I said of medicine, that this is an art which considers the constitution of the patient and has principles of action and reasons in each case.

There would be less confusion possible if a line were to be drawn separating the Art of Medicine from the Medical Sciences. The simpler a definition, the more concrete the idea, the better, and the simplest definition of medicine that the *Gazette* has been able to obtain or formulate is a slight modification of Plato's. For instance, the *Gazette* would say that "medicine is the great and beneficient Art of Healing," (an Art which is founded upon and is necessarily subject to modifications in accordance with the acquisitions and modifications of the medical sciences and of general knowledge.) The definition is brief; it is simple; it is elastic; it is concrete and comprehensive, and the *Gazette* suggests that its general adoption would vastly simplify existing medical laws and questions.

With this definition as a guide, for instance, a practitioner of medicine would be simply as one who practises the art of healing. The method made use of in the healing or the treatment need have nothing to do with the definition. For example, a person who in a case of indigestion attempts to restore a physiological equilibrium of his patient might confine his efforts to modification of diet; to the use of digestive ferments; to the use of physical exercises or massage; to the application of electricity; to the use of drugs; to psychic influences; to surgical operation; or might make use of a combination of influences; and in any or all of these instances, the practitioner might be treating the case according to his best knowledge and judgment. At all events, he would be treating the case, would be making an effort to heal and would, therefore, under our simple definition, be recognized as a practitioner of the art of healing.

To make a single prescription would not constitute one, any more than it does now, a practitioner of the art of healing. But one who is devoting any considerable part of his time and energies in treating sick people, who pretends to the possession of sufficient knowledge and ability to treat sick people, or who habitually prescribes treatment with or without the

ultimate expectation of compensation is a practitioner of the Art of healing. He may know nothing of anatomy, physiology, pathology or diagnosis. He may ignore these things, but if he habitually attempts to heal, or advertises, or sets himself up as a healer, whether he uses drugs or mechanical appliances, or any form of psychic treatment, or surgical methods, he should be classed as a practitioner of the healing art, or as a practitioner of medicine; and share, to the full, all responsibilities assumed by or imposed upon the practitioner of medicine.

A person may have had all that the schools can give him in the way of education, may have had extended hospital experience, and be generally well equipped to practice medicine. He may have passed state examinations and received a license to practice, and yet he should be legally no more a practitioner of medicine, that is, a practitioner of the Art of Healing, than, for instance, a clergyman who possibly has made some study of psychology and is habitually making efforts to restore sick people to a state of health; even though it be not his only vocation;—or than the Christian Scientist who ignores the existence of disease, and yet practically acknowledges its presence in systematic efforts to remove it and restore sick people to health.

Undoubtedly the definition offered invites objections and criticisms. That is one reason for its presentation at this time. One objection easily thought of is that preventive medicine is not included, as is the case in the excellent definition found in the Century Dictionary where one reads that "Medicine is the Art of preventing, curing and alleviating disease and remedying as far as possible the results of violence and accident." In reply to such objection one might say that preventive medicine—the prevention of diseases and limitation of epidemics —is to a great extent the vocation of hygienists and sanitarians who are not and need not be practising physicians, i. e., healers of sick people. Boards of health, state or local, are not always composed of medically educated people, as witness the recent appointment of John Ratchie as Commissioner of Health by Mayor Hibbard. Preventive medicine, or the idea of preventing, as found in the Century's definition, while unquestionably a privilege and duty of the practitioner of medicine, may properly be omitted from a definition of medicine.

Another objection might be urged that the definition does not include sufficient recognition of the various means utilized in the Art of healing; but surely nothing is gained by includ-

ing in the definition an enumeration of the methods or influences successfully or otherwise made use of in treating sick people. For— and this has been one great stumbling block in the formulation of a definition—these methods and influences have varied and are bound to vary with the adoption or abandonment of theories and methods, and with discoveries in medical and general sciences; nevertheless the healing Art continues from generation to generation manifesting a steady development in power and effectiveness. It might be objected that nursing is not specially included in the definition. The nurse, though a most important adjunct of the practitioner, carries out a treatment outlined by the practitioner, and technically can be considered a practitioner of the Art of Healing only when she independently assumes the responsibility of prescribing a treatment. Technically the nurse is no more a practitioner of the healing Art than the pharmacist who compounds a prescription.

Some might object that the pharmacist under the definition is a practitioner of the Art of Healing; but the objection lacks technical and logical support; for the pharmacist's function is to compound prescriptions and sell drugs, "sick room supplies," medicinal appliances and so forth as demanded by the customer. He becomes a practitioner of the healing art (of medicine) only when he habitually prescribes for sick people—emergency prescribing and emergency aid nowhere constitutes one a practitioner.

The highly specialized art of dentistry, founded though it be on medical and mechanical sciences and chemistry, need not present any obstacle to the acceptance of the definition offered; for dental surgery has obtained legal recognition as a specialty, and the qualified dental surgeon may be considered a specialist in the art of healing.

Some facetious critic might object that the "corn-doctor" under the definition must be recognized as a practitioner of the healing art, but his vocation being chiefly cosmetic, and only to a very slight extent remedial, it would be straining the point unduly to insist on recognizing chiropody in a definition of medicine.

What consideration in the formulation of a definition of medicine shall be given to the optician who prescribes glasses for defective vision, which may or may not be due to or complicated by disease; to the maker of boots to overcome the evils of "flat foot" and other deformities; to the teacher of physical

culture who possibly prescribes "corrective gymnastics;" to the masseur, the balneologist and others who hover about the outskirts or make incursions into the broad and enticing fields of medicine? What recognition in the construction of the desired definition shall be given to the D. O.s (Doctor of Osteopathy), Christian Scientists, clairvoyants, non-medically-trained dealers in any and all forms of psycho-therapeutics, faith-cures, prayer-curers and other forms of healers?

The *Gazette* would claim that all these considerations are side issues—are of secondary importance. The main issue is, What is Medicine? What is the practice of Medicine? And the *Gazette* would insist that Medicine is the great and beneficient Art of Healing; an Art founded on medical and general sciences.

The question, who shall be allowed to practise Medicine, is a secondary issue and can be answered logically only when the primary question is settled. In all our states and territories, in fact universally so far as we know, medical legislation has ignored this question. In the familiar phrase the cart has been put before the horse, and though in this case the transposition may be accomplished with difficulty the transposition must be made before rational legislative enactments can be secured. Medical reciprocity, unification of medical laws, the limitation of charlatanry, the great subject of medical education, are subjects yet unsettled, and are subjects that insist upon a hearing and rational consideration.

The *Gazette* invites a discussion of the question What is Medicine? and offers the above as a contribution to the discussion.

HOMOEOPATHY MILITANT.

The enthusiasm and generosity of the members present at the memorable Thursday morning business session of the American Institute of Homœopathy at Kansas City are to be put to the test without delay. It was then voted to enlarge the scope of work of the Council on Medical Education so as to include a propagandism of Homœopathy, and a fund of over $6,000 was pledged to initiate and support the work for the ensuing year. The Council recognizes its additional responsibility, and appreciating the obligation to enter promptly and effectively upon its labors held a meeting four weeks from the day on which the resolution passed the Institute, and signalized the event by or-

ganizing for the year's work, appointing a Chief Field Secretary and tentatively outlining the campaign to be conducted by him and his assistants. The selection of Dr. Dewey for, and his appointment to, the important office of Chief Field Secretary, doubtless will meet with general approval since Dr. Dewey's experience as Secretary of the Council, his wide professional acquaintance, his versatility, his enthusiasm for the cause, his editorial training, his interest in medical education, the facilities he already possesses for keeping in close touch with homœopathic institutions and organizations, and his natural adaptability, all tend to fit him exceptionally for his new duties.

The profession must appreciate the facts, however, that the present year is an experimental one in the new field of work; that matured and well considerd plans are more likely to be successful than hastily constructed ones, no matter with how much earnestness and enthusiasm such plans have been formulated; and above all that ultimate success in the promulgation of Homœopathy and the realization of ideals and ambitions in this direction are not to be the work of any one man, or of a single committee, but that such success can be ensured only when the entire profession as a unit, "with one heart and one accord" supports the work and co-operates unreservedly by active assistance and friendly suggestion.

The Secretary of the Council has prepared some minutes of the meeting held late in July, and they are herewith presented to our readers, not as an official report, but as a suggestive outline of the work done and plans formulated, and as a means of keeping our readers, whose right it is to know, informed just what has been and is being done. We wish to impress on the minds of the profession that new obligations now rest not only on the Committee but on the entire homœopathic fraternity, and that these obligations must be not theoretically but actively shared by the profession.

"A meeting of the Council on Medical Education of the American Institute of Homœopathy was held in Boston, Mass., at the office of Dr. J. P. Sutherland, on July 23, at 4 p. m.

Present: Doctors Royal, Sutherland, Garrison and Dewey. Absent: Dr. Gates.

Dr. Royal, Chairman, called the meeting to order. Dr. Garrison was unanimously elected Treasurer of the Council.

Dr. Dewey was unanimously appointed to be Chief Field Secretary and to have general direction of the duties of Deputy

Field Secretaries, to be appointed as occasion requires for the work of homœopathic propagandism, and he was directed to keep the work within the Council as far as practicable.

Dr. Garrison moved that Dewey and Assistant Field Secretaries be paid ten dollars ($10.00) a day and expenses and that the Chief Field Secretary be paid a salary of two thousand dollars ($2,000) a year and expenses for his work and the necessary office force thereunto appertaining. Unanimously carried after being duly seconded by Dr. Sutherland.

A copy of the report to the various Boards of Medical Examiners of the work done the past year was submitted by the Secretary and approved by the Council and ordered sent to same without delay.

It was moved, seconded and unanimously carried that the Treasurer of the Council be directed to collect of the Treasurer of the Institute the one thousand dollars ($1,000) set aside by the Institute for the expenses of the Council and that he also collect of the Institute Treasurer the five thousand dollars ($5,000) of subscribed money as fast as it could be collected.

It was moved, seconded and unanimously carried that the Treasurer be instructed to pay the Secretary's salary in twelve monthly installments, that he settle other expense accounts monthly and pay other bills as they were presented.

The Secretary presented the following outline of suggestions as to the best plan of approaching the propagandistic work.

1. Get names and location of colleges granting A. B. and B. S. degrees, number of students, etc.

2. Get names of homœopathic physicians in the towns where colleges are located.

3. Get names of members of faculties of these colleges who employ homœopathic physicians.

4. Get some student in the college to deliver pamphlets into the hands of those headed Medicine-ward and those undecided.

5. Enthuse the doctors in these college towns to aid in this work, by seeing them.

6. Pursue as far as possible same course in our larger high schools and accredited academies, etc.

7. Get list of all homœopathic societies.

8. Arrange as far as possible the time of meetings of same chronologically.

THE PROPAGANDISM OF HOMOEOPATHY IN GREAT BRITAIN.

The Annual Report for 1908 of the British Homœpathic Association has just reached us, and it contains so much that is interesting, so much that is encouraging, so much that may be helpful to us on this side of the Atlantic, that it is with great and unalloyed pleasure we make the following references to and quotations from it. The Association is a Twentieth Century production, having been in existence only since 1902, but since its organization it has accomplished work which in quantity and quality give evidence of great strength and vitality, and give evidence also that capable, experienced and energetic directors, aided by a large and enthusiastic membership, are conducting its affairs.

The Association was founded for the Extension and Development of Homœopathy in Great Britain, and for this purpose it utilizes all the agencies which promise to aid in forwarding its worthy work. Among these agencies are academic courses of lectures on homœopathic materia medica, and on homœopathic therapeutics—clinical teaching in the London Homœopathic Hospital—academic and practical courses of instruction for foreign missionaries and missionary students, in elementary medicine and surgery; in tropical diseases and hygiene; in obstetrics; in nursing, and so forth—the proving and reproving of drugs—special scientific research work in the problems of homœopathy, without vivisection (such as Dr. Wheeler's investigations concerning the effect of homœopathic dilutions as measured by the opsonic index); the establishment of travelling scholarships; the foundation and development of homœopathic cottage hospitals and dispensaries; means of specially prepared circulars, pamphlets and so forth. A paragraph on this phase of the subject from the report will be particularly appreciated just at this time by our readers.

"Widespread and deplorable is the lack of knowledge, even among intelligent people, as to what homœopathy is and does. To prepare and freely circulate lucid and accurate statements of the claims of homœopathy is one of the prime objects of the Association. Such cogent proofs of the value of homœopathy, both to the individual and to the State, deserve to be placed within the reach of all."

To give some, though very inadequate, idea of the work done

by the Association during the past year, brief reference may be made:

I. To the selection and securing of a site in Southport for a cottage hospital to cost, with the land, about $30,000. Plans are now being prepared for the hospital; and its erection in the near future is a foregone conclusion.

II. The Southport Dispensary, now in its third year, treated during the past year a total of 2,719 patients, an increase over the preceding year, and an evidence that homœopathy is appreciated in its district.

III. The securing of a legal decision in connection with the "Honyman Gillespie Bequest," whereby was secured the sum of £120 to £150 per annum for five years for a lectureship in homœopathy. Concerning this bequest we read: "The substantial sum (it will ultimately be £30,000) which was the subject of the gift had been left by a lady who was in sympathy with homœopathy, and the bequest had been made with the object of founding a medical school where homœopathy, excluded from other schools by the prejudice of the time, might be taught." Council representing the Association and the London Homœopathic Hospital, with the moral support of the Liverpool and Birmingham hospitals, succeeded in securing a decision in favor of interim scheme as above with the prospect of a full share of the bequest for the teaching of homœopathy in the ultimate settlement of the estate.

IV. The past year saw the culmination of a scheme for securing a homœopathic centre in the world's great metropolis. "Chalmers House," 43 Russell Square, London, W. C., is now the home of the Association, the centre of British homœopathic interests, the nucleus of a medical school. It was named as an expression of gratitude to Dr. Chalmers, who contributed £600 towards the renovation of the estate. It contains rooms which are to be used for lectures, for a library, for a research laboratory; and some are rented for offices.

V. The Tate Library, named for Lady Tate, who contributed £100 towards the purchase of books and furnishing it, occupies one of the rooms in "Chalmers House," where a considerable number of medical books have already been collected.

VI. A Research Laboratory, quartered in "Chambers House," has also been partially equipped and placed under the directorship of Dr. C. E. Wheeler, some of whose work has

already been noticed with pleasure and approval in the pages of the *Gazette.*

VII. The "British Homœopathic Review," the Association's report concerning its experiment in the publication of this excellent dignified and highly esteemed medical journal, is encouraging. The Association adopted the "Review" over a year ago and its venture proved, during its first year, a greater success than was anticipated.

VIII. Other literature in the way of pamphlets distributed to the profession and leaflets circulated among the public are referred to in the report, and the Association offered a prize of twenty guineas for the best essay in explanation of Homœopathy for popular reading. The successful essay has just been published.

IX. £30,000 for the London Homœopathic Hospital. The Association made no public appeal for funds during the past year, as it was co-operating with the hospital in raising funds for the extension of the work of the hospital. The sum £30,000 has been obtained and the Association now feels free to make appeals for itself and its own particular interests.

X. Professional lectures were also given ("Chalmers House" being used for the purpose after it was ready for occupancy) the lecturers during the winter being Doctors Stonham, Burford, Roberson Day and MacNish, while Doctors Dyce Brown, Burford, Clarke, Roberson Day, Goldsborough and Wheeler delivered the lectures for the summer course.

Among the closing paragraphs of the Report may be found the following—which strikingly demonstrate the possession of high ambitions, determination, and optimism so vital and contagious that their influence should reach across the broad Atlantic and move to emulation the homœopathic body—professional and lay—in this, our country of wide and great possibilities.

"Because of the separation that has existed among the homœopathic institutions in this country, the national progress of homœopathy has been tardy and delayed. It is union alone, association and co-operation alone, that can make homœopathy what it should be—a national interest. Union means force, disconnection spells feebleness, and the British Homœopathic Association was called into being to work for the federation, to forge this practicable bond of union which is at the nervous system uniting important but separated centres. This is the policy for

which the Association lives—Union, on the most tolerant lines, in the most large-minded spirit, of all men and institutions coming under the denotation homœopathic. Union needs sympathy, mutual understanding, reciprocal aid. It is the effecting of an actual, not a paper union, for which the British Homœopathic Association stands."

"We intend to labor to bring about the establishment of a British College for homœopathy, where professional post-graduate education is permanently provided for. We intend to aid in every way the establishment of new dispensaries, on a sound basis, as the easiest practicable new departure in homœopathic service to the State. We are planning and have planned the necessary aid, mental and material, for the erection of cottage hospitals in towns wherever an Association Branch is started to see to its maintenance. We desire to continue our Travelling Scholarships, our Homœopathic Institution for Foreign Missionaries, our propagandism by clear and succinct statements as to what homœopathy is, and thus to dissipate the common ignorance of its real character. We intend to maintain and expedite our work in original research, without vivisection; our lecture courses, winter and summer; our propagandist literature for professional men; and, in fact, for the furtherance of every conceivable homœopathic work for which we can find time and money. For nationalized work like this there must be a head centre, a focus of influence, initiative and work; a kind of clearing house for the proper balancing of activities. This is at present being established in the Metropolis."

VALUE OF THE OPHTHALMO REACTION.—Tice, in a paper presented to the Chicago Medical Society, draws the following conclusion concerning the value of the ophthalmo reaction: As a diagnostic method Calmette's test is by no means positive or even specific. In a varying proportion of tuberculous cases of various forms a positive reaction will occur, but not in all. In differential diagnosis it can be of but limited service, as it appears, apparently, in non-tuberculous affections. When the subcutaneous use of tuberculin in doubtful cases of tuberculosis is not possible on account of fever the ocular test may be employed. In my incipient cases in which an early positive diagnosis was most desired it was of no service.

A TARDY TOOTH.—They had just extracted one of little Pierre's first front teeth, and as he gazed into the vacancy in the looking glass he suddenly burst into tears.

"Don't cry, dear," said his mother; "it will soon grow again."

"Yes; but not in time for dinner," sobbed Pierre.—Exchange.

OBITUARY.

FRANK KRAFT, M. D.—Dr. Frank Kraft's death, to which we too briefly referred in our issue for August, brought to its earthly close a life which in many ways so unusual, was of a sort more easily to be led in this country of wide possibilities than in any other. Dr. Kraft's life certainly was an example of what may be accomplished by energy and determination, guided by ambition, in the face of many and what would seem overwhelming obstacles.

Dr. Kraft was born in Cincinnati, Ohio, on the 8th of January, 1851. His educational advantages in so far as the schools were concerned were limited, but his practical education in the broader field of life, in the struggle for existence, in his acquaintance with humanity, and the development of self-reliance, began at an earlier date than is the case with most boys. In fact his boyhood missed the sheltering paternal care, guidance and encouragement that is the happier lot of the majority; and at the pathetically early age of ten years his progress in life's race was heavily handicapped by the responsibility of supporting his family; a responsibility that necessitated the cessation of the education begun in the public schools of his native city. Only the cheerful, undaunted optimism of inexperienced youth could face such responsibility; but to carry successfully such a burden, yet to cherish ambitions, hold to high ideals and to come through the ordeal with optimism and cheerfulness remaining unimpaired testifies to the possession of exceptional qualities alike of brain and heart;—and these Dr. Kraft unquestionably possessed. In the course of his experience he served

in various hotel positions from bell-boy to clerk. Later he was in an insurance office, where he studied shorthand; later still, stenographer in the St. Louis courts. For a period of three years he was private secretary to the superintendent of the seventh division of the Railway Mail Service. Meanwhile the years were flying; and he had passed his third decade before he was able to devote his time and energy to the study of medicine—his lifelong purpose and ambition. In 1886, being then thirty-five years of age, he graduated from the St. Louis Homœopathic Medical College. He was able to bring to his medical studies a maturity of thought and experience that are unusual among medical students. After graduating he was for a few months in Ann Arbor with Dr. H. C. Allen, editor of the "Medical Advance." After the end of six months he went into general practice at Sylvania, Ohio. In 1888 Dr. Kraft became editor of the "American Homœpathist," later known as the "American Physician." His editorial work continued uninterruptedly until his death, and as a vivacious, trenchant, idiomatic and convincing writer he will long be remembered.

In 1888 Dr. Kraft became a member of the Ohio State Homœopathic Medical Society. He was also a member of the Cleveland Homœopathic Medical Society.

In 1890 Dr. Kraft settled in Cleveland, in which city he made his home until his death. It was in 1890 also that he became professor of Materia Medica in the Homœopathic Hospital College, now the Cleveland Homœopathic Medical College. His originality, independence and versatility were exhibited in nothing more definitely than in his work as instructor in this vitally important branch of medical study.

It is, perhaps, however, as a faithful and enthusiastic member and official of the American Institute of Homœpathy that Dr. Kraft will be most missed by his professional colleagues. He joined the Institute in 1886, the year of his graduation; and during the entire period of his membership he missed attendance upon only two of the Institute's annual meetings. For a long series of years he was the official stenographer of the Institute, a position for which his experience and ability admirably equipped him. As recording secretary, Dr. Kraft served the Institute from 1895 to 1900, and he was elected secretary in 1906 and 1907, and had just been re-elected to this position at Kansas City. On his way home from the Kansas City meeting of the Institute via St. Louis he stopped to visit his brother, and it was at his brother's home in St. Louis that he was stricken with uraemia and died on Sunday, July 19, 1908. For two and a half years he had been sadly crippled by a paraplegia resulting from a fall, and the uraemia was considered the culmination of his long illness.

In addition to his medical affiliations, Dr. Kraft was a 32d degree Mason and a member of the Shrine. As a positive, self-reliant, optimistic personality; as a forceful and original teacher of Materia Medica; as an outspoken, keen and influential editorial writer, as an enthusiastic, prompt and efficient member and officer of the American Institute of Homœopathy, Dr. Kraft will be long remembered, and his loss regretted by those whose privilege it was to know him.

Extirpation of the spleen in human beings has been done for various conditions by a number of operators and we may conclude that splenectomy is a justifiable operation in certain cases. The operation, however, is a serious one and is attended with a high mortality. The chief inherent dangers are hemorrhage and shock, but there are many additional factors which have to be considered, such as the size of the tumor, the presence of adhesions, and other concomitant conditions. A correct knowledge of the disease process is most essential, and this has to do particularly with the question whether the lesion in the spleen is a primary affection, or a part of a more generalized process.—Johnston, Annals of Surgery.

BOOK REVIEWS.

Modern Medicine. Its Theory and Practice. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, England. In seven octavo volumes of about 900 pages each, illustrated. Volume IV. $6.00, net. Lea & Febiger, Philadelphia and New York.

Volume IV. of this now well-known series covers diseases of the circulatory system, the blood, spleen, thymus and lymph glands.

Apart from the editor who has contributed the chapters upon acute endocarditis, diseases of the cardiac valves, and diseases of the arteries, including aneurism, the best-known name is probably that of Dr. Richard Cabot. His subject is, as would be expected, the blood and blood-forming organs. The greater part of the volume has to do with diseases of the circulatory system. Here, Hoover of Cleveland, McPhedran of Toronto, Babcock of Chicago, Gibson of Oxford, Abbott of Montreal, Blumer of New Haven and Warthin of Ann Arbor cover the subject in a very exhaustive manner. Pratt of Boston and Lyon of Buffalo complete the list of contributors.

Taken as a whole, those writing for this volume probably fail to reach so high a standard, at least as far as reputation is concerned, as have the contributors to the preceding volumes.

Nothing further need be said concerning the general arrangement of this series, as it leaves nothing to be desired. The color plates of Cabot's chapters are particularly commendable.

While this most recent volume will probably be of somewhat less general interest to the practitioner, it covers, nevertheless, a very important part of the realm of medicine, and as such will prove essential.

The series, as a whole, will be a landmark in medical publications, and will be looked for with expectation in the office of every up-to-date physician.

Nursing the Insane. By Clara Barrus, M.D., Woman Assistant Physician in the Middletown State Homoeopathic Hospital, Middletown, N. Y. The MacMillan Company, New York. 1908.

"Within the memory of the passing generation our institutions for the insane have undergone remarkable changes in aims and character. From being merely places of detention and custody, they have evolved into modern hospitals which aim to provide comfortable, pleasant, and hygienic surroundings for the patients, scientific treatment directed to the cure of the curable, and judicious and humane care for all."

In this manner the author prefaces her modestly advanced work upon this important subject. Her claims for completeness are moderate and she admits that more or less repetition occurs. The volume is the result of a compilation of a number of lectures given by Dr. Barrus to the nurses of the Middletown State Homoeopathic Hospital of New York and embodies her experience as an hospital physician during more than fifteen years. As such we note less of the theoretical and more of the practical than in many books coming to the reviewing table. Written particularly for women nurses, it also applied almost equally well to male attendants and to a less but not inconsiderable extent to the physician having to do with the insane. And not only is nursing for the insane adequately covered, but the entire subject of general nursing comes in for a brief but clearly worded review.

The book is too comprehensive to be covered in detail in review. It is, in brief, one that can be readily commended to all those who come into any contact with the treatment of the insane, whether in institutions or in private homes.

Progressive Medicine. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia. Assisted by H. R. M. Landis, M.D. June 1, 1908. Lea & Febiger, Philadelphia and New York. Six Dollars per annum.

The June number of this quarterly deals with Hernia, Surgery of the Abdomen, Gynaecology, Ophthalmology and Diseases of the Blood, Spleen, Thyroid Gland and Lymphatic System. Any summarization of this book is impossible in a little space as it is itself a summarization of a vast amount of literature. One or two things may be noted, however, merely as samples of the many. For instance, Oelsner states that the question of lumbar anaesthesia is only in the beginning of its development; Lennander believes that the entire parietal peritoneum is provided only with nerves of pain and is devoid of the sensations of heat, cold and pressure. The results of extensive investigations concerning the best method of skin disinfection are given. The pros and cons of transverse abdominal incisions receive careful attention. Musser puts himself upon record as believing that the medical treatment of simple gastric ulcer is attended by the best results whether the immediate or the remote outcome is considered. The statistics of operation for typhoid perforation show a gradually decreasing mortality. Bland-Sutton strongly advocates the excision of the gall bladder rather than drainage. And so, many other conclusions illustrative of the latest results in medical knowledge might be stated did space permit. We can scarcely see how any physician reading this book can fail to be greatly benefited thereby.

NEW EDITION OF GRAY'S ANATOMY.—This new edition, soon to appear, is the result of a thorough revision begun two years ago. In this work Professors J. Chalmers Da Costa and Edward Anthony Spitzka, who occupy, respectively, the chairs of Surgery and of Anatomy in the Jefferson Medical College of Philadelphia, have been associated. Dr. Spitzka unites the qualifications of an anatomist of the first rank with those of an artist as well, a rare combination of powers, hence his delineations convey directly to the reader's eye his own exact knowledge of structure. He has rewritten what has heretofore been the most complex and difficult portion of anatomy, the nerve system, illustrating it with seventy of his own drawings, so that subject of recently revolutionized development is at once brought to date and simplified. Every other page has been scanned to reflect the latest knowledge.

No small part of the observed fact that Gray saves a student half his time and effort and doubles the permanence of his knowledge is due to its illustrations. Quantity of pictures can easily be overdone. Teaching quality is difficult to achieve and impossible to imitate. The great series of "Gray" engravings has always been unique in this essential point of teaching quality. They enable the eye and mind to co-operate, thus focussing the whole of the reader's power on the subject before him. These graphic demonstrations simultaneously convey the terminology of anatomy by reason of the fact that the names of the parts are engraved directly upon them, whereby the nomenclature and also the position, extent and relations of each part are unconsciously and indelibly fixed in the memory. These are the four cardinal points to know about any structure, and they are conveyed by a method unique in "Gray," and one that is as simple as it is effective. Colors are abundantly used to show muscle-attachments, veins, arteries, lymphatics and nerves.

The possessor of the new "Gray" will have the best issue in which this superb book has ever appeared, and from the foregoing description it may be gathered that it will outdistance competitors by a greater interval than ever before.

Whooping Cough Cured with Coqueluchin.—Its Homoeopathic Nosode. By John H. Clarke, M.D. 90 pages. Cloth, 2s. net. Postage, 2d. extra (America and Canada, 54 cents, post-free). The Homoeopathic Publishing Company, 12 Warwick Lane, London, E. C.

This edition has been made necessary because of apparent unfairness in the British registration laws. The homoeopathic nosode used in the treatment of whooping cough had long been called pertussin. Soon after the appearance of the first edition of this book, which was entitled "Whooping Cough Cured with Pertussin," a German proprietary firm introduced into England a remedy for that disease and also called it pertussin. This last name having been registered by them, it then became a misdemeanor for anyone else to use it. Therefore, Dr. Clarke, after suppressing the remainder of the edition of his book, gave to the nosode the French name Coqueluchin and prepared this, the new edition. It contains little more than did the earlier book, which has already been reviewed in these columns.

Regional Leaders. By E. B. Nash, M.D., Author of "Leaders in Homoeopathic Therapeutics," "Leaders in Typhoid," etc. Second Edition. Revised and enlarged. 315 pages. Flexible leather. $1.50, net. Postage, 7 cents. Philadelphia. Boericke & Tafel. 1908.

The very fact that a second edition of this book has been prepared by the publishers is sufficient evidence of the demand that it has created, and of its intrinsic worth.

Probably no one in the profession is better able to handle this difficult subject that is Dr. Nash, whose reputation as a strong homoeopath is world wide. He has tried very successfully to bring out the leading symptoms of many remedies in a manner that will leave a distinct impression upon the mind of the student. The names of the drugs and their symptoms in the particular subject under discussion (mind, heart, stomach, throat, etc.) are arranged in parallel columns in order to permit of a kind of personal quiz by the one that is studying them.

The general arrangement is thus somewhat unique and as such will probably appeal to some favorably, to others unfavorably. That this new edition has appeared is proof that a large number of physicians find it serviceable. That number will doubtless be augmented by this latest very neatly-arranged form.

Pocket Manual of Homoeopathic Materia Medica. Comprising the Characteristic and Guiding Symptoms of All Remedies. By William Boericke, M.D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco; Author of "A Compend of the Principles of Homoeopathy," etc. Fourth edition, revised and enlarged. With the addition of a Repertory by Oscar E. Boericke, A.B., M.D. Boericke & Runyon, New York. 1908.

At first glance this latest edition of a widely popular publication seems to be much smaller than its predecessors and to contain less reading matter. Upon closer examination, however, this decrease in size is found to be due not to a decrease in material but to the employment of an especially thin and very opaque paper. By its use a book of almost a thousand pages can be conveniently slipped into the pocket, thus making it literally a pocket manual.

Few important changes or alterations in the materia medica part are noted. In the repertory, on the contrary, extensive alterations have been made, including complete change of type.

In these days when so many investigations are tending to prove the truth of homoeopathy it certainly behooves the homoeopathic physician to exert himself to the utmost to keep the clinical application of the law upon the most sound basis. And as one not insignificant assistance to him in his endeavors this book will prove of value to each one who carefully uses it in the correct manner.

Subcutaneous Hydrocarbon Protheses. By F. Strange Kolle, M.D., Author of "The Recent Rontgen Discovery"; "The X-Rays, Their Production and Application," etc. The Grafton Press. New York. 1908.

This book consists of a very clear and well-written description of the technique and present status of the use of paraffin or allied oils in the correction of certain featural deformities. It states both the advanages and disadvantages in a fair manner, warning also against the dangers of imperfect technique. The author believes strongly in the efficiency of the method within certain well-fixed limits, stating the grounds for this belief. A number of illustrative cases are given which, if they can be duplicated to any extent, certainly are positive evidence of the benefit often accruing from the treatment.

While many may look askance at the so-called "beauty-doctor" his place in the community seems now to be well assured, and may gradually increase in importance. To any medical person coming into contact with patients the possibilities of this method of treatment should be known. And these possibilities can be quickly and readily learned from this neat little book under consideration.

A Clinical Materia Medica. A course of lectures delivered at Hahnemann Medical College of Philadelphia, by the late E. A. Farrington. M.D. Reported phonographically by Clarence Bartlett, M.D. With a memorial sketch of the author by Aug. Korndoerfer, M.D. Fourth Edition. Revised and enlarged by Harvey Farrington, M.D. 826 pages. 8 vo. Cloth, $6.00, net. Half morocco. $7.00, net. Postage, 40 cents. Philadelphia. Boericke & Tafel. 1908.

It is with great pleasure that we have received this new edition of Farrington. For some time it has been impossible to procure a new copy of the former editions, the most recent of which was 1896.

To any graduate of any homoeopathic school it is certainly unnecessary to give eulogies of this well-known work. The reviewer has always considered it to be one of the great books in homoeopathy, and this belief, originating in his student days, is steadily becoming more firmly held. It seems unfortunate that such a promising teacher should so early be lost to the world, although we realize that the ways of Providence are always better than our ways.

Dr. Harvey Farrington, a son of the author, has edited and prepared the present edition, as he also did the third. Some unimportant changes have been made, about forty pages of new material having been added. Upon the whole, however, we find in the new book our old friend with whom we have become so familiar and upon whom we have so often relied with safety.

THE MONTH'S BEST BOOKS.

Osler's Modern Medicine. Vol. IV. Lea & Febiger, New York.
Regional Leaders. Nash. $1.50. Boericke & Tafel.
A Clinical Materia Medica. Farrington. $6. Boericke & Tafel.
Pulmonary Tuberculosis. Bonney. $7.00. W. B. Saunders Company.
Medical Gynecology. Bandler. $5.00. W. B. Saunders Company.
The Principles of Pathology. Adami. Lea & Febiger.

TREATMENT OF CHRONIC INTERSTITIAL NEPHRITIS.—In the treatment of chronic interstitial nephritis, hygienic measures are applicable from the first to the last. A cachexia must be guarded against. The integrity and full quantity of the red blood corpuscles must be retained. The most essential condition to sustain, never forgetting its importance, is the condition of the stomach and the digestion. I have seen very many cases of this disease, and I am convinced that if this function alone was kept in an absolutely correct condition, year after year, the disease would not materially shorten the patient's life.—Ellingwood's Therapeutist.

PERSONAL AND GENERAL ITEMS.

Dr. H. V. Halbert, editor of the "Clinique," has removed his office from 70 State street to 31 Washington street, Chicago.

Dr. Hollis G. Batchelder, graduate of the class of 1906, B. U. S. M., has located at Dedham, Mass.

Dr. Moses T. Runnels of Kansas City, Mo., has been appointed secretary of the American Institute of Homoeopathy to succeed Dr. Frank Kraft, deceased.

Dr. Ralph C. Wiggin announces his removal to the corner of Broadway and Prescott streets, Cambridge. Hours, 3 to 5 P. M. Telephone, Cambridge 51.

Dr. Clara Barrus, of the class of 1888, B. U. S. M., now assistant physician in the Middletown State Homoeopathic Hospital, Middletown, New York, has written a book on "Nursing the Insane," published by the MacMillan Company of New York City.

Dr. Catharine W. Castle, class of 1903, B. Y. S. M., has removed from Somerville to the Richmond Building, Brockton, Massachusetts.

The American Academy of Medicine has elected Dr. Helen Putnam of Providence, R. I., as its president for the ensuing year, and Dr. Charles MacIntire of Easton, Penn., as its secretary.

During the absence of Dr. Suffa from the out-patient department of the Mass. Hom. Hospital, Dr. A. A. Klein will take care of the clinic, in addition to his own regular days on Tuesday and Fridays. During this period the private clinic of Dr. Klein at 168 Massachusetts avenue will be discontinued.

The Gazette wishes to correct a mistake unfortunately occurring in the July number, where in the presentation address of Dr. N. R. Perkins, the sixth line on page 323 should appear as the last line on page 322.

The two journals, "Medical Bulletin" and "Monthly Cyclopaedia of Practical Medicine," have recently become amalgamated. The new journal resulting therefrom will be known as "The Monthly Cyclopaedia and Medical Bulletin."

LARGER TUBERCULOSIS CAMP FOR CAMBRIDGE.—The demand for accommodation at the tuberculosis camp in Cambridge has been so urgent as to necessitate the erection of two new shacks. These will be used for incurables; one for males and the other for females.

NEW OFFICERS FOR THE O. O. & L. SOCIETY.

The officers of this Society for the ensuing year are:

President, J. M. Patterson, Kansas City; secretary, B. L. Bywater, Iowa City; treasurer, George W. Hallett, New York.

The annual meeting for 1909 will be in Detroit, and for 1910 in California.

Dr. Horace Packard, who has been spending the summer in the medical centres of Europe, will return to resume his practice October 12th.

NEW MEDICAL SCHOOL FOR DENVER.—The original Denver Homoeopathic Medical College, later the Westminster University College of Medicine, now announces itself as the Denver College of Physicians and Surgeons. We learn that many repairs are being made in remodelling the new building which is to be used, and trust that all may finally be arranged harmoniously. We hope that the present name may have a longer life than the preceding ones.

AMERICAN ASSOCIATION OF MEDICAL EXAMINERS.—The American Association of Medical Examiners held its annual meeting in Chicago, June 1st and 2nd. Many interesting papers were presented to an enthusiastic audience. The officers for the coming year are: President, Frank E. Allard, Boston; Vice-Presidents, L. H. Montgomery, Chicago; E. O. Kinne, Syracuse, N. Y.; Allen Maxwell, Indianapolis; W. J. Means, Columbus, Ohio; Secretary-Treasurer, J. G. Monihan, New York. The editors of the Gazette congratulate the society upon its new officers, and particularly upon its President, with whom they are well and favorably acquainted.

The following members of the 1908 graduating class, B. U. S. M., have received hospital appointments: Adah Louise Brown, M.B., Mass. Homeo. Hospital, Boston; Laurence Remick Clapp, A.B., Ch.B., State Hospital, Fergus Falls, Minn.; Howard L. Cushman, Mass. Homeo. Hospital, Boston; Charles Alexander Eaton, assistant pathologist, Mass. Homeo. Hospital; Robert L. Emery, Mass. Homeo. Hospital, Boston; Robert James Grand Lienard, Emerson Hospital, Forest Hills; Arthur V. Pierce, Mass. Homeo. Hospital, Boston; J. Walter Schirmer, Mass. Homeo. Hospital, Boston; Winifred M. Woolls, A.B., Ch.B., Mass. Homeo. Hospital, Boston; Elizabeth Taylor Wright, Galen Hall, Atlantic City, New Jersey.

The New York Academy of Medicine announces that the Edward N. Gibbs Memorial Prize of one thousand dollars will be awarded to the author of the best essay on the subject "The Etiology, Pathology and Treatment of the Diseases of the Kidney." Essays must be presented on or before October 1st, 1909 For particulars address the Committee of the New York Academy of Medicine on the Edward N. Gibbs Memorial Prize, 17, 21 West Forty-third street, New York City.

THE IDEAL CONSULTANT.—The Monthly Cyclopaedia of Practical Medicine gives the following as the ideal consultant: What we want above all things in our consultant is a well-rounded judgment, the product of individual qualifications, along with a clear sense of proportion; an appreciation of the instinctive promptings and restrictions of humanity, and an unconquerable faith in the rewards of a future life. I have found all these attributes in certain "country doctors." Large experience in meeting varied exigencies amply offsets many shortcomings in scientific attainments. On the contrary, the arrogant assumption of certain "successful consultants" ruffling bravely in cities is a dismal spectacle for men and gods.

SAMUEL D. GROSS PRIZE.—The Philadelphia Academy of Surgery announces that essays will be received in competition for the Samuel D. Gross prize of $1,500 until January 1, 1910. The conditions are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

LACTIC ACID.—Lactic acid should also be thought of in treating some forms of acid dypepsia and gastric irritation, notably that kind in which there are eructations of hot acrid fluid, or of burning hot gas from the stomach to the throat, causing a profuse secretion of tenacious mucus which must be constantly hawked up, both symptoms aggravated by smoking.—Moore, Journal of the British Homoeopathic Society.

THE DIFFERENCE BETWEEN A TRADE AND A PROFESSION.—Trade is occupation for livelihood; profession is occupation for service for the world. Trade is occupation for joy in the result; profession is occupation for joy in the process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is occupation often taken up temporarily, until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trader; profession makes one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor. —President Faunce, Brown University.

LAW AGAINST MUTOSCOPES, LUNG-TESTING MACHINES, ETC.—The following is an act recently passed by the Massachusetts Legislature that will be of interest to all the medical profession:
Be it enacted, etc., as follows:

Section 1. It shall be the duty of the proprietor or manager of any place of public amusement or other place in which there are provided for public use and entertainment mutoscopes or any other machine or apparatus of such nature that the person using the same breathes or speaks into it, or, for the purpose of seeing or hearing, holds any part thereof in contact with or near to his eyes or ears, to disinfect the same in such manner as shall be approved by the local board of health at least twice during such hours, in every twenty-four hours, as the machine or apparatus is offered for use by the public. This act shall not apply to telephones.

Sec. 2. It shall be unlawful to provide for public use or entertainment in any place of public amusement or other place of public resort any so-called lung-testing machine or similar contrivance, the use of which requires the application of any part thereof to the lips.

Sec. 3. Whoever violates any provision of this act shall be punished by a fine of not more than twenty-five dollars for each offence. [Approved April 10, 1908.]

PRACTICAL EXAMINATION AT MEDICAL STATE BOARD EXAMINATIONS.—At the conference of the Council of Medical Education of the A. M. A. recently held in Chicago, Dr. W. T. Councilman of Harvard presented a strong paper advocating the incorporation into the examination for medical registration by the various State Boards of practical clinical and laboratory tests. He summarizes his ideas as follows:

"In addition to the better protection of the public and the elimination of unfit men, the practical examination would force medical schools to the use of practical and laboratory methods of teaching in the clinic. It would moreover do away with the troubles which arise from the presence of the various sects in medicine. I believe that any man who is skilled in the methods of medical science will know the importance of knowledge derived from such methods; that he will base his procedures on the knowledge of disease which he acquires from the investigation of the patient, and that he is a man to be trusted, no matter what he conceives it to his advantage to call himself. It would probably not be possible or desirable to have the practical examination the sole test, but it should count for at least 75 per cent."

YOUNG MEN AND WOMEN WANTED.

The Loyalty Committee of Boston University School of Medicine desires the names and addresses of young men and women who intend to take up the study of medicine. If you know of such kindly send the desired information to the undersigned. If, at present, you know of none, hunt up someone!

WILLIAM A. HAM, M. D., Secretary.
1799 Dorchester Ave., Dorchester, Mass.

DANA F. DOWNING, M. D., Treasurer.
100 Walnut Ave., Roxbury, Mass.

SANITARY MILK IN COPENHAGEN.—Before the return to the stable in the fall, the tail, the udder, and the hind quarters of the cows have to be shaved.

Seven veterinary surgeons, appointed and paid by the company, ensure the observance by the farmers of these regulations by visiting the farms fortnightly, and they report once a month to the company on the composition and quantity of the fodder, as on the number and state of health of the cattle. They are also empowered to examine the cows as often as they deem it desirable.

The milking has to be done with the utmost cleanliness. During this operation, therefore, every person of the milking staff must wear a special dress, exclusively reserved for this use; he is provided with water and towel, so that he can keep his hands clean. The lighting of the stable must be so good as to permit the operator to do his work with the necessary care. Immediately after the milking the milk is strained and cooled down to a temperature of five degrees C., usually by means of the Lawrence apparatus. At this temperature it is kept until the transport to the railway station takes place.

The milk is conveyed from the farms to the factory of the company in Copenhagen in milk cans belonging to the company and returned daily to the farmers after having been cleaned and sterilized in Copenhagen. The cans hold, as a rule, eleven gallons. The consigner plumbs the cans sent by him with a seal of lead bearing the name of his farm, so that the contents cannot be tampered with. In the summer the milk vans of the farms must be provided with an awning protecting the cans against the sun during their transport to the railway station, where the milk arrives shortly before the departure of the train. The milk cans are then conveyed to the city in special cold storage vans belonging to the State or to the company. The trains arrive at Copenhagen at ten o'clock in the morning, and at the same hour in the evening, carrying about 600 cans with a content of more than 6,000 gallons of milk and cream. The cans are weighed and a sample is taken of the contents of every can. The samples are analyzed and tasted by specially trained women experts. If there is the least thing abnormal about the taste of the milk the contents of the can in question are not sold, but used for the manufacture of butter and cheese. The temperature of the milk is also measured and, if found too elevated, the attention of the farmer concerned is drawn thereto.

After this first examination the milk, cream, etc., is passed through a filter of sterilized sand and gravel, cooled down, and put into cans, which are subsequently sealed by the company. From these cans the milk is later on distributed in the various parts of the town, the cream, however, being sold in stoppered bottles of a liter, half a liter, etc., as is also the so-called "infant's milk," intended for the nourishment of babies. This milk is treated with still greater precautions, the milking, for example, taking place into specially constructed milk pails containing a refrigerating apparatus, whereby the temperature of the milk is already considerably reduced during the milking operation. As experiments have shown, this procedure increases very effectually the period during which the milk keeps sweet and unaltered.

The sale of most of the milk is effectuated from the milk vans of

rare, but this division seems to be the more practical one, and the one generally accepted by surgeons. It is clinical rather than anatomical.

This condition is at least six or seven times more common in women than in men. The right kidney is affected four times more frequently than the left, which is very rarely affected alone. About ten per cent. of all cases have both kidneys displaced. The symptoms which will guide us to a diagnosis will also help to guide us to the indications for operation.

The subjective symptoms may be few or many, ranging from slight discomfort to severe pain or attacks of pain. Usually the chief complaint is of a dull dragging or aching pain in the loin, sometimes extending down the abdomen to the thigh.

The pain is increased by any active exertion, by walking, much standing, jar or lifting, and is relieved by lying down on the back. It is often worse during menstruation, and it has been noticed that the kidney is larger during that time.

Some cases present attacks of pain which have been called renal crises, which are probably caused by some kinking of the ureter or temporary obstruction of the renal circulation, resulting in headache, vomiting and some signs of uræmia.

A secondary group of symptoms consists in digestive disturbances of more or less marked character—ordinary symptoms of indigestion or dyspepsia, irregular appetite, flatulence, constipation or diarrhœa.

Edebohls was the first to point out that floating kidney often causes appendicitis, or is complicated with it, and when this is the case, the symptoms of this affection will also be added.

A fourth group of symptoms, also secondary, are those of neurasthenia and hysteria, which we need not describe.

Objectively, changes in the urine with albuminaria or pyelitis are rare. The kidney is usually healthy, but sometimes is smaller than normal and degenerated and sometimes there is hydronephrosis.

The other objective conditions which confirm the diagnosis are usually easily discovered by physical examination. A movable tumor in the right or left upper abdomen, corresponding to the kidney in form and outline, somewhat tender on pressure and which can be pressed up into the normal seat of the kidney, is pretty conclusive evidence of this condition. There may or may not be distinct evidence of the absence of the kidney from its bed on percussion. The patients are fortunately usually thin, as the presence of fat tends to prevent undue mobility of the kidney.

The patient is usually best examined while lying well over on the opposite side, but sometimes the standing position will be necessary to confirm the diagnosis.

The diagnosis having been established, one of three courses is open to us.

We may do nothing. The patient may have few or no symp-

toms, may be in easy circumstances, and leading a quiet and inactive life. But even in such cases, a simple elastic belt without a pad will be advisable, and permit the patient to take more exercise.

Secondly, we may resort to retaining apparatus. If well designed, well applied and kept strong and in good repair it may give considerable comfort and help, and is of course to be recommended in all cases where an operation is contraindicated for any reason.

The third thing to be done is the fixation of the kidney by a proper operation.

We now come to the real difficulties of our subject. All surgical operations may be broadly classed as either operations of choice or operations of necessity. The latter are comparatively easy to decide upon, and we will consider those first as applying to floating kidney. But before doing so, we may give attention to some of the general principles that bear upon the whole subject. And, first, the question of mortality. The great improvement in aseptic operating of the last five or ten years, the increase of skill on the part of the operators, and the improved methods of Nephropexy have reduced the mortality to probably about one per cent. But while even this mortality is not one to be lightly regarded, especially as over against a condition that is never or very rarely fatal, it is, on the other hand, not to be given too much weight, as against the sufferings and disabilities which the operation will remove.

The operation having now been established upon a practical and sound basis, as proved by many hundreds of successful cases, and the results also are so well known to be satisfactory and permanent, we can conscientiously recommend it in all suitable cases.

We should consider also the unreliability and insufficiency of all mechanical means of support. Nothing can be devised or applied which will have any direct and certain pressure upon the kidney, like that of a truss upon a hernia, and that will surely hold it in place, as even against rather moderate exertion. The rounded and elusive body will slip down below the pad in spite of its pressure. The ascending colon also lies over the kidney, and must not be obstructed by too much pressure. The retaining apparatus must always be applied also with great care, with the patient lying on the back, and the kidney well in place—a thing often difficult to be done by the patient unaided. Morris relates one case where a patient was kept comfortable while under his personal supervision, and was not allowed to rise until he had adjusted the bandage, but as soon as she passed out of his care, and had to put on the bandage herself, the severe renal crises returned. Many will also find the bandage or belt so irksome and uncomfortable as to be unable to wear it, while to others the original expense of a proper support, and its rather frequent renewal, will be a serious matter. The operations of necessity for the condition may be divided into three classes.

First: When the pain is acute and severe, or when the case is subject to such attacks or to renal crises such as have been described.

Second: In all cases complicated with appendicitis. Edebohls was the first to suggest and practice the combined operation of Nephropexy and Appendectomy through the same lumbar incision.

It is especially in the milder attacks or intermediate cases of appendicitis that this course should be followed. In acutely suppurating or septic cases it will be necessary to do the abdominal operation for the appendix and the Nephropexy later. This question, however, may be regarded as debatable. Some cases of floating kidney accompanied by appendicitis may be slight and cause so little local or general suffering as to render the operation one of doubt or choice, but usually the position here advocated will be the correct one. The obvious causal relation of the floating kidney will be so evident, and its extent therefore so great, as to make the combined operation one of necessity.

A third condition making the operation necessary, when the symptoms are at all troublesome, is the social and financial state of the patient. If obliged to be on the feet and to do domestic or other work, the operation becomes a necessity.

Among the operations of choice for the condition may be mentioned:

First: Cases of ordinary or mild pain and discomfort. The decision in this case will rest upon the amount of pain, of discomfort and disability which the patient suffers, and the final choice will have to be made by the patient after having been furnished with full information about the operation.

Second: The addition of pronounced gastric disturbances with much loss of general health and strength. These symptoms will make the operation still more necessary. When the patient with either or both of these conditions, which will probably last through life, is offered the prospect of a complete cure from the slight risks of Nephropexy, the choice will easily be made.

Third: When complicated by symptoms of hysteria or neurasthenia. The difficulty in these cases is to establish the causal relation between the displacement and the neurosis. We are all in doubt about operating upon these cases, yet I believe it to be a sound surgical principle that the removal of all definite pathological physical conditions is well indicated, and offers much hope of benefit.

It is now a well established fact that many cases of various forms of insanity are much improved by the surgical cure of local pathological lesions and there is, therefore, more reason to expect the same result in less serious conditions of the nervous system.

Fourth: When complicated with enteroptosis. The restoration of the kidney in these cases will not replace and support the other displaced organs, but it will give much relief of the symptoms, and then a well fitting elastic abdominal belt will be quite effective in relieving any remaining discomfort.

Fifth: When the patient is elderly—fifty or sixty years old or more. It is a well accepted principle of surgery that age, uncom-

plicated by disease, is no bar to a major operation, and that these are often well borne by people advanced in years, and this applies fully to cases of floating kidney that occasion severe symptoms.

I had a patient about sixty, a maiden lady of slender build, and never strong. For ten years or more I had her right floating kidney supported as much as it could be with belt and pad. In spite of this she suffered from nervous symptoms, indigestion, dragging sensations, irregular bowels, and frequent attacks of bronchitis. She was living in a hotel and under favorable conditions, but her health began to fail more decidedly, and the left kidney also became displaced to quite a degree. She finally consented to the double operation and the case progressed normally in every way. That was about two years ago and she has steadily gained in health in every respect.

Sixth: When complicated with some degree and variety of chronic nephritis. The anæsthetic and the operation will in these cases, of course, cause more danger, but if the symptoms seriously call for it, this fact may be offset by the possible improvement in the condition of the operated kidney by the decapsulation.

Seventh: The presence of pregnancy complicated with appendicitis is no bar to the operation, but rather makes it the more necessary. I had a successful case of this kind a few months ago.

Conclusions:—

The operation is necessary.

1. When the symptoms are severe,
2. When complicated with appendicitis,
3. When the circumstances of the patient require manual labor, it may be a matter of choice;
1. When the discomfort and symptoms are not very severe, but the bandage gives little relief—cannot be worn, or cannot be afforded,
2. In the presence of pronounced gastric disturbances,
3. When complicated with symptoms of hysteria and neurasthenia,
4. When accompanied by enteroptosis,
5. When the patient is advanced in years,
6. When complicated with chronic nephritis.
7. In the presence of pregnancy and appendicitis.

FLEXNER'S MENINGITIS SERUM.—Flexner, in a recent number of the Journal A. M. A., gives an analysis of the results of four hundred cases of epidemic meningitis treated with his serum. In conclusion he says:

"There remains one more topic to be mentioned. The indications given by the first series of serum-treated cases were to the effect that in the great majority of instances recovery from the disease would be complete. The facts brought out by the far larger series of cases on which this article is based confirm the earlier view which we expressed. The number of complications which arose in them was small, and the only persistent defect noted was deafness. This lamentable condition occurred in a few instances only, and it was more often than not noted early in the disease before the serum injections were begun.

THE SOCIAL EVIL.*

By H. A. Whitmarsh, A.M., M.D., Providence, R. I.

This is a matter one does not like to talk about; would fain pass by; gladly deny if possible its need of special thought. Instinctively we get as far away from it as possible, and perhaps are impatient when compelled to think about it. The victims of social vice we are ever ready to help; their master, this same vice, we are but just beginning to combat as we ought. "Preventive medicine," for the driving out of vice, must be the objective point. At this suggestion you hear the world laugh, for social vice was twin-born with civilization itself.

History.

The history of prostitution has required a large volume for its writing. Strange to say the prostitute is a creature of civilization. The ancient prostitute was a *slave*. The mediæval prostitute was an *alien*. The modern prostitute is a *citizen*.

As a slave, an involuntary subject of her maser, her moral status was not considered dishonorable. Often she was of exquisite personal charm and physical beauty. She furnished, indeed, the model for the Aphrodite of Praxiteles. She had a place in the sacred festivals and marched in the sacred processions. Her influence in the State, so far from being always evil, was at least in some instances wielded for good. Yet no less did she in the end contribute her full share in the fall of empire. In brief, vice was not looked upon as evil if open and properly labelled. In peoples less civilized this did not always obtain. From Tacitus we learn that in some German tribes unchaste women were punished with death. Persecution, however, practically ceased in the tenth century.

Again the mediæval conception of prostitution was most naive. It was thought to conserve the purity of the family. It was made a source of revenue, not only to the State, but even to the Church!

Today, though socially an outcast, the prostitute still abides. The belief that prostitution is a necessary evil, needing, of course, proper control, is by no means obsolete. Whatever the statutes may be, in practice the law does little unless the stage of public nuisance is reached. Indecency has to be curbed because public sentiment compels it. When the public really wants social purity, will vice flourish as it does today? Public sentiment, once enlightened by such data as follows in these pages, facts too little appreciated even by the medical profession itself till recently at least, much less by the laity; public sentiment, I say, thus enlightened, recovering from the first shock, would gird itself to banish that whose life and progress mean proportionate and inevitable death to the race.

* Prepared by request and read before the Methodist Ministers' Association of Providence and vicinity, May 4, 1908.

Etiology.

Social vice thrives because it is a natural one, growing out of the make-up of man himself. The one race which has limited itself to the single wife is the white race. The primitive man is by nature polygamous. There is, I fear, a dormant propensity toward polygamy even in man redeemed. A potent factor is this sexual hyperactivity in man. The sexual instinct is the impelling force in our nature. Stranger still, it is the basis of love; of man's pure love for woman; and maintained in the high plane intended by its Author the sexual function is among the noblest belonging to man. "And they twain shall be one flesh." It means fatherhood and motherhood, even life to the race. Perverted and abused, it means disease and death to the race. Happiness, physical and moral, is most complete in the married state. "No man or woman has ever been physically or morally benefitted by illicit indulgence."

Misconception on this point, wrong teaching and ignorance, have done much to spread the evil. Tell the average young man that his sexual impulse demands satisfaction, and that unsatisfied his vital force will wane; how long think you will he keep the commandment?

Again there are too many unmarried men. For economic or other reasons men cannot or will not marry. Celibacy is an unnatural condition. Or, when men mate they will not follow the laws of natural selection. Selfish seeking for personal gain, in the line of wealth, social position, or other advantage, helps to a misfit. True companionship, the essential family tie, has been missed, and a score or two of years will hardly fail to offer temptation to seek some supposed "affinity," so-called.

Further, the sexual life unnaturally lived by many married couples helps to vitiate that which might otherwise prove wholly satisfying. Unwillingness to bear children, and the evasion and resort to various preventive measures work mischief, even to the undermining of health and the dissatisfaction of one party or both. The selfish and unreasonable demands of the husband are often in evidence.

Far more compelling causes to prostitution, however, are to be found in loose morals incident to overcrowding in tenement life. Ten or fifteen people constantly living in one room will not conduce to modesty, either in thought or deed. One precinct in New York, one square mile, had in it not only 60 brothels, but also 40 *centers of prostitution in tenement houses.*

The trend of migration to large cities, the entrance of women into industrial life, child-labor, and too early marriages are contributing factors to this degradation of the race. Lillian Brandt ("Family Desertion") says 30 per cent. of women and 10 per cent. of men marry before 20 years of age. Lastly, divorce is not always resultant, but is also causative. Divorce courts have been called the "Market places and incubators of private immorality." "Of 8,000

marriages about 500 end in divorce. It is but a step from the boudoir of the divorcée to the house of prostitution; too often just around the corner."

Prevalence of Prostitution and Venereal Disease.

You note the coupling of these two terms? In theory they belong together, in practice they are as a matter of fact inseparable. "Prostitution is a degenerate form of sexual life, degrading its participants and spreading venereal disease, a menace to progress and civilization if its consequences are not stopped."—(Sturgis). New York City has 50,000 public prostitutes, Chicago more; Paris 100,000. One-half are under 20 years of age. Few are married previous to the life. The average life of the public woman is from four to six years. One in four has syphilis. New York in 1905 had 225,000 cases of syphilis, and 800,000 cases of gonorrhœa. Fifty thousand new cases of syphilis are reported annually.—(Sturgis). Fifty per cent. of all men in this country have some venereal disease before 30 years of age. Fournier says that one-seventh of the population of Paris is syphilitic. China and Japan are overrun with it. There are 2,000,000 cases in the United States. "All prostitutes are diseased sooner or later. This is meant to include both the public and the clandestine prostitute as well."—(Wilson). Seventy per cent. of syphilis in married women is from marital infidelity. Next to the sexual act, kissing is the most ready method of giving this dread disease. Drinking cups contribute their share.—(Morrow). Among the rural population of Russia it is estimated that 80 per cent. of syphilis is due to accidental contact, the wholesale kissing of images being largely responsible. Pathetic, indeed, is it that the exercise of religious faith itself can thus unwittingly despoil the human body which God has conspicuously honored as the temple of His own indwelling.—(Committee of Fifteen). Can we, in the light of these facts, tolerate for a moment in our Communion Service any but the individual communion cup?

The layman is in general fairly well informed as to the seriousness of syphilitic disease. But he will be greatly surprised when told that gonorrhœa has made manifold greater inroads upon society. Most physicians have heard the young man say: "A dose is no worse than a bad cold." He knows nothing, hence fears nothing. The medical profession itself has only in recent years appreciated the frequency and seriousness of complications arising from gonorrhœa. First, the disease itself, excepting perhaps measles, is the most prevalent of all diseases. I fear that Ruggles' statement that "Three-quarters of the adult male population acquire it," is in some quarters too near the real truth.—(German statistics, 1894). Twenty years ago a noted nerve specialist in Vienna said to a visiting American physician, "When my son is 18 years old I shall select a suitable mistress for him." In Berlin widows were found doing the same service for their sons. They evidently regarded prostitution as a necessity and planning to avoid *disease* ignored the social *evil.*

Today, however, in Continental Europe, the attitude of the profession toward vice is notably changing. The "Französische Krankheit," as the Germans take pleasure in calling it, has become a menace of too serious proportions. Of involuntary sterile marriages, i. e., of those wishing and unable to have children 9-10 are due to gonorrhœa. And this is by no means always the fault of the wife. Wilson thinks that 42 per cent. of men with gonorrhœa become sterile. Czerny, putting it differently, says that "50 per cent. of all sterility is due to the husband's gonorrhœa." "Syphilis curses the child; gonorrhœa prevents its existence by rendering the male sterile." Eighty per cent. of deaths from inflammatory diseases of the pelvis are caused by it. One-half of all operations for diseases of women are made necessary by it. Price, of Philadelphia, listed 1,000 abdominal operations in which 95 per cent. were for conditions due to gonorrhœa.—(N. Y. Med. Journal, January 26, 1907.) Finally, 20 to 30 per cent. of all cases of blindness are caused by it.

Remedies.

So much for statistics, which will help to some adequate understanding of the seriousness of the conditions to be remedied. Now what has been done? What can be done? What can the State do with social vice? What can State boards of health and the medical profession do with venereal disease? And better than all, what can an enlightened public sentiment do for both, in man's effort to raise his fellow-man?

As a direct product of this evil our race is saddled with two dire diseases, both of which would cease could our wish be realized. "*Voluntary purity of one generation would forever break the link between the past and the future.*" As physicians we cannot cope with the disease successfully because patients will not continue treatment long enough for a complete cure, and will not deny themselves a sufficient time to avoid spreading the trouble. We have restrained almost completely infectious diseases transmitted by flies and mosquitoes, but, strange to say, have not controlled those carried about by men. The reckless indifference of young men and women is simply criminal. If those infected could only be controlled; compelled to isolation by effective quarantine as other contagious diseases are, our task would be lighter. And yet isolation and successful quarantine for those diseased would require hospital facilities much greater than now exist; equipment and space too vast to be considered possible.

Medical inspection helps but little, as a certificate of health may be rendered worthless by the next indulgence, yes worse than worthless because of the false security held out by it. Regulation by the State does not regulate. Segregation, or confinement to certain sections of a city creates a hotbed of vice, breeding all sorts of evil, and soon growing to be an intolerable menace to the community.

What the State has tried to do affords interesting history.

Public sentiment is ready for improvement, even now, along certain lines.

As alcohol is responsible for the downfall of so many, the State could insist upon a stricter supervision of the sale of intoxicants to minors. It could suppress more generally the disorderly brothels. It could enforce a proper supervision for institutions for infants. It could compel custodial care for those knowingly spreading venereal disease. It *should* drive the men as well as the women from the streets and brothels. It could require the reporting of venereal disease as in contagious diseases generally. It could require a physician's certificate in securing a marriage license. It should at all events leave nothing undone that will help to protect the innocent. Finally it could help to a better education of the young in sexual hygiene.

The trend has been to regard social vice as a sin, rather than as a crime against the State, and we think wisely so. The difficulties have been real.

1. Registration brands those who might otherwise reform.
2. State recognition implies necessity of indulgence.
3. Health certificates creating the impression that prostitution is safe as regards contracting venereal disease; increase patronage.

Regarding the effectiveness of sanitary control Neisser says, "It is my conviction, based upon studies continued, I am almost sorry to say, through years, that one cannot prove by statistics the effect of regulation of prostitution upon the spread of venereal disease."

And Fournier, "It is a long time that I have studied statistics. Well, I do not believe that there are any that are of value."

I have assumed that a consideration of the magnitude of the evil would not be amiss. Assumed also that a free discussion is an essential preliminary to any well-considered action, especially when such action proposes to deal with what is confessedly the most difficult of all the problems of social hygiene.

It has been said that "woman holds the key" to the situation, and that she, by demanding social purity on the part of man, could thus solve the problem. We wish she would. Not the dictum of women's clubs that "*mankind*" shall be pure, but that we shall be pure *because she is pure.* Unfortunately the statement of Mrs. Poyser about women is too true; viz: that "God Almighty made 'em to match the men." Moreover, is it manly in man to depend on his sister to cure conditions due to his own selfishness?

Valuable suggestions and recommendations have been made by those who have studied the problems. Legislation can help in various directions to lessen prostitution. It can drive it from the houses of the poor; prevent tenement overcrowding; furnish elevating amusements; improve wage earning; regulate child labor; guard young girls landing at our docks; improve systems of moral education.

Sanitary law could aim to provide hospital extension for vene-

real diseases; confine in asylums minors who are diseased; report as contagious cases all thus diseased. Success thus far obtained, however, affords little cause for congratulation.

The conviction has been steadily growing that the time is ripe for action, and that such action should be a *crusade of education,* a *crusade against ignorance.*

Keep the children pure! Begin with the boy and the girl! How early? Before any companion is likely to begin. In what way? Not by placing literature in their hands for independent reading, because wrong use could easily be made of it. Lectures would be somewhat better. Personal work, however, on the part of parents will best accomplish the end in view. We are sorry for children whose parents are, either in purity or moral courage, unequal to the task, or whose modesty is false enough to entertain erroneous views on these vital matters. It is of highest importance that children learn of sexual matters from pure sources. It is a moral perversion, and only through sin and abuse of divine privilege, that the sexual act has become associated with evil.

The neglect of parents to determine for their children the right point of view, is responsible for much of the immorality in this line and the early ruin of the innocent. "If some one had only told me" is the cry still heard, and to be heard 'till we realize that children are manly and womanly, and rightly educated and trained can use aright any knowledge conscientiously imparted with a noble end in view.

Who are the leaders among men? Who are the leaders among boys? Those who know more than their fellows, or who for the time seem to know more. One bad boy, ahead of his companions in these matters of mystery viciously taught, can work mischief with the whole company; an exercise of power for evil, possible perhaps, but far less probable, with boys possessed of superior knowledge gained from pure sources and having the right perspective and relations.

The desire to eat of the forbidden tree of knowledge of good and evil did not end with the proprietors of Eden. To "be as gods" appeals to the latest generation just as strongly as to the first. And the children will learn matters classed as evil which might equally well be classed as good, because they are in themselves neither good nor evil, but savor of either according to the point of view, or the use made of them. The writer believes that children should early learn about our sexual natures from the scientific side, the natural side, and from sources morally pure. Anatomy and physiology in some degree and the reproductive processes in vegetable and animal life could be safely taught, and should be taught, at a much earlier age than has generally been thought expedient.

The changed attitude of the medical profession in Continental Europe, the rise in our larger cities of societies for social and moral prophylaxis, attest the seriousness of the situation. New York,

Chicago and Philadelphia have such societies organized by leading citizens, professional and philanthropic, alive to the issue at stake, and working to mitigate, and so far as possible, eliminate this great evil.

It is fitting that we should join hands, not in a hysterical spasm to decry social vice and frown on the men who habitually go wrong, and still less on those who weakly yield to exceptional temptation; but in a sane, consistent, and lasting crusade, to educate and guide the younger generation in the observance of hygienic law which, by the way, is closely allied to moral law.

There is an innocence pathetic, and criminal too, on the part of those responsible for it, that has been the ruin of many a young girl and boy.

Mere instruction, however, will not suffice. And knowledge of evil consequences and dangers of disease will not always deter men from wrong doing. Even medical students, supposedly well aware of the risks they run, will get to drinking and throw caution to the winds.

It must be *moral* teaching, a part of the family training, that is to halt the procession of victims to social vice. And philanthropy must do what it can to fill the gap in homes where purity is wanting in the parents, or where for one reason and another parents fail to do what intelligent fathers and mothers can best do.

Now, it is by no means wise to teach children more than they need to know from time to time. Certainly common sense will find great opportunity for exercise here. Much wisdom will be needed. It is not always expedient to make known how widespread an evil may be; nor, indeed at too early an age even to suggest that there is any evil. I am only urging that the laws and principles of our sexual being come first to our children from a natural and pure source, and early enough to forestall their introduction from any other source.

Boys in their teens should also know something of the extent of evil as it exists today and be taught to avoid some of the snares and pitfalls. Schools and colleges, Y. M. C. A.'s, and young men's clubs, could profit from systematic teaching, or occasional talks on moral and social hygiene.

Young men should know that prostitution and venereal disease are practically inseparable. That even the private prostitute is no safe exception to the rule. The serious far-reaching effects of venereal disease should be impressed. Further, it is important they should know that *sexual indulgence is never essential to health. Vigor of mind and body depend not in the slightest on its exercise. And sexual power does not cease from lack of exercise; while excess means loss of power and premature old age.*

Clergymen are asking, "What can we as ministers do to lessen this evil?"

First of all you can stand on safe ground yourselves and so far

from the line that you drop no fruit on the Devil's territory. Then, watchful of conditions, you can know something of the extent of evil, and knowing the strength of the enemy, estimate the equipment needed to meet him. Study the work in other cities and copy such methods as prove successful. Be ready to encourage legislation aimed to lessen the contributory causes already mentioned in these pages. In other words, be citizens as well as ministers, your brother's keeper in the broadest possible sense. At the proper time and place help to organize that which may seem best adapted to the needs of your own community.

I have quoted statistics of Paris and New York and Chicago, not because more agreeable to do so, but because they had statistics available for the occasion. No mistake will be made, however, if we assume that our city is just as critically ill, and needing treatment just as heroic. I could readily furnish from my own observation and experience enough to convince the most skeptical that the picture in general is not overdrawn. I have purposely refrained. How many of our churches have boys' clubs or young men's leagues? I believe this feature of church work is sadly wanting in some quarters. Neither the doctor nor the minister is quite the oracle he used to be when general intelligence was less than in our day. Men came to church in olden time to learn, as well as to perform an act of piety. It is essential that we be men among men; know how to live among men; yes, be "all things to all men."

We cannot love men unless we know them. Kindness to, and a broad sympathy with, the boys and young men are essential to the strength and even the permanence of any church. The shepherd's *voice* is of comfort only as his manifest *care* is known.

Possibly from these hints the minister may, in certain branches of church work, find opportunity to bring youth some lessons in practical moralities. The cure of social evil has to do with both soul and body. It is a common ground where we can, yea, must, both prescribe and preach; and the presentation of the simple truths of moral hygiene will prove the chief means in helping social purity. It is wellnigh useless to attempt to deal directly with prostitution. As well try to "mop the floor, with the faucet still running." "Ephraim is joined to his idols, let him alone."

But there is a positive duty which the medical profession at least owes to the community; which the State owes to the innocent and ignorant; which all enlightened men bearing the name of brethren owe their fellows. We believe that outside the simple preaching of the gospel, and the time honored work of the church, there is no field more pressing at the present time. We look on the clergy as the best read, most enlightened, most sympathetic and philanthropic among the lists of men, the class of all most interested in their fellow men. Hence, it is natural to find any vital question such as this meeting with a sympathetic response. I can barely mention the work of the American Society of Social and Moral Prophylaxis.

Circular No. 4 on Community Protection, issued by the Chicago Society of Social Hygiene, summarizes as follows:

1. "The common weal demands and the Commonwealth provides protection for wife and child against death and mutilation by the husband's violence; it should demand and provide protection against the far more frequent death and mutilation through the husband's venereal disease.

2. "Such protection would be in most cases secured through the mere enlightenment of unmarried men with facts familiar to all physicians.

3. "Such enlightenment, though plainly the function of the State, has been as yet undertaken by only a few of our States because people do not yet appreciate the necessity for such action."

It suggests: "(a) that every male applicant for a marriage license should furnish proof of freedom from venereal disease; (b) that every venereal patient should receive from the physician, druggist, or 'patent' medicine vendor whose aid he seeks, a printed card of needful information—to be supplied or approved by the State authorities—as a part of the treatment; (c) that a circular of information on sexual hygiene and the venereal diseases be furnished to each student by every educational institution for young men; (d) that fathers should recall the sexual temptations and mistakes of their own youth; should realize that their boys will acquire knowledge of sexual matters either in the street or at home; and that the father, rather than an older playmate or a prostitute, should be the son's confidant and counselor in this matter of vital importance.

"Any success that may attend this effort must tend, (1) to diminish the sum total of human suffering, (2) to shield the otherwise helpless victims of ignorant contamination, of all social grades; (3) to enhance respect for the rights of others—the foundation of the State—and incidentally, by reducing the number of unfortunates who are burdens upon the State through the venereal diseases of their parents, to diminish this already serious drain upon the public purse; (4) to strengthen the self respect and self control of manly young men in sexual matters, by showing them that morals, while taught by all worthy religions, are not the outgrowth of any religious creed, but that morals are the wisdom born of human suffering, the message of kindly warning from experience to the inexperienced."

"There are but few who realize that, as a rule, gonorrhea is an incurable disease, and is a constitutional affection and infection. Since the introduction of an anti-gonococcic serum there seems to be some hope held out for the possible cure of the disease."—American Society of Dermatology.

"The constitutional treatment of the majority of inflammatory diseases of the skin is perhaps as essential as the local. Such a course when pursued, in a logical way, prepares the tissues for the local measures and places them in a state of receptivity that will render them more amenable to local measures."—American Journal of Dermatology.

CENTRAL NEURITIS.

By R. E. Mitchell, M.D., Middletown, N. Y.

This disease was so recently described that little has been added to Meyer's original work, published in 1901. I purposely omit details in this rather brief outline. In his paper Meyer reviewed the literature and gave comprehensive clinical and anatomical reports of his own cases. This stimulated other observers in neuropathology, and since then occasional cases have been reported. As yet the work that is being done is confined chiefly to hospitals for the insane, and the cases reported are mainly from such sources. To judge from the character of the cases reported, there must be more of them in general and hospital practise, and a closer search for them should bear fruit. It is probable that in the next few years more light will be thrown on this disease because our clinical methods are gradually becoming more definite, and unpublished cases are accumulating.

The etiology is rather obscure. It is a terminal condition. It has developed in persons in whom there is a progressive physical decline either upon an alcoholic, a phthisical, a senile or a paretic groundwork. Some cases of melancholia, and cachetic states (such as cancer) have terminated in this condition. It would be idle for me to speculate on the role that intoxication, fatigue and disordered metabolism play in this condition. These are problems to be worked out with the help of a fuller clinical experience. While it is not exactly a common disease, yet it should not be lost sight of. It is probable that a number of these cases have reached "a nameless grave" by way of that convenient and much used "exhaustion of acute mental disease" that we see in vital statistics. Meyer observed eight cases in two years in the course of an active asylum practise. At Middletown, five cases, that were considered fairly good clinical types, have been observed in the past five years. As only two of these cases were verified by autopsy, naturally a doubt may be raised concerning the others.

While the symptom complex has varied to some extent, certain symptoms stand out quite well. In some of the cases the clinical picture makes it fair to assume that the disease is present, but until we know more of what we are working with, we must rely on the anatomical findings as final proof. If the patient has not yet reached a debilitated state demanding bed care, a gradually increasing weakness is noted, and the patient stumbles, perhaps falls, is fumbling and uncertain. If already in bed, these particular symptoms are not so apt to be observed. Delirium gradually appears, in some cases severe, occasionally a deep stupor. With the uncertainty of movement, twitching of the arms and legs is noticed, at times a real subsultus tendinum. In

some cases this is episodic; seems more marked when the patient is aroused. The twitching is more apt to be observed in the arms and hands, probably because these are more readily observed. Most of the cases show lively tendon jerks; in a few the jerks are absent. Some cases with definite polyneuritic symptoms have been observed. The cutaneous reflexes are variable, probably accounted for in part by the patient's variable co-operation. In many of the cases a diarrhea develops; usually not severe, at times persistent, sooner or later involuntary. As a rule, a low, irregular fever accompanies the change. In a general way, the symptoms suggest some of the things that we are accustomed to look upon as a "typhoid state" coming on gradually in debilitated persons, progressing slowly, often associated with a mild diarrhea and usually ending with some terminal infection, of which pneumonia is most common.

The duration of the disease has been found to vary from a few weeks to several months. In some cases there has been an improvement of the general condition that suggests a remission.

The general anatomical findings in patients dying of this disease vary widely, according to the associated complex and to the terminal condition. A general wasting is common: sclerotic changes are naturally encountered in elderly persons. It is in the central nervous system that we must look for the important changes. The gross examination is not characteristic. It must be borne in mind that these cases may present evidences of general paresis, senile alteration of sclerotic changes, but these findings are not found generally, they do not vary from other cases that do not present the typical cell changes of central neuritis, and therefore, they must be considered accidental. This observation holds good for the microscopic picture, which is quite definite. Meyer first described axonal alteration of the large cells in the motor areas (the Betz type) and more or less degeneration of their fibers (a decay of the myelin sheath.) Later he discovered that this cell change was quite general in the central nervous system, although it varied to some extent in the individual cases. Because he found in some cases those changes already recognized as associated with polyneuritis, his original paper was "On Parenchymatous systemic degeneration mainly of the central nervous system." The name "Central Neuritis" naturally presented itself because it was brief and fairly descriptive, but it was never intended by the author to imply that the changes were limited to the central nervous system.

The following case is fairly typical:

T. M., a married woman of forty-one years, admitted May 11, 1905.

Anamnesis: Her father and two brothers are moderate drinkers. Two sisters are nervous.

Patient is the third of a family of eleven. During childhood, she had frequent attacks of diarrhea, and later in life, occasional attacks. She had chorea from fifteen to sixteen, then puberty was established. She was of average intelligence and capacity, and had good habits. She worked as a domestic until married at twenty-six. Since then has been a hard working, domestic type of woman; fond of her children, and after the death of one, by diphtheria, very solicitous about their health. During the last gestation period (three years ago) she was not well, had much headache and backache, since then has not been strong. In April, 1904, she complained of the moving of bugs before her eyes, especially at night when the lamps were lighted. She was sensitive about this and did not want her husband to talk of it; it soon passed away. Six months later, she had attacks of vertigo; at times staggered in walking on the street, and once she fell. She was treated by a physician for "weakness and nervousness" and in addition took some patent medicine tonic. For a year or so she has not felt equal to doing the usual house work, and did not go out as formerly, pleading fatigue, and the fact that she was awkward in walking. Six weeks ago she had an attack of dysentery. After she had recovered an injection of tuberculin was given, for diagnostic purposes. She grew better and was helping with the work again until six days ago when she began to cry one evening and said that she saw pictures dancing before her eyes. That night, she was restless, dozed and awoke frightened. Said she saw fearful things, and was afraid something would happen to her or the children. She talked of rocks falling, of burning up, of snow banks, and of the children freezing to death. During the succeeding week she was delirious most of the time with much rambling talk; at times talking loudly and singing. She continued fearful, talked of harm to herself and the children, and resisted being cared for. Once when she seemed fairly clear, she asked her husband for enough morphine to put her out of the way.

On admission: physically, she was a delicate appearing, poorly nourished woman, so weak that she could not stand alone. She presented a decided coarse tremor of the fingers and tongue, exaggerated knee jerks, active plantar reflex, some picking at the bedding. Poor expansion of upper chest with partial consolidation of right upper lobe. Low fever. Insomnia. Mentally: she was confused, and for the most part, did not seem to appreciate her surroundings. Her expression was tired and worried, at times fearful, as she started up at some unusual sound. She tried in a weak way to get out of bed; picked at her clothing; disturbed the bedding. Usually answers to questions were irrelevant, perhaps due partly to preoccupation. Persistent questioning perplexed her more. Her spontaneous production was disordered, as, "Oh, for goodness sake! My God! There is,

———— Jack don't let me hit your nose. If he wants to pay back, I will give him some.————Well, I will tell you just what it is. That present. That, that, that was in her throat. (Pause.) What are you doing there, Doctor? I'll bet you have been afire." As the patient said the above, she sat picking her night gown. But she made occasional keen remarks, spoke of herself as "Tillie," and said that she was "at the asylum." (Both statements correct.) Little could be gotten from her concerning herself. She seemed unable to discuss her past, abstract subjects or current events. An attempt to write her name resulted in a poor scrawl.

The clinical history, and the present condition seemed ample to warrant a diagnosis of the exhaustion type of psychosis.

During May the delirium continued. At times she was somewhat restless and started up as if in fear, again apathetic. She said little. She showed a tendency to lie in a tense position with clenched fists. She slept poorly; was fed with difficulty. Her bowels were loose, some retention of urine. Occasional profuse sweats. In June, she was a little stronger and talked more in a low, muttering voice, much the same as before. "Take care. Take baby out. There now, leave them things alone. My good gracious! Nice dinner. Chicken for dinner. Now Jennie, please don't. Papa is coming and these chickens to pick. Hurry up. All cold. Do you hear? Don't ever do such a thing. There was more than one here." At times she asked sensibly for water or some attention and made pertinent remarks, but she did not take food well. There was a tendency to hold herself rigid, especially when touched, and she cried out when her limbs were moved as if they were painful. The fumbling and picking at the bedding continued. There was an irregular, low fever, and an occasional, profuse sweat. Some involuntary urination. At times thin, offensive, involuntary evacuations; these alternating with formed, normal stools. In July she slept better but the occupation delirium continued, (cooked, served meals, did her work.) She was stronger and threw herself about the bed. Picking at the bedding and subsultus continued. She was more obstinate about permitting examination. Made more relevant remarks. The severe sweats disappeared, diarrhea lessened; scanty, concentrated urine. A small bed sore appeared on each hip. In August, she was more resistive and caused more trouble by refusing to take food. On the eleventh a slight, general jerking and twitching of the muscles was noticed both when she was awake and during sleep. This twitching persisted, was almost constant. If she was moved or touched it became more marked. The patient failed steadily. Hippocratic face, did not seem to realize much, had difficulty in swallowing. On the 18th she had a slight, general convulsive seizure with fairly marked rigidity of the neck muscles, pulling her head backward.

A second slight convulsion occurred on the 20th. Death came on the 22nd after a slight rise in temperature and a gradually increasing stupor.

Autopsy findings: Extreme general wasting. Small, superficial bed sores over the trochanters. The brain was of good size (46 oz.) and on gross examination appeared normal except for a moderate congestion of the pial vessels. Sections from the frontal and paracentral regions showed a marked axonal alteration of the nerve cells. The cord likewise appeared normal on gross inspection, but sections taken from various levels showed axonal alteration, especially of the anterior horn cells, some of which showed accumulations of yellowish pigment. The heart was small, pale and soft, and the muscle fibers stained poorly. Slight hypostatic congestion of the lungs. Moderate enteroptosis, chronic catarrh of the small intestine, small (beginning) intussusception of the upper jejunum. Small, fibrous spleen showing acute congestion. Small, soft liver; passive congestion, pale staining cells. Kidneys small and showing very marked acute congestion and parenchymatous changes. Marked wasting of internal genital organs.

THE CLINICAL ASPECTS OF NEURASTHENIA.

By Grace G. Savage, M.D., Newton Nervine, West Newton, Mass.

Neurasthenia was recognized as early as the sixteenth century, yet not as intelligently as in later years. In the seventeenth and eighteenth centuries, descriptions of the disease began to appear. The man who first used the name "Neurasthenia" was Dr. E. H. Van Dusen of Michigan, in the supplement of the "Biennial Report of the Michigan Asylum for the Insane," under the heading of "Observation upon a Form of Nervous Exhaustion." Since then it it has become a widely used term, so much so that physicians have been known to diagnose doubtful forms of nervous trouble as Neurasthenia. This, no doubt, was due to the diversity of symptoms which are found in the disease. It is true it has many symptoms, but there are a few that make the diagnosis positive, yet when it is associated with hysteria or hypochondria, as it often is, it becomes confusing and leads many to feel that it is not a separate affection. But when we have a case of nerve exhaustion without any other etiological factor than over-work, we have to give it a separate place in the classification.

Neurasthenia is a functional disorder affecting the whole nervous system, not limiting itself to any part, though individual cases vary somewhat in symptoms. There is a persistent diminution of nervous energy, together with an increased reaction

to external impressions, therefore it is characterized by excessive weakness and irritability. In severe cases one may find illusions, delusions, or hallucinations, as well as severe insomnia.

The causes are very numerous. One of the predisposing causes is heredity. Among a large majority of patients it will be found that one or the other parent, or perhaps both, were nervous or had a history of some debilitating disease just prior to the patient's birth. Occupation may be a great factor in causing this disease; where there is severe mental strain without sufficient physical exercise to offset it; students who make a grand effort to accomplish a given theme, sitting up nights, and not taking proper precautions in keeping the physical as well as the mental condition up to its proper tone. Cold, dry climate and high altitudes may predispose to this form of trouble. The dry air absorbs the natural fluids from the body, and being a poor conductor of electricity tends to over-charge the system and renders the nervous organization susceptible to any external or internal irritation. I have a case in mind that is a most perfect illustration of this condition. Functional and organic diseases of the stomach, debility, and sexual excess are also to be mentioned. Reflex disturbances should be named, but unless severe, the patient must be particularly susceptible to nervous troubles in order to be affected by them. Since the Grippe or Influenza has come to this country, it has become necessary to class this disease among the many causes, as it usually occasions a weak condition, thus making the susceptibility to any affection greater.

The most striking symptoms are headache, insomnia, inability for mental work, irascibility, vague pains, nervousness, and symptoms that are referable to the nervous and vaso-motor system. The headache is sometimes definite, as in the occiput, extending across the forehead, where it often settles over one eye, or a feeling of a band around the head, which is ofter accompanied with vertigo, and a swaying feeling as though the head were thrown from one side to the other, or a sinking sensation as though the body were falling through the air, but usually the pains in the head are vague and indefinite. Their heads feel badly, but they cannot locate the pain definitely.

Insomnia is not a constant symptom, but it is very often found among neurasthenics. Many are restless and wakeful until three or four o'clock in the morning, while others wake about that time after having slept a few hours. When this symptom is present it is a cherished one dearer to the heart of the sufferer than all the others. They are also disturbed lest a wrong report reaches the physician and they will be credited with more hours' sleep than is due them. The fear that their serious condition will not be fully comprehended by their friends and physician is pe-

culiar to the disease. It is almost impossible to persuade them to admit of any improvement until there has been a great advancement toward recovery. Then the admission is often reluctantly given. Some people require more hours of sleep when in a normal condition. They are the ones who suffer most from insomnia and fail rapidly while the symptom lasts.

Concentration and the ability to exert the mental faculties are almost always lacking. They find it an impossibility to read for any length of time, and are obliged to read a sentence over several times before they can grasp the full meaning. Their ability to listen to sermons or lectures is impaired, as their minds wander to other subjects, not the least often to their own troubles. Again they try to plan their business, and are surprised to find their thoughts far from the subject in question. The nerve cells do not receive the normal amount of nutrition; consequently they lose their power to build themselves up, so break down easily under any irritation and therefore send out feeble impulses. This occasions irritability and weakness, as well as the loss of the power of concentration. In the same way their memories are impaired and it is with consternation and fear that they find it impossible to think of names which have been familiar to them during their lives.

There is no class of patients who are more sensitive. They are alert to notice anything which might be construed to mean a personal slight; they watch that the physician does not make longer visits to their neighbors than to themselves or fancy that they are not wanted at some function, and that they are slighted in many ways that it would take months for them to think of if they were in their normal condition. Exceptions to a friend's remarks or suggestions are taken when at another time it would be accepted with pleasure. They are irritable if they can not have their treatments at exactly the time they wish for them, and, if for any reason, it is impossible to give them at a stated time, they will refuse them altogether.

There are a large number of vague distressing symptoms in Neurasthenia. If the pain is in their backs they can not locate any definite place that feels uncomfortable. "It just aches all over," as they say. They refer to their limbs in the same way. They can not seem to point out any objective point that is the seat of pain. The whole leg or arm pains them. Tender spots in the back can usually be definitely located, and they are found on either side of the spine and are usually an accompaniment of a painful back.

Weakness as I have mentioned is always looked for. There is an inability to endure any exertion and a feeling of exhaustion is invariably present. When asked to take a short walk they will complain of being tired and will sink down into the first chair that presents itself immediately upon their return, yet

when doing a thing quickly there is no diminution in strength, but when it is a prolonged effort, the power is diminished.

Fear is ever before a neurasthenic patient. They are apprehensive lest they will overdo and suffer the reaction later. They fear they will never recover or if they do will be a burden to the family in some way. They fear insanity, heart disease, Bright's. or some dread affection which is far remote from their case. They fear pain, which sometimes prevents them from taking proper exercise. They imagine that certain efforts or treatments are detrimental to them or will cause suffering. One patient would not allow the slightest massage, insisting that it caused intense inflammation.

Loss of confidence is one of the most striking symptoms. As they get better and the physician thinks best for them to make some effort to help themselves they will claim that they are unable to perform the task. It may be to get up and dress, or take some exercise. They fear they can not do this, or if they consented it would cause a relapse. Even those patients who are the most tractable will fail the physician then, if not at any other time. I have one in mind now who was always glad to assist in her recovery by following every instruction to the letter, until one day it was deemed advisable for her to take some marked step toward assuming her normal habits. It was suggested that she should go down stairs to the dining-room for dinner. It was pathetic, yet amusing, to see the consternation on her face. She utterly refused at first. "It will mean weeks more in bed, if I do go," she sobbed. The agitation was very great, for she wished to do what was asked of her, but she did not have confidence enough in herself to try the experiment. The suggestion was duly carried out, however. Seeing her later and inquiring if it did not prove to be the right thing, she admitted that she found her strength superior to her estimate. Each new step that she took, as dressing herself unaided, walking out, taking rides, etc., was attended with the same dread and fear that she experienced at first. Loss of confidence is no exception, but the rule.

A feeling of numbness and heaviness in the limbs is often experienced, almost amounting sometimes to anesthesia; usually this condition is accompanied by coldness of the hands and feet. Some may have very dry skin, while another may be affected with excessive moisture. Attacks of pallor or flushing without any apparent cause are also very common, while others have a feeling of insects crawling up and down the spine, also a creepy feeling about the limbs. These last symptoms will be recognized as referable to vaso-motor disturbance. There is a weakness of the inhibitory vaso-constrictor centers. The vessels dilate and contract irregularly. When the brain or stomach acts it calls for a well-regulated supply of blood, but it is withheld and causes these various distressing symptoms.

Gastric disturbances are almost always present, and as I have said before in a paper on "The Treatment of Neurasthenia" it is mostly due to the weak, nervous condition, instead of the nervous condition being due to the gastric disturbances.

I will cite a case which came to my notice that illustrates a typical neurasthenic.

Mrs. H., age fifty-two years. Family history, fair. Mother was more or less nervous during the climateric period, but no severe symptoms developed. Family troubles had occasioned the patient to worry a great deal for the past five years, during which time she led a very active social life which preyed upon her physical and nervous energies. When she came to us excessive weakness was fully present. She was able to sit up but a very short time, as she became exhausted at the slightest effort. Insomnia was marked. She complained of pain in the occiput, which increased with conversing or any mental effort. Reading was an impossibility. Indigestion was very much in evidence, and constipation marked. She complained of a feeling of weight and stiffness in her limbs which prevented her from walking. Sensitiveness was present, but not irritability. At times she was depressed and wept copiously. Reflexes were exaggerated. It was some weeks before there was any marked improvement, but gradually one symptom after the other began to disappear and she slowly recovered.

I want to just touch on a subject that is overlooked by many a general practitioner—that is, in exercising sufficient care in estimating the relative importance of veiled symptoms, which if understood at first might prevent this much dreaded disease, Neurasthenia. The symptoms oftentimes are so insidious, that if a physician is not more or less familiar with them they are hardly noticed, and, in fact, in some cases entirely overlooked.

A patient came to us last fall with Neurasthenia. In procuring the history I made the effort to ascertain if she had been in normal condition the two years previous. The reply was that she was perfectly well then, in fact, her physician said that she was the best that she had been for years. The last phrase "the best that she had been for years" attracted my attention, and on further inquiry I found that she had kept her duties at home to the highest mark as well as assuming much additional work in the church and club. Extra work had previously been attended with much fatigue and inconvenience, but it was not so this time, "because she was so well," remarked the physician by way of explanation. I was chided later in the conversation for laying so much stress on my questions relating to the patient's condition during this period of apparent normal health. In conversation with her some time after, she told me that at the time she accomplished so much, she was possessed with an impulse to do things as rapidly as possible. No sooner would she finish one

piece of work than she felt driven to take up another. In other words her nerves were on a high tension. The fact that the patient was not tired when doing an abnormal amount of work should have been warning enough to those about her. If this condition could have been recognized at the time and a restraining hand placed on her, I feel sure we would not have gained a case.

Worry is another symptom that should sound a warning note. We often say, as I have already said in this paper, that worry brings on Neurasthenia. It is no less true that Neurasthenia often brings on worry. When a patient evinces anxiety and continues to do so for any length of time when it is not natural for her, the thoughts of the family physician should be directed towards the nervous condition.

I will cite an instance which I think is a very good illustration of a case of this kind. Mrs. A. seemed well, but suddenly she began to worry about trivial things, or what seemed trivial to the family. After some time the husband consulted their family physician concerning himself. "His nerves were worn to a thread listening to his wife's fancies and fears." After talking the matter over the husband thought best that the doctor should see his wife, thinking that she might be ill. After questioning her closely he pronounced her well, but a little suspicious and fussy, which, no doubt, was her natural disposition Six months later she was one of the worst cases of Neurasthenia that had been my fortune to see. I always felt if the family physician could have recognized her condition at the time that she consulted him, and the right treatment instituted she might have been saved the illness which later overtook her.

Irritability should be given an equally important place with the symptoms mentioned above. It often appears with no apparent cause but should not be overlooked. There is a tendency to make light of trivial symptoms, but in nervous cases they sometimes are the most important and often are not noticed unless one is looking for them. In other words, apparently trivial symptoms usher in many serious nervous diseases.

THERAPEUTIC OPTIMISM.—The central idea of the old system of medication was specificity. The single aim was to establish that any given drug is useful in such and such diseases. The discovery of facts in this direction was purely accidental. The method of the late decades is to ascertain the physiological powers of drugs—to determine what they do when introduced into the system—to learn how they may be employed as instruments in the modification of bodily processes. Formerly medicines were mysterious, magic agents; now they are plain, simple tools. Of yore new seas of therapy were sailed at random and by chance; today they are navigated through means characterized by precision, accuracy, certainty.—American Medicine, March, 1908.

MIND PHYSIOLOGICALLY INTERPRETED.*

By Arthur H. Ring, M.D., Arlington Heights, Mass.

(Continued from the September Number.)

Emotions.

We all possess congenital nervous dispositions which render possible the perception of certain classes of things in preference to others, and determine in a large degree how we shall act in reference to these things. Such inherited dispositions are called instincts. In ourselves, unlike the lower animals, these instincts are modified or perhaps suppressed by the previous effects of experience or by the will. When an inherited perceptual disposition such as fear, anger, love, etc., is excited, its objective result is action, for example, flight, combat, embrace, and subjectively it brings about certain bodily changes as muscle tension, with its accompanying quickened heart action and respiration, relaxation of the sweat glands and an inhibition of saliva, all denoting fear. These, sensorily recognized as kinæsthetic and somatic sensations, constitute the emotion of fear. Thus we say that emotion in its simplest form is a primitive quality of the mind and due to excitement in the second level, or sensory motor arcs. Morat goes so far as to say that the optic thalmus is the principal locality for the elaboration of emotions.

Medically, this is interesting to us as helping to localize the probable seat of the deeper depressions, and the theory of emotions just advanced justifies our attempts to build up the general bodily nutrition in these patients, in order that the incoming somatic sensations may be regulated to that degree of normality which will substitute for the sense of depression a feeling of well being. It has a further value from the therapeutic side, for it explains why in patients thus deeply depressed, psychotherapy is useless. We may give these patients prolonged and profound advice, we may suggest to them what we like. But on them our philosophy and our patience is of little value, and we must turn to other therapeutic measures for their cure.

Memory.

Another important function of the sensory-motor mechanism is memory-images. Having received the sensation of an object, say through our eyes, we are able a moment afterwards to recall its image, as we say in the mind's eye. That image is the idea of the object just sensed, and is called a memory-image or idea. It resembles the original sensation of the object in every respect save that it lacks original vividness. There

*Read before the Boston Homoeopathic Medical Society.

is good reason for believing that the image results from the excitement of the same sensory-motor arc as the corresponding primary sensation.

An hallucination is an idea or memory that has sensory vividness, although no such object as is presented in consciousness is at the time affecting the sense organs. Probably we all have hallucinations at times, but they reach their importance, of course, as a frequent symptom of mental disease, in which case the patient creates and believes in his self-created objective stimulus. "We may suppose that disease induces an irritable weakness of a certain system of neural paths in one of the sensory areas of the cortex, so rendering them paths of abnormally low resistance, and that any impulses passing up from the corresponding sense organ and possibly also from other sense organs are, therefore, liable to be diverted from their normal paths, so re-exciting the chains of weakened cortical neurons in their whole length and reproducing the idea or memory with sensory vividness. Thus the actual sense impression becomes amplified and distorted by the hallucinatory sensations, for in such cases we may suppose that the impulses from the sense organ besides traversing the normal sensory paths of the cortex spread also to those affected with irritable weakness."

Finally, before passing to the arcs of the third or high level, there is the question of the feelings of innervation. It is still a disputed question whether we have feelings of innervation. Prof. James has shown that we normally produce a movement by calling up the idea of the movement. The kinæsthetic images of the sensations that will be excited by the movement is doubtless the immediate causal antecedent of the nervous current that passes down the neurons of the pyramidal track and results in motor responses to the sensory stimulus.

Third Level Arcs.

Coming now to arcs of the third or higher level. The neurons of which these arcs are composed are the principal elements of the large association areas that surround the sensory areas, and may be divided into two principal groups: (1) those that connect the incoming sensations of the second level with other sensory areas of the same hemisphere, converging in the Rolandic areas to form motor circuits, the impulses of which then discharge through the pyramidal tracts. These are mostly kinæsthetic association areas. (2) A second important class of high level arcs are those which connect, with one another, various sensory areas in each hemisphere other than the kinæsthetic areas. We have also the association fibers connecting the two hemispheres through the corpus callosum. As before stated, these higher arc levels are at birth only potential, and as demonstrated by Prof. Flechsig attain their

structural perfection at a much later date than any other of the bodily tissues. Indeed, it is probable that they go on developing through the entire lifetime.

It is probable, as has already been said, that sensations and the corresponding images with their accompanying feelings, all of which, as you have seen, are functions of the second or sensory motor arcs, are the only psychical elements, and that all higher states of consciousness, as thought, sense of time and space, reasoning, judgment, etc., and perhaps even the will, are but syntheses of these elements in these great higher level association arcs, these arcs which raise man far above all his fellow animals and which he alone possesses in so great a degree.

Attention.

If, then, by this wonderful network of associations connecting the fundamental sensations, images and feelings, we may physiologically explain our higher thought processes, there remains to be answered another important question, namely: what constitutes attention, or what gives us the power to attend to one sensation group and to inhibit all others. To explain this, Prof. McDougall has put forward his drainage theory which in essence is this, that the strongest sensation, i.e., the strongest nervous impulse, which through our congenital disposition interests us, tends to attract to itself all other nervous impulses which are above the threshold of consciousness, thus drains these impulses into its own channel and reinforces itself by this means. Attention may be forced from without as by a shrill whistle, a flash of light, a hot or cold surface on any other intense stimulus, or it may be willed from within through the recall of a memory image, in which case its direction may be said to be determined in a general way by what Prof. Royce terms the set of our brain, meaning thereby all the inherited and acquired tendencies which have convened to mould our thought processes. This is not the place to take up and discuss theories that may explain the building up of our various higher mental processes by means of intricate and highly synthetized association reflex arcs, but one or two more important and interesting topics may be mentioned.

Consciousness.

A term which must be made clear from the psycho-physical side is the word consciousness. I have said above that the sum total of the sensations at any moment present in the brain (and that is another way of saying the summation of all stimuli) determines the state of consciousness. It would be more literally true to say that consciousness is the sum of the active synapses (or spark gaps) resulting from all afferent and efferent nervous impulses. And this brings us back to the synapses as the probable physiological seat of consciousness; here we find two opposing views. McDougall likening the synapses to a series of incandescent lamps, uses the heat as a simile for the resultant

motor impulse, and the light to represent consciousness, and draws the conclusion from this simile, that the degree of consciousness is proportionate to the resistance to the nervous impulse in the synapses. As Prof. Holt has pointed out, this theory is hardly tenable, because from it we would have to infer that all motor activities must be inversely proportionate to the vividness of consciousness, which is a reversal of the truth. Prof. Munsterberg agrees that the synapses is undoubtedly the seat of consciousness, but in place of McDougall's resistance theory he puts forward what he terms his action theory which is in substance that the vividness of consciousness depends not upon the resistance but upon the amount of current which gets across the synapses. Accepting this, then, as the definition of consciousness, we should have to say that every living thing possesses some degree of consciousness however small.

Now there are pouring in upon us at every moment a host of sensations resulting from our environment, our clothing, the chair upon which we sit, the food we ate for supper, and those kinæsthetic sensations which keep our opposing muscles in a state of tonus. Of these stimuli we may say we are unconscious because we have accustomed ourselves to them through habit, yet they form with our emotions the background of that consciousness. If perchance I do not well hold your attention, or you are fatigued or hypersensitive, these sensations may thrust themselves upward into the foreground of your consciousness, and you wriggle in your seats and fold your program, etc. In other words, consciousness possesses what is termed a threshold, which is, so to speak, its water level, and below which is a sea of accustomed or habit sensations; any stimulus sufficiently intense or interesting appears above this level or threshold and receives our attention. Every stimulus which crosses the threshold of consciousness, thereby arousing a psychic process, must possess a certain intensity, which cannot sink below a definite limit. This limit is called the threshold value, and varies greatly according to the condition of the cortex. So we may distinguish, very vivid, normal, sub-normal and befogged states of consciousness, sinking finally below the threshold into unconsciousness, depending probably upon the physiological state of the synapses.

Pathologic inattention or distraction may well be due to a weakened or diseased state of local groups of association idea-motor neurons. Their synapses thus weakened, divert to themselves by the law of least resistance, an excessive amount of the incoming impulses, thus keeping this group in a constant state of irritation, resulting in the fixed ideas so commonly met with in patients manifesting distraction.

Instinctive Consciousness.

Another type of consciousness which now may be defined in terms of physiology is that which is popularly known as the

subconscious. Dr. Prince* has given it the more apt and appropriate name of co-conscious. Were I to presume to coin a name for this type of consciousness, I should rather call it the instinctive consciousness including thereby, those fundamental elements of our mind which self preservation and the survival of the fittest, in short all evolutionary conditions, have finally created. The subconscious is, I believe, the fundamental consciousness and as such is a legitimate psychic element of the two lower arcs. Upon it is superimposed the synthetic mind of the higher association levels whose psychic equivalent is self-consciousness, and this August Forel would call the super-consciousness. Waldstein, years ago, pointed out in his little book called the "Subconscious Self" that the subconscious mind perceives, remembers and feels, but does not judge, will or make deductions. Is this not just what we should expect of an instinctive consciousness? Are not these the very terms in which physiological phychology describes the functions of the arcs of the sensory-motor level? And is it not just those other higher qualities of the mind, judgment, will, deductions, etc., which we have attributed to that wonderful net work of association neurons. My wife naïvely pointed out to me that herein perhaps is the reason why women are more instinctive and intuitive, i. e., because they use fewer association tracts. I am aware that the subconscious has been defined by many able thinkers, both from the psychological and the abnormal side, and that to it have been attributed many of the extraordinary flights of genius and other bazarre activities of the mind, but I think these are better described by the name coined by Meyers, as subliminal; and that if we are to retain the idea of a subconsciousness in physiological psychology it must be limited as I have said to those functions (perception, memory and feeling) which are common to all the higher animals, and are carried on in the second level or sensor-motor arcs.

I have now given you as clearly as time would permit an explanation of our mental processes based upon a knowledge of the histology and physiology of the nervous system, conceiving it as three more or less superimposed systems of reflex arcs, and have endeavored to link with the descriptions of the various systems, some hint of that parting of the ways where pathological processes may divert from their normal paths, the nervous impulses, and thus create for us an abnormal psychology. This in itself is a field so vast as to prohibit discussion at this time. It may be of interest, however, to summarize in a word those elements of the mind which so great a student of abnormal psychology as Kraepelin, and in this country his translator, A. Ross Diefendorf, consider worthy of analysis. We should examine, they think (1st) Disturbances of perception. (2nd) Disturbances of consciousness, especially clouding of consciousness.

*Journal of Abnormal Psychology, April-May, 1908.

(3rd) Disturbances of apprehension. (4th) Of attention. (5th) Of memory. (6th) Of orientation. (7th) Of the train of thought. (8th) Of judgment. (9th) of emotions. (10th) Of Volitions. The tests by which we may establish the normality of some of these elements I hope to make the burden of a future paper.

Finally I desire to enter a plea for the instruction of medical students in this very important subject, and for better clinical opportunities in our dispensaries and hospitals for the observation and treatment of that already large and growing class of our patients in whom a careful analysis of their psychic state must form the first step toward an intelligent application of psycho-therapeutic or other measures. In the words of Prof. S. T. Barker* of Baltimore, "though our knowledge of the facts is yet very incomplete, and our comparable experiences with accurately studied material too small to permit of reliable clinical formalizing in mental disorders, there can be no doubt that as we continue to observe what actually occurs in nature and sift our observation, empirically separating as well as we can the essential from the episodal, in the disease picture, we shall arrive at generalizations that will give us a diagnostic power in psychiatry equivalent to that we possess in other branches of internal medicine."

Summary.

Let me again emphasize the following points which I have endeavored to bring out.

(1) That psycho-physics and psycho-pathology are as yet infant sciences, and that their importance justifies us in giving them careful scientific attention, both through the synthetic methods of physiology and the analytic scheme of psychology. Also that we should master it ourselves before committing it to the scrutiny of the laity.

(2) That advance lies in a study of brain physiology and pathology. That we must begin with the fibralated neuron and build with it the three systems of reflex arcs, viz: (a) The Spinal. (b) The Sensori-motor, and (c) The Idea-Motor. Association Arcs, and combine these into a conscious volitional and rational being.

(3) That all the higher brain functions, reasoning, judgment, attention, will, etc., may be explained by various syntheses of these association fibres, and that this conception gives us a basis upon which to formulate and study the various normal and abnormal states of consciousness, and,

(4) That the first step towards this study is the establishment of instruction and clinics where students may be taught methods and the mind practically studied.

*On neurological and psychiatric diagnosis, Boston Medical and Surgical Journal, August 1, 1907.

DISCUSSION OF DR. RING'S ARTICLE.

Dr. Richardson:

"Mr. President, it is really a very great task to attempt to discuss a subject of this kind. I confess I do not know just exactly where to start. This paper, a most carefully-prepared paper, epitomizing a great deal of the knowledge which we have on the subject, deserves the greatest possible credit. I doubt if anybody who has not tried it can fully appreciate the difficulties of presenting this subject in a short paper. It is almost an impossibility to give an adequate idea of the ground which has been thrashed over so many times.

"As the Doctor said in the last part of his paper, it is very difficult to separate the essentials from the absolutely theoretical in all that we meet in our treatment of psychology, mental physiology, if you please. As a matter of fact, there is nothing exact about it. It is theory, theory, theory, first, last and all the time at the present. And those things which we are pleased to call facts are based largely upon theories and not proven. There are many of them; the matter of consciousness, of thought, of idea, all theoretical to a great extent. The importance of a study of mental physiology cannot be overestimated. I believe we should have it taught in our schools. I believe it has been neglected, deplorably so. I believe the time is come when we shall pay more attention to it. I believe that psychology has been studied in a perfunctory sort of fashion in our colleges. It has been taken up in our academic courses because it was supposed to be easy, and the student discovers too late that it is a very difficult problem. In our medical colleges it has been neglected. In our courses in physiology we get very little of mental physiology.

"Of course, the matter of ideation is a very complex proposition. I have occasionally called the attention of the class, in explaining some problem, to one of the first lessons of psychology that every concept is made up of a number of percepts. In passing a fruit store, for instance, we detect the smell, the odor of oranges, though, perhaps, we do not see them. That sensation, that impression, that impulse, that percept calls to mind the many other associated percepts. It brings to mind the taste of the orange, the feel of the orange, the shape, the temperature of the orange, perhaps. The sound of the word orange is awakened in our minds, the appearance of the written word orange. Our motor centres form the action of articulation and we form with our lips and with our muscles of articulation the word orange. Possibly the centers for the stimulation of our salivary glands are awakened and our mouth waters, and therefore we get the conception of the orange. In order for that conception to be complete, each of these separate centers must be perfect and functionating perfectly and the association fibres must be intact and associating these various percepts. If in any way they are imperfect our conception will to that extent be imperfect.

"Now, as to what Dr. Ring said in this paper to the effect that we are born, in all probability, with all of the centres we are ever endowed with, that is a sort of fatalistic expression. Some people would say, "What is the use? We have all that we are ever going to have. Why not sit down and do the best we can and let it go at that?" While we are born with these centres, it is true that these centres are not all developed, and that the stage of development is not connected with any stage of life. There are millions of these centres which are still undeveloped in very old people. Our possibilities are, therefore, great. In other words, while heredity is a great factor in determining our character, our characteristics, and so forth, education is a far greater one. Suppose some of these centres have not been developed, it is possible by education to develop them. I believe that because of that we should devote our attention largely to the education of our people, those people coming under our care. I believe that instead of appealing to their sub-

liminal faculties we should appeal to their reasoning faculties, that we should appeal to their intelligence, that we should educate these centres, their higher centres.

"It would be a great thing if it were possible to trace all these association fibres and all these centres. We have, of course, as you know, managed to map out in the Rolandic area many of the motor centres. We have mapped out and located a great many of the special sensory centres, but we are continually surprised and continually laying question to the accuracy of our knowledge in regard to these things.

"Last year we had in the hospital a case of tumor of the orbit pressing on the frontal lobe and making an indentation upon it and still the patient's intellect was absolutely clear, not a single brain symptom. We had last year, or possibly the beginning of this year, a case of cerebellar tumor encroaching upon the medulla and pons to such an extent that one would think that life must certainly be cut off by it and still the only symptom that we could get was a loss of equilibration. I saw a brain which had been pressed upon by an osteo-sarcoma; the indentation over the parietal lobe was well marked to the extent of surely a quarter of an inch, and still that patient had not presented the least hint of brain symptom, not a single thing to indicate that there had been any pressure exercised upon her brain. In another case we get attacks of epilepsy, we get very profound disturbances and an autopsy reveals absolutely nothing that we are able to detect. All of these things make us feel very much at sea in regard to settling these questions, and when it comes to ideation, to consciousness, when it comes to mental aberrations, the time is early, the time is not ripe to speak definitely in regard to it.

"I believe thoroughly in investigating, in presenting to our classes such tenable theories, at least, as we have. I believe it is time to set them to analyzing such theories as we have to offer them. It is absolutely necessary, but until we know more about it, let us be very, very careful how we promulgate indiscriminately ideas as to psychology, psychic therapy and the like.

"I feel, Mr. President, that anything I could say in any reasonable length of time is entirely inadequate, and I hope it may be discussed more fully."

Dr. Wells:

"Mr. President, I am very much indebted to Dr. Ring for presenting me with a copy of Dr. Macdougall's book. It is certainly a very interesting statement of the physiology of the brain, if Dr. Ring will accept the correction.

"In reading over Dr. Ring's paper this morning, it seemed to me that he had probably inadvertently put this matter in a little wrong light. For instance, we recognize that the physiological investigation of this subject is perhaps the ideal method of arriving at it and the one which we should pursue the most arduously, but there is also the psychological side of the question, and not being a histologist or a neurologist, I look upon this whole subject from the standpoint of a psychologist, though in this department I am but a primary student.

"It seems to me that Dr. Ring has made some statements which one must protest against, and the first statement was this: 'Consciousness is the sum of the active synapses or spark gaps resulting from all efferent and afferent nervous impulses.' Now, I want to advance the psychophysical interacting theory, that is, that the physical (brain) acts upon the psychical and the psychical upon the physical, and by no process of reasoning can we hope to discover the psychical by means of histological examinations. I think we want to keep that issue clear. But did we know the exact course pursued by the interacting sensory impulses and exactly how these spark gaps are brought about we would be no nearer knowing the nature of consciousness, the nature of a thought. It is a distinct realm in nature. I want to read you Tyndall's statement:

'The passage from the physics of the brain to the corresponding fact of consciousness is unthinkable.' The conception presented is absolutely materialistic. I agree with Dr. Ring that it is advisable for us to leave out any theological questions, and while I disclaim any such intent, it is impossible absolutely to consider this question at all without taking up some psychical and spiritual questions. We must believe that there is a something, the mind, as Dr. Sutherland calls it, which exists along with and associated with a brain, and that in some way these two things are interacting, especially in the ideo-motor acts.

"Now, I admit that attributing various unsolved questions to some form of spirit existence is begging the question. On the other hand, the only tenable position is one of agnosticism. We must say that we do not know about these inter-relations, but nevertheless we are forced to the conclusion that there exists a psychical something which is not explained by any amount of histology.

Now, Dr. Ring has hinted at certain pathological conclusions that may be drawn. Of course, the whole object of this society is to cure people, and if it is true that medical schools have neglected this physiological psychology it seems to me that it would be also a mistake for us to introduce a materialistic conception, as I conceive this to be. We are giving up one of our strongest points and without reason.

"Dr. Ring has said at one or two places in the paper something about certain results taking place, brought about by action on the cell, of something from within. That is, our emotions are sometimes generated by other things than by physical stimuli, as I understand him to say. Is not that the gist of the whole thing? Haven't we got to consider something outside of this physical matter? It is evident, I think, to all of us, that man is to a certain extent a slave of his environment and conditions. On the other hand, man is not an automaton. He need be neither one nor the other. Now, let us take that more optimistic view of the matter, without being theological, let us assume that there is a something, a consciousness which is able to overcome obstacles, as Dr. Richardson has pointed out, which can be educated, admitting that these various faculties may exist potentially and not be cultivated. Let us take the other ground that the human will from its own efforts or the efforts of others, may take charge of and, to a certain extent, influence the bodily functions, the conduct and the health. I think that there is no reason in the facts of the case for our giving up a conception which offers to us the best hope of solving our own lives, and that conception is in some sort of psychic (soul) something besides this brain which we have been studying so carefully tonight. We have no reason to go back of the old-fashioned idea that the individual possesses a something which we may call a soul. I do not attempt to define its limitations. The two seem to work along somewhat parallel lines.

THE EFFECT OF UROTROPIN UPON THE URINE.—The administration of urotropin will cause the urine to reduce copper solutions after the drug has been administered for some time.

Urotropin does not ordinarily cause the reduction of the bismuth test solutions. Such urine has no action on polarized light; it does not show a fermentation test.

The continued use of urotropin may give rise to albuminuria, with the presence of blood and casts.

Nephritis prevents the reduction of Haines' solution by diminishing the permeability of the kidneys for urotropin.

A patient with normal kidneys secreting acid urine will eliminate urotropin very rapidly, and this can be demonstrated by the reducing action of the urine on copper solution.—Abt, Archives of Pediatrics.

EDITORIAL.

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THE AUSTRALIAN CONTROVERSY.

Australia has recently been the theatre of two events which are likely to prove somewhat interesting to New England homœopathists, and of especial interest to graduates and friends of Boston University School of Medicine. Minor things which happen in Australia do not ordinarily interest the New England public or profession, but in these modern days one frequently realizes that after all the world is small, and it is not unlikely that sooner or later more or less warped stories of these events may travel from the antipodes and finally reach us. Partly in anticipation of this possibility and partly from the intrinsic interest of the events they are here briefly referred to.

Case I is that of Dr. Albert Reginald Heupt, who, after studying medicine in Melbourne University, in Rush College (University of Chicago) and Boston University School of Medicine, graduated from the latter institution in June, 1907, receiving from Boston University the degree M. D. On returning to Melbourne he entered the Melbourne Homœopathic Hospital as Resident Medical Officer, and in accordance with the Medical Act of Victoria presented his credentials and was duly registered as a practising physician. But the Melbourne University Council and the Medical Board of Victoria have protested to the Chief Secretary (Sir Alexander Peacock), and formally represented and petitioned that the concession in the Medical Act which permitted the registration of American homœopathists should be abolished. The following clipping from the Melbourne Argus briefly states the case, as viewed by these bodies:

"A homœopathic student recently obtained the M. D. degree of the Boston Homœopathic Hospital and Medical College during an absence of only eleven months from Victoria. Though he had previously studied irregularly in subjects selected by himself at the Melbourne University for eighteen months, he had not passed the matriculation or any other examination at that institution, and he had done no medical work which could have been officially recognized as a part of his medical course. However, under the Medical Act of 1906 the Victorian authorities could not refuse to register him on his return to Melbourne. This act directed that, though American medical degrees were not recognized in Victoria, the Melbourne Homœopathic Hospital should be allowed to introduce each year one doctor having the M. D. degree of the Boston or New York Homœopathic Colleges, and that these doctors should be registered in Victoria. Under this provision the student referred to was registered, though he had undergone much less than the five years' training, which is the standard set up by the principal clauses of the Medical Act.

"Representatives of the Medical Board, the University of Melbourne, and the medical profession, interviewed the Chief Secretary (Sir Alexander Peacock) yesterday, and protested that there should be no exemption in favor of the American homœopathic hospitals. Dr. Embling, M.L.C., Dr. Syme, and Professor Allen explained that the portion of the law which required, as a general rule, at least, five years of approved medical training before registration could be obtained, was designed for the protection of the public, and they contended that the retention of the requirement was of the greatest importance. When the Medical Act of 1906 was before Parliament it was distinctly understood that those holding degrees of the American homœopathic institutions specified would have passed through four years of proper training, and that the year spent in Melbourne at the Homœopathic Hospital would complete the standard course of five years. There was no need for any concession to American hospitals, because a proper homœopathic training could be obtained in England and Victoria."

That the statement in so far as the student's record is concerned is quite wide of the truth, seems to be well established by a statement he has made to the Chief Secretary and for which he has vouchers. His statement, in addition to general references to medical education in Melbourne and elsewhere, gives with some detail an account of his preliminary and professional education. The substance of his claim is: That he has had "more than the required training for Edinburgh, London and Dublin diplomas;" that he has had "four years' training in course in universities and hospitals;" that he has "attended hospital practice, university lectures and practical work in all the subjects required by the licensing boards of

Great Britain." *"When I left here for America I had done the full work and full hospital practice demanded by the Royal College of Surgeons, Edinburgh, up to the end of the fourth year;"* that he "passed over twenty examinations at Rush (University of Chicago)." That he "passed over twenty-five examinations in the Junior and Senior studies at B. U. S. M.;" that he "has done more medical work than is required at the Royal Colleges of Physicians and Surgeons, Edinburgh and Glasgow, as per the following table:

Full Edinburgh Course.		My Certificated Courses.
Physics	2½ Months	3 Months
Biology	2½ Months	6 Months
Chemistry	5 Months	6 Months
Practical Chemistry	2½ Months	6 Months
Anatomy	5 Months	9 Months
Practical Anatomy	10 Months	10 Months
Materia Medica	2½ Months	3 Months
Practical Pharmacy	25 Lectures	36 Lectures
Physiology	5 Months	15 Months
Pathology	2½ Months	9 Months
Principles and Practice of Medicine	5 Months	9 Months
Principles and Practice of Surgery	5 Months	9 Months
Midwifery & Diseases of Women	2½ Months	18 Months
Medical Jurisprudence & Public Health	2½ Months	9 Months
Vaccination. Proficiency therein	Certificate	Melbourne University
Clinical Medicine	9 Months	18 Months
Clinical Surgery	9 Months	24 Months
Fevers	13 Lectures	26 Lectures
Insanity	13 Lectures	40 Lectures
Hospital Practice	3 Years	4 Years
Dispensary Practice	6 Months	9 Months

"I have also done special work in Eye, and Ear, Throat, Nose and Chest, Operative Surgery, Diseases of Children, Diseases of the Blood, (Laboratory Work) and Therapeutics, only some of these being required for the above degree."

He also claims that "a student can do all his Melbourne University work in two or three years, then attend a hospital for nine months during two years, and then sit for his final examinations and get a registrable diploma in Great Britain." He also makes this significant statement, that "students who were doing work with me in third-year subjects left for Edinburgh *after failing here*, and were through before me, yet nothing has been said;"—That is, no protest has been made against their registration.

Careful investigation of the facts of the case as far as Boston

University is concerned, seems to demonstrate not only that the authorities acted in good faith, but that they took every precaution against being misled by credentials and testimonials;—That the student's credentials for having done more than three years of work in Melbourne and Chicago were reliable;—and that the student was permitted to enter the Senior course, although the work was somewhat advanced;—that while in Boston University School of Medicine he took and passed twenty-six written examinations, and several two and three hour oral examinations, as well as many of briefer duration, for the purpose of presenting evidence of his competency in the full curriculum of the School, the sum total being forty-two examinations;—that on the fifteen Senior studies he passed the examinations averaging 80 1-15 per cent.; that on examinations in the Junior year's work he averaged 75 7-8 per cent.:—and that the student having fulfilled the four years' requirements, and successfully passed an unusual ordeal of final examinations, had qualified for the degree.

Case Number 2 is that of Dr. Eben Colman Gould, now of the Homœopathic Hospital, Hobart, Tasmania, whose application for registration, after a suspension of nine months, has recently been denied him, no reason being given for the refusal. Dr. Gould's case is briefly as follows: His preparatory work was done at Phillips Exeter Academy, after which he took two years in Brown University. He then took the full four years' course at B. U. S. M., graduating therefrom in June, 1905. After this he went to Melbourne, and for two years filled with credit the position of Resident Medical Officer in the Melbourne Homœopathic Hospital, the whole representing an educational experience of far more than the nominal five years' course required at the Melbourne University.

A deputation representing the hospital and the friends of Homœopathy, accompanied by the American Consul, waited upon the Premier, Hon. J. W. Evans, C. M. G., and protested that the Court of Medical Examiners had done injustice to a qualified medical practitioner, and had acted illegally in refusing registration; and asked that reasons be given for the refusal. The American Consul made a strong plea for "fair play," and a protest against excluding Dr. Gould because he was a homoeopath. Among other things, he said:— "If there is to be a definite bar against Americans practising in this country, or if they are to be excluded on *account of their being Homoeopaths*, the fact regarding such exclusion should be

reported by me to the United States government, which can take whatever steps it may deem proper to prevent such hardships to graduates of our universities who may be offered inducements to come here. The United States has certain superior advantages for education. Our leading universities have enormous endowments which enable them to become exceptionally well equipped for giving higher education and preparing men for successful scientific and professional work. * * * * One of the greatest surgeons of Australia (Dr. Ramsay of Launceston) mentioned to me recently a certain one of these universities as being the best equipped in the world for the study of medicine. The president of the Court of Medical Examiners of Tasmania (Dr. Crowther) told me recently that if a Tasmanian physician is to properly keep up with modern ideas of medicine, it is quite essential that he follow closely American medical publications."

Dr. Gould being excluded from practising medicine in Tasmania would probably result in the closing of the Homoeopathic Hospital there located, as the small force of homoeopathic physicians can no longer carry the full burden without assistance.

It would seem as if in both these cases, the real bone of contention was Homœopathy; that if the name could in some way be excluded the physicians referred to would have met with no opposition. As a counter-stroke to the protest made against the registration of physicians bearing diplomas from homœopathic medical schools, the homœopathists of Melbourne have petitioned that as an easy solution of the questions which are constantly confronting them, a Chair in Homœopathic Materia Medica and Therapeutics be instituted in the medical department of the University of Melbourne; and our friends in Hobart, Tasmania, have petitioned that there be at least one homœopathic physician appointed to the Court of Medical Examiners of Tasmania. This action certainly strikes us in this country as being eminently just and sensible, and we extend to our friends and colleagues at the antipodes our congratulations on the spirited fight they are making against prejudice and the practical boycott; and our sincerest wishes that their effort to obtain justice and their effort to secure representation in the University of Melbourne and on the Medical Board of Tasmania, may be rewarded with well-deserved success.

THE DEATH KNELL OF THE FLY.

It has been decided to the overthrow of hoary tradition, that the spider's allurements and cleverness are insufficient to deal with the stupid little fly, and moreover, and to still more iconoclastic issue, it seems to be proved that, in addition to being an irritating nuisance, the fly, so far from being a pathetic victim, is really a source of very considerable danger to human life; and as such must be exterminated. That the fly is or may be also very useful, along certain lines, to the human race, is recognized by the source of its present condemnation; but whether as a scavenger its work may not be done in some other way, and its possibilities for harm eliminated, is a question to be seriously considered during the ensuing months, and reported on at the next meeting of the Massachusetts Association of Boards of Health by a special committee appointed for the purpose. The Association, at its meeting late in July, declared war upon the fly, but will take sufficient time to mature a well planned and effective campaign of extermination. The subject was presented to the Association by Prof. Theo. Smith, of Harvard Medical School, who in an interesting paper, reviewed the life-history, habits and peculiarities of the fly, and referred to the results of careful studies which have been made of its pathogenetic possibilities. According to Prof. Smith:

"Its habits are well adapted to favor the soiling of the exterior with various species of diseased germs. Pathogenic bacteria have been demonstrated on its proboscis, its feet, its digestive tract and on the well-known fly-specks. The kind of infections which it is best adapted to transport are typhoid fever, dysentery and Asiatic cholera. By seeding food, notably milk, with these germs which it obtains from dejections it may cause small localized family epidemics.

"The bacilli of tuberculosis may also be disseminated by it because the fly will feed on sputum and the tubercle bacilli may pass alive through its digestive tract and appear in the fly-specks. The severe epidemic of typhoid fever in our camp during the Spanish-American war was attributed by the investigating commission to flies. The more important problem confronting us is how to restrict and suppress this noxious insect. In order that the house fly may be controlled we must know where it breeds. The war on the mosquito was made not upon the winged insect,

but upon the larval stages in the water. In the same way the war upon flies cannot be successfully waged with fly-paper, but it must be waged in the country of the enemy itself, against its breeding places."

Many breeding places were enumerated by Dr. Smith. Among them were old rags, meats and cheeses, old fermenting straw, old mattresses, decaying fruits and vegetables, and other refuse. There the fly may lay from 120 to 140 eggs. The larvæ, or maggot, leave the egg earliest eight hours after laying and mature in five to eight days and then pupate. The pupæ mature in five to seven days. Hence the adult fly requires at least ten days from the time of egg-laying to mature.

Concluded Dr. Smith:

"In the broader light it will be found that this campaign against the fly will take the form of a campaign for general cleanliness and neatness besides being a campaign against a troublesome pest. Like most movements in the interest of public health it will broaden out from its original narrow interests. The war against human tuberculosis has become a movement for a normal hygienic living in all details of our every day life. The fight against bovine tuberculosis has taught us to value above all else clean milk. The campaign against malaria has broadened into one against mosquitoes, and will eventually extend to a general movement of the reclamation and utilization of the valuable lands now useless as swamps and marshes."

The Association's Committee consists of Dr. Chapin, of Providence; John Ritchie, Jr., of the Boston Board of Health; Dr. Simpson, of Lowell; Dr. Jones, of North Adams; and James C. Coffey, of Worcester. The medical profession will have its share of work to do in the new war by helping to educate the public to the necessity of co-operation and by soliciting the assistance, without which the efforts of the combined boards of health would prove futile.

A TRIUMPH FOR SANITARIANS.

A very substantial recognition of the necessity of national oversight of the public health is found in the fact that both the Republican and Democratic parties have, this autumn, incorporated into their respective "platforms," a narrow, but very solid "plank," in furtherance of the work of the American Health

League. These very suggestive and promising endorsements read as follows:

Health Plank for the Republican Platform—We commend the efforts designed to secure greater efficiency in National public health agencies and favor such legislation as will effect this purpose.

Health Plank for the Democratic Platform—We advocate the organization of all existing National public health agencies into a National bureau of public health, with such power over sanitary conditions connected with factories, mines, tenements, child labor, and other such subjects as are properly within the jurisdiction of the Federal Government and do not interfere with the power of the States controlling public health agencies.

HEALTH AND HARD TIMES.

Under the caption, "Health and Hard Times," the *Springfield Republican* recently had an interesting editorial, setting forth the fact that the recent months of unwonted financial stringency are shown by authoritative New York statistics to have been also months of a raised health rate, a lowered death rate, and an immensely decreased sale of drugs and medicines generally. The *Republican* adds to the statistics quoted, others which show that in periods, recent and more remote, of financial stringency in Massachusetts there has been observable a like decrease in the death rate. Apropos of these odd and significant facts the *Republican* remarks:

"Nor is there anything unreasonable in this apparent relationship between industrial reaction and a lower sick and death rate. Highly civilized as the human race amongst us assumes to be, it has nevertheless as yet raised itself only a little way above a raw animal existence. It is not enough self-trained and self-mastered—cultivated—to be able to stand any exceptional degree of material prosperity. It is much like the individual who has suddenly fallen heir to large means in the possession of which he had no previous training. He at once proceeds to gorge himself with everything ministering to his animal tastes. He overeats, overdrinks and overdissipates generally, until the fortune is gone or he is dead from his excesses.

"Much the same thing is to be observed of people in general during a time of exceptional industrial prosperity. They seem not to be able to stand it properly any better than the average individual is able rationally to carry suddenly-acquired riches. Intemperate and careless in eating and drinking as Americans are said commonly to be, they become more intemperate and extravagant in these flush times, and thus expose themselves more than ever to every ill that flesh is heir to. Then the bubble bursts, and the

majority of people are simply forced by lack of means into a more simple and abstemious mode of life, while the rest are more or less affected by the prevailing spirit of economy and sobriety. These great outbursts of prosperity are as bad for the physical health of the people as they have lately been shown to be bad for our business morals."

BOOK REVIEWS.

THE MONTH'S BEST BOOKS.

Pathological Technic, Mallory & Wright; $3.00. W. B. Saunders Co.
Gynaecology, Dudley; $5.00. Lea & Febiger.
Diseases of the Skin, Jackson; $3.00. Lea & Febiger.
Diseases of the Rectum. Edwards. $4.20. P. Blakiston's Sons & Co.

The Principles of Pathology. By J. George Adami, M.A., M.D., LL.D., F. R. S. Professor of Pathology in McGill University, and Pathologist to the Royal Victoria Hospital, Montreal; Late Fellow of Jesus College, Cambridge, England. Vol. I. General Pathology. With 322 Engravings and 16 Plates. Lea & Febiger, Philadelphia and New York, 1908.

This book comes to the reviewer as a distinctly original treatment of a very important subject. The author has broken entirely away from the almost unvarying routine of the best German texts and their American imitations. So uniform has been this routine that it has become almost monotonous. Any deviation therefore, at once attracts the attention of the reader and commands the interest of all. In theory, at least, the method here employed is almost ideal. After an introductory chapter, the animal cell is studied in much detail as to its histology its physiology and its chemistry. From this logical foundation is built up the remainder of the subject in orderly sequence. Etiology of disease is described in full; in fact, an entire section is devoted to the subject. Following this are considered the various morbid and reactive processes such as inflammation, immunization and immunity. Fully four hundred pages are covered by the section on tissue changes which included hypertrophy, metaplasia, neoplasms, degenerations, pigmentation, necrosis and death.

Considered as a whole, it is rather difficult to summarize one's opinion of the book as with its many excellent features there are some that seem to us less desirable. That it contains a great amount of information and shows the learning of its writer is a fact that cannot ever be gainsaid. That in its outline and fulfillment it is unique is also equally true. To the present reader the principal criticism pertains to the general style of the treatment of the subject. It is written in a manner too heavy and massive to make pleasant reading, somewhat reminding one of dissertations upon abstract philosophical or theological questions. In fact, it might almost be said to deal with the philosophy of pathology. As such it will probably be of but limited use as a student's text-book, of more service to the well-read physician and still more valuable to the actual pathologist.

Radium as an Internal Remedy. Especially Exemplified in Cases of Skin-disease and Cancer. By John H. Clarke M.D. 136 pages. Cloth, 2s. 6d., net. Postage, 2d. extra (America and Canada, 66 cents, post-free). The Homoeopathic Publishing Co., 12 Warwick Lane, London, E. C.

In reviewing this book one can scarcely do better than to quote from the preface Dr. Clarke's own words:

"Radium, the wonder-child of twentieth-century science, is in a peculiar way a property of Homoeopathy. It was discovered by the son and daughter-in-law of a well-known homoeopathic practitioner of Paris, who was himself the son of a still more famous homoeopath and missionary of medical science, who made England the land of his adoption and his life's labours. Thus England has a claim to the parentage of Radium as well as France, and Radium becomes another strand in the bond of l'Entente Cordiale.

"The astounding phenomena connected with Radium and its impalpable invisible, but nevertheless potent emanation have done more to compel the world of science to acknowledge the power of the infinitesimal, and to confirm from another side the discoveries of Hahnemann in the realm of drug action, than all previous discoveries in physical science put together.

"It was therefore not merely fitting, but imperative, that Homoeopathy should take steps to make doubly its own the child which had done so much honour to its parentage. And as France rightly claimed to be its birthplace, it was plainly the duty of England to introduce it into the nursery of the homoeopathic materia medica."

The greater part of this small book was presented in the form of a paper to the British Homoeopathic Society in 1908 and is here reproduced by their permission. In the first part are given a number of provings of Radium bromide in 30th potency. Later follow the description of patients treated with the drug. One chapter is devoted to the relation of Radium and cancer. Finally comes a full schematic arrangement of symptoms and an index. To anyone familiar with the writings of Dr. Clarke recommendation of the book is unnecessary, and to those who are not thus familiar, procural of this little work will begin an acquaintance that will never be disappointing.

Reference and Dose Book. By C. Henri Leonard, A.M., M.D., Emeritus Professor of Gynaecology in the Detroit College of Medicine. New and enlarged edition; 40th thousand. Cloth, limp sides, round corners, in paper, 16mo., 145 pages; price, 75 cts. The Illustrated Medical Journal Company, Publishers, Detroit, Mich.

In these days of modern book making it is surprising to learn how much can be contained in such small dimensions. Here we have a volume of one hundred and forty-five pages, less than a quarter of an inch thick and of suitable size to slip into the medicine bag. It gives particularly the changes in the U. S. Pharmacopeia classifying them into two groups, those of "increased strength" and those of "decreased strength."

Otherwise it is essentially the same as previous editions, containing a dose list, therapeutic index, laboratory tests, poisons and antidotes and a large amount of miscellaneous general information.

Diseases of the Skin. By George Thomas Jackson. M.D., Professor of Dermatology, College of Physicians and Surgeons, New York; Consulting Dermatologist to the Presbyterian Hospital, New York, and to the New York Infirmary for Women and Children. With 99 Illustrations and 4 plates. Sixth Edition, thoroughly revised. Lea & Febiger, New York and Philadelphia, 1908.

The present is the sixth edition of this book to appear in sixteen years, a fact in itself indicative of the successful treatment of the subject. Since the publication of the fifth edition the author has been advanced to the position of full professor of dermatology in the New York College of Physicians and Surgeons, an indication of the esteem felt by his associates. Many different classifications of skin diseases are

given in different texts; some good, others less so. In order to safely pass this difficulty Dr. Jackson frankly acknowledges the present impossibility of a correct classification, and after devoting four pages to what he considers the best, abandons all in favor of the simple alphabetical order. By this means abscesses, acne and actinomycosis are first covered and zanthoma, yaws and zoster last. This allows of very ready reference to the particular disease desired and as differential diagnosis is well covered, loses nothing by lack of approximation of closely allied diseases.

The book is by no means exhaustive in its scope, but for this very reason probably appeals more strongly to the average physician as all the essentials are readily accessible without being obscured by non-essentials. It is also of ideal proportions for the medical student. Numerous illustrations, some in colors, give an added value to the otherwise very satisfactory volume.

The Baby: Its Care and Development. For the Use of Mothers. By Le Grand Kerr, M.D., Professor of the Diseases of Children in the Brooklyn Post-Graduate Medical School; Attending Physician to the Children's Department of the Methodist Episcopal Hospital, etc. Illustrated. Bound in flexible green cloth, stamped in gold. 12mo. of 160 pages. Price $1.00, net. Brooklyn, New York. Albert T. Huntington, 1908.

Of a number of books primarily designed to cover this subject in a popular, semi-medical manner, this seems to contain in small compass all the essential points without many unimportant details. Written particularly for the mothers, it is arranged in a manner both unique and striking. Instead of the usual prolix chapter upon food, clothes, sleep, etc., we find directions concerning various details given as they are likely to come up in actual experience. To illustrate: There is a chapter upon the infant at birth, then one on the first day of life, "the first week," "one month old," "six weeks old," etc. The entire book is very clear in style, concise in statement, and can be readily understood by anyone. When placed in the hands of a prospective or an actual mother, the attending physician may expect a more intelligent coöperation with his work, and a more careful family supervision after the case has passed from his hands. The small price justifies its wide distribution, and in this the Gazette is glad to do its part.

The Lesser Writings of C. M. F. von Boenninghausen. Compiled by Thomas Lindsley Bradford, M.D., author of "Life of Hahnemann," "Homoeopathic Bibliography," etc. Translated from the original German by Professor L. F. Tafel. 350 pages. 8vo. Cloth, $1.50. Postage, 15 cents. Philadelphia. Boericke & Tafel. 1908.

To those who believe that homoeopathy never grows old and that, accordingly, medical articles written years ago still maintain all their original value, this book will come as a welcome guest. To what is probably the greater number of homoeopaths it will appear as a publication largely of historic interest. Dr. Bradford, the energetic librarian of Hahnemann College of Philadelphia, and the well-known homoeopathic historian, has collected from all available sources the writings of this early eminent homoeopath, and after having them translated has collected them into the present volume. Depending upon which section of homoeopathy the possessor of the book may belong, so it will be highly valued as a guide left by a master or be considered as an interesting bit of history. The appearance of this product from the press of this well-known firm is one more indication of the activity along lines homoeopathic and does not by any means suggest that this particular sect is either dead or moribund.

PERSONAL AND GENERAL ITEMS.

Dr. Carl A. Williams has removed from New London, Conn., to 14 Oread Street, Worcester, Mass.

Dr. Lucy A. Kirk has removed from 746 Dudley Street to the Hotel Gladstone, 677 Dudley Street, Dorchester.

Dr. Ray H. Davies, class of 1903, B. U. S. M., has opened an office at 103 State Street, Chicago.

Dr. Charles W. Bush (class of '99, B. U. S. M.,) of 444 Massachusetts Avenue, Boston, was married on August 28th to Miss Esther Hawkins of Roslindale. Dr. and Mrs. Bush are now in Europe for a three months tour and are to return to Boston on December first. During the absence of Dr. Bush, Dr. Eugene S. Eastman, B. U. S. M., class of 1904, will take his practice.

Dr. Robert L. Emery of the class of 1908, B. U. S. M., has opened an office at 2 Mason Street, Gloucester, Mass.

Two members of the 1908 graduating class of Boston University School of Medicine have received appointments at Fergus Falls (Minn.) Insane Hospital—Drs. Laurence Remick Clapp and John Frederick Lovell.

Dr. A. H. Powers announces his removal to the Hotel Ilkley, Huntington Avenue, Boston, entrance 8 Cumberland Street.

Dr. Lawrence F. Keith announces the removal of his office from 115 to 30 West Emerson Street, Melrose, Mass.

The Gazette extends to Dr. Everett Jones of Brookline its most sincere sympathy in his sorrow at the loss of his esteemed wife.

Dr. Lewis Pinkerton Crutcher has been appointed chairman of the Section on Materia Medica, and Dr. R. F. Rabe has been continued as chairman of the Bureau of Homoeopathy for the 1909 meeting of the American Institute of Homoeopathy.

Dr. Wesley T. Lee announces the removal of his office to 281 Broadway, corner of Grant Street, Winter Hill, Somerville.

Dr. Anne E. Perkins, B. U. S. M., '97, was appointed on August 1st to the position of Woman Physician at the Gowanda State Homoeopathic Hospital as successor to Dr. Alice E. Rowe-Schley, B. U. S. M., '93, resigned.

Dr. John S. Bishop, B. U. S. M., '86, of Forest Grove, Oregon, visited Boston for a number of weeks during the past summer, devoting his entire time to studies in the Pathological Laboratory of Boston University School of Medicine. He has also been in attendance upon the International Congress on Tuberculosis, at Washington.

Dr. and Mrs. Orville R. Chadwell of Jamaica Plain have been spending their vacation in a tour of the western coast, British Columbia and the Canadian Rockies and a visit to California.

Dr. Frank C. Richardson and Dr. N. W. Emerson have removed their offices from 1069 Boylston Street, to No. 244 Newbury Street, Boston, two doors above Fairfield Street.

HOSPITAL RELATIONS.—Dr. Abner Post, in an article in the Boston Medical and Surgical Journal, clearly described many phases of the relation existing between the hospital and the community. From this article the following paragraphs are abstracted, as being of particular interest:

"The care of the sick is the first and obvious purpose of a hospital; the protection of the community ranks second; but a hospital is further an institution of learning. . . . Hospitals serve for the education of nurses and medical students and for the increase of knowledge of the physicians who administer them, and still further for the accumulation of facts which serve to increase the sum of medical learning—and whatever increases our knowledge of disease is for the benefit of the community. . . . The training of nurses has become an important function of the hospital and the influence exerted by the hospital through its graduate nurses is constantly increasing. . . . Many an invalid who has never seen a trained nurse is cared for the better because of the general improvement in the care of the sick which nurses have taught. . . . In the instruction of medical students, hospitals are indispensable. They are the laboratories where disease is demonstrated. Without them the teaching of medicine must go back to the earlier methods of this country, when many physicians had a medical student, perhaps several, who rode with them, prepared their drugs and possibly took care of their horses, and absorbed what medical knowledge they could. . . . The connection between hospital and medical school is a very close one—hospitals have given birth to medical schools and medical schools have instituted hospitals. The existence of a school without a hospital at the present day is like the study of chemistry without a laboratory. The improvement in medical education in this country is closely allied with hospital growth. . . . For the purpose of accurate diagnosis and treatment by modern methods, a hospital must nowadays be supplied with a pathological laboratory. . . . The function of the pathologist is not fully understood by the general public. His function is much broader than the mere examination of the dead body or morbid products. It is through his work or by his help that the greatest advances are made at the present time.

"The object of an autopsy does not seem to be commonly recognized. . . . Autopsies are just as necessary as dissections. Education in regard to disease, without autopsies, is impossible. It may be that at some time hospitals will be given the right to post-mortem examinations under certain restrictions. . . . When properly observed in a hospital, where the whole time of the staff is given to the hospital work, the medical staff gather with the pathologist about the body, accompanied by the students who have known the patient during life. The medical clerk reads the protocol, or record of observations made during life, and the examination proceeds. What more searching critic could a conscientious teacher wish? That dead body, but a short time ago a fellow-being asking for sympathy and aid, is transformed into a relentless judge. Step by step the pathologist lays bare the details of disease hitherto hidden and dictates to his clerk the account which must forever stand by the side of that previous record made during life.

"The records of autopsies at the Massachusetts General Hospital carefully made and faithfully recording lesions of which the importance was not understood at the time of the record, when studied in these latter years, have served to establish the existence of the disease of appendicitis and to identify the characteristic symptoms by which its presence may be known. Had there been no hospitals and hospital records, our knowledge of this subject must have been postponed for years. . . .

"As a rule the nurses are conscientious and devoted. Their sympathy does not always express itself in words, but rather in actions. It is

certainly the best method yet devised for the care of the sick in hospitals. I cannot at this moment recall a single word of a nurse addressed to a patient which I would have unsaid, and one must realize the fact that the Lord's poor comprise many individuals who need rather to be classed as poor devils and who are aggravating in the extreme. . . . It must not for a moment be imagined that students are turned loose in a hospital ward They are always under the control of a professor, or his deputy, the house officer, whose first duty it is to cure the patient. . . ."

In an address on the "Duties and Responsibilities of Trustees," Dr. Keen says, in speaking of the influence of clinical teaching in the hospital:

"Moreover, trustees may overlook one important advantage of a teaching hospital. Who will be least slovenly and careless in his duties, —he who prescribes in the solitude of the sick chamber and operates with two or three assistants only, or he whose every movement is eagerly watched by hundreds of eyes alert to detect every false step, the omission of an important clinical laboratory investigation. . . . The failure to detect any important physical sign or symptom? Who will be most certain to keep up with the progress of medical science,—he who works alone with no one to discover his ignorance, or he who is surrounded by a lot of bright young fellows who have read the last Lancet or the newest Annals of Surgery, and can trip him up if he is not abreast of the times? I always feel at the Jefferson Hospital as if I were on the run with a pack of lively dogs at my heels. I cannot afford to have the youngest familiar with operations, means of investigation or newer methods of treatment of which I am ignorant. I must perforce study, read, catalogue and remember, or give place to others who will. Students are the best whip and spur I know."

TUBERCULIN IN THE TREATMENT OF LOCALIZED TUBERCULOSIS.— . . . The following conclusions, however, seem justified. Of 25 cases of tuberculosis localized elsewhere than in the lungs, treated with tuberculin, B. E., 6 cases were classed as arrested, 12 as distinctly benefited, 5 as doubtfully benefited, and 2 as uninfluenced by tuberculin. The most striking feature is that practically all of the cases showed a marked gain in a general condition, thus enabling them better to combat the local disease. The local condition was certainly markedly benefitted in the cases of tuberculous glands and lupus. In the cases of genito-urinary tuberculosis, while there was some amelioration of the local disease, on the whole there did not seem to be much change. The use of tuberculin apparently has to be continued over a long period of time. It does not prevent relapse. The dosage should be small. The initial dose is from 1-10,000 to 1-4,000 mgm. On few occasions is it necessary to give over 1-1,000 mgm. Any marked reactions are to be carefully avoided. The best interval of inoculation apparently is one week. Regularity of inoculations is essential. The routine use of tuberculin is simple and should be accompanied by no discomfort on the part of the patient. In no case apparently was any lasting injury caused by the use of tuberculin. That it is a potent factor for good in selected cases of localized tuberculosis seems also certain.—Boston Medical and Surgical Journal, May, 1908.

DIVISIBILITY OF MATTER.—Jousset, in L'Art Medicale, speaks as follows:

Infinitesimility without limit is the second error into which we do not wish to relapse. When Hahnemann's troublesome hypothesis upon drug dynamization had penetrated the Hahnemannian world, it evoked a tendency to multiply and to overstep the dilutions hitherto fixed by Hahnemann. Two processes were employed: one, that of multiplying the number of succussions given to the drug, the other a sort of washing out

of the bottle used in the operation. We know the value of the first method, and that when Jenichen had given 2,000 shakes to a bottle of the fourth dilution, he had produced nothing more than the fourth. As for the different methods where lavage is employed, and which consist in passing into a graduated vessel a quantity of liquid of which each repetition constitutes a dilution, they are illusory and ridiculous!

I have taken the trouble to demonstrate, by means of experiments performed during the last twelve months in the laboratory of the St. Jacques' Hospital, that the thirtieth dilution of salts of silver and mercury, made according to Hahnemann's method (i. e., with thirty separate bottles) has still an incontestable action upon the development of Aspergillus niger. I can therefore affirm that the thirtieth Hahnemannian dilution has an action upon the living cell, but I am still waiting to hear that similar experiments have demonstrated the action of the 20,000th dilution.

In conclusion, taught (as we have been) by Hippocrates and Hahnemann, we believe we are entitled to be the standard bearers of experimental therapeutics. I do not say this is merely our pretension—I go further, and assert that it is our absolute determination. We appeal to all those physicians who, with Hippocrates, recognize the vis medicatrix naturae, the law of contraries and the law of similars, each in its legitimate sphere, who acknowledge in Hahnemann the founder of experimental materia medica, which in its turn has rendered possible the application of the law of similars to physicians, enfin, who feel quite at home in the midst of the grand discoveries of Pasteur. As for those who are still occupied in rummaging amongst the absurd hypotheses of Hahnemannism it is useless to speak of them any further. "Let the dead past bury its dead!"

OBITUARY.

DR. EULALIE ABBOTT GATES.

DR. EULALIE ABBOTT GATES.—Dr. Eulalie Abbott Gates died at her home in Carlisle, Penn., Friday, July 17, after a number of years of ill health.

Eulalie Abbott was born in Berwick, Me., April 10, 1873. After graduating from the Normal School of Gorham, she taught in public schools and in the high school of Berwick for several years. In 1895 she entered the Medical School of Boston University, from which institution she graduated with credit at the end of four years. After some post-graduate work she entered into general practice, first in Boston, later in Brockton. On account of ill health she was compelled to go to North Carolina, where she opened an office at High Point. There she met Mr. William T. Gates, to whom she was married in April, 1906.

Funeral services were held in Carlisle and later in her old home in Berwick.

Mrs. Gates is lamented by a host of friends in the North and South, who loved her for her splendid character and admired her for her bravery of spirit exhibited in the conquest of obstacles and the patient endurance of pain.

DR. ORVILLE W. TRUE.

DR. ORVILLE W. TRUE, an homoeopathic physician for many years located at Farmington, Maine, died on June 27th, in his fifty-fourth year.

DR. IRA B. CUSHING.

DR. IRA B. CUSHING of Brookline, Mass., died on August 14th. He had been in practice in Brookline for many years and long a resident of the town. Dr. Cushing was a member of C. L. Chandler Post 143 of the Grand Army.

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ORIGINAL COMMUNICATIONS.

CARCINOMA A GRAVE MENACE IN CASE OF PROSTATIC HYPERTROPHY.

By HORACE PACKARD, M.D., Professor of Surgery, Boston University.

In reviewing my first one hundred cases of prostatic obstruction I am appalled at the large number in which carcinoma has developed apparently as a later complication. In a general way the history of these cases is as follows: A man sixty to seventy years of age gives a history of impeded urinary flow dating back from two to ten years. The initial attack may have been so sharp as to have necessitated the use of the catheter for a brief time, followed by resumption of voluntary urination and from one to six years of comparative comfort except for a gradually increasing frequency of calls to empty the bladder. In the past few months there has supervened an aggravation of symptoms characterized by pain vaguely referred to the lower part of the back and rectum and bladder, increased frequency of urination, bloody urine, loss of voluntary urination, resort to catheter and maybe failure in attempts at catheterization. Rectal examination discloses a hard, nodular, immovable bunch occupying the site of the prostate, illy defined because of lateral infiltration reaching out into the floor of the bladder.

Malignant degeneration of an originally benign prostatic hypertrophy is the only construction which can be placed upon such a train of symptoms.

Without doubt, not a few cases which have passed as cancer of the rectum have taken their origin in the prostate, and with our present clearer comprehension of the pathology of the senile prostate such cases will in the future classify in their true relation.

If any progress is to be made in applying the real and efficient prophylaxis, early prostatectomy, to cancer of the prostate, it must be through the family physician. He sees the sufferers from senile prostate first. The surgeon's relation to them, as a rule, is only after months or years of temporizing expedients, and too often it is only when the exigencies of the case have become so threatening from failure at catheterizing, violent cystitis, or declining vigor from a combination of sequellae that the sur-

geon's aid is sought. Then it may be discovered that carcinoma has developed, a hopeless prognosis is given, and the last chapter in the history of the case is a few weeks or months of doleful misery and eager waiting for death.

There must be an awakening of the whole medical profession if any progress is to be made in this matter.

Let us compare our present attitude toward appendicitis and the senile prostate. Most cases of appendicitis would recover without operation. Five per cent. die unless operated before serious mischief is done. We do not hesitate to urge in the most convincing and uncompromising way that appendectomy be done as soon as a diagnosis is made if the patient would escape the five per cent. fatality list. Usually the initial symptoms of the senile prostate make their appearance while the patient is still in a sound state of general health. Why do not the impending dangers following upon prostatic senility as urgently call for early and radical relief through operation as the impending dangers of appendicitis? The only difference is in despatch. In fatal appendicitis the patient dies quickly; in fatal prostatic senility the patient dies slowly. Of the two the fatal appendicitis case is the more fortunate—his sufferings are brief.

Let us glance for a moment at a double column affording a comparison of the outlook for a person afflicted with senile prostate, with and without operation.

The Senile Prostate Case.

Without Operation.	With Operation.
Frequent call to empty the bladder varying from every two hours to every fifteen minutes.	If done early and when the patient's vital forces are still good, a rapid and uncomplicated convalescence of three or four weeks.
Interruption of sleep in proportion to frequency of calls to urinate.	Perfect restoration of the urinary function and at normal intervals.
Catheter life with all its attendant inconvenience and evils of cystitis and pyelitis.	A comfortable old age in which business and recreation attend upon inclination.
Circumscribed activities both in business and recreation because of the despotic necessity of proximity of toilet accommodations.	The sexual function may be modified, but is never destroyed. The function of the testicles is not interfered with in any way, the seminal vesicles are not disturbed, (emissions may be modified so that procreation is no longer possible).

Failing vigor and feebleness because of septic cystitis, pyelitis, loss of sleep, despondency and anguish.

Failure in attempts at catheterization with hurried call upon the surgeon for relief.

Operation followed, at this late date, by perhaps far from satisfactory results.

The discovery of the presence of carcinoma and a hopeless prognosis.

It is the writer's unqualified conviction that the medical profession is arousing to a sane appreciation of the gravity of the senile prostate and the simplicity and safety of prostatectomy in the early stage of the disease, and conviction is being carried to the laity that early prostatectomy is a safe and sure prophylaxis for the horrors of prostatic obstruction, catheter life, cystitis, pyelitis and possible carcinoma.

Another double column is herewith presented, one containing a brief sketch of cases of carcinoma of the prostate and the other diametrically opposite conditions especially illustrating the sequel of operation on early cases.

Cases of Carcinoma.

Patient, age 68. Bladder symptoms for ten years, at first retention and use of catheter for about two months (this is when prostatectomy should have been made), then regained voluntary urination, but has never been right since. More and more frequent calls to empty the bladder, four or five times at night, eight or ten times by day. Lately has emaciated, loss of strength, right leg oedematous, lymphatics in both groins enlarged, enormous prostatic tumor filling pelvis, fixed and nodular.

Diagnosis: prostatic carcinoma.

Cases of Early Operation.

Patient, age 65. February, 1905, had retention lasting a month, first taken on board ship while crossing Atlantic. Catheter used three times a day. Has learned to pass it himself, which he does every two, three or four hours. Passes some urine voluntarily, but it runs slowly and falls more or less in a dribble. General health good. Operated November 15, suprapubic. Weighed two and three-tenth ounces. Discharged December 23, wound healed and urine passing naturally.

(Note that this patient underwent prostatectomy nine

Prognosis: hopeless.

(Note that about ten years elapsed between the initial symptoms and the final tragic end.)

Patient, age 67. Retarded urination for three years. Must rise three or four times a night. Pain across lower abdomen. In last few months difficulty in emptying the bladder has markedly augmented. Operation attempted, but prostate found so firmly adherent that removal was impossible. Examination of fragments removed showed carcinoma. Death a few days later.

Patient, age 63. For an indefinite time has been conscious of obstructed urination, well marked in the past year. In recent times urination has become very frequent, twenty times a day, distinct prostatic tumor. Operation, enucleation impossible. Fragments removed showed carcinoma. Death.

Patient, physician, age 52. Difficulty in voiding urine since fall of 1906. It had passed with diminished vigor for some time previously. Has used catheter for about one year. Gave up practice three months ago because of failing health and strength and distraction over frequent calls to empty the bladder by night and day. Examination showed a large, nodular diffuse tumor occupying site of prostate.

Diagnosis: Carcinoma.

Prognosis: hopeless.

Death three months later.

months after the initial symptoms.)

Patient, age 64. A spare but well-preserved man, in last year force of urinary stream markedly diminished, frequency of calls to urinate have increased until he must go every hour or two. Has known of some operated cases which ended fatally after long waiting. Wants to meet the crisis while still in good health and strength. Suprapubic prostatectomy Oct. 15, 1906. A well-developed middle lobe proved to be the obstructive agent. Perfect recovery.

Patient, 68 years. Clergyman. Must empty bladder every hour or two by day and up three or four times a night. Often embarrassment in midst of Sabbath service. This has driven him to seek relief. A well-rounded prostatic tumor. Enucleated without difficulty. Perfect recovery.

Patient, physician, age 69. For something over a year has been conscious of obstruction in emptying the bladder. Had complete retention for a short time, necessitating use of catheter, but afterwards recovered voluntary urination in a measure, and has been able to get along and attend to professional duties. Of late his embarrassment has increased, his sleep is seriously interrupted, the stream is so slow in starting that he must frequently wait half an hour before enough is voided to give

relief. General physical condition excellent. Suprapubic prostatectomy, April 4, 1907. Result, perfect.

Patient, physician, age 53. For past six months has emptied bladder only by aid of catheter, prior to that for several months has been troubled by retarded stream, frequent calls day and night, four or five times at night and by day as often as opportunity offered. At close of urination pain in glans. No stone found in sounding. Diffuse, immovable, nodular tumor at site of prostate. Operation not advisable.

Patient, physician, age 60. Prostatic irritability for seven or eight years, but no appreciable difficulty in voiding urine until within past year. Stream slow in starting, longer in passing, small and dribbling. Prostate well rounded, soft and movable. Suprapubic prostatectomy April 8, 1906. Uncomplicated convalescence and perfect recovery.

Patient, manufacturer, age 69. Bladder difficulty for two years, call five or six times a night to urinate. Began use of catheter December, 1907, and has been dependent upon it ever since. Much blood in urine of late and flow of blood from urethra after each catheterization. Loss of blood has been considerable and alarming of late. Patient looks anemic. Distressing pain in right hip for past weeks. Examination shows diffuse irregular, immovable tumor at site of prostate.

Diagnosis: Carcinoma.
Prognosis: hopeless.
No operation.

Patient, age 75. Well preserved, florid and of strong constitution. Has been conscious of slightly impeded urinary flow for six years or more, but has not been materially embarrassed until three weeks ago, when lost all power of voiding urine and has since been obliged to depend on catheter. Examination shows prostate well-rounded, movable, moderately enlarged. Suprapubic prostatectomy, Mar. 23, 1908. Good recovery and complete relief.

Patient, age 62. Has experienced difficulty in urinating for two or three years. Catheter a year or more. Pain and aching through loins and perineum. Up three times a night. Examination shows prostate moderately enlarged, diffuse and nodular.

Patient, age 63. History of bladder difficulty 15 years ago said to be cystitis, from which he fully recovered after four or five months' illness. In the last two years has had urinary obstruction and increasing frequency of calls to empty the bladder. Must "go" every one-

Diagnosis: Carcinoma. Prognosis: hopeless. Operation not advisable.	half to two hours, day and night. No catheter. Examination shows symmetrically enlarged prostate, smooth, soft and movable. Suprapubic prostatectomy. Uncomplicated convalescence. Perfect function.

These cases of carcinoma have been paired off with non-carcinomatous cases of approximately the same age to show in an impressive way the dangers of delay on the one hand and the happy results of early operation on the other.

The pertinent question arises, "How early in the course of senile prostatic disease shall operation be advised?" To this the answer used to be, "When the patient can no longer void his urine voluntarily." Now the question comes, how can the menace of carcinoma be best met? The writer's experience fully convinces him that the only sane and safe course is prostatectomy when the first symptoms of senile prostate become manifest. It is rare that these symptoms appear earlier than at sixty years of age. If they do appear earlier, say at fifty or fifty-five, I believe it is still more urgent that there be no delay, for my list of carcinoma cases indicates that prostatic obstruction appearing at this comparatively early stage is more likely than otherwise to be carcinomatous. If there is any hope at all for these early cases it is from early operation while the glandular degeneration is still confined within the prostatic capsule. So much for the early cases. The late cases are those which show first symptoms between sixty and seventy. I think the bearing of the senile prostate upon the longevity in the male has never been touched upon in literature. No one who has faced the array of prostatic wrecks which drift by the surgeon can help feeling that the most valuable period of man's lifetime is most frequently snatched away by this insidious disease. The years from sixty to eighty should be the most fruitful of man's whole life. The world will never know how many statesmen, jurists, and clergymen, and others eminent in arts, science, literature, and letters, have quietly fallen out, the last decade, which should have been the best of their whole life, wrecked by the miseries of prostatic obstruction.

May not this year of 1908 mark a crusade on the part of physicians for the education of the public to an awakening to a saner view of this malady? It is a difficult matter to drag into publicity. The only hope of public enlightenment is through the family physician. He knows very well those individuals among his patients who are verging toward the years of senile prostate. It is likely to come to his ears if their habits of life are being modified by urinary difficulties. It is then that education of the patient is called for by a plain statement of conditions. Many, many cases go on through ignorance to a hopeless state.

A CASE OF MONOLECANUS TRIBRACHIUS.

By GEORGE D. BLISS, M.D., Boston, Mass.

The accompanying illustrations are photographs of a male infant born at the Massachusetts Homoeopathic Hospital during my service. The mother, Mrs. ——, age 27 years, a primipera, was admitted to the Hospital September 10, 1908. Pelvic measurements were: Spines 9 1-4 in., crests 11 in., diagonal conjugate 7 1-4 in. Last menstrual period, Feb. 14, 1908. Date of expected confinement, Nov. 2, 1908. Diagnosed as cephalic presentation; dorsal

plane to right; small parts to the left. Fetal heart sounds not heard. Vaginal examination showed cervix open four fingers.

Labor commenced at 7 A. M., Sept. 9, 1908, and lasted 24 hours. The membranes ruptured about 4 P. M., Sept. 10, and a large quantity of liquor amnii was expelled. Uterine contractions became regular. The head descended to the perineum, where it remained for about half an hour. The right, or larger, head was delivered first. Labor proceeded until the head was born as far as the brow, where it remained and showed marked cyanosis. It seemed quite impossible for the head to proceed further. Manual extraction, with one finger in the mouth and pressure on the fundus, succeeded in delivering the first head as far as the chin. Attempt was then made to rotate the right shoulder anteriorly, when for the first time it was noticed that the case was pathological and that an arm was extending from behind the head (third arm). The left shoulder was then delivered with the arm flexed in front of the face and the cord wound twice about the arm. The cord was released from the arm and the right arm delivered anteriorly. On examination the second head was felt anteriorly, and in its extraction a laceration of the skin took place between the two necks. The trunk of child and second head were next delivered together, bi-manually. The amniotic sac contained a large clot, to which was attached what appeared to be fetal skin.

The fetus had two heads, three hands and arms, the third arm appearing between the shoulders. Just below the junction of the third arm and the body appeared a small prominence, which was apparently the stump of a fourth arm. X-ray findings showed two spines, three scapulae, possibly a fourth; a well-developed pelvis; 28 vertebrae on right child; 28 vertebrae on left child; 3 clavicles; third humerus well developed, but fore arm slightly undeveloped. Examination of fetus showed: Weight 5 pounds, length from vertex of right head to the coccyx 9 inches, and from the vertex of the left head to the coccyx 9 1-2 inches.

Cranial diameters of the right head were as follows:

Occipito-mental,	4½ inches.
Occipito-frontal,	3½ "
Suboccipito-bregmatic,	3 "
Bi-parietal,	2¾ "
Fronto-mental,	2½ "
Bi-zygomatic,	2¼ "
Bis-acromial,	4 "

Cranial diameters of the left head were:

Occipito-mental,	4¼ inches.
Occipito-frontal,	3½ "
Suboccipito-bregmatic,	3 "
Bi-parietal,	2¾ "
Fronto-mental,	2¾ "
Bi-zygomatic,	2 "

ANAESTHESIA.

By RICHARD D. BLACKMORE, M.D.

Definition:

A term used in medicine to describe a state of insensibility to external impressions, either as a result of disease, or as induced artificially by the employment of certain substances known as anaesthetics.

Anaesthesia may be a symptom of, or associated with, diseases of the brain or spinal cord, or be a result of certain psychical states; but in this paper I shall deal with the artificial induction of the condition, which may, as occasion demands, be either local or general.

History:

A brief history of this marvellous achievement whereby thousands have been saved from suffering, the hands of the surgeon rendered more free to do his dangerous and salutary office, the preliminary examinations made more thorough and complete, thereby giving definite information should operation be necessary or advisable, seems to be in order.

Although it is owing to the researches of science of comparatively recent date that the employment of anaesthesia has come to occupy such a prominent position in medicine, still there is evidence to show that it is a practice of much antiquity. Homer refers to the use of nepenthe. Herodotus to the practice of inhalation of vapors of a certain hemp. Dioscorides and Pliny allude to the use of Mandragora in surgical operations. A certain Chinese physician—Hoa-tho—living in the third century, gave his patients a preparation of hemp whereby they were rendered insensible during surgical operations. Mandragora was used by Hugo de Lucca, who practiced in the thirteenth century. In the Medical Gazette, Vol. XII., p. 515, Dr. Sylvester, quoting from a work by Meissner published in 1782, mentions the case of Augustus, king of Poland, who underwent amputation while rendered insensible by a narcotic.

The practice, however, never became general, and physicians as a rule ignored the matter. Priestley's medical discoveries, and the better understanding of the properties of gases and vapors, led to the belief that many of them would be of medicinal benefit; and in 1800, Sir Humphrey Davy, while experimenting with nitrous oxide gas, discovered its anaesthetic qualities, and suggested its use in surgery in the following words: "As nitrous oxide, in its extensive operation, seems capable of destroying physical pain, it may probably be used with advantage in surgical operations in which no great effusion of blood takes place." His suggestion remained unheeded for nearly fifty years.

Inhalations of sulphuric ether for the relief of asthma, etc., had been employed by Dr. Pearson of Birmingham as early as 1785,

and in 1805 Dr. Warren of Boston used this treatment in the later stages of pulmonary consumption. In 1818 Farady showed that the inhalation of sulphuric ether produced anaesthetic effects similar to those of nitrous oxide, and this was also shown by Godman in 1822, Jackson in 1833, Wood and Buche in 1834.

These observations appear to have been treated as scientific curiosities, rather than the dawnings of a great truth which should mitigate pain, and relieve the work of the surgeon of a great source of embarrassment, until in December, 1844, Dr. Wells, a dentist of Hartford, Conn., underwent the operation of extraction of a tooth while insensible from the inhalation of nitrous oxide gas. On September 30, 1846, Dr. Morton of Boston used sulphuric ether to produce insensibility in the extraction of teeth, later applying to Dr. Warren of the Massachusetts General Hospital for an opportunity of testing its application to major surgery. The first operation was performed at the Massachusetts General Hospital on October 16, 1846, and consisted of the removal of a tumor from the neck of a young man.

This marked a new era in surgery, subsequent trials only confirming its value.

The news reached England on December 17, 1846, and was at once taken up, first in dentistry, and later, on the 19th of January, 1847, Dr. Sir James Y. Simpson of Edinburgh introduced it into obstetrical work, and used it extensively until November of the same year, when he announced chloroform, suggested to him by a Liverpool chemist, a Mr. Waldie, and proposed it as a substitute for ether.

To the English minds he demonstrated the advantages of chloroform over ether, and to this day the former remains the favorite anaesthetic of our English cousins, while ether is more warmly considered in this country.

Substances used in the production of narcosis:

Of the various means used for the production of anaesthesia, chloroform and ether easily head the list. Other suitable agents frequently used are Nitrous oxide, the so-called A. C. E. mixture, Ethyl chloride, Cocaine, Eucaine, etc. I shall attempt in this paper a consideration of ether and chloroform, and perhaps certain combinations of them in varying proportions.

It is needless to go into their chemical composition; any work on chemistry can do that more fully and correctly. The considerations to which I shall direct my attention are:

1. The indications and contra-indications for an anaesthetic.
2. Conditions governing choice as between chloroform and ether.
3. Dangers.
4. Post-anaesthetic effects.

In their consideration, literature upon the subject by Waller, Heineck, Burton, Tumbull, the Encyclopedia Brittanica, etc., has

been studied, but I hope to formulate certain deductions from personal experimentation in the physiological laboratory upon nerves, and also in the hospital upon patients while undergoing operation. indications for an anaesthetic.

When anaesthetics are to be used depends upon a multiplicity of conditions, and it will be well to consider them briefly under various heads:

1. For Diagnosis.—In this field it is often of importance to have complete relaxation of muscular structures. Often in nervous conditions it may be used with advantage, thereby excluding hysteria, for example; and, lastly, it is a great exposer of attempts at simulation.

2. Therapeutics.—A narcotic may be used as a therapeutic agent in cases of spasms, convulsions, neuralgia, colic, etc., to abort the spasm, and to allay pain.

3. In obstetrics narcotics are often used, without proceeding to the surgical degree of insensibility, in order to allay pain and to decrease nervousness and excitability. Circumstances requiring other than a partial anaesthesia are such operative measures as version, application of forceps, mutilation of the fetus, etc.

4. Surgery.—General anaesthesia is demanded when the nature or extent of the operation, or the condition of the tissues is such as to preclude the possibility or advisability of a local anaesthetic.

Contra-indications may be touched upon in much the same manner, as, for example, in obstetrics they would not be used against the patient's strenuous objection, in the absence of severe suffering, in marked disease of the circulatory or respiratory tracts; and as between chloroform and ether, the former seems to be used by a majority of clinicians, because it acts quickly, is pleasant to take, is not inflammable (and when it is considered that the majority of obstetrical cases occur at night, this is of weight) and occupies less bulk. In surgery there are no absolute contra-indications for general anaesthesia. If the condition of the patient permits the operation, it certainly permits general narcosis.

Conditions governing choice:

In the following conditions an anaesthetic is dangerous, because patients suffering from them are more prone to its accidents and dangers. Severe organic lesions of nervous, pulmonary and circulatory systems; in delirium tremens; various neuroses, as epilepsy, hysteria, etc.; aneurisms of the arch of the aorta, or of the innominate artery on account of the danger of rupture; in surgical shock; in cachexia from any cause. "These conditions bring such changes in tissue nutrition and tissue vigor, as to render the action of ether and chloroform for the time being abnormal."

As to the mortality percentages of ether and chloroform, Gurtl of Berlin and Juillard of Geneva collected statistics as follows:

Anaesthetic used.	Administrations.	Deaths.
Chloroform.	691.319	224 or 1 in 3.082
Ether.	341.058	23 or 1 in 14.828

These tables show a decided advantage as to the death rate, in favor of ether. There can be no doubt, however, that much of the disparity in these tables is (or was) due to incompetence on the part of the anaesthetist, and an incomplete knowledge of the action of the agent used.

A glance at the physiological effects of each of them may explain approximately why these things are so.

Ether: "The functions of the cerebrum are affected before those of the other portions of the nervous system. After a more profound inhalation, the anterior, or motor centers, soon fail to respond to mechanical irritation, yet the functions of the medulla oblongata are performed. If the inhalation of ether is still further carried on, according to Flourens, the sensory and finally the motor functions of the medulla are involved, and death occurs from a paralysis of the respiratory center."

Certain experiments were conducted by the writer during the fall term at the hospital, upon patients under ether narcosis, the object being to collect data as to the phenomena observable in a majority of cases. Unfortunately they were interrupted by a certain contagion then prevalent, but a start was made which it is hoped may be continued. These experiments considered the respiratory actions. An apparatus was so arranged as to convey the respiratory motions to an arm designed to write upon a smoked cylinder revolving automatically. Enough was done to give a graphic record of the normal respiration before commencing the anaesthetic, the great interruption of the rhythm and extent of the respiratory movements during the stage of excitement, and their subsidence as relaxation became pronounced, not, however, showing a return to normal depth and fullness.

Chloroform: The effects seem to be divided into three stages.

1. "A peculiar sensation of fullness similar to the action of alcoholic stimulants, with a feeling of weight in the cerebrum; acceleration of the pulse, but no great increase in the heart's action; blunted sensibility and more or less tinnitus aurium. The first stage varies in length; it is generally short, but in intemperate persons may be prolonged.

2. "That of complete anaesthesia. Consciousness and sensibility are abolished, pulse slow and breathing regular; the entire muscular system relaxed. These two stages may run together.

3. "Usually ushered in by stertorous, noisy and 'catchy' breathing, with weak, irregular pulse, shallow and less frequent respiration, and dilated pupil, which is apt to be followed by collapse and death."

Much popular doubt existed as to the relative advantages and disadvantages between ether and chloroform, until Professor

Waller, in a paper read before the British Medical Society, reported certain experiments whereby this eminent physiologist was able to clear away much of this doubt and establish why chloroform is more dangerous than ether, and to what extent.

It was my privilege to conduct certain experiments, modified from those of Professor Waller, in our physiological laboratory, with various substances used in anaesthesia, and as they have an important bearing upon the conditions governing choice I insert a description of them, and of the apparatus used, together with certain principles which are to be deduced from the work.

The apparatus consisted essentially of an ordinary nerve-muscle preparation enclosed in a moist chamber, and connected by its tendon with a writing arm designed to trace upon a smoked cylinder. The nerve was in contact with an electric current so arranged as to be opened and closed at definite intervals. The anaesthetic vapor was forced by a system of air-pressure and tubes into the moist chamber; the electric stimuli were applied at intervals of ten seconds.

Results: (In all these experiments, the fact must be considered that each experiment necessitated a new muscle, and of course the frogs were of varying strength of muscular development.)

Ether: The nerve showed gradual decrease of excitability, until a period was reached where there was no response. The period of non-excitability after air was allowed to circulate freely was relatively long, but after a time (4 min. 20 sec. after cessation of ether, 2 min. 10 sec. after the introduction of fresh air) the nerve showed signs of recovery; and, while the height of tracings subsequently obtained, either in this or other anaesthetics, were not as high as the initial tracings, the recovery was a substantial one, and after intervals of 5 minutes, each to avoid a fatigue curve, was susceptible of stimulation for over 20 minutes (the limit of the cylinder). At the middle of the period of observation there was a slight falling off in the height of the tracing, which later became higher, and as at the early period.

Chloroform: The nerve showed a gradual decrease of excitability until there was no response. Comparing this period with ether, there is no very material difference in the length time necessary for the narcotic to produce its effect.

On the introduction of air, there was no response on the application of the current at the usual interval of 10 seconds, nor was there any during the life of the cylinder (20 minutes). The base line was noticed to take an upward trend. A supplementary tracing was taken, applying the electrodes directly to the muscle in order to demonstrate that the non-excitability lay in the *nerve* and *not* in the muscle.

A. C. E. mixture (alcohol 1, chloroform 2, ether 3 parts). The nerve showed at first a gradual, and later a sudden decrease of excitability. Compared with ether this period was longer. The

period of recovery was also longer, and recovery itself was neither so absolute or long continued.

Chloroform and ether, equal parts.

The nerve showed decrease of excitability, at first slowly and later more rapidly, until complete inactivity was reached. The period of induction of anaesthesia was much shorter than with ether, chloroform or A. C. E. mixture, showing that it *might* be of use to produce speedy narcosis. The period of recovery was relatively long, and *ultimate* recovery was not at all satisfactory or long continued.

Chloroform and ether—one part chloroform to seven parts ether.

The nerve showed decrease of excitability at first slowly, more rapidly later, and finally seemed to collapse almost at once. This period compared with ether is short, and the period of recovery after the introduction of air was very short indeed; much the shortest of any of the substances used. The recovery itself was very satisfactory indeed, quite as much as was the case under ether.

A noticeable feature of those anaesthetics of which chloroform was the whole or a component part, was the gradual upward tendency of the tracings away from the base line. This was most noticeable in pure chloroform, least noticeable in chloroform and ether 1-7. Doubtless it has some significance, and is worthy of thought.

A summary of these results would read thus:

1. Pure chloroform is dangerous on account of the evident destruction of the nerve.
2. Chloroform and ether in equal parts is less so, but is not an ideal anaesthetic.
3. A. C. E. mixture is perhaps preferable to either the above.
4. Chloroform and ether (1-7) seems to be especially worthy of study and the best of all these agents.
5. Ether gives good recovery, but is not so rapid in action as chloroform and ether 1-7, nor is the recovery anything like as rapid in action, nor so continually good.

This proportion of seven parts of ether to one part of chloroform was suggested by Prof. Waller's experiments, whereby he demonstrated that chloroform is seven times as powerful as ether. In addition to the consideration of the physiological action of the various anaesthetics, other considerations governing the selection may be:

Age: In children below seven years chloroform is undoubtedly the safer (considering chloroform and ether) on account of the great vascularity of their nervous system. Ether in these young cases causes an increase in the bronchial secretions which may asphyxiate the patient. In the aged "because these patients, as a class, either suffer from, or on the verge of, renal and of pulmonary degenerative changes," chloroform is the choice.

Climate: In warm climates use chloroform. The atmosphere

causes a rapid action and evaporation, renders it more diffusible, and so lessens its noxious effects. Lawrie records 45,000 cases without a death. Ether is obtained and preserved with difficulty in warm climates.

Environment: In extraordinary circumstances, as in war, where the amount of work is likely to be great, the time short, and bulk a consideration, chloroform is apt to be chosen. Besides, ether is inflammable, chloroform is not, so that in operations by gas or lamplight, ether is attended with dangers outside those bearing more particularly on the patient.

Physical condition of the patient: In atheroma of the blood vessels, use chloroform, because ether produces a more violent, prolonged stage of excitement, thereby increasing the liability to vascular rupture and its consequences.

In organic cardiac lesions, select ether, because chloroform causes depression of the tone of the heart muscle, relaxes the cardiac walls, and impairs functional activity. Chloroform generally kills by syncope, and cardiac lesions by their nature predispose to this condition. A coexisting bronchial or pulmonary trouble would lead to the choice of chloroform. In renal affections use chloroform. An examination of fifty cases by Dr. Blake showed that ether either produced albumin, or increased its quantity if already present. Hare and DaCosta advise chloroform in diabetes, because diabetic coma has followed administration of ether.

Any inflammation of the respiratory apparatus should lead to the choice of chloroform, as ether is a decided irritant to the air passages, and its baneful effects are mostly exercised upon that system. In collapse, as from loss of blood, use ether, but use it sparingly.

In alcoholics, use chloroform if the conditions of the heart at all permit, as they are so steeped in stimulants as to demand an immense amount of ether.

In operations about the mouth, nose, throat, etc., where the administration of the anaesthetic is likely to be intermitted, chloroform is the choice, because the recovery from ether is more rapid.

In abdominal operations, other things permitting, chloroform should be chosen, as the respiration is quieter, the vascular engorgement much less, and the tendency to cough and strain after the operation is much less than with ether.

In surgery upon the rectum ether should be chosen, as the anal reflex is a late one to depart and deep narcosis is therefore needed; and deep ether narcosis is less dangerous than deep chloroform narcosis.

Posture of the patient: Too much condemnation cannot be pronounced upon the practice of giving an anaesthetic in a position other than the horizontal. The sitting or half-sitting and half-reclining posture has been productive of much of the fatality attributed to anaesthesia. Happily this is becoming more generally

understood, and the use of more care in this regard, and the introduction to more general practice of such agents as nitrous oxide, are doing much toward minimizing the dangers consequent upon the administration of any anaesthetic. Should the conditions of the operation necessitate the prone position, use ether, as under this the respiration is the thing to watch, which may be done easily, notwithstanding the fact of the prone position; moreover, this position may impede the expiration to some extent, and if chloroform be used it accumulates on this account.

Lastly, if the anaesthetist be inexperienced, ether is the choice, as its safety margin is much greater. Ether kills slowly and gives plenty of warning. Chloroform kills quickly and gives no warning whatever.

Whatever anaesthetic be chosen, always previous to its administration obtain the confidence of the patient. Remember what may be an every-day occurrence to you may be to him the event of a lifetime. He is absolutely putting his life in your hands, and it must be your task to allay his fears and apprehensions, not alone upon humanitarian grounds, but also because the hyperexcitation of his nervous system is a disadvantage to the production of smooth narcosis.

Begin the administration gradually, whatever description of cone or mask be used. Mix plenty of air with the first few breaths. My experiments showed me that I could readily produce narcosis by pushing the anaesthetic at first, but that the subsequent condition of the nerve muscle preparation was less satisfactory than when slowly introduced. Caution the patient to breathe deeply, and be careful that he does not *forget* to breathe, thereby intensifying and prolonging the stage of excitement. As this stage comes on, the respiration becomes more deep and full involuntarily from the exertions put forth to escape; then is the time to "push" the anaesthetic. After the subsidence of voluntary motion and the abolition of the reflexes (remembering that the circular fibres of the ciliary muscle are supplied by a branch from the third cranial nerve, via the motor root of the lenticular ganglion) the amount of ether or chloroform may be much diminished, and it is astonishing how little may be used with efficacy. This economy of material has more than one recommendation; omitting the mere matter of expense, the patient is more immediately under control, the danger point is always far off, and the post-anaesthetic dangers and discomforts are much lessened.

Dangers: Briefly stated, the dangers are—In ether, failure of respiration. In chloroform, failure of circulation.

Failure of respiration can be easily anticipated by noting the increasing tergor of the face, and by the vigilance of the anaesthetist. One thing to remember is that the epigastrium may rise and fall without respiration going on; the diaphragm is a safer guide, or the ear applied near the patient's mouth. Another method is

for the anaesthetist to breathe synchronously with the patient. This has been tried by myself with sufficiently good results to encourage its further continuance. In either form of anaesthesia, the temporal and facial arteries are within easy reach of the anaesthetist, and in chloroform narcosis should be constantly under his finger, so that if asked "How the pulse is now," he is not obliged to say, "It was all right a minute ago," but can, at once, count aloud the rate felt under his finger.

In chloroform anaesthesia especially, a danger sign is dilatation of the pupil. This should not incur. In this connection it has been noted that a glass eye was very carefully watched, with disaster to the patient.

In all cases of impending danger (and they never should get beyond this stage) remove the narcotic, and allow the free admixture of atmospheric air.

Post-anaesthetic effects:

The chief of these are nausea and vomiting. These are what all patients dread. In the administration of chloroform they are much less pronounced than with ether; but in the latter much may be done by care in avoiding an overdose. It is astonishing, however, that the inhalation of acetic acid in some form is not more generally resorted to. Dr. Percy quotes 140 cases to whom it had been administered, none of which had nausea or vomiting. In the course of my experiments at the hospital it was given with a like favorable result.

Aside from the comfort to the patient, such a result must be of benefit, especially in incisions involving the abdominal parieties. The literature I have been able to consult agrees with this deduction, and it is worthy of more general employment. A good method of administration is to provide a mask as for chloroform, and allow the inhalation of a few drops sprinkled upon it. In the cases above touched upon, glacial acetic acid was used; possibly a milder dilution might be of equal benefit. The inhalations were given previous to recovery from the narcotic.

I cannot close this paper without calling attention to the mixture proposed by Prof. Waller, namely, that of ether and chloroform in the proportions of seven parts of ether to one part of chloroform, as being a safe, easy and desirable anaesthetic. He seemed to think it to be of value as combining the good effects of both, and lessening the evil effects of each. My own experiments point in the same direction, and I beg leave to remind my readers of the favorable result of such a mixture as applied to a nerve under electric stimulation.

What we wish and desire is an anaesthetic as safe as human knowledge can make it, and as free from the dreaded post-anaesthetic effects as possible. We are not looking for something which may allow the anaesthetist to fold his arms and watch the operation; he should be abundantly engaged in watching his patient, but if we can remove the danger point to a farther position even than it at present occupies, we are advancing science and benefitting humanity.

A BRIEF REVIEW OF SURGICAL TUBERCULOSIS.

By C. E. TENNANT, M.D., Denver, Colorado.

Tuberculosis ranks first in human pathology, both in its mortality and world wide distribution. Carefully performed autopsies have shown that fully 70 per cent. of those who have died from other disease have had a tubercular infection at some time during life.

The infection may either be human, bovine or mixed, and the avenues of attack are either by the tonsil, lungs or intestine. From these atria hematogenous secondary infections may spring up in any and all glands of the body. Its diagnosis is at times quite difficult, especially when in the early stage, or when a pure infection. Although it may be possible to examine the suspicious discharge under the microscope, it is sometimes difficult to discover the bacillus; in some cases it may be necessary to use such diagnostic methods as auto-inoculation or the inoculation of the guinea-pig with some of the suspected material.

The infection may be acute (miliary), sub-acute or chronic; either accessible to the fluids of the body, or walled off; this latter fact determining the amount of systemic inoculation and the operable period of the disease.

Peritoneal tuberculosis being more frequent in the male, it is quite probable that the female genital tract is not (as was formerly supposed) a common avenue of infection, being rather an extension of the infection from the abdominal cavity. It is estimated that 25 per cent. of tubercular infections gain access through the intestinal canal, five per cent. originating primarily in the intestines. There are two distinct types of tuberculosis in the abdominal cavity, the hypertrophic and the ulcerative; the miliary being a general acute infection, which may later ulcerate. The hypertrophic or dry form, according to McArthur, is quite likely to be the bovine form.

Tuberculosis of the supra-renals, familiarly called Addison's disease, still remains a non-surgical disease, and until satisfactory surgical measures are devised, it is quite likely to remain incurable.

Tubercular infection of the kidney is hematogenous in its origin, the early diagnosis being quite difficult. When pus and debris are found in the urine, especially when the latter is acid, a cystoscopic examination of the bladder and ureters should always be made by one who is competent in the work. Increased frequency of urination, urine acid in reaction and containing pus with failing nutrition mark the development of this lesion. Frequently some discomfort about the kidney occurs, associated with hematuria. This hematuria often produces ureteral colic because of the clot formation and obstruction in the ureter.

Tubercular cystitis is either secondary to a tuberculous kidney or epididymitis, but usually the former. Every case of bladder

infection should be carefully studied to ascertain the character of infection and its source. While the tubercle bacillus may be found after careful and prolonged search, a more certain way for diagnosis is to catheterize the ureters, collecting the urines in separate containers. One ureter may be discharging a normal urine and the other one a highly concentrated urine loaded with pus and debris. In this way the urine may be so dilute as to be quite misleading.

When the diagnosis is definitely made and one kidney is found to be free from infection and efficient, an immediate removal of the diseased kidney should occur. Otherwise the infection is certain to extend up from the bladder through the ureter to the healthy kidney. While some cases clinically suggest a bladder lesion, although the urine may be negative, a rectal palpation will disclose a vesicular tenderness and at times some enlargement of the prostate. Massage here will then reveal a slight uretheral discharge. This may be gonorrhoeal or tubercular, if it is a mixed infection it is likely to be a serious lesion.

When the vesicles and prostate are tuberculous it is most certain to be secondary to an epididymitis, the tubercular infection extending up into the bladder. Freeman best describes these infections of the bladder and vesicles as the "cart-wheel"; the bladder being the hub which primarily is always free of tubercular infection. Around this we have the kidneys on one side and the epididymi on the other. The removal of either of these sources of infection relieves the bladder symptoms at once.

Opsonic therapy explains some of the cures which have occurred with abdominal section in certain forms of tubercular peritonitis. After the tubercular fluid (freed of its opsonins) is removed, a fresh bacteriotropic serum escapes into the cavity and the bacilli are soon destroyed.

Joint tuberculosis is almost always secondary to an epiphyseal infection. Trauma being the strong causative factor, the local resistance is first reduced; this is followed by a hematogenous infection of the epiphysis. The myelogenous tissue is first involved, then occurs the softening of the bony trebeculae; later there is coalescence and then burrowing of the fluid to the periphry underneath the cartilage. Erosion of this structure follows with the escape of the fluid into the free cavity of the joint.

The extension may also occur along the ligaments from the infected epiphysis and is diffused into the synovial fluid by motion. The lymphatics then take up the bacilli and deposit them in the synovial membrane forming the miliary tuberculous pannus, or tubercular granulation tissue. To differentiate between tuberculosis and osteomyelitis it is well to remember that the former begins in the epiphysis, while the latter begins in the diaphysis. In bone tuberculosis the general physical condition is usually impaired, but leucocytosis and the polymorphonuclears are usually unaffected. Muscular spasms occur, with some swelling and later atrophy.

The operative treatment in bone tuberculosis should be limited only to the removal of dead bone and inert material, and this under the most aseptic conditions possible. Where there is excessive auto inoculation, as indicated by high temperature and other constitutional symptoms, absolute rest should be prescribed, with either fixation and traction or both combined.

If the diseased area is circumscribed and cut off from the general circulation of tissue fluids (lymph), the induction of local hyperaemia either by the elastic bandage or dry heat should be made, dry heat being preferable. A close attention to the diet and hygienic life of the patient is of the utmost importance; for the perfect aeration of the blood and high degree of nutrition are essential to successful bacteriotropic and opsonic reaction.

Where there is well defined local joint infection, the injection, according to Murphy, of formalin 2 per cent. iodoform 10 per cent. in glycerine, often spares more radical and destructive work; but in cases of well established mixed infection an arthrotomy should be the choice of procedure, bearing in mind that arthrectomy is not suitable in the adult.

TUBERCULOSIS: SOME SUGGESTIONS.*

By JOHN H. BENNETT, M.D.

It may be truly said that within the past decade the greatest advance has been made in Preventive Medicine than in any other branch of our science. With proper sewerage and uncontaminated water supply typhoid fever is becoming a rare disease; with clean surroundings, early diagnosis, and proper quarantine, diphtheria is not as prevalent in epidemic form as years ago, and with the early use of antitoxin it is not the dread plague as of yore; but especially, in the last few years, the tremendous interest aroused both amongst the physicians and the laity in the subduing of the great white plague has been one of the marvels of the age. Congress has also assisted us in the battle for health by the passage of the Pure Food Bill, and the public press, both daily and the magazine, has called attention to the patent medicine and nostrum evils, those obscure concoctions of opium, cocaine, and poor whiskey. Alas! If we could get the press to do away with "the monthly regulator" ad and the "lost manhood restored" literature.

Does it not make your heart throb and your spirit glow when you realize that members of our grand profession were able to go to Panama and make of that pest hole such a healthy location that today the death rate is no higher than in the city of New York? By drainage of swamps and stagnant pools, good sewerage, filling in or else covering with kerosene the breeding places of the mos-

*Read before the Massachusetts Homœopathic Medical Society.

quito, properly screening the houses and removing all decomposing masses of filth, so that the house fly could not carry any typhoid germs, Preventive Medicine has won the day for Science, Commerce, and the Nation.

At no time in the history of medicine has there ever been as much educational work by the physician amongst the laity as is being done at the present day. For once, at least, the general public is willing and eager to be instructed in the right way of living. There is also an intense interest in the prevention and treatment of Tuberculosis in its various forms. Good advances along this educational line are being accomplished with the laboring classes, especially in large factories and mills, by a talk at the noon hour, either by a physician or a well posted layman, on hygiene, danger of infection from dried sputa, and the curability of phthisis pulmonalis in the early stages. Lectures upon this subject, illustrated by the stereopticon, are given at the Y. M. C. A., Boys' Club, Girls' Club, and the Women's Club. In Rhode Island at a number of churches the Sabbath evening sermon has been displaced by a Health Talk by a physician. There are more ways than one to get a doctor to church. . . . This opportunity, a desire for knowledge, should be grasped by us and made of much more practical value and instruction. The Tuberculosis Exhibit has been of great assistance in our State and was visited by thousands in every week. Every manufacturing establishment, department store, electric car, hall, and any place where there is a large gathering of people, has been placarded calling attention to the dangers of spitting upon the floors, and in Providence there is a fine of twenty dollars for expectorating upon the sidewalks, and this law is being enforced. In our Rhode Island factories we also have posters calling the attention of the operatives to the necessity of consulting a physician for a persistent and chronic cough. The overseers are required to report any of their help who appear to be in a sickly condition, and the patient is advised to seek medical advice either from his own or the city physician. If Tuberculosis is suspected he may be referred to the examiners of the State Sanatorium, without any expense to the patient if he is unable to pay.

So much for the adult protection. Are we doing all that we can for the children? Throughout the whole of our country there is a tremendous agitation against child labor and the age of compulsory schooling is being raised in many States, thus giving the boys and girls an opportunity to improve mentally and physically. In order to do the best work for the children I believe that we should agitate and insist upon the medical inspection of schools. While the larger cities have such supervision, yet most of the smaller cities and towns do not. Every child has to attend school, unless an imbecile or an invalid, and if all the children were under medical oversight from six to eight years, depending on the State Educational Law, not only acute but many chronic dis-

eases, as Tuberculosis, would be recognized. Medical reports show that there are many cases of rickets, spinal curvature, tubercular or scrofulous glands, and incipient cases of phthisis, to say nothing of enlarged tonsils, adenoids, and mouth breathers, all of whom do not and cannot breathe properly. Such children need medical attention and advice, often operative procedures, and thus we remove many from the pretubercular stage to that of good health. Unfortunately we are not making the most of physical culture and gymnasium work in our schools, especially in the higher grades, where good results along this line can be accomplished. Suppose that we discover children in school with a tubercular diathesis, what shall we do for them? Send them home? Advise open air, good food, and hygienic surroundings? Very good, but the poor child which needs such care, unfortunately, in two-thirds of the cases, is unable to obtain them. To many a pupil the schoolroom is a palace in more ways than one, namely, better air, clean surroundings, and better care than they obtain at home. In Providence this question has been carefully considered and we have the honor of the first open-air school in this country.

A large room on the second floor of an old school building was used and the whole south wall removed and swinging windows reaching from the floor to the ceiling were installed in its place. The windows are left open during the entire school session, a number of days at zero temperature, and thus we practically have a room with three walls. The boys and girls, about twenty-five in number, wear their hats, coats, and mittens, and each child envelopes his feet and legs in a large felt bag reaching to and tied around the waist. Every pupil has a hot soapstone to warm his feet and the only artificial heat is a large stove. At recess hot milk, soup or broth is served. If any child is cold or chilly he is allowed to go to the stove and warm himself. While the school is still an experiment, it was only opened last December, still good results are being shown. The children look better, have a more healthy, ruddy color, a majority have gained in weight, and practically none have had colds. One little miss of ten years, discharged from two hospitals as an incurable case of phthisis pulmonalis, has gained in weight, her cough is much less, temperature more regular, and besides is learning to read and write, this being her first days at school, and she is proving a very apt pupil. One of the most striking features of the observations that have been accumulating on the subject of tuberculosis during the early months and years of life has been the demonstration of the great susceptibility of infants to the infection and of the inadequate means of defense possessed by the immature body (I am quoting from The Medical Record, March 14, 1908). Sehlbach, for example, goes so far as to say that when once a tuberculous focus has appeared in an infant the latter is destined sooner or later to die of the disease, a dictum somewhat at variance with the view of von Behring, who regards more or less permanent

latency of such lesions as a not infrequent occurrence. Sehlbach's conclusions are based on the records of 1,423 autopsies on children under the age of nine years. Of this number 1,157 were on infants less than a year old and the total number of cases of tuberculosis was 180. (Munchener medizinische Wochenschrift, Feb. 18, 1908.) The two chief times of infection would appear to be during the first three months, the so-called cradle infection, and during the latter part of the first and the beginning of the second years, the so-called dirt or creeping infection. The greatest number of deaths was amongst the bottle-fed infants. This seems to bear out the suggestions of F. W. Forbes-Ross (N. Y. Medical Journal, Nov. 9, 1907), whose main proposition is as follows: "To deliberately and wilfully procure and use as an article of diet for tuberculous persons the raw flesh (beef) of animals known to be infected by tuberculosis, with the object of bringing about artificially that which I (he) firmly believe occurs unobserved in native and in actual daily life among healthy persons." In other words, on such a diet a patient manufactures in his own body those substances which so fortify his system as to oppose the ravages of tuberculous disease. Most persons from time to time partake of meat from a tubercular animal and so the habitual meat eaters (underdone) obtain toxins and antitoxins and so keep up the opsonic index for tubercle and remain immune to both bovine and human tubercle, on the vaccine theory. This is analogous to feeding raw thyroid gland for myxoedema. As secreting glands have not been known to produce or contain antitoxin, therefore infants, children, invalids and old people who live on a milk diet have not the resistance nor the toxins or antitoxins to overcome Tuberculosis.

Is it not surprising the large number of cases of arrested tuberculous lesions, as shown by subsequent autopsies? May not the opsonin theory have some application here? Might it not be possible that the great majority of the human race are inoculated and develop a tubercular lesion, then the process is arrested and the disease aborted, perhaps thus raising the opsonic index for the tubercule bacillus and thus keeps the individual from further inroads of this dreaded disease? May it not apply in the way that an attack of measles, chicken-pox, scarlet fever, mumps, and whooping cough immunizes one from a subsequent infection? I am not putting forward this hypothesis as a complete explanation of this clinical fact, but only offer it as a starter, so to speak, for discussion this afternoon. There is one great source and danger of contagion which we as physicians have not forcibly impressed upon the parents of school children. I refer to the dirty, nasty and filthy school-books which are used each year and passed along to the succeeding class. This is an old subject, but still a trite one, and Dr. Frank C. Richardson in his presidential address referred very forcibly to this matter.

One great handicap in the prevention of Tuberculosis is the large number of women, many of whom are mothers and of child-

bearing age, who are obliged to work for their living in factories, mills, large establishments, sweat shops, and many times unhygienic surroundings. While most of our States have statutes regulating the hours of labor, yet, unfortunately, the law is not enforced. I have in mind an establishment wherein the operatives are informed that the plant will run nights until nine o'clock. The women employees are not asked to stay; oh no, but they understand that if they do not someone will get their position. Naturally most of them return to the work. It is hard enough for them all, yet many a pregnant woman continues at her work as long as she can stand to it, then leaves her employment, sometimes a month, often only a week, before her confinement.

After the child is born, it is boarded out by the day or week and brought up on the bottle, while the mother returns to her work often only two weeks after delivery. Born under such conditions a child gets a very poor start in this world, at the beginning is handicapped by poor vitality, and his chances of escaping disease are much lower than normal. May the time soon come when it will be against the law for a pregnant woman after the seventh month or a recently delivered woman to return to her work until her babe is five or six months old.

Unfortunately there is another tremendous obstacle in overcoming Tuberculosis, not only with the poor, but even among the middle class of people, and that is the question of financial assistance. The patient, especially in the incipient stage and to whom Sanitoria treatment is best adapted and with whom we get our finest results of open air treatment, cannot afford to leave his work, his family, his home or dependent relatives. How many of us know of the poor, overworked, broken-down father, oftimes the mother, slaving away on a mere pittance, barely able to keep body and soul together and supporting a family upon their meagre earnings. Have you the heart, the courage, yes, the nerve, to suggest that they drop their work, stop fretting, go away for their health, and God knows who will take care of the family. Such advice would be a mockery and an insult. Does not every member present admire that man, broken in health though he may be, who keeps his shoulder to the wheel so that his little ones may at least have a home and bread as long as he can stand to his labor? I believe that we cannot advance much further along this grand work against Tuberculosis until some philanthropist or charitable organization can help to support the family, remove the care and worriment of the battle of life from the sick wage earner and assure him that he will be assisted until he has regained his health and strength.

This financial aid must be of such a nature that while it implies a loan to the individual, at a small per cent. for interest, yet in case of death of the patient it must not be left to his family to repay. That feature would discourage an honest man from availing himself of its use, fearing lest his malady, proving fatal, would saddle

an extra incumbrance upon his loved ones. Cannot the wage earner help himself and others? Most empatically, yes. One working man helping another fellow-man by adding to a reserve fund of which he may be able to avail himself in case of sickness creates an interest and independent spirit that is healthful to the individual and to society. I believe that a certain per cent. of the payroll of every establishment should be set aside each week to be used in the support of the sick of the employees of said firm. One per cent. of the weekly wages, a minute sum to each operative, would be the nucleus of a grand fund for this work in a short time. Add to this a contribution from the owners, plus a small per cent. of the extra dividends to the stockholders, and we would have to build more Sanatoria and many more tubercular cases would avail themselves of proper treatment.

In conclusion, while I have had nothing new to offer, yet I have been able to again draw your attention to the great medical topic of the day, so that each of us will not only be prepared to make an early diagnosis of Tuberculosis, the only hope of a permanent cure, but that we also shall be able to address the general public and fill our true position, not as a doctor only but as a teacher.

REPORT OF A CLINICAL CASE.

EDWARD R. MILLER, M.D.

November 2, 1899, Mr. A. H. N., aged 72, consulted me, relating something like the following story:

About eighteen months ago had the first upper left molar tooth extracted, since which time he has had pain in that part of his face, extending at times into ear or eye. The pain is of sharp, jumping, piercing character as if a knife were thrust into the parts. He is perfectly well except for the pain. Has never had rheumatism. Has had pneumonia twice. Has not been sick now for ten years. His appearance is that of a healthy man, having a clear skin, good color, clear bright eyes, an alert manner, appetite and digestion good, and bowels regular. The pain, however, gives him great trouble and is getting worse. His family physician has treated him for a long time, and at last said he could do nothing more and advised him to go to the Massachusetts General Hospital, where he was advised to have the gasserian ganglion removed. As they did not assure him that the operation would result in a permanent cure he decided that he would not have it done. I found upon questioning him that the pain was worse from eating; worse generally from drinking cold water; worse mornings and forenoons (after he moves around awhile). Worse from exertion generally; worse from taking spiced or sour things; better from taking hot drinks (and sometimes from cold drinks, but generally worse from the latter). Better at night

(no trouble at all at night). Better after dinner (by 2 or 3 o'clock). Generally very easy evenings. If he exerts pressure upon the tooth cavity *in the morning or forenoon it is extremely sensitive, but it is not so at all in the afternoon.*

℞. Magnesium phos. 3 x. One powder every three hours.

November 10th. On the 3rd, 4th and 5th inst. the pain was easier, but on the 7th it was as bad as he ever had it. On the last three days it has been rather better except that at night it seems to be coming on harder again.

℞. Aconite. 3 x dil. Two drops in water every two hours.

November 16th. No appreciable improvement.

℞. Arsenici albi 6 x trit. (pulv. gr. IV.). One powder dry on tongue every three hours.

November 22nd. No better.

℞. Magnesii phos. 6 x. Powder every three hours.

December 7th. He is no better.

℞. Merc. Sol. 3 x pulv. gr. III. Powder every three hours.

December 16th. Patient much the same. Further questioning brings out prominently these facts: The pain is not made worse so much by cold air as by "suction" or from the act of swallowing. Very much worse in morning after rising and moving about. Swallowing brings it on, but if he swallows before rising it does not bring on the pain. One day he was having the pain very severely, but on lying down it soon ceased. Whenever the pain is present in the evening it ceases entirely soon after retiring. Eating aggravates the pain most of all. He eats soft foods as much as possible so as not to aggravate the pain. The act of swallowing liquids aggravates about as much as chewing and swallowing food. The pain is made worse by talking or laughing. The parts are extremely sensitive while the pain is present, but as soon as the pain leaves the soreness ceases.

℞. Lachesis 6 x pulv. gr. iii. Powder every three hours.

After a week the patient reported as being much better.

℞. Lach. 12 x pulv. gr. iii. One powder before each meal.

After another week he reported himself as practically free from pain.

Lach. 30 x pulv. gr. iii. Powder every second night at bedtime for a week, then stop all medicine and report in a month.

By the end of the month the patient reported himself entirely cured.

After this, whenever the pain recurred, which it did very slightly two or three times, it was quickly and entirely removed by a few powders of Lach. 30 x.

The gentleman died the next winter from an attack of pneumonia, his family physician attending him.

This is one of the most satisfactory cases I ever treated and demonstrates, to my mind, the power and efficacy of the single remedy in small dose when correctly selected.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

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Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

APROPOS OF THE PRACTICE OF MEDICINE.

In its September issue the *Gazette* attempted to deal with the question, "What Is the Practice of Medicine?" and in the hope of calling forth a discussion on the subject advanced as a definition that "Medicine is the great and beneficent Art of Healing; an Art founded on medical and general sciences." The *Gazette* called attention to the lack of a legal definition of medicine, and to the necessity of formulating such an one, and suggested that there would be much less confusion than now exists concerning a definition, if the Art of Medicine were clearly differentiated from the Medical Sciences. In this connection it is interesting to note that the full bench of the Supreme Court has handed down a decision which includes a definition of medicine in the case of the Commonwealth versus W. E. Ellsworth Jewelle, who was convicted and fined $150.00 for "practicing medicine without a license," (see records of the Hampden superior court). A trial judge had fined the defendant, who appealed to the superior court. The court said: "The defendant's request implied that one could not practise medicine within the meaning of the words of Section 8, Chapter 76, of the Revised Laws, without prescribing or dealing out medicine, that is, prescribing or dealing out a substance used as a remedy for disease. *It would be too narrow a view of the practice of medicine to say that it could not be engaged in, in any case or class of cases, otherwise than by prescribing or dealing out a substance to be used as a remedy.*

"The science of medicine includes a knowledge not only of the functions of the organs of the human body, but also of the diseases to which these organs are subject, and of the laws of health and the

modes of living which tend to avert or overcome disease, as well as specific methods of treatment that are most effective in promoting cures. It is conceivable that one may practise medicine to some extent in certain cases, without dealing out or prescribing drugs or other substances to be used as medicine."

The *Gazette* modestly claims that while the supreme court's decision in this case harmonizes rather satisfactorily with the *Gazette's* definition, its own is simpler, more straightforward and comprehensive; that it can be easily applied to all cases wherein the question of the practice of medicine comes up for discussion. To simplify the matter and to try to differentiate the Art of Healing and the Medical Sciences the *Gazette* presents the following table:

MEDICINE

ART OF HEALING INCLUDES
- ALL FORMS OF
- Physico-Therapeutics.
- Psycho-Therapeutics.
- Pharmaco-Therapeutics.
- Dietetics } Hygiene.
- Nursing }
- Surgery (all forms.)
- Obstetrics.
- Diagnosis.

MEDICAL SCIENCES INCLUDE
- Anatomy.
- Histology.
- Embryology.
- Physiology.
- Psychology.
- Pathology.
- Bacteriology.
- Chemistry { Analytical. / Physiological. / Toxicology.
- Pharmacology or Drug Pathogenesy.

The *Gazette* earnestly urges its readers to take this matter into consideration, and so clearly to formulate their ideas on the subject that should occasion arise, they will be able to exert a decisive influence in securing legislative enactment whereby the Practice of Medicine shall be simply and clearly defined.

OUR NEWEST HOSPITAL.

Readers of the *Gazette* who live in the immediate neighborhood of Boston have already been notified of the opening of the new Contagious Ward of the Massachusetts Homœopathic Hospital. This ward, known as the Haynes Memorial Hospital, has recently been referred to in the pages of the *Gazette*, and it is perhaps enough

at this time to announce that on Monday, October 19th, its doors were opened for the reception of patients. On the 14th and 15th of the month the buildings were opened for public inspection, and numbers of physicians and of the friends of Homœopathy took advantage of the opportunity to visit the new institution. The accompanying cut, which is taken from the southeast corner of the buildings, will give some impression of their appearance at the time of the opening. It is interesting to read in the Daily Press, and in no less influential a paper than the Boston Transcript, an article, entitled "Our Newest Hospital." From this article we are glad to quote the following, chiefly with the view of giving the layman's

point of view. The facts which are presented in the article are substantially correct. Homœopathy, both locally and in the world at large, is distinctly to be congratulated on this newly-established opportunity to serve humanity and to vindicate homœopathy's own right of being:

"The new hospital on the heights of Aberdeen, whose pretty roofs are within sight of passers on Commonwealth Avenue, just beyond the summit of the beautiful drive, opened its doors yesterday to the public—not for the reception of its patients, who being in the contagious category would be likely to deter visitors from making the inspection invited by the proud and happy trustees. When the proposition of a contagious department for the Massachusetts Homœopathic Hospital was first broached and the choice of the building committee inclined to this location, out of a score or more

offered in various parts of Greater Boston, the neighbors and owners of adjoining estates displayed the nervousness natural under the circumstances. Now that the buildings are in place and the spacious grounds are graded into a beautiful expanse of lawn and path slanting gently to the southern sun, these abutting property owners are said to be more than satisfied that the opposition to the hospital (which turned out to be of anything but a disinterested character) was not successful in sending the John C. Haynes memorial to some other site. The two wings and the connecting administration building form substantially three buildings in the middle of the seven-acre plot, and there are besides a tastefully constructed power house, a kitchen with rooms for servants on the second floor, and the garage and stable. The whole plant, taken together, is an imposing as well as tasteful one. It represents an investment of nearly $300,000 —one worthy of its entourage of noble scenery.

"The purpose is to provide a hospital for treatment of diphtheria and scarlet fever, more especially of children's cases. Typhoid fever is dealt with in the main hospitals already existing and smallpox the Board of Health will permit no hospitals but its own to take charge of. In the dearth of such accommodations for the contagious diseases other doctors besides the homœopathic physicians will be welcome to bring patients who cannot be otherwise cared for and the new institution's admirable equipment will be shared for their treatment according to the practice of the respective physicians whoever they may be. As now furnished (and the fitting up of the two wings after they had been completed has called for an outlay of over $60,000) there are accommodations for 110 patients, children and adults, and these can be easily increased to provision for 150 or 200. The interior is of the most modern and approved hospital construction. The woodwork, which is reduced to the minimum, as in doors and window sashes, is all carefully finished so as to leave no ledges, however small, for the lodging of dust and germs. Everything is rounded or beveled with no panelling or beading, so that the cleansing processes, among which is included that of the vacuum-brooms and mops, can reach every tenth-of-an-inch space of surface and leave everything as clean as though wiped with a cloth. The floors are of the mosaic-stone kind, the wainscoting of the same, and the walls are painted so as to be capable of frequent cleansing.

. . . .

"It appears that the only other hospital in Boston treating contagious diseases is the City Hospital and this is usually overcrowded. In time of epidemic when the accommodations of all hospitals are strained to the utmost the privilege tendered here at the Haynes Memorial to any physician in good standing to bring his patients suffering either from scarlet fever or diphtheria will be a public benefaction of the most important character. But the whole work of the Massachusetts Homœopathic Hospital is of just this character. It is a purely charitable institution and from half to three-quarters of its patients are always of the non-paying kind—

the city's and the State's poor. The Homœopathic now has amassed a large fund and a generous income from it, but its expenditures every year require more than all of that large income. Each year the appeal has to be made anew to the hospital's friends and to the generous public, and this appeal is not in vain. Legacies and gifts of money are continually dropping in and the able and devoted trustees never lack faith that the stream of supplies for their constantly expanding work will be kept full. They have the satisfaction in looking back on their work of love and mercy of reckoning that according to the figures every year for many years past they have treated over four thousand ward patients who have remained on their hands in the hospital from three to ten weeks, besides over forty thousand treatments given in their out-patient department.

. . . . .

"In opening the new contagious hospital to physicians in good standing of whatever school, the trustees give the best earnest of their single-minded devotion to the cause of saving life and spreading relief among the distressed, in accordance with the broad and noble purpose of the donor of the building. Those who pass in at its open portals today and tomorrow will find the fac-simile of the bronze tablet which is to face the main entrance on the inner wall. It is to the memory of both Mr. and Mrs. Haynes—a nobler monument to a more worthy pair can hardly be conceived of."

PRESERVATIVES IN FOOD.

The question of food is certainly one of the most practically important questions that can present itself to human thought. Nutrition is the chief and most characteristic propery of protoplasm, and if our bodies are not sufficiently and properly nourished there promptly ensues trouble. The habits of the civilized man are such that it is necessary for him to store up food in seasons of plenty, so as to have a supply to draw upon in time of need. In doing this, he but follows the precedent of his less civilized brothers of earlier date. The North American Indian dried his fish and meat long before Columbus saw the new world rise upon his view. Wherever inclemency of climate forbids direct appeal to the bounty of Nature except at certain fixed seasons; wherever man matches his reason and foresight against the limitations and denials of circumstance, there arises, and is more or less wisely met, the question of the preservation of foods.

In the preservation of foods, drying, smoking, salting, are among the oldest and probably the best methods. As has already been noted, several of these were developed by the laity, even among very primitive people. And it may be added that these

processes, carried on in cleanly surroundings, remain among, if not at the head of the wisest and safest means to the end under discussion.

Among the more modern methods of food preservation we have the use of salicylic, boric and benzoic acids, preservation with biborate of soda, formalin, and by means of cold storage. These and like methods have been so extensively made use of in the preservation of foods of late years, that in some quarters there has arisen a very definite remonstrance against the employment of such artificial preservatives, on the ground that their continued use is distinctly dangerous to human health. Not infrequently, for familiar example, there comes a serious and cyclonic outbreak of "ptomaine poisoning" from the use of canned meats. The shocking exposès in connection with the supplies furnished our troops in the Spanish-American war, still linger in most unsavory memory. As recently occurred in the town of Clinton, Massachusetts, dangers are shown to arise from the use of canned corn. Cases of lead and other metallic poisoning have been anything but infrequent. It is a matter of accepted knowledge that many of the most serious diseases may be spread by means of food. Typhoid fever, tuberculosis, scarlet fever, diphtheria, diseases of acknowledged severity and danger, are frequently contracted by use of infected articles of diet.

It is a necessity to preserve food for the use of humanity; but it is worth considering whether or not the more strictly natural methods of preserving food are sufficient for the needs of mankind. Very possibly man preserves many things he would be better without; as quite certainly his methods of preserving are frequently injurious ones.

The subject of preserving meats has very recently been discussed at the National Conference of the "American Meat Packers" at Chicago. A paper which has attracted no little attention in the daily press was read by Dr. Robert G. Eccles, who enthusiastically and vigorously defends the use of preservatives. According to Dr. Eccles, "the great mass of those who die in our country do so from food laden with disease germs," a statement which the conservative among us would very seriously question. With this thesis to maintain Dr. Eccles naturally can do no otherwise than to recommend the use of preservatives, with an apparent leaning toward the chemical ones.

Per contra, the Gazette would advance the suggestion that civilized man may profitably study nature's methods, and may learn a lesson by considering the foods that Nature herself most

admirably preserves for his use. Grains in wide variety and liberal quantity, many kinds of fruits, and quite a variety of vegetables, may be preserved more or less indefinitely by simply being put in a clean and dry environment. Neither in origin nor in process do such preserved foods suggest anything perilous or repugnant. These things which Nature herself provides and preserves, plus the fresh foods which are easily obtainable at all times by civilized man, will furnish him with everything that he needs to keep his body in a serviceable and healthful condition. Since Nature has to such a degree anticipated man's wants and his necessities, it might be well for mankind to be satisfied with her provisions and her methods, and not make too strenuous efforts to himself preserve by chemical or other means, substances which he very likely would be better without. Nature has decreed quite clearly that when animals die, their bodies are intended for quick disintegration. Man would do well, here, as elsewhere, to profit by Nature's hint.

THE SIXTH INTERNATIONAL CONGRESS ON TUBERCULOSIS.

In reviewing the modern achievements and conquests of the medical profession, probably no one factor will stand forth more prominently than the successful warfare that has been waged against that fearful scourge of humanity, so truly called the "great white plague."

If failure had been the result of medical investigations in every other line, still would all the efforts put forth have been justified by the success attained in the conflict with tuberculosis.

More than in any other way possible the Sixth International Congress on Tuberculosis, recently held in Washington, emphasized this fact. This meeting undoubtedly reached the high-water mark of the incoming tide of enthusiasm in the battle of the world against tuberculosis. Held in the immense, but as yet incomplete new National Museum, ample space was provided for the general meetings, the seven sections and the large exhibition. It was unfortunate that the completion of the building was so far distant that temporary and unsightly board partitions were necessary to separate the various rooms. This also rendered the acoustic properties very deficient. It was also unfortunate that the near approach on each of the three communicating streets was through a market redolent with its various odors, and where one was compelled to almost literally pick his way between chicken coops, bleating calves, piles of vegetables and all varieties of vendors. All such impediments (and there were not a

few), both within and without the building, were quickly forgotten, however, as soon as the enthusiasm of the Congress itself became manifest.

Opened on the evening of September 21 by Commissioner MacFarland of the District of Columbia, it was daily visited by thousands of visitors till its closure on October 12. One day the attendant reported to the writer that more than 15,000 visitors had been recorded in the twelve hours.

The first and the third weeks were almost devoid of particular medical interest, as all the papers along professional lines were presented during the second week. Of the exhibit, which was the centre of attraction during these days, much might be said, were this a formal report. Certainly never before has there been brought together such a wealth of material in all forms, illustrative of every phase of tuberculosis and of the methods employed in its eradication. The catalogue alone occupied two hundred and sixty pages of closely-printed text. Located upon the first floor were the general exhibits of all the States and foreign governments, while on the floor above were grouped all the pathological collections into one great museum of nearly two thousand specimens.

Of the foreign exhibits, Germany, England, Sweden and Switzerland easily outranked all others, while of the individual States, New York, Massachusetts, Pennsylvania and Colorado in the order named were pre-eminent.

A volume might be written upon the educational value of the various phases of the disease illustrated and then much be untold. It is inconceivable how any intelligent person could pass through the series of corridors all lined by photographs, models and charts without being deeply impressed with the seriousness of the work and the great benefits possible after its successful achievement. The public was freely admitted not only to the general exhibit, but into the pathological museum as well, in spite of its, to them, sometimes grewsome contents. In this museum ten British and a large number of American medical schools and institutions were represented. The largest collections were those of Boston University, McGill University, Phipps Institute of Tuberculosis and the United States Government, as represented by the Bureau of Animal Industry. In this last, large glass-walled refrigerators were provided, in which whole hogs and parts of cattle afflicted with the disease were demonstrated in their fresh state.

From the professional standpoint the second week of the Congress was the most important, as during this time all the scientific papers were presented. This part of the session was opened by Secretary of the Treasury Cortelyou, personally representing President Roosevelt, the President of the Congress. After expressing the hospitality of the United States to the various governments represented, he gave a brief resume of the

history of the anti-tuberculosis movement in the District of Columbia, the United States and the world.

Numerous addresses in response were made by foreign representatives, some in one tongue, some in another, each representing the government of which he was a native. For England, Dr. Newsholme gave a brief address; for France, Professor Landouzy, dean of the medical faculty of the University of Paris; for Austria, Dr. von Schrotter; for Portugal and Brazil, Senor Amarel, and for China, Dr. Jee. The greatest enthusiasm of the day was aroused by the appearance of Dr. Robert Koch, representing Germany, and himself the central figure of the entire convention.

Following these formal exercises the Congress was divided into seven sections, as follows: Pathology and Bacteriology, Therapy and Clinical Study, Surgery and Orthopedics, Tuberculosis in Children, Hygienic, Social and Economic Aspects, State and Municipal Control, and Tuberculosis in Animals. The first two were by far the most attractive to the general audience in attendance. The programmes of each section began at 9.30 A. M. and 2.30 P. M. daily, each evening being devoted to a general session at which lectures by foreign delegates were delivered.

From the multiplicity of material presented it would be impossible to even summarize the papers read in the limited space at our disposal. Indeed, so much attention has been devoted to these in the public press that detailed consideration of them here is unnecessary. In looking back upon the entire meeting that feature for which the future will remember it preeminently is the action that it took on the relation between human and bovine tuberculosis and their inter-communicability. Professor Koch battled valiantly, as was to be expected, in behalf of his conviction first expressed at the London Congress seven years ago, whereby the transmission of bovine tuberculosis to man is claimed to be very rare. In this Washington Congress his supporters were few, and did not carry great weight, while aligned on the other side were such men as Arloing and Calmette of France, Tendeloo of Holland, Febiger of Denmark, Sims Whitehead of England and Smith of America, forming the front rank of a large company of scientists from all parts of the world. These vehemently claimed that the bovine was not an infrequent infective agent in man. So intense was the discussion that it was finally decided to have a secret session in which the whole subject would be thoroughly discussed in order to try to come to some agreement.

This now famous meeting was long and animated. In it Professor Koch refused to recede at all from his original position. In spite of that, however, it resulted in the committee on resolutions bringing to the Congress on Saturday morning a resolution plainly and frankly admitting the possibility of the transmission and warning all to guard against it. This resolution was unani-

mously carried. Upon the whole, the writer received the impression both from his personal observations and from his discussions with others that Professor Koch lost a decided amount of his immense prestige by his almost stubborn refusal to recognize the possibilities of any mistake on his part.

Probably the next most striking features of the session were the almost sensationally announced papers and demonstrations by Dr. Detre of Buda-Pesth. These consisted essentially in the use of products of both human and bovine tuberculosis in the form of a cutaneous test. By it he claims to be able to differentiate the two forms of the disease, as well as to obtain some prognostic information. It is certainly an ingenious idea and one worthy of careful study.

We may surely hope that the wide newspaper publicity given to Dr. Detre, apparently emanating from personal interviews, was due more to his lack of familiarity with English and American customs rather than to his deliberate intention to spread abroad his own fame.

Much interest was naturally manifested in the papers and sayings of Calmette, of France, and of von Pirquet, of Austria. The former, who is the father of the ophthalmic tuberculin test, cited a large number of experiments performed. As he reports the occurrence of a conjunctivitis of more than three weeks' duration in over one per cent. of all of his cases, it would seem that the reaction is not as devoid of unpleasantness as has been claimed. Dr. von Pirquet, on the other hand, was able to report much more satisfactory results, at least as far as contra-indications were concerned. In fact, both the personality of the man and the addresses given interested the writer with the care and conservatism manifested in all his sayigs. We feel inclined, therefore, toward the belief that the cutaneous reaction as advocated by the von Pirquet school will become more widely adopted and more generally useful than will the ocular test.

In those sections appealing more to the layman numerous notable papers were presented. Foremost among these was one by Prof. Irving Fisher, of Yale University, upon the economic aspects of tuberculosis. All the section meetings were well attended, in some instances the halls being filled to overflowing.

At the closing meeting on Saturday, October 3, the unexpected arrival of President Roosevelt created the greatest enthusiasm in the large hall, which was filled with thousands of delegates.

The lessons of the Congress are many and striking, and the influence of the sessions will be felt, we are assured, for years to come in the increased efficiency with which the medical world in common with the layman strives to combat this once fearful disease.

The Awards. Massachusetts and Boston University Win.

A large number of medals, money prizes and certificates were awarded for the best exhibits in the numerous departments.

The majority of these were won by America, although a very considerable number went across the water to the foreign competitors.

Massachusetts fared well in this final distribution in those lines in which she was represented. A detailed list of these honors is as follows: The Boston Association for the Relief and Control of Tuberculosis won a gold medal for evidence of effective work since the last Congress. In the competition for the best exhibit of an existing sanitarium for the treatment of tuberculosis among the working classes, the State Sanatorium at Rutland received a silver medal. A medal also came to the Boston Consumptive Hospital for plans for a hospital for the treatment of advanced cases of pulmonary tuberculosis. The Dispensary of this hospital also received a medal for its exhibit. The State Hospital at Tewksbury won a medal for similar excellence.

In the various State competitions in which all the combined exhibits were compared, New York took the lead, closely seconded by Massachusetts and with Pennsylvania a good third. A special medal was awarded the State for the bound volume, "Tuberculosis in Massachusetts," and a similar one went to the Tuberculosis Class of Emmanuel Church.

That which may, however, most nearly interest the majority of the readers of the Gazette is the awards in the Pathological Exhibit. Here, as elsewhere noted, there were collections of pathologic material from many colleges and institutions throughout the world. The first medal went to the British collection, classed as a unit, an accumulation representing the choicest specimens selected from ten different medical school museums. The second medal came to Boston University, which thus led not only all the American institutions, but all individual collections as well. Phipps Institute of Tuberculosis won the third award.

A special gold medal was given to the United States Government Bureau of Animal Industry for its superb collection illustrative of tuberculosis in the lower animals.

It is, therefore, most satisfactory to learn that the institution, of which many of the readers of this article are alumni, was able to successfully compete with all these medical schools, museums and institutions, among which may be mentioned Johns Hopkins, Yale, Michigan, Baltimore Medical, Maryland Medical, McGill, Pennsylvania and Iowa.

In any report of the results of the competitive work of the Congress, completeness would be impossible without mention of Mr. A. C. Hunt, the Massachusetts representative, to whose skill, energy and tact much of the favorable result is due.

STATE BOARD STATISTICS.

Whatever good or bad we may think concerning many of the aims of the Journal of the American Medical Association in its somewhat arbitrary treatment of certain interests, we must

surely all join in approbation of the excellent results that are following the compilation and publication from year to year of state board statistics. These statistics are compiled from all the states and give detailed statements of the standing of each medical school as represented by its graduates. While figures are notoriously deceptive at times, yet after making due allowances for certain errors, one is probably able to obtain a better idea of the comparative standing of all the colleges in this way than in any other manner available. True it is that some small poorly-equipped school with two or three graduates may show one hundred per cent. of successes while a larger and much better one with twenty or more graduates may have only ninety or ninety-five per cent. It is also true that some schools are merely cramming places and quiz classes, existing merely for the purpose of having their graduates pass the state board examinations. It is also manifestly unfair to compare the results of rigid examinations in a certain state with very lax ones in another. But even with these and other drawbacks we can obtain much valuable information by this study.

From the statistics for 1907 we find that during that year 7,271 candidates were examined as compared with 8,035 in 1906 and 7,170 in 1905. Of these 21.3 per cent failed in 1907, 20.7 per cent in 1906 and 20.8 in 1905. Candidates came from 146 medical colleges in the United States, as well as from Canada and abroad. In only nine states are non-graduates admitted as eligible, and here Massachusetts and Rhode Island stand proudly (?) with Mississippi, Tennessee and a few other states with a notoriously low medical standard. The total number examined of graduates of the colleges in each of the New England states and of the percentage of failures is as follows:

	Candidates	Per cent. failed
Maine	25	4
New Hampshire	31	6.5
Vermont	64	14.1
Massachusetts	238	10.1
Rhode Island	has no college	
Connecticut	39	0

Among the entire list of those institutions having twenty or more graduates examined, Boston University ranks twentieth, the place of honor as leader being shared by Cornell, Yale and University of Buffalo.

As in previous years three tables are made as follows:

Table I. Colleges having less than ten per cent. of failures.

Table II. Colleges having between ten and twenty per cent. of failures.

Table III. Colleges having over twenty per cent. of failures.

In Table I. are found eight homoeopathic schools with the following records:

	Number examined	Per cent. failed
Atlantic Medical College	12	0
Detroit Homoeopathic	9	0
Univ. of Michigan, Homoeopathic Department	15	0
Pulte	6	0
Boston University	24	4
Hahnemann of Philadelphia	63	4.8
New York Homoeopathic	37	5.2
Cleveland Homoeopathic	13	7.7

The Massachusetts medical schools show the following percentage of failures:

Harvard University	3.3 per cent.
Boston University	4 per cent.
Tufts College Medical School	9.7 per cent.
College of Physicicans and Surgeons	32.3 per cent.

In the country at large thirty-nine colleges show a failure percentage of more than twenty, among which is one homoeopathic institution; and of these twenty-five are above thirty per cent.; twelve above forty; nine above fifty and three with eighty-six; eighty and seventy respectively. Tennessee, Kentucky and Maryland as heretofore, still seem to be the centres of the lowest grade of medical instruction.

Comparing this report with preceding ones, a steady average gain is found in the standing of almost all the better institutions. The wide publicity now given to the figures presented appear to act as a stimulus to almost all and in the commendable vying to make the record of each institution the best possible, much benefit is sure to ensue.

SOCIETIES.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homoeopathic Medical Society was held at the Natural History Rooms October 1, 1908, the meeting being called to order by the President, Dr. J. Arnold Rockwell.

Business Session.

The minutes of the last meeting were read and approved.

Dr. A. G. Howard, treasurer of the Chelsea Fund, reported that he had about $85 in the treasury toward the $100 to be sent for the relief of Chelsea physicians who suffered in the recent fire, and said he expected to receive other contributions.

Scientific Session.

"Development and Use of Electricity in Medicine," Benjamin T. Loring, M.D.

"The Use of the Roentgen Ray in Medicine and Surgery," Arial W. George, M.D., Harvard Medical School.

Dr. George exhibited numerous fine slides showing the usefulness of the Roentgen Ray in the diagnosis and differentiation of diseases that

attack the bone, of tuberculosis, of scorbutus, of osteomyelitis and of rachitis, as well as of fractures, foreign bodies, exudates, etc.

After general discussion the meeting adjourned and the members enjoyed a social half-hour, with refreshments.

HOMOEOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.—The quarterly meeting of this society was held at Cooley's Hotel, Springfield, on Wednesday, September 16th, under the presidency of Dr. E. W. Capen of Monson.

After the regular business meeting the Bureau of Diseases of the Nose and Throat and Hygiene reported, through its chairman, Dr. E. P. Bixby, of Barre, the following program:

1. Adenoids and Their Injurious Results. By Dr. Erdix T. Smith, Springfield.
2. Quinsy Sore Throat in Its Relation to Diphtheria. By Dr. H. C. Cheney, Palmer.
3. Our Public Schools with Suggestions Thereon. By Dr. J. P. Rand, Worcester.

The papers were thoroughly discussed, and a profitable meeting was held.

MASSACHUSETTS HOMOEOPATHIC MEDICAL SOCIETY.

The sixty-eighth semi-annual meeting of the Massachusetts Homoeopathic Medical Society was held in Jacob Sleeper Hall of Boston University Wednesday, October 14th.

The meeting was called to order by the president, Dr. N. R. Perkins.

The first committee to report was that of Materia Medica under the chairmanship of Dr. F. S. Piper. The program was:

1. The Use of the Repertory. A. H. Tompkins, M.D.
2. The Value of Certain Indications for the Use of Our Remedies. Walter Wesselhoeft, M.D.

Dr. W. A. Ham reported the following papers from the Committee on Dermatology and Genito-Urinary Diseases:

1. Naevi. Some Methods of Treatment and Presentation of Cases. A. H. Powers, M. D.
2. The Present Phase of the Prostate Controversy. Winfield Smith, M.D.

Dr. N. H. Houghton reported as follows for the Committee on Ophthalmology, Otology, Rhinology and Laryngology:

1. A Consideration of Neurotic Conditions of the Eye. J. Miller Hinson, M.D.
2. A Consideration of Neurotic Conditions of the Ear. Howard P. Bellows, M.D.
3. A Consideration of Neurotic Conditions of the Nose and Throat. George B. Rice, M.D.

At the business session which followed these papers Dr. George B. Rice presented a case of a physician who, on account of illness, was in need of financial help. He moved that a loan of $300 be made to this physician on a properly endorsed note and for a specified length of time. The motion was carried.

A letter from Dr. W. O. Mann, superintendent of the Massachusetts Homoeopathic Hospital, was read, inviting all the members of the society to visit the new Haynes Memorial Hospital between the dates of October 14th and 17th.

One hundred dollars was appropriated by the society as a subscription toward the educational fund of the American Institute of Homoeopathy.

Resolutions concerning the new homoeopathic pharmacopoea and its proper presentation before Congress were read and carried.

Dr. S. H. Calderwood gave a very optimistic report upon the condition of Boston University School of Medicine, which was enthusiastically received by the audience.

A notice of the award of a silver medal to Boston University School of Medicine at the recent Tuberculosis Congress was given by Dr. Sutherland. The doctor also read letters from the Department of Agriculture and from the Charities Aid Association of the State of New York, commenting upon the excellence of the exhibit and asking for information in regard to it.

It was voted that a memorial tablet of the Massachusetts Homoeopathic Medical Society be inserted in the Pilgrim monument to be erected at Provincetown.

The following physicians were elected to membership: A. N. Bruckshaw, Norwood; Clarence E. Burt, Berkeley; H. F. Cleverly, Scituate; Charles A. Eaton, Boston; Bertha E. Ebbs, Dedham; Walter B. Hayward, Taunton; Carl A. Williams, Worcester.

After the business meeting the Society adjourned to a lower hall where a buffet supper was served.

Following this the annual oration was delivered by Dr. Carl Crisand upon "The Healing Art."

Dr. A. G. Howard for the Committee on Surgery then introduced Dr. J. E. Briggs, who presented a paper upon "The Surgical Treatment of Hallux Valgus."

Dr. Robert W. Lovett gave a paper upon "The Treatment of Acute Traumatic Synovitis of the Knee-joint and Its Sequel.

This was followed by a paper upon "Intra-capsular Fractures of the Hip" by Horace Packard, M.D.

For the Committee on Gynecology Dr. George R. Southwick presented the following papers:

1. The Kindergarten of Gynecology. Wm. A. Paul, M.D.
2. Painful Cicatrices. Lucy Barney Hall, M.D.

This was the first meeting to be held by the Society in the new Jacob Sleeper Hall. If one may judge the success of the change by the large audience present, then we must conclude that this central point is admirably adapted for these purposes. Much enthusiasm was manifest and much profit was obtained by all present from the very excellent series of papers presented.

AMERICAN INSTITUTE OF HOMOEOPATHY.

Officers, Bureau Chairmen and Chairmen elected and appointed at the Kansas City Session, 1908:

Officers—Hamilton Fisk Biggar, M.D., Honorary President, Cleveland, O.; William Davis Foster, M.D., Kansas City, President; T. H. Carmichael, M.D., Germantown, Pa., First Vice-President; Joseph Hensley, M.D., Oklahoma City, Second Vice-President; *Frank Kraft, M.D., Cleveland, O., Secretary; J. Richey Horner, M.D., Cleveland, O., Secretary pro tem; T. Franklin Smith, M.D., New York, Treasurer; Joseph H. Ball, M.D., Bay City, Mich., Registrar; George T. Shower, M.D., Baltimore, Md., Necrologist; Eldridge C. Price, M.D., Baltimore, Md., Chairman Board of Censors.

Chairmen of Bureaus—Materia Medica, Lewis P. Crutcher, M.D., Kansas City; Homoeopathy, R. F. Rabe, M.D., New York; Clinical Medicine, Edward Harper, M.D., New Orleans, La.; Pedology, Anna W. Spencer, M.D. Batavia, Ill.; Sanitary Science, H. Franklin Staples, M.D., Cleveland, O.

Chairmen of Committees—Medical Examining Boards and Legislation, J. M. Lee, M.D., Rochester, N. Y.; Organization, Reg. and Statis-

*Deceased.

tics, T. Franklin Smith, M.D., New York; Transportation, N. B. Delameter, M.D., Chicago; Publication, J. Richey Horner, M.D., Cleveland, O.; Press, W. Rufus King, M.D. Washington, D.C.; Resolutions and Business, J. Pettee Cobb, M.D., Chicago; International Bureau of Homoeopathy, George B. Peck, M.D., Providence, R. I.; Memorial Services, D. A. Strickler, M.D., Denver, Col.; Homoeopathic Pharmacopoeia, T. H. Carmichael, M.D., Germantown, Pa.; Hahnemann Monument, J. T. McClelland, M.D., Pittsburg, Pa.; New Members, W. A. Paul, M.D., Boston, Mass.; Formation of a National Association for Clinical Research, James Krauss, M.D., Boston, Mass.; Tuberculosis Congress, W. B. Hinsdale, M.D., Ann Arbor, Mich.; Intercollegiate Committee, C. E. Walton, M.D., Cincinnati, O.; Interstate Committee, H. D. Schenck, M.D., Brooklyn, N. Y.; Journal and Incorporation of Institute, George Royal, M.D., Des Moines, Iowa; Joseph P. Cobb, M.D., Chicago; Benj. F. Bailey, M.D., Lincoln, Neb.; C. E. Sawyer, M.D., Marion, O.; Royal S. Copeland, M.D., Ann Arbor, Mich.; American Institute of Drug Proving, J. B. Gregg Curtis, M.D., Washington, D. C.; Council of Medical Education, George Royal, M.D., Des Moines, Iowa; Willis A. Dewey, M.D., Ann Arbor, Mich.; John B. Garrison, M.D., New York; John P. Sutherland, M.D., Boston, Mass.; W. J. Gates, M.D., Kansas City, Mo.; Conference with A. M. A., H. D. Schenck, M.D., New York; Benj. F. Bailey, M.D., Lincoln, Neb.; Frank C. Richardson, M.D., Boston, Mass.; W. Rufus King, M.D., Washington, D. C.; Local Committee of Arrangements, D. A. MacLachlan, Detroit, Mich.

Next session of the Institute, June, 1909, in Detroit, Mich.

At a special meeting of the Executive Committee of the American Institute of Homoeopathy held in the Coates House, Kansas City, Mo., on Monday, August 17th, 1908, the following preamble and resolutions were adopted:

Whereas, Our beloved Secretary, Frank Kraft, M.D., has entered into the great transition from his earthly labors into his eternal rest, therefore, be it

Resolved, That the Executive Committee of the American Institute of Homoeopathy would place on record the very great loss we have sustained. His hearty belief in the principles of Homoeopathy, combined with his clear-cut ability to express those beliefs, made him at all times a fearless and uncompromising antagonist. His genial and lovable nature made him the lasting friend of all who came to really know him.

Resolved, That these resolutions be placed upon the minutes of the American Institute of Homoeopathy and a copy be sent to the family of Dr. Kraft and also published in the medical journals.

(Signed) WILLIAM DAVIS FOSTER,
THOMAS H. CARMICHAEL,
J. HENSLEY,
J. RICHEY HORNER,
THOMAS FRANKLIN SMITH,
J. H. BALL,
Executive Committee.

Dr. J. Richey Horner of Cleveland was elected Secretary of the American Institute of Homoeopathy at a meeting of the Executive Committee of the Institute held at Kansas City, August 17th, 1908. Dr. Horner fills the unexpired term of the late Dr. Frank Kraft.

NEW HOMOEOPATHIC HOSPITAL IN PORTLAND OREGON.—Work is in progress in the construction of the new homoeopathic hospital on the east side in Portland, Ore. At the present time only the west wing is to be erected, the remainder of the building being temporarily deferred. The wing under construction will be 200 ft. long by 70 ft. deep and four stories high. The estimate of expense is $120,000.

BOOK REVIEWS.

Pathogenic Micro-Organisms. Including Bacteria and Protozoa. A Practical Manual for Students, Physicians and Health Officers. By William Hallock Park, M.D., Professor of Bacteriology and Hygiene, University and Bellevue Hospital Medical College, and Director of the Research Laboratory of the Department of Health, New York City. Assisted by Anna W. Williams, M.D., Assistant Director of the Research Laboratory; Pathologist to the New York Infirmary for Women and Children. Third edition, enlarged and thoroughly revised, with 176 engravings and 5 full-page plates. Lea & Febiger, New York and Philadelphia. 1908.

About three years ago the Gazette had the pleasure of reviewing the preceding edition of this book. In this review a most favorable impression was obtained of its scope, clearness and general completeness and suitability. During the various emergencies of the intervening years it has stood close to the hand of the reviewer and has been subjected to many and repeated tests. The result has been so successful that an even more cordial recommendation would be given at the present time than was earlier accorded. During this interval, however, so many momentous advances have been made in certain departments that a new edition is most timely. Particularly have these discoveries been noted in the study of the pathogenic protozoa, of the normal intestinal flora and of opsonins and opsonic therapy. These and many less important studies have all been incorporated in the new edition, each in the amount in accordance with its importance. We find the present book, therefore, fully up to date in every subject covered, well prepared, well arranged and well written in a clear, not prolix, manner. It can be safely asserted that it brings to the individual members of the medical profession an amount of information along this important line greater in totality and more concise in description than does any other book with which we are familiar.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia. Assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. September 1, 1908. Lea & Febiger. Philadelphia and New York. Six Dollars per annum.

The fall number of this quarterly deals with diseases of the thorax, including the heart, lungs and blood vessels; also with dermatology, syphilis, obstetrics and diseases of the nervous system. In view of the recent International Congress on Tuberculosis this subject is dealt with in detail, both in connection with its pathology and with its specific and general therapeutics.

Summarization of a magazine that is itself a summary of many others is impossible. It is noted that the number of illustrations is in excess of that usually provided, which adds decidedly to the value. This periodical, when preserved year after year, represents in a most striking manner the advances of the greatest phases of medicine in all countries.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., revised and edited by John Chalmers DaCosta, M.D., and Edward Anthony Spitzka, M.D. Illustrated with 1,149 engravings. Philadelphia and New York. Lea & Febiger, 1908. 1,614 pp.

"Gray" and "Anatomy" are inseparable synonyms in the minds of American medical students. For the exceptionally long period of fifty

years "Gray" has enjoyed the distinction of being, par excellence, the text-book of anatomy; thousands and thousands of medical students have made it their closest literary companion for at least one year and even for two or more years of their student life; surgeons and diagnosticians have confidently referred to it in preparation for unusually serious operations or difficult diagnoses, with the assurance that such reference would help them solve their problems. It is fair to say that fifty generations of American medical students have been brought up on it, and there certainly are many veterans in medicine who think affectionately of it. The simplicity, clearness and directness of Gray's own work have been preserved intact by modern editors. Methods and illustrations characteristic of the original author are still to be found, and withal, from force of association it is a pleasure merely to turn its pages and hold the book. Its pages, however, have multiplied with the years, and the book contains very much that Gray knew nothing of; much more than Gray can be held responsible for. For instance, the edition of 1870, which was used by the present reviewer when a medical student, contained, with index, only 876 pages; that edition was the fifth; the first, the only one that Gray saw, having been published in 1858, and in 1870 Gray had been dead nine years. The present edition, which is the seventeenth, contains, with its index, 1,614 pages. It may be interesting to present by tabular view the changes represented by pages, which have been made since the fifth edition was published in 1870:

	1870	1908
Osteology	146 pp.	228 pp.
Arthrology	54 "	102 "
Myology	122 "	194 "
Angeiology	136 "	257 "
Nervous System	102 "	282 "
Special Sense Organs and Viscera	176 "	464 "

It will be noted that the most marked additions have been made in the departments of the Nervous System, the Special Sense Organs and the Viscera. Figures do not tell the whole story; but they here indicate the doubling of anatomical knowledge in less than forty years. The charm of the earlier editions is found in the new; and though it is inevitable that with the new conditions of knowledge, new and rival text-books are sure to come before the profession, it will be many a long year before a book is made that will equal "Gray" in popularity and influence.

THE MONTH'S BEST BOOKS.

Clinical Diagnosis. Todd. $2.00. W. B. Saunders Company.

Pathological Technique. Mallory & Wright. $3.00. W. B. Saunders Company.

Diseases of Children. Mundy. $3.00. The Scudder Brothers' Company.

Materia Medica and Therapeutics. Ellingwood. The Ellingwood's Therapeutist Company.

Gynecology. Dudley. Lea & Febiger.

Pathogenic Micro-Organisms. Park. Lea & Febiger.

Diseases of the Nose and Throat. Coakley. Lea & Febiger.

General Bacteriology. Jordan. $3.00. W. B. Saunders Company.

TUBERCULOSIS CAMP FOR CLINTON.—The town of Clinton has established a camp for treatment of tuberculosis. This camp was opened in August.

PERSONAL AND GENERAL ITEMS.

Dr. Sarah M. Hobson, class of 1890, B. U. S. M., has removed her office to No. 700 Marshall Field Annex, Chicago.

Dr. Eliza T. Ransom has removed her home from Dorchester to Riverbank Court, Cambridge.

Dr. Anna M. Lucy, of the class of 1907, B. U. S. M., after several months spent in study in the hospitals of Vienna has opened an office at 254 Huntington Avenue, Boston.

Dr. Roscoe L. Perkins, son of Dr. N. R. Perkins of Dorchester, has located at 1207 North Third Street, Harrisburg, Pennsylvania.

Dr. J. Walter Schirmer, of the 1908 graduating class of B. U. S. M., was married, on September 24th, to Miss Alice Phelps Goodwin of Lexington, Mass. Dr. Schirmer and his bride have sailed for Europe, where the former will pursue hospital study for some months.

Dr. Thomas E. Chandler, B. U. S. M., 1900, has removed from 220 Clarendon Street, to 259 Beacon Street, Boston.

The New York Post Graduate School and Hospital has received a gift of $2,000,000 from the estate of the late F. Hewitt, of Oswego.

Dr. Clarence E. Burt, B. U. S. M., 1908, has located at New Bedford, Mass., Sixth and School Streets.

Dr. Anna T. Lovering, 10a Park Square, Boston, has returned from Europe and will be glad to aid the profession in preparing papers for medical societies; research work, tabulation, revision of manuscripts, typewriting, proof-reading, cataloguing and indexing.

Dr. LeVerne Holmes, B. U. S. M., 1904, has removed from 795 Massachusetts Avenue to 15 Jason Street, Arlington.

Dr. Harvey B. Pitcher, of the class of '08, B. U. S. M., has located at South Hadley, Mass.

Dr. Elinor Van Buskirk, B. U. S. M. 1907, after a year of study in Vienna, announces the opening of an office at 125 East 112th Street, New York City. Hours: 11 to 1, 6 to 7.

Dr. J. Tucker Cutler is pursuing post-graduate work in Pathology in the laboratories of Boston University.

At the regular meeting of the Medical Board of the Massachusetts Homoeopathic Hospital the name of Dr. A. G. Howard was presented for advancement from Assistant Orthopedic Surgeon to Orthopedic Surgeon, and that of Dr. Howard Moore was recommended as Assistant Orthopedic Surgeon.

Dr. Harriet Horner announces the removal of her office to Bradford Court, Newton Centre. Hours, 8 to 9, and 2 to 4.

Dr. Mary A. Leavitt announces the opening of an office at 419 Boylston Street, where upon Mondays, Tuesdays, Thursdays and Fridays her hours will be 2 to 3 P. M.

Dr. A. W. Bailey, the well-known homoeopath of Atlantic City, New Jersey, has established in his home city a sanatorium called "Hahnemann Hall Sanatorium."

To him and to the sanatorium the Gazette extends its cordial best wishes.

Dr. Grace G. Savage announces the opening of an office at the Charlesgate, Beacon Street, Boston, where, between the hours of 2 and 4 P. M., she will devote particular attention to diseases of women and to nervous affections.

Dr. David W. Wells of the Hotel Westminster, Copley Square, has, in order to avoid unnecessary delays, decided to see all patients by appointment only. Appointments may be made for the hours 8:30 to 11:30 A. M., and 1 to 3:30 P. M. Outside consultations after 4 P. M.

An indication of the popularity and esteem of our friend of world-wide reputation, Dr. J. H. McClelland, is noted by the fact that upon his recent return from Europe he was met at the dock and hurried away to the Flower Hospital to operate upon an emergency case that was in a very critical condition.

Announcement is made of the appointment to the Chair of Chemistry in the New York Homoeopathic Medical College of Dr. Albert E. Hinsdale, son of Dr. W. B. Hinsdale, Dean of the Homoeopathic Department of the University of Michigan. Dr. Hinsdale, Sr., is one of the best known homoeopathic professors in the country and if, as we expect, his son is made of similar material, the New York school is much to be congratulated.

In pursuance of the action of the American Institute of Homoeopathy at the Kansas City meeting last June, the committee there appointed to arrange for the publication of a monthly journal has held several meetings in Chicago and has done a considerable amount of investigating along the various lines involved. To date, however, nothing definite has been done, although a number of plans are being given careful consideration

The freshman class in Boston University School of Medicine is the largest that has been registered there at any time during the past ten years.

The trustees of the Massachusetts Homoeopathic Hospital announce that the John C. Haynes memorial buildings for contagious diseases will be open (with the permission of the superintendent) to any physician in good standing, provided that their patients to be treated pay to the Hospital $15.00 per week or upwards. This is made without any stipulation of the school or sectarian affiliations.

It is with much sorrow that the Gazette announces the death of the very popular wife of Dr. Ralph C. Wiggin, assistant surgeon of the Massachusetts Homoeopathic Hospital.

Mrs. Wiggin was very well known and very highly esteemed by hundreds who had come into contact with her earlier activities at the Hospital, and her sudden demise came as a great shock to all.

The Gazette desires to extend to Drs. Harper and Hallman of the Southern Homoeopathic Association its appreciation of the ardent endeavors which they are making to have an unusually successful meeting of the association in February next. This meeting will be held in New Orleans at the time of the Mardi Gras festival, which should be an

added inducement not only to the members of the association but to northerners who may be sojourning throughout the south.

NEW STAFF FOR THE HAYNES CONTAGIOUS HOSPITAL.—At special meetings of the medical board of the Massachusetts Homoeopathic Hospital the subject of appointing a staff for the contagious department has recently been given careful consideration.

Dr. J. A. Hayward has been appointed resident physician. A temporary visiting staff consisting of Drs. J. P. Sutherland and J. Herbert Moore has been appointed to have the immediate charge of the patients. The entire medical board of the Homoeopathic Hospital will constitute a consulting board for the contagious hospital, each physician working in the line in which he has received his appointment at the main hospital.

It is with the greatest of pleasure that the Gazette receives the announcement of the provision for six provisional scholarships in the Honyman-Gillespie courses in the homoeopathic practice of medicine offered by the British Homoeopathic Association. These scholarships are of a value of about $250 each, are tenable for a winter session, and are available for qualified medical men and women intending to settle in Great Britain. The systemic courses of lectures and of clinical demonstrations made financially possible by the above mentioned bequest seems to be one of the most promising features of British homoeopathy of recent years. A number of attempts at establishing similar systemic courses in England have been unsuccessful, due largely to financial considerations. We sincerely hope that this difficulty being removed, the present beginning may mark the inception in the near future of a British School of Homoeopathy. To our European colleagues we extend our most sincere best wishes for their success.

PHYSICIAN WANTED.—The Gazette is in receipt of the following letter, which is entirely self-explanatory and which, on account of its individuality, is quoted in toto: "Wanted—Yes, *needed*—in Laconia, New Hampshire—a woman homoeopathic physician. One who is young, strong, who knows her business, and is not afraid of work. Have you a graduate who is looking for a good place to settle for practice? If so, tell her she is needed in Laconia."

The State Homoeopathic Association of New York held its semi-annual meeting during the latter part of September at Elmira, N. Y. A very satisfactory attendance was reported, excellent papers were presented and much enthusiasm was noted.

The Pennsylvania Homoeopathic Medical Society held its semi-annual meeting in Harrisburg, September 21st to 24th. The attendance was larger than had been recorded for several years, fully two hundred physicians being present at some of the various sessions. The address by Dr. Dewey was much appreciated, as was also one by Dr. Fisher of Chicago. The sentiment of the meeting was well indicated by a generous sum of money being voted and subscribed toward the general propagation of homoeopathy throughout the State and country. The State Society is having another fight for the single board bill in the fall, and the prospects seem favorable for a successful issue.

ENDOWMENT OF A MASSACHUSETTS WARD IN SAN FRANCISCO.—So generously did the State of Massachusetts respond by donations for the relief of the sufferers of the San Francisco earthquake that $100,000 still remains unappropriated of the fund collected. It is stated that this amount will be set aside to establish a ward to be known as the Massachusetts Ward in the State University Hospital in San Francisco. Such a disposition of the fund is certainly appropriate and its need urgent.

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ORIGINAL COMMUNICATIONS.

THE ANARCHY OF PYSCHISM A MENACE TO THE THRONE OF REASON.*

By Frank C. Richardson, M.D., Boston, Mass.
Professor of Clinical Neurology, Boston University School of Medicine.

"A rational reaction against irrational excesses and vagaries of skepticism may . . . . . readily degenerate into the rival folly of credulity."—Gladstone.

A most glaring modern example of human credulity and mankind's love of the mysterious is to be found in the epidemic of psychism now prevalent under the guise of "mental healing," "higher thought," "new thought," and various cults of pseudo-religious psycho-therapy

On every hand this reign of fraud and self-deception holds sway until rationalism seems in danger of being engulfed by a tidal wave of transcendentalism.

The history of all ages has familiarized us with popular delusions and the madness of crowds. It has been well said that men go mad in herds, while they only recover their senses slowly, and one by one. But the present craze for the psychic is by no means confined to the laity. It has invaded not only the ranks of the one-time orthodox clergy, but even the medical profession has become infected to the extent that eminent physicians are giving public lectures and writing popular magazine articles, conveying to an eager public the sophistries of the subconscious mind. Many medical men, through indifference or a desire to cater to public sentiment, either passively permit or actively encourage their patients to seek the ministrations of the various mental healers.

With such ill-considered endorsement by scientific men of the erring philosophers or willing cheats, who, in the name of psychic treatment, are today encouraging or preying upon the credulity of mankind, it is not to be wondered at that popular opinion should enhance their pretensions and endow them with powers still more miraculous.

I would not venture to question the altruistic motives of those

*Read before the Massachusetts Homoeopathic Medical Society, April, 1908.

who have felt called upon to add to the saving of souls the healing of bodies. The criticism has been made that in some cases the spiritual atmosphere and inspiring eloquence pervading these added ministrations have induced in susceptible minds an unhealthy, almost ecstatic adoration of the minister, which affection has been tersely if not reverentially termed "pastoritis."

We have been taught to look to religious teaching for our moral uplifting. No one can question the value of promulgating the Divine injunction: "Whatsoever things are true, whatsoever things are honest, whatsoever things are lovely, whatsoever things are of good report—think on these things." But when our moral mentors indulge in public hysterical claims of raising the dead, it, to the sane mind, savors of fanaticism if not sacrilege, and the good influence of their religious teaching is much vitiated. When they supplement their ethical discourses by the employment of paid hypnotists to operate upon persons whose physical needs and mental weaknesses they cannot possibly have the requisite knowledge to determine, it would seem time for a protest from the medical profession if not for actual legislative interference.

The boasted association of physicians in this psycho-religious enterprise does not seem to have leavened the pedantry of the lay mind. On the contrary, the medical men have apparently succumbed to the obsession of psychism with the usual result of vitiated reasoning faculty. Accepting the assurances of honesty in their convictions, what are we to conclude is the mental status of a "religio-psychic" leader and of his medical associates when they make the public claim of cures in from seventy-five to eighty per cent. of the tuberculosis cases treated by them, and add, "This success is due to our moral relations with our patients"?

I believe it is not generally realized how far this "great psychic movement" has carried us.

Forced and voluntary resignations from churches of positions of leadership by men who have accepted with more or less fullness the "New Thought," or "Mental Healing," or psychotherapeutic variants of religion are being recorded in many denominations.

Churches and organizations throughout the country are taking up the work of healing with keen interest and enthusiasm. Episcopal, Baptist, Congregational, Unitarian and Presbyterian congregations being interested.

The daily papers are devoting many columns to the utterances of the exponents of the so-called "Emmanuel Movement," most of which are oracular, diffuse and extravagant.

Little reference to "Christian Science," of which the "Emmanuel Church Movement" seems to be a direct outgrowth, need here be made. It still numbers its adherents by the thousands. There is no practising physician who cannot report cases where life has been sacrificed to this fetich of psychism. Daily thou-

sands of children are being taught, even in the name of Christ, to ignore the evidence of their senses and to suppress their reasoning faculty. Whither can such teaching lead but to a dwarfing of the intelligence?

The witch doctors of old, using mysterious incantations and conjuring diseases to leave the body, did not find a more gullible public than do the myriad minor fads of healing of today, many of which apparently depend upon devotional exercises than which the rites of the barbaric medicine man were not more fantastic.

Only a few weeks ago a large audience, composed of many of Boston's cultured ones, solemnly witnessed the time honored conjurer's trick of climbing with bare feet a ladder of swords and running across coals of fire as a demonstration of the power of faith as expounded by "an ancient Japanese religion." The fact that the "priest" made a misstep and cut his heel was soberly explained on the ground that conditions were not right. There is the so-called "Psychic Philosophy" which, according to the circular, teaches " . . . that man possesses latent soul forces by which he can control his environment and dominate his life upon the physical plane without postponement to an ideal future state."

We have in Boston the "New Thought College" which teaches "Personal Magnetism and Mental and Spiritual Healing." Also "The School of Divine Science of Health," the advertisement of which announces, "Absent treatments given successfully." The "Metaphysical Club" flourishes and has many members.

It would seem that not only the clergy, but also musicians, have entered upon the practice of the healing art. From July 1st to September 10th, 1908, there was held at Croton-on-Hudson, N. Y., a Summer session of the "Crotona School of Musico-Therapy." The claims of this school are eloquently set forth in the following paragraph quoted from a recently obtained announcement: "The use of music for healing the sick is a natural use of a natural power. Music is capable of great life-awakening energy. It draws the thoughts away from unwholesome self-analysis or introspection, creates a new atmosphere, mental and physical, by changing discordant vibrations to harmonious ones; liberates the soul, transporting it up and out of narrow personal environment into a purer realm, where it is revitalized and nourished through tone and melody. Not until musicians appreciate the importance of the study of Musical Psychology can they expect to demonstrate its virtues and music become a recognized factor in the treatment of disease."

The fact that these and the many other cults have obtained so large a following has to the medical mind a grave significance.

A phase of waning or perverted intelligence with which psychiatrists are familiar is a blunting of the moral sense.

When reading of the gross indecencies of the Convulsionaires of St. Medard and of the orgies of sensuality practiced by

Anthony Mesmer, under the name of "animal magnetism," we are pleased to congratulate ourselves that we live in a more enlightened age, an age in which the unparalleled advances of medical science have raised material therapeutics to a truly scientific plane, and placed psycho-therapy upon a rational basis.

We have, indeed, much reason for self-gratulation, but our complaisancy receives a shock when we learn that in New York people of intelligence and apparent culture are subjecting themselves to the treatment of a man who claims to cure their ills by placing his lips against the afflicted part and breathing upon it. It is with feelings of indignation and disgust that our faith in the mental stability of the age is shaken when we are informed upon unquestionable authority that there is in New Jersey a so-called sanatorium where is practiced upon selected cases what is known as "the personal treatment," in which the naked patient is held in close embrace by the naked operator of the opposite sex, who murmurs spiritual counsel and psycho-therapeutic syllogisms until the patient breaks into a perspiration and falls asleep. Thus are the poor deluded and debauched creatures supposed to be cured by a combination of animal magnetism and higher thought.

Is there in the most revolting practices of the darkest of dark ages anything more monstrous than this?

These are examples of many similar "cures" reeking with obscenity, absurdity and superstition which are extant in this twentieth century in the very centre of our boasted American culture. Such things are not only a scandal to our civilization, but a menace to our moral and intellectual integrity.

It might reasonably be supposed that the patrons of such methods must be either ignorant, vicious, or possessors of shallow minds, but, incredible as it may seem, those victims whom I have met bear the outward semblance of intelligence and refinement, and have always been considered by their neighbors as eminently respectable. The only explanation of their otherwise incomprehensible vagaries must be on the ground of weakened reasoning power, which, to my mind, is the direct product of the prevailing psychic distemper, this "wind of folly" which is sweeping over the land and threatening to assume cyclonic proportions and properties.

I believe it to be the duty of the members of the medical profession to remonstrate individually and (if possible) collectively against the indiscriminate dissemination of the doctrine of psychism as applied to the art of healing.

Every physician recognizes the importance of suggestion as a factor in the treatment of the sick; indeed, medical practice without it is an impossibility. We must all realize that many times our visit does more good than our medicine.

In the history of every nation and of all times we find evi-

dence of human suggestibility and of its profound influence, sometimes beneficent, often pernicious.

In the earlier times hypnotic suggestion was practiced largely by charlatans, and it was not until the experiments of Charcot, and later of the Nancy school, that these methods were rescued from the realm of mysticism and given a scientific interpretation, making them worthy the name of psycho-therapeutics. Since that time the output of literature, scientific and popular, upon psychic matters, has been steadily increasing.

Modern fiction is teaming with psychism, and the most successful drama of the season is based upon telepathy and mental suggestion.

In short, no sooner has scientific investigation rescued this natural attribute of the human mind from the metaphysical than it is in danger of being thrust back into the underworld of superstition by being exploited broadcast to untrained minds incapable of a correct interpretation of its phenomena.

In order that we may the better restrain this unfortunate tendency it is well for us to analyze carefully the advantages and possible harm of suggestive influence upon the conscious and the sub-conscious mind.

Since the enunciation of the doctrine of Leibnitz, the German philosopher, in the sixteenth century, many psychologists have declared their belief that much of the brain's activity is below the domain of consciousness. In other words, that there are unconscious psychic acts. From this belief have developed the various theories of sub-conscious mind, subjective mind, hypoconscious mind, unconscious mind, the subliminal, etc. The seat of this type of cerebration has been plausibly located in the basal ganglia, and its centres are supposed to be subject to and of an inferior order to those of the cortex, which are the seat of conscious mental life and the source of all voluntary actions.

These centres of the mid-brain are supposed to constitute a storehouse for memory pictures of every kind.

According to Prof. James, sub-conscious cerebrations are being gradually formed during life by the higher intellectual faculty by transforming voluntary conscious actions, thoughts and ideas by frequent repetitions into habits, when they become involuntary, unconscious actions, thoughts and ideas.

A clever conception of the relationship of the conscious and sub-conscious minds is that of Sully, who says in his "Handbook of Psychology": "Conscious mind stands in relation to the lower centres as the head of an office stands in relation to his subordinates. The mechanical routine of the office is carried on by them. He is called on to interfere only when some unusual action has to be carried out, and reflection and decision are needed. Moreover, just as the principal of an office is able to hand over work to his subordinates when it ceases to be unusual

and becomes methodized and reduced to rules, so the conscious mind is able to withdraw from acts thoroughly familiar."

With this illustration in mind, and remembering how much daily life is a matter of routine, we can appreciate how important a factor the sub-conscious is in our existence, and at the same time realize the necessity of maintaining a strict government by the reason. In addition to being a repository for memory pictures, the unconscious mind is supposed by most psychologists to be the fons, if not origo, of what we know as instincts, passions, emotions and the like. If this be true, how much greater the necessity that its subserviency to the higher cortical functionating should be maintained.

You will remember Plato's description of the Soul as a celestial car, of which Reason is the charioteer, and Passion and Appetite the steeds. The master hand must ever hold the guiding rein or disaster will result.

The value of reason and conscious choice over instinct and unconscious cerebration is undoubted, and the loss of value in actions and words the moment they become habitual and so subconscious (as in prayer, speeches, etc.,) is well known.

This pre-eminent value of the reasoning faculty over instinct or impulse holds good of all intellectual progress. In the introduction to his "Diseases of Personality" Ribot writes: "One may, by instinct, that is, by unconscious cerebration, solve a problem, but it is probable that on some other day, at some other moment, the same person will succumb to a similar problem. If, on the other hand, the solution has been reached by conscious reasoning, a failure is not likely to occur a second time; because every step forward marks a position won, and from that moment on we no longer grope in the dark." Along the same lines Maudsley tells us: "There is not a single living being which does not, in so far as it lives and moves and keeps up its being, exhibit the fundamental quality of reason. Instinct means organic experience, while reason is instinct in the making. An instinctive creature is a creature formed with functions without further nerve structure to undergo further formation, hence is not capable of progress." Such truths, however, do not in the least detract from the importance of the part played by the unconscious in all the activities of life. Only by a knowledge of this function of the "mid-brain" can we explain life, and whatever marvels lie in the operations of hypnotism are due to the power of exciting to action this hidden psychic force in the abeyance of consciousness; for, as Schofield says: "If there be one fact above all others that is essential in hypnotic manifestations, it is that consciousness is dormant in the hypnotic state."

This all important fact is, it seems to me, too little respected in considering the advisability of hypnotic suggestion. The degree of hypnosis is in every case dependent upon the extent to

which the higher intellectual faculties are inhibited and the domination given over to the reign of the sub-conscious.

It is this complete or partial dethronement of reason by the operations of hypnotism which should lead the scientific to the utmost conservatism in its practice, and which constitutes a real danger from its use by the unscientific or the unscrupulous.

The repetition of a process by which the ordinary equilibrium of the functions is upset from one of them having assumed an ascendency to which it is not entitled, certainly cannot be conducive to mental stability.

Taine, in his masterly work, "The Intelligence," has graphically described the effect of repeated surrender of the reason as follows:—

"Suppress the reasoning faculties and the rectification which ensues from them; suspend for some hours or minutes ordinary sensations and the cohesion of connected recollections as happens in sleep, whether natural or induced; let, as then happens, the uncolored and vague image become complete, circumstantial and colored; that which in the waking state would have been pronounced a simple idea becomes an hypnogogic hallucination. Prolong this momentary ecstasy; let it, by design, or organic accident, be repeated without being watched for or desired, in spite of the will you will have hallucinations like those of Nicolai, and if the patient has not a very strong mind you will have the visions of a madman like those shut up in asylums, or of a mystic like those of India or of the Middle Ages."

This is not an exaggerated picture. There are few physicians who have not seen or read of the exhibitions of hypnosis at La Saltpetriere under the late Dr. Charcot or his pupils, and all must have been impressed that the delusions, hallucinations, postures and catalepsies produced by mere verbal suggestion stamped the subjects as proper patients for a psychopathic institution. When the human brain has by continued exposure to certain routine suggestions grown to a set form of feeling, thinking and action, its work is nearly as automatic as animal instinct; that is, consciousness is nearly abolished.

The observation that the mentally unsound, particularly idiots, are much more difficult to hypnotize than the healthy, in no wise warrants Bramwell's conclusion that intelligent people and those with strong wills are more easily hypnotizable than the weak willed. Such conclusion must have been the result of failure on his part to differentiate between pathological cerebral defect and undeveloped or perverted mental function.

The opinion of some of the ablest experimental psychologists is quite different. Taine believes that in the hypnotizable the energy of the normal associations is weakened. Dubois writes: "It is more or less true that suggestibility is only a defect." Mac-

kay states that "There can be no doubt that suggestibility in general shows a lack of judgment."

It is, at all events, undisputed that the oftener one submits to hypnotic suggestion the more is suggestibility increased, and this is most reasonably explained by the gradual weakening of the higher intellectual faculties which inevitably results from disuse.

From the blind enthusiasm which immediately followed the rehabilitation of this old therapeutic measure there has, happily, been among scientific men a reactionary awakening to its possible pernicious effects, and true hypnosis is reserved by them for exceptional cases.

The ablest psychotherapists of today secure the training and education of the sub-conscious mind through an appeal to the intelligence of their patients. Dubois voices the prevalent rational belief when he says: "The object of treatment ought to be to make the patient master of himself; the means to this end is the education of the will, or, more exactly, of the reason," for, as he says in another place, "Reason is the sieve which stops unhealthy suggestions, and allows only those to pass which lead us in the way of truth."

Instead of exacting blind obedience through the sub-conscious centres, the rational "mental healer" seeks through intelligible instruction to promote the purposeful formation of healthful habits, and the beneficial results from such treatment are obtained with less danger, more certainty and greater permanency than is ever the case where hypnotic suggestion is the sole means used.

Indeed, in an experience extending over many years, I cannot recall a single case of nervous disease permanently cured by hypnosis alone; moreover, it is my belief that the transient amelioration sometimes obtained by this method of treatment in no way compensates for the possible weakening of the intellect which it may involve, for I have more than once seen these patients lapse into an invalidism of the reasoning power bordering on dementia.

But while the conscientious physician is deterred from subjecting his patient to any influence which may lead to mental decreptitude, the many ignorant pretenders to the science of psycho-therapy that abound have no scruples. The majority of these more or less dishonest exponents of hypnotic suggestion, and their conscious or unconscious imitators in the various cults of healers, not only ignore the value of the reasoning faculty, but exact of their victims that they give up absolutely all effort at judgment or will, and be guided solely by the ungoverned instincts and impulses of the sub-conscious mind, or the promptings of some fallacious philosophy.

It is this anarchistic rebellion against the government of

reason which threatens the intellectual stability of the American people today.

Sooner or later there will come, no doubt, a natural reaction from the present fever of psychism; but in the meantime there will be opportunity for much harm which may be greatly lessened by the intervention of the wise and faithful physician, the logical conservator of the mental and physical health of the community.

Let us, then, desist from spreading indiscriminately, unqualified and unexplained, doctrines of psychism which to the uninstructed mind "opens out the whole realm of fiction—the veiled, the fantastic, and the wonderful, and all the immense variety of things that are not and cannot be, but that have been imagined and believed." Which, furthermore, by its disorganizing influence renders them an easy prey to charlatans, but a grade higher than the ancient alchemist who pretended to cure all maladies by touch or charm, and to work miracles of every kind. Let us, rather, preach the gospel of reason. Let us remind them that "man is pre-eminently a reasonable and a rational being, and by that is meant, not merely that he possesses reason, but that he is able consciously to direct and control it, and hence is a responsible being." "The conscious human will and active powers of intellect are, indeed, the arbiters of man's destiny, the source of his supremacy; that part of him surely that is in the likeness of the Divine; however much the unconscious may be an unseen guide, a faithful and indispensable servant. It is only in insanity, in sleep, and in hypnotism that the unconscious mind *rules* the man, and more need not be said to show the supremacy of consciousness over unconsciousness."

The physician should explain to his people the danger of surrendering their noblest endowment—reason; should tell them that weakened will and warped judgment may result from such surrender and lead to a condition where madness is hovering dangerously near.

People should be taught that the best precaution against this psychic slavery is to weigh all things in the balance of reason.

As Dubois says: "The individual who wishes to preserve the integrity of his good sense and to assure his mental health ought at every turn to appeal to his reason and keep watch over his mentality."

Recognizing that diseases of psychic origin are best treated by mental therapy, the physician should make use of every legitimate means to establish through an education of the reason, stable and healthy sub-conscious function; at the same time he should give to existing somatic disturbances the benefit to be derived from every adjuvant which his science and experience teaches him to be of value. Such a method of practice must, by its very reasonableness, appeal to the many intelligent people who have found by experience that there is often a wide hiatus between the administration of powders and potions, and health. It will go far toward restoring public

confidence in the medical profession, and will do much to disperse the various pernicious outgrowths arising from the prevalent irrational excitement over psychism. Thus may we, by the adoption and intelligent application of psycho-therapy, together with patient education of the people, build up a mental science in its truest sense, not as exploited by the exponents of any cult, but unencumbered by abstruse aphorism, stripped of mysticism and clothed in the material garb of white and grey matter—of brain centres and nerve fibres—removed from sentimentalism and exalted to sense.

NEUROTIC CONDITIONS OF THE EAR.*

By Howard P. Bellows, M.D., Boston, Mass.

Of all the affections to which the ear is subject there are none which try the very soul of the aurist like those which are commonly classed as neurotic. While some of these, for long periods of time, present symptoms so unvarying and unyielding that the patience of physician and patient alike is exhausted, others are characterized by ever changing manifestations, so illusory and impalpable that one almost despairs of ever effecting a cure, or even affording a reasonable measure of relief. And yet these are not imaginary annoyances and sufferings of which the patients complain. Although purely subjective they are the outcome and manifestation of actual disease, as distinctly as are any inflammatory or degenerative states which exhibit an abundance of objective phenomena. To an understanding of these conditions the wisest generalization is essential. The entire condition of the patient must be studied, as a whole, as well as all derangements of individual parts and organs. The whole environment and mode of life of the patient must be investigated, and especially the mental influences which daily act and react upon him. In the treatment of these cases the family physician and the specialist must act understandingly and cordially together, and often the co-operation of the family and closest friends must also be secured before success can be achieved.

In presenting, somewhat briefly, for your consideration, the various neurotic conditions of the ear I shall divide them, for convenience of description, into Motor Neuroses, Sensory Neuroses and Acoustic Neuroses, the latter class being sensory, of course, but confined to the nerve of special sense alone, either in its labyrinthine expansion, its trunk, or the cerebral centres of audition.

Motor Neuroses. These consist of spasmodic contractions of the muscles about or within the ear. When confined to the muscles of the auricle they assume usually the tonic or

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spastic form. When the inter-tympanic muscles are affected the contractions may be either tonic or clonic. Usually the tensor-tympani is the muscle concerned, and the movements of the drum-head which are induced may sometimes be perceived by the eye upon specular examination. A small manometer, fitted into the external orifice of the ear, will demonstrate these movements when they cannot be otherwise recognized. Tonic spasms of this muscle produce, subjectively, cracking sounds or throbbing of dull character, while clonic spasms probably occasion the sound like the "fluttering of wings" of which we occasionally hear patients complain. It is supposed that, under certain circumstances, the stapedius muscle may be subject to tonic spasm, producing a strong rushing noise subjectively. The muscles of the Eustachian tube are also subject to contractions, producing regular snapping or beating noises which can often be counted by the patient, and which are not synchronous with the pulse beat. In my own practice I was once able to demonstrate this condition to the eye by inserting the beak of a hard-rubber catheter into the mouth of the Eustachian tube and observing the rhythmical movements of the end which protruded from the nostril.

The treatment of these conditions consists in removing any cause of reflex nervous influence which may exist in the naso-pharynx or adjacent parts, the local use of electricity, and the internal exhibition of the remedy indicated. In my experience Strychnia, in the third decimal attenuation, has been most generally useful.

SENSORY NEUROSES. *Local hypercæsthesia* is often so marked, in nervous and excitable patients, that the merest contact with the surface of the external auditory canal will occasion pain out of all propotion to local injury, accompanied often with strongly exaggerated nervous reflexes.

Local anæsthesia is a more interesting condition, however, which is sometimes observed in hysterical patients. The surface of the external canal and the drum-head itself has been found, apparently, wholly devoid of sensation upon investigation with the probe and, in one hysterical case upon record, even the prick of a needle could not be felt within the auditory canal or over the whole surface of the auricle.

Neuralgia is the most common of the sensory neuroses of the ear. It is usually an affection of the tympanic plexus, but may centre in any other portion of the ear or in the mastoid process, and is often of reflex origin. As I have already presented quite a lengthy paper on aural neuralgia, upon another occasion, I shall not take time to discuss this particular condition here. I will simply remark that our treatment of this affection is far more satisfactory than that of the other aural neuroses. Our main reliance, after the removal of the cause, if possible, is upon the local action of dry heat and the internal action of a

carefully selected remedy. Our Materia Medica presents quite a large class of remedies from which the choice may be made, but the one which oftener than any other has served me in these cases, either recent or chronic, is Magnesia phosphorica, in the sixth decimal attenuation.

ACOUSTIC NEUROSIS. *Nervous tinnitus* is developed most commonly in patients of excitable, nervous temperament in consequence of mental strain, shocks from sudden noises, grief or fright. In typical cases the hearing power is not impaired. The subjective noises are usually of ringing or singing character, sometimes like organ tones, or sharper and sibillant like the sound of escaping steam. Several distinct noises, of different character, may be present at the same time, and sudden startling reports like pistol shots sometimes occur. These noises may be referred to the ears or may seem to be present at some indefinite point somewhere within the head. They are oftener continuous than intermittent and may be either temporary or permanent, in the latter case often lasting for years without any loss of hearing power, but occasioning far greater annoyance and depression than could be caused by any degree of deafness, however profound.

The treatment of these cases is extremely difficult and often far from satisfactory to either physician or patient. Healthful occupation of the mind and distraction of the thought; the promotion of the highest possible degree of general health; the local use of electricity and the administration of internal remedies studiously selected has, however, cured many recent cases and some of longer standing, while appreciable relief has been afforded to others in which a complete cure was impossible.

False hearing and double hearing are conditions which I group together for the reason that while they are sometimes included among the auditory neuroses they may not strictly belong to this class of affections, inasmuch as their cause may be some microscopically appreciable lesion in the organ of Corti. This is not necessarily a permanent lesion since recovery from this condition, even after a considerable lapse of time, is often complete. "False hearing" or "paracusis" as it is sometimes called, consists in a wrong perception of the pitch or quality of a sound or sounds. A lack of ability to locate the direction from which a given sound proceeds is another form of false hearing, but this is often due to a perception of the sound in question by one ear alone. "Double hearing," or "diplacusis," in which sounds, like musical notes for instance, are heard double, with the pitch or quality of one note different from that of the other, may resolve itself into a case of correct hearing with one ear and false hearing with the other, but there is such a condition, rightly so called, in which in a single ear there is a double perception of the same note, which sounds in consequence like a split-note.

This to musical people, with highly trained perception of pitch, is a misfortune which words can hardly express. Fortunately this condition, though sometimes long lasting, is rarely permanent.

Color hearing is a condition in which certain sounds either suggest definitely associated colors to the mind, or occasion definite colors to be apparently seen by the eye. This is not necessarily a pathological condition and is one of extreme interest, but I will not dwell upon it here as I have already made it the subject of a separate paper.

Hallucinations of hearing may extend to sounds of any nature whatever. Silent or imaginary clocks may be heard to strike and whistles to blow, musical airs indistinct, perhaps, as at a distance, may be heard and followed, and animal sounds of all sorts apparently perceived. When human voices are heard, pronouncing words or engaging in conversation, the case becomes more serious, since actual mental derangement usually exists already in these patients, or is likely to develop in the near future.

Acoustic hyperæsthesia is a super-sensitiveness of hearing which may become actually painful. This may be manifest in the heightened perception of one class of sounds alone, or of sounds and noises of every description. It is a condition which develops in connection with nervous or mental exaltation, after the abuse of stimulants, in cerebral irritation from trauma, at the beginning of inflammatory states of the ear itself, or during the development of fever affecting the system in general. It is sometimes one of the indications of impending apoplexy. It may be associated with heightened sensibility of sight and smell and the other special senses, as in persons in states of somnambulism or ecstasy. In a transient form it is sometimes seen in patients recovering from the effects of an anaesthetic, and during attacks of migraine it is frequently a symptom of some prominence. In one case it was a reflex accompaniment of a violent toothache, ceasing when the decayed tooth was extracted. It produces, at times, a curious anomoly of hearing in which the perception of sound is apparently prolonged, or repeated, after the sound actually ceases. The ticking of a watch, for instance, is apparently heard continuing for some seconds after the watch itself has been removed entirely from the ear. This is sometimes spoken of as "echo-hearing."

Acoustic anæsthesia is the reverse of the above condition and is met with during convalescence from severe sickness, like pneumonia or typhoid and other continued fevers; also during periods of debility following excessive stimulation, or in consequence of immoderate smoking or sexual excess. Mental states have much to do with this condition, both in inducing periods of depressed hearing and in aggravating the disorder whenever there is a conscious fear of inability to hear at a given moment.

In a case reported by Prof. Gruber intense mental excitement caused the complete loss of both speech and hearing. Under treatment speech was regained in eight days, but hearing not until some five weeks later. Not infrequently the neurotic loss or diminution of hearing power is associated with impaired function in other organs of special sense.

A curious neurotic case, which fell under the personal observation of Prof. Politzer, is so worthy of presentation that I will quote briefly from his report: "The forerunner of the attack was slight nausea, which caused the patient to announce its onset; instantly I observed paleness of the face, and at the same moment the hearing distance for the acoumeter was determined as over three metres; half a minute later the hearing-distance diminished to one cm., and the patient could only with difficulty understand what was said in his immediate vicinity. This lasted for about two minutes; the paleness of the face then disappeared, the subjective noises became weaker, and a tolerably rapid increase in the hearing distance for speech and the acoumeter took place. Five minutes later, the normal hearing returned, with the disappearance of the stupefaction and confusion in the head. From these symptoms angioneurosis of the internal ear, due to the sympathetic, was diagnosed and galvanization of the sympathetic in the throat was ordered." This case was cured after treatment "for some months."

Neurotic deafness following rheumatism. Let me here quote a brief description of another extremely curious case which occurred in the practice of Prof. Moos of Heidelberg. The patient, a girl of nineteen, "was attacked by hyperaesthesia of the organ of hearing, shortly followed by total deafness and tormenting subjective noises, seven weeks after acute articular rheumatism ushered in by violent nervous and cerebral phenomena, the noises soon disappearing without improvement in the hearing. The examination with the speculum gave a negative result. The hearing became gradually normal with the use of the constant galvanic current."

Neurasthenic deafness is characterized by fluctuation, not only in the degree of deafness itself but in most of the concomitant symptoms as well. Fatigue is the element which, more than any other, must be reckoned with in these cases. In the morning hours, when the patient is refreshed from the night's sleep, the hearing may be so good that hardly any defect is noticed. Later in the day, especially if it has been a fatiguing day, or has been spent in a noisy place, or if much conversation has been necessary, the deafness becomes very pronounced and annoying. Even in testing the hearing distance during a treatment in the office there will be found a variation from one minute to another. This is especially the case if the patient realizes that his hearing distance is being estimated and recorded, for solicitude to hear at his best may reduce his hearing at once to

its lowest limit. Even without the mental influence the process of testing, through ordinary fatigue from sustained attention, will perceptibly lessen the hearing power for the sound employed. Not only this, but it will, at the same time, be lessened for conversation or for any other sounds which may be used in testing. This is a diagnostic characteristic of these neurasthenic cases, for in testing ordinary cases fatigue of the hearing apparatus for one sustained note, of a tuning fork for instance, does not lessen but rather quickens perception for other notes of the scale—directly the reverse of the neurasthenic condition. Tinnitus is a frequent accompaniment of this form of deafness, also varying in character and intensity with the degree of fatigue which is felt by the patient. Local discomfort in the ear itself is also complained of frequently, taking the form of a tickling irritation in the external canal, with a sensation as though the outer opening were narrow or in some way obstructed. This induces a nervous habit of "working at" the ears which is often observed in patients of this class.

Hysterical deafness. This is the last of the neurotic conditions of the ear to which I shall call your attention, and it is more interesting and characteristic than any of which I have spoken. It presents points of direct contrast with neurasthenic deafness, which we have just been considering. Its development is usually sudden. After extreme mental excitement, or some strong emotion or severe shock, the patient is discovered to be deaf, usually totally deaf, upon one or both sides. Whatever the degree of deafness it is unchanging as long as it may continue—while it lasts it is usually total, when hearing returns it is at once as perfect as before the attack. Tinnitus is seldom present, nor is there nausea or vertigo, and this differentiates the attack from Ménière's disease. When the deafness is unilateral there is almost invariably hyperaesthesia upon the opposite side, and here occurs the most peculiar phenomenon of the whole disorder since transference of the deafness may at any time take place from one side to the other. This may occur spontaneously or, still more curiously, it may be induced in some cases by the mere approximation of a horse-shoe magnet to the effected ear. This fact has been repeatedly verified. In some cases transference may be made to take place, back and forth, any number of times in this manner. In more fortunate cases cures have been reported by this approximation of a magnet.

Even more interesting than these unilateral cases, and still more rare, are a very few bilateral cases of hysterical deafness which have been reported. One of the most typical of these occurred in the practice of Sir William Dalby of London. The patient, a young lady, twenty years of age, suddenly became totally deaf. No organic defect in the ear could be discovered and functional testing, in various ways, failed to elicit the slightest evidence of any perception of sound. Sudden, loud noises

did not cause reflex starting, or any evidence of surprise. After a lapse of six months, without change in her condition, she appeared at breakfast one morning with her hearing perfectly restored.

Some years ago I met in my own practice a case of this description which I have never yet reported, although always meaning, on the proper occasion, to place it upon record. The patient, a young girl, ten years of age, had sustained several shocks to her nervous system. The death of two of her playmates had greatly wrought upon her, and distressing scenes at the school which she attended, where boys were severely whipped at times in the presence of the other scholars, served to keep her nervously unstrung. She returned home from school, after one of these occasions, with a violent occipital headache which so developed during the night that meningitis was feared. She slept little, moaned constantly and was somewhat delirious, although there was no rise of temperature and the pupillary reaction was not affected. This condition lasted several days when, suddenly, it was discovered that she was totally deaf. A few days later she was brought to me and the most careful examination of her ears failed to reveal any abnormality in appearance or any evidence of organic defect. All functional tests failed utterly to excite any response or the slightest indication of any sound-perception. A loud "Alpine horn," sounded suddenly behind her back, did not occasion so much as the twitching of an eyelid. She was already acquiring the power of reading the lips, however, with wonderful facility, without any instruction whatever, and this, at first, aroused in me a suspicion that, for some unaccountable reason, she might be malingering. Before I concluded my examination I satisfied myself completely, by counter-tests, that such was not the case. Believing the deafness to be purely a manifestation of hysteria I sent this patient to Prof. E. P. Colby for treatment. The "static breeze" was used for about two weeks, when the hearing returned suddenly and perfectly. Within the next two years this sudden and complete deafness recurred several times for varying periods, with recovery after treatment by Prof. Colby, who employed electricity and suggestion. A permanent cure was effected when menstruation became established. Fifteen years have passed since then and the patient is in robust health, although subject to neuralgia, I am told, in all parts of her system.

As to the treatment of hysterical deafness there is not a great deal to be said. It seems probable that some of the remedies of our school, like Ignatia, may be serviceable in helping to put the nervous system into a favorable condition for the cure to be effected, and electrical treatment has apparently been of benefit, but the real curative agent in most of these cases I am inclined to believe is "suggestion." It is quite probable that the

effects of the magnet, already alluded to, may be really due to suggestion, and I am the more inclined to think so since there is a case recorded where equally striking results were obtained by binding a piece of gold upon the affected ear. Suggestion, whether under the hypnotic influence or otherwise, should be applied understandingly, however, upon strictly scientific principles, to get the effect desired.

It is hoped that this review of the neurotic conditions to which the ear is subject will serve to clear away some of the obscurity which attends them in the minds of most medical practitioners and make easier their diagnosis at least. Their treatment will probably remain always a difficult matter, which will continue to tax the resources of general practitioners and specialists alike.

REPORT OF A CASE OF CARCINOMA OF THE JEJUNUM.*

By Crawford R. Green, M.D., Troy, N.Y.

The patient, F. T., 39, single, dentist, had been in robust health for a considerable time. Had diphtheria several years ago, but had had no other infectious disease. A moderate user of tobacco; fond of rich and highly-seasoned food; indulged in stimulants in the form of fancy drinks. Family history free of organic disease.

For several weeks had suffered from occasional attacks of flatulency and vague abdominal discomfort, which were promptly relieved by an indicated remedy.

July 22 to July 29. The patient was confined to the house with what appeared to be active hyperæmia of the liver, which responded to homœopathic medication and a milk diet.

July 29 to August 7. The patient was able to visit his office daily and to attend to some of his work. He suffered somewhat from dyspepsia, manifested especially by flatulency, constipation, anorexia, and apathy. During this period it was observed that the patient was worse every other day. The bowels were moved by two grains of calomel in fractional doses, followed by citrate of magnesia. Remedies: Nux vomica 3x and Bryonia 3x.

August 8 to August 12. Patient felt unable to work and stayed home. Very weak; occasional vomiting of bile; considerable distress from flatulency; anorexia; nervousness; dispirited; bowels moved by ememata.

August 12 to August 18. Persistent vomiting of large quantities of clear bile; anorexia; weak, sallow complexion. Pulse regular, 90 to 100; no chills; no fever; no pain; no headache. Very little nausea or retching with the vomiting. Physical examination absolutely negative except for exaggerated reflexes, which soon tired

*Read before the Albany County Homoeopathic Medical Society.

on repetition. Arsenicum, Bryonia, Chelidonium, Ipecac, Iris, Creosote, Nux vomica, and other remedies, prescribed at various times, gave no result. The same result followed the exhibition of a great many non-homœopathic measures. The bowels became extremely constipated and the administration of ordinary laxatives made no impression. From August 16 to August 18 the patient was disturbed by long-continued attacks of hiccoughing, which were relieved from time to time by drachm doses of an infusion of mustard.

August 18. All the symptoms continued with increased severity. One drachm of Carlsbad salts in hot water was given every hour, and strychnia gr. 1-60 every six hours. The salts were given eight times, a passage was effected, and diarrhœa produced. The vomiting was temporarily relieved.

August 19. The vomiting recommenced, the patient ejecting from a pint to a quart of clear bile at frequent intervals. Ingluvin gr. x was administered every hour during the night and the next morning, and the vomiting ceased. Patient was drowsy and weak, and presented a picture of severe toxæmia. Pulse remained good. there was no pain, and careful physical examination revealed nothing abnormal.

August 20. In the afternoon the patient became very restless, wandered aimlessly about the house, and talked incoherently. Arsenicum 3x was administered every hour. It was impossible to keep the patient in bed, and sleep was induced with thirty grains of sodium bromide, which dose was later repeated twice.

August 21. Low muttering delirium in sleep and incoherent speech when awake. Patient started to answer questions rationally, but was soon lost in a maze of fancy. No vomiting; putrid diarrhœa without control of sphincter. Physical examination positively negative. Consultation with a neurologist, with a view to determining, if possible, some obscure cause for the condition referable to the central nervous system. The nervous system was excluded, and, considering the intense autointoxication present, it was advised to administer, in conjunction with medication already being received, half an ounce of castor oil with fifteen minims of turpentine, to be repeated if advisable, and a half ounce of brandy every three hours.

August 22. Patient's condition unchanged. Castor oil and turpentine repeated at 6 A. M. Brandy discontinued. At noon the patient presented an excellent picture of Baptisia, and the administration of that remedy was begun. Toward evening patient began to show improvement, the diarrhœa and the mental symptoms being decidedly ameliorated.

August 22 to August 27. During these five days the patient's condition steadily improved until the mind became perfectly clear. There was no vomiting and the patient's bowels were easily moved with Carlsbad salt, when necessary. Baptisia continued. Patient fed by mouth—peptonized milk, malted milk, albumen water, and beef peptonoids.

August 27. Recurrence of vomiting of bile and hiccough. Ingluvin gr. x relieved after one or two doses, but later appeared to aggravate. Physical examination revealed a remarkably loud splashing sound.

August 28. During the morning the vomiting continued and the patient presented a more marked picture of toxæmia than at any time previously. The treatment now included rectal feeding, colon irrigation with normal salt solution, gastric lavage, salol gr. v. t. i. d., and Nux vomica.

In the afternoon the patient ceased vomiting and the pulse grew very weak. During the night the extremities grew cold and the patient was pulseless. Cratægus tincture, brandy, Arsenicum 3x.

August 29. Weak, restless, somewhat delirious. Toward evening the patient's general condition showed much improvement.

August 30. Weak, pulse improved, dull and sleeping much of the time. Stomach quiet. Acetone appeared in the urine in considerable amount, for the first time.

August 31. Patient comfortable, weak, sleeping much of the time. Pulse 110 and good; temperature 99 1-2 degrees.

September 1. Patient stronger and apparently much improved. At 5 P. M. began vomiting a malodorous greenish-brown fluid, continuing until midnight. Menthol 20 per cent. solution in olive oil, appeared to give much relief.

September 2. Quiet, sleeping, aroused with difficulty, and incoherent in speech. Pulse 108 and strong, temperature 100 1-2 degrees. Arsenicum discontinued and Nux was again administered. Stomach tube brought about three quarts of light brown fecal smelling fluid, of which perhaps one-fourth was vomited while the tube was being passed. The patient rebelled against rectal feeding. Urinary analysis showed the presence of both acetone and indican.

September 3. Patient weaker, dull, delirious when aroused, temperature 101 degrees, pulse 120. Rectal infusions of normal salt solution, and brandy with the nutrient enemata.

September 4. In the lower right quadrant of the abdomen the patient developed the following phenomenon: by irritating the skin by flagellation or rapid percussion, a crescentic vermicular motion would commence in the skin, followed by the elevation of a mass about ten centimeters in diameter which simulated a well-developed hernia. In a few seconds this mass would disappear, to be easily recalled by renewed irritation. On pressing this mass upward, a distinct gurgling sound was produced. At first this mass was assumed to be connected with the stomach, which now seemed to be enormously dilated, but upon distending the stomach with a seidlitz powder, it was found that there was no connection between the two. The patient's leucocyte count was 20,500. He was delirious, weak, overwhelmed with toxæmia. Despite his desperate condi-

tion, an exploratory laparatomy was decided upon, and he was operated upon in the afternoon. Upon opening the abdomen there was found an annular carcinoma of the upper third of the jejunum, with an extensive involvement of the mesenteric glands. The small intestine was so greatly distended above the point of stricture as to appear like a continuation of the stomach. A lateral anastomosis was rapidly performed, with a view to performing a secondary operation subsequently, if the patient survived and conditions warranted it. A small gland was also removed for pathological examination. The patient died at noon the following day.

I have presented this case somewhat in detail, for a careful study of it reveals many points of unusual interest. The total absence of early symptoms pointing to an organic condition; the entire absence of the colicy pain usually characteristic of intestinal carcinoma; the comparative comfort of the patient throughout his illness; the very late changes in the urine, despite the profound autointoxication—are all among the factors worthy of consideration. Boas, in his Diseases of the Intestines, dismisses the condition with the following brief note: "On account of its rarity and because, as stated by Treves, it very seldom forms a palpable tumor, carcinoma of the jejunum and ileum possesses but little diagnostic interest." The case I have cited certainly possesses much of diagnostic interest, but absolutely nothing upon which a positive diagnosis could rest.

Carcinoma of the jejunum is of extremely rare occurrence, and but few cases are reported in the literature. In the Vienna General Hospital, A. Zemann, in 912 autopsies on cases of carcinoma of the gastro-intestinal tract, found no case where the jejunum was involved. Nothnagel collected a series of 343 cases of intestinal carcinoma which went to autopsy in the Pathological Institute in Vienna between 1882 and 1893. Of his series, seven were in the duodenum, ten in the ileum, none in the jejunum, 164 in the colon, and 162 in the rectum. Bryant, in the Annals of Surgery, February, 1893, reports 110 autopsies. Of those, carcinomata were found in the small intestine six times, in the cecum and ileocecal region seven times, in the transverse colon and hepatic and splenic flexures nineteen times, and the sigmoid and rectum seventy-eight. In 280 cases of intestinal carcinoma collected by Curtois-Suffit (Traité de Médicine, by Bouchard and Brissad, tome IV., p. 505), we find the following distribution: jejunum 4, ileum 21, cecum 48, ascending colon 22, hepatic flexure 8, transverse colon 26, splenic flexure 10, descending colon 29, sigmoid flexure 100.

It is thus seen that in the case in question we are not only dealing with an unusual train of symptoms, but that the condition itself is one of extreme rarity.

THE PRESENT PHASE OF THE PROSTATE CONTROVERSY.*

By Winfield Smith, M.D., Boston, Mass.

The use of the word "controversy" in the above connection may call forth considerable criticism, and I have no doubt that many of my honored colleagues may think it a stronger term than the occasion warrants. When one comes to read even a portion of the literature of this particular subject, however, one is forced to the conclusion that the partisan spirit runs high, and that and the voluminosity of the literature and the diverse opinions held by different authorities are sufficiently strong and differ so much in their conclusions as to excite the greatest interest and leave one somewhat in doubt as to what may be the best method of treatment in the given case.

Again, when one visits the various clinics in this country and abroad, one is astonished at the different methods in vogue and at the manner in which the several clinicians conduct what is, practically, the same grade of cases. To illustrate,—Freyer, for instance, advises and uses only the suprapubic route in cases demanding prostatectomy. Another equally clever and successful surgeon would use this route only in a rare and unusual case, and advises the perineal as the only method for these cases, citing numerous records as evidence of the success which can attend one when the drainage is brought through the perinaeum.

In a paper by Dr. Ransohoff of Cincinnati, read in the Section on Surgery and Anatomy of the American Medical Association, at the Fifty-ninth Session held at Chicago, June, 1908, the author says:—"Since the perfecting of suprapubic prostatectomy by Fuller, Freyer, Farwick and others, its adoption by surgeons in general has been very large. On the other hand, the advocates of the perineal route by the methods of Parker, Syms, Proust and Young, are no less staunch, though perhaps fewer in number. Each method has its advantages. To my mind, and from an experience not inconsiderable with both methods, the advantages of the suprapubic method largely outnumber those of the perineal operation. When it is indicated, it can, save in exceptional cases, be completed in less than fifteen minutes. When we consider the advanced age and the debilitated condition of most prostatic sufferers, this of itself is of prime importance. The suprapubic operation does not disturb the normal relation of the perineal pockets, and what hemorrhage there is before reaching the prostate comes from the bladder wall, where it is easily controlled. The hemorrhage incident to the enucleation of the prostate is always easily checked, if the incision in the bladder is of adequate length. Here I have found the use of formaldehyde-gelatin (glutal) of inestimable value." After

*Read before the Massachusetts Homoeopathic Medical Society, Jacob Sleeper Hall, Oct. 14, 1908.

speaking further regarding the ease of enucleating the prostate as a whole, he emphasizes the danger of wounding the rectum when one is operating by the perineal route, and expresses the opinion that this accident occurs much more frequently than is commonly known, "even," as he states, "in master hands." In regard to the perineal route he continues as follows:—"There is, of course, one class of cases in which the perineal operation is always indicated. I refer to the small, dense, fibrous prostate, adherent to the capsule, and in which cystoscopic examination shows little or no intravesical projection. Here the careful dissection necessary to removal must be made with cutting instruments, and should, therefore, be controlled by the eye of the operator. In that very rare class of cases of prostatic hypertrophy, in which there is concentric hypertrophy and contraction of the bladder, the perineal route is also to be preferred. A comparison of the mortality statistics of the two methods of prostatecomy militates somewhat against the high operation. For this a number of factors are responsible. First, it is doubtless true that the high operation is reserved by many for the more advanced cases, and those complicated, as, for example, with stone. The second and more important cause for the greater mortality of high prostatectomy lies in the inadequacy of drainage as it is commonly sought to be established in violation of a fundamental principle of wound treatment. Uphill drainage is the one generally practised after high cystotomy.

Since an overwhelming majority of patients requiring an operation on the prostate present an infected bladder, the results of the suprapubic operations are vitiated by the not infrequent infection of the prevesical space, and sloughing of its loose connective tissue. At best the wound is kept clean with difficulty, all mechanical devices to the contrary notwithstanding. Frequent changing of dressing is imperative and becomes disturbing to the patient. Not infrequently convalescence is protracted by an annoying eczema around the wound. It is not unusual for a vesical fistula to persist for months, and in some cases it is permanent. Added to these disadvantages is the necessity of long confinement in bed, with all its attendant menaces."

He then speaks of the various means of securing drainage through the perinaeum and advises the method which is original with him, and which he has used successfully for several months. This consists in passing a curved trocar and canula from above through the most dependent part of the emptied prostatic pouch in such a manner as to avoid the rectum and emerge on to a finger pressed against the perinaeum about one-half inch in front of the anus. A large drainage tube is passed through this opening, the canula is withdrawn from above and the tube held in position by a stitch in the margin of the perineal wound. The wound in the bladder is then closed as is the abdominal opening,

with the exception of a small aperture in the lower angle which is drained by a wick of gauze for a few days.

In the discussion following this paper, Dr. Hugh H. Young of Baltimore said that "Every one knows I am more or less opposed to suprapubic prostatectomy. The perineal operation can be done just as quickly as the suprapubic. I have frequently been able to complete the operation in from twelve to thirteen minutes, and I hold that time is not such a great factor that it is necessary to do a destructive operation in order to get the patient off the table very quickly. As a matter of fact, the operation can be done just as quickly one way as another." Again he says: "I think that the mortality is the one thing we bear in mind in choosing a method for prostatectomy. Unquestionably the suprapubic method is excellent in its results, and it cures in desperate cases, but it is only by studying a long series of cases that we can determine which operation should be done. My experience in at least 500 cases of enlarged prostate shows conclusively that the perineal method is the simpler and is unquestionably less dangerous. In a period of almost three years I had 128 consecutive cases without a death, and every one of my patients left the hospital alive and well. Among these were four over eighty years of age, twenty-three over seventy-five, and forty-six over seventy, and during that period of three years I do not think that more than three or four patients came to the hospital who were not operated on. That may be more or less good luck, because since then, in a period of three months, there were three deaths. One of these patients was a severe case of pyonephrosis, and one died in the ninth week after operation."

These quotations have been made at considerable length, obviously, in spite of the fact that they appeared in the Journal of the American Medical Association in the number issued on September 12th of this year, and are accessible to all in the Journal mentioned. Other medical publications, the world over, are likewise engaged in discussing the prostate and its diseases, and the operations for relief of the symptoms which accompany the development of the various pathological processes to which this gland is liable. There was—but a few years ago—but one operation for the removal of the prostate and this was the one which Belfield of Chicago exploited and elaborated to such a point that it was hailed as the long-looked-for amelioration from the multitude of discomforts which prostatic involvement may entail. This method was an elaboration of the ancient perineotomy and cystotomy which had been in use for centuries for the removal of vesical stone and involved only a slight development of special technique to make it available for prostatectomy in any case needing this operation. This procedure served well and was in universal favor for a long time until an operation involving opening the bladder from above the pubis was practised

and advised by a small number of enthusiasts who abandoned the older operation in toto and threw all of their influence in favor of the newer methods and practices.

I fear that we are somewhat inclined—in common with our contemporaries in the other liberal professions—to become somewhat too enthusiastic over promising new developments and to be so carried away by what appears to be an improvement in method of technique as to lose a true sense of the actual status of either the new or the old. In proof of this assertion may be cited our past experiences with iodoform, which was formerly considered indispensable in surgical practice; the more or less indiscriminate use of cocaine which at its discovery was pronounced the ideal anaesthetic, destined to supersede the general anaesthetics then in use; the universal acceptance of vaginal hysterectomy as the ideal operation in a large number of cases requiring surgical interference in pelvic disorders and many other enthusiasms—like, for instance,—the Murphy button, which served their purpose in enlarging our general view, but have gradually been abandoned in their turn.

Iodoform has disappeared—not one grain is sold now by the druggist where ounces were formerly dispensed; cocaine is dreaded now rather than trusted, and the dangers in its use are now so generally known that the government has restricted its sale in large degree; vaginal hysterectomy has had its day and passed on, and while it may still be valuable in certain conditions, I venture to say that this operation is done in only a small percentage of cases compared to those operated in this manner a few years ago; the Murphy button was valuable for a time, but has been superseded by simpler and surer means. So we might multiply instances almost without number in which many and various surgical discoveries have been almost hysterically received and adopted by the medical world and as hastily abandoned directly sufficient time has elapsed to prove that the first claims were not well grounded in scientific knowledge and could not endure the test of experience. It must be admitted that with all this evil there is also some good, for it is unquestioned that one learns as much or more from failures as from successes, and the national impatience to adopt the newest in every business and profession occasionally works, in some slight degree at least, for the general good.

The paper so extensively quoted above may be used in one connection—if in no other—and that is to demonstrate the wide difference in opinion existing in equally well qualified surgeons in relation to the controversy regarding the choice of operation in patients requiring prostatectomy. To my mind the claims of those wedded to the suprapubic method and the counter-claims of those who are loyal to the perineal route, leave a large number of practitioners in doubt regarding which, if either, is

the more dependable means of attacking a prostate gland requiring removal.

Furthermore, it seems to me that this doubt is eminently justified and that it exemplifies the status of the question at the present moment. I have had the privilege of seeing Mr. Freyer operate on prostate cases according to the methods which he so strongly advises, and I am, frankly, less inclined to accept his manipulations as the most scientific or his advice as the last word in this prostate discussion. At the same time it cannot be said that the operation via perinaeum leaves nothing to be desired for any surgical interference with a part of the human economy so situated as to be subject to a constant urine bath—not to mention the active sepsis present in many of these cases from various causes preventable or non-preventable as the case may be—carries with it more danger than can possibly follow similar manipulations on other portions of the body.

For this and other obvious reasons, the prostate must be approached with more than the usual caution, and the mortality list must be scanned with greater care than has been our habit heretofore.

It is acknowledged almost universally that fewer deaths result from the perineal than from the suprapubic operation, and this, to me, is the strongest argument which those devoted to the former method can produce. The question of a few minutes of time as a great recommendation in favor of such a grave undertaking as we are considering does not impress me as of such supreme importance as is commonly claimed by its devotees; in my judgment it adds more to the theatric qualities of the operation than to any special benefit which the patient may derive therefrom.

It must not be overlooked that many prostate patients suffer from pathological conditions of the urethra, and this portion of the urinary tract can be reached and treated better when the bladder is entered by the perineal route than by any suprapubic incision which can be made.

With all this evidence before us, with two widely different methods of accomplishing the same result, advised by two adherents, each of whom is almost fanatic in his devotion to his chosen way, what can be decided in regard to the acceptance of one or both as the better treatment in a case of hypertrophy or other disease of the prostate gland in which surgical treatment is advisable?

In this question as in many others which we are called upon to consider in our daily professional work, it can be said that each class must have a certain amount of right to the opinions given, and that the happy mean is the strongest part of the entire controversy. This is the decision to which I have come in this matter after much consideration of the question in its various aspects, and I present the same to you at this meeting.

hoping that sufficient discussion may be aroused to still further elucidate or refute the suggestions offered. In the future the cystoscope will unquestionably be of greater assistance than formerly in demonstrating the size of the gland and the amount of its projection into the bladder, while an examination per rectum will easily determine the relative size of the posterior enlargement. If the development is chiefly in the bladder, the suprapubic incision will be the choice. If toward the rectum the perineal route will be favored. If the urethra anterior to the prostate is the seat of a pathological process, the lower operation will be preferred in order that both conditions may be treated at one sitting. In making the suprapubic operation, the Trendelenberg posture—which I saw Dr. Carlton use last April with great success at the Hahnemann Hospital in New York—and a sufficiently large incision as advised by Dr. Ranschoff will overcome most of the difficulties which have heretofore been encountered in this operation. It is also apparently well proved that in some cases, which exhibit great infection of the bladder, and much general systemic disturbance from extension of the inflammation along the ureters toward the kidneys, and absorption of the septic material to a more or less toxic degree, a double operation is often advisable—that is, making a suprapubic incision into the bladder for the purpose of draining and cleansing that cavity, and later, when the conditions warrant, removing the gland through the original incision, enlarged to a sufficient length to allow such manipulations as may be necessary. This method of handling these severe cases has been adopted by many operators both in this country and in Europe.

These, then, are the rules which are to govern for the present at least, my actions in such cases of prostate gland requiring removal as may come under my observation. While it is, in great measure, satisfactory to come to definite conclusions in this much discussed question, it must be borne in mind that evolutionary processes may develop which may change the entire aspect of this interesting and important matter. My only contention is that material changes, being evolutionary,—and not revolutionary—must, necessarily, require time and study and the careful inspection of the results of a large number of frankly reported experiences in this special department of surgery.

To recapitulate:—

I. The cystoscope is a great aid in the diagnosis of prostatic diseases.

II. If a prostatic hypertrophy projects largely into the bladder, the operation of choice is suprapubic prostatectomy; if the enlargement is posterior, with adhesions, with or without concentric hypertrophy and contraction of the bladder, the perineal route is preferable.

III. In septic cases in which there is evidence of general infection, the double operation—first draining and washing out

the bladder through a suprapubic incision, and later removing the prostate through the same incision enlarged to suit the demands of the operator, will be in favor.

IV. All prostate operations are more dangerous to the patient than those of almost any other region of the body, owing to the low state of many of these subjects, due to old age or general infection and a bad condition of the renal apparatus, the origin of which can oftentimes be traced to the septic vesical area.

THE POSSIBLE PREVENTION OF ENLARGEMENT OF THE PROSTATE.

By Orren B. Sanders, M.D., Boston, Mass.

In the entire history of the civilized world, at no time has so much attention been paid to that branch of the work of the physician known as preventive medicine as now in this twentieth century, already so conspicuous for its marvellous progress in the arts and sciences.

To relieve and to cure diseased conditions must ever be the daily problem of the man who stands in the limelight of public observation, as does every member of our profession who is engaged in the active practice of medicine. But the solution of this problem by no means constitutes the sum of his opportunities or obligations. All physicians to some extent realize this, and all physicians are coming to realize it more and more as their perception of the scope and magnitude of their work increases.

The principle of preventive medicine is doubtless applicable to all diseases, and to no class to a greater extent than to that of diseases of the urinary system. This system has its own representative organs, yet there is one structure almost insignificant in size and having different functions, upon whose integrity, nevertheless, the well-being of a portion of the urinary system depends in no small degree. This structure is the prostate—a genital gland, a genital brain, a genital muscle.

It is unnecessary to go into any lengthy description of the organ. You are familiar with the fact that it measures about one and one-half inches transversely, that its antero-posterior diameter is about one inch; its vertical diameter, an inch and a quarter. It is, therefore, ordinarily about the size of a horse chestnut. But as we are bidden to consider how great a matter a little fire kindleth, so we may instructively call to mind how large upon the horizon even a prostatic horse chestnut may loom under favorable conditions.

There it lies in the pelvis just below the base of the bladder, surrounding so closely the first portion of the urethra that the inch or more thus embraced is called the prostatic urethra. There it lies, with its two lateral lobes, and all the latent possibilities of

the transverse band of prostatic tissue uniting them, which may obtain unenviable prominence in its character of a third or so-called middle lobe.

In health the existence of the prostate is a matter of indifference to the urinary system, and in return the prostate has as little reciprocal interest except so far as the prostatic urethra furnishes a convenient passage way for the exit of the prostatic fluid and the semen.

But let adenomata, fibromata, myomata or other benign growths develop, let cancer involve this organ, and it becomes of immediate and very considerable importance; or should simple enlargement or hypertrophy supervene, we may expect more or less interference with the urinary apparatus.

In all these abnormal conditions the great panacea is surgical interference, and unquestionably in many cases this is the only method of treatment.

As enlargement and hypertrophy are the most common affections of the prostate, so it would seem that the commonest attitude of the profession is that which directs its attention almost exclusively to methods of alleviation and cure, ignoring the fact that in this direction as well as in so many others there is a profitable and by no means overcrowded field of preventive medicine.

To what is the so frequent increase in the size of the prostate attributable? We may frankly admit that there is no unanimity of opinion shown in the answer to this question, although by elimination we are slowly coming to defensible conclusions. The glandular rather than fibrous structure of the prostate especially favors the supposition that primarily congestion and inflammation are the factors chiefly responsible for plastic exudation and interstitial inflammation, or for abnormal activity of tissue growth; while the fact that it is the nerve centre of the sexual organism, the responsive agent in that sexual impulse calling for the expulsion of semen, shows how sensitive it must be to variations in the sexual apparatus constituting departures from the normal.

The most immediate and frequent cause of such departures is the gonoccocus.

Overall of Chicago, in his treatise on the prostate, asserts that in from 75 to 85 per cent. of gonnorheal cases the cocci invade the gland and there remain dormant indefinitely, producing poisons that maintain a slow though constant irritation, besides that engendered by the germs themselves and the debris of their cadavers.

If then, not the immediate cause of hypertrophy, certainly the gonococci prepare a fertile soil for inflammatory changes.

Dr. Crandon of Boston, at the end of a masterly paper on the Pathogenesis and Bacteriological Anatomy of Hypertrophy of the Prostate, presents the following conclusions concerning the etiology of this disease:

1. That it is a slow formation of new connective tissue due

to infection or to infection aggravating a senile degenerative process.

2. The gonococcus is probably most often the specific infection because (a) of its great frequency; (b) other inflammatory causes are not common in the parts in question; (c) a great similarity exists between the histology of gonorrheal processes and that seen in these senile prostates.

In addition to this we may add the conviction in which many authors share, for reasons I have already given, that chronic congestion of the gland from whatever cause—sexual excess, excessive drinking, improper exercise of the sexual powers as in unnatural prolonged sexual exposure before ejaculation, or by coitus reservatus, logically cause prostatitis, which, assuming a chronic form, leads on to enlargement in one form or another. To the above may be added as contributory causes, a sedentary life extending over many years, and that habit to which the suggestive title gormandizing has been applied.

Now, from gonorrhea at the top of the line to gormandizing at the bottom, not one of the probable causes of enlarged prostate which have been named is other than preventable. And before emphasizing this it only remains to be seen whether the affection is of sufficient frequency and importance to make a crusade of prevention really worth while.

On the authority of the best and most recent writers on diseases of the genito-urinary system, it may be safely said that in about one-third of all males who have passed middle life there is some enlargement of the prostate. In about one-half this number there is suffering from this condition. Many authors give a higher estimate than the above.

In the matter of age, Keyes says: "The patients begin to suffer, for the most part, between the ages of fifty and sixty."

Greene and Brooks, however, in their admirable work on Diseases of the Genito-Urinary Organs and the Kidney, published within a year, make the following statement, which is so reasonable as to awaken fresh interest in the subject. They say: "Hypertrophy is by far the most important and one of the most frequent affections of the prostate gland. The condition undoubtedly occurs most commonly in old age, but the more careful examinations that are now made in genito-urinary practice tend to establish the fact that the condition is much more prevalent among middle-aged and young men than was formerly believed. Occuring in the young, the most insistent symptoms do not, as a rule, become obvious on account of the physiologic activity and possibilities of the tissues at this age. Thus, for example, although there may be some obstruction to the flow of urine, yet on account of the greater resiliency of the tissues, and particularly because in youth the contractions of the bladder are more forcible, the symptom of obstructed urination may remain for a long time unobserved."

The same writers believe that a more careful examination of

the history of many senile cases would establish the fact that the condition was of slow growth, commencing in comparative youth.

Hypertrophy, then, is not a departure from the normal affecting merely men so advanced in age as to be practically out of the running in general affairs or in the sexual life. The question of hypertrophy is more momentous and more far reaching than this; while of mere chronic congestive enlargement of the prostate, it has been said by a physician of twenty-five years' experience that the number of cases is as twenty to one in frequency of occurrence.

It is not even a question of the extent of the enlargement of the prostate when hypertrophy is established. We have seen that it may cause no suffering, but when the prostate encapsules the neck of the bladder extending upward on its wall, or protrudes into the vesical cavity, then grave and characteristic symptoms supervene, the keynote to all of them being obstruction.

What are the dangers from enlarged prostate? Dr Horace Packard, in a most interesting paper in the November number of the New England Medical Gazette, claims that carcinoma is a serious menace in prostatic hypertrophy, and out of his large experience cites cases in support of the opinion advanced. And he adds that, without doubt, not a few cases that have passed as cancer of the rectum have taken their origin in the prostate.

Other dangers are: Tuberculous prostatitis, irreparable damage to the bladder, residual urine, cystitis, stone, ascending pyelitis, exhaustion, urinary toxemia and septicemia through kidney insufficiency, and death.

A formidable array of possibilities even in their terseness, which leaves out altogether the significant and familiar words, frequent urination, difficult urination, retention, incontinence, overflow and dribbling, long months or years of "catheter life," prolonged discomfort, inconvenience and pain for the sufferer, and for the physician patience-exhausting, often fruitless efforts to cure or even to bring about satisfactory temporary amelioration. A formidable array of probabilities, incomplete without making mention also of constitutional conditions, more especially relating to the nervous system. Hypochondriasis is a not infrequent complication in chronic prostatic affections, while neuasthenia is so common, and exercises such a detrimental effect upon the favorable prognosis of a case, that it is deserving of far more attention than it has heretofore received. And it may be confidently urged that the best of local treatment will prove disappointing in all cases, unless supplemented by well thought out and well conducted general treatment looking toward the improvement of the patient's morale, a general physical and mental uplift, to which I shall shortly refer.

But before adequate remedial treatment can be instituted adequate knowledge of a given case must be gained.

I have on more than one occasion called attention to the superficial and routine methods of diagnosis and treatment too

often adopted by the general practitioner when confronted by a case of gonorrhea. We may reasonably expect a large number of congested and enlarged prostates as long as crude and oftentimes futile attempts are made to abort gonorrhea, or when a sudden cessation of the discharge itself is made the chief object in view, or a gonorrhea considered cured at any stage when no discharge of pus or mucus from the urethra is found. My experience in cases of badly managed gonorrheas that have finally come to me, proves that I have understated actual conditions, and that there are many practitioners whose indifference or superficial knowledge is such that they will ignore even the gluing of the meatus as of no account, and who never look for the so-called "tripperfaden" in the urine, which may reveal prostatic elements; who practically take no steps either adequately to secure the patient against further involvment of the genito-urinary system, or to discover the nature and extent of the involvment already existing.

It is the old and monotonous story, that upward growth of the gonorrheal tree from the earliest beginning of the anterior urethritis to posterior urethritis, the invasion of glands and sinuses on its way to prostate and bladder, to ureters and kidneys, synovial membranes, sheaths of nerves, serous membranes and indeed, as Clark of New York well says, to practically every tissue in the body. A tree of constant upward growth and innumerable branches, a sort of family tree with which we could very well dispense.

About 75 per cent. of cases of chronic prostatitis are caused by gonorrhea, and not chiefly indirectly to the extent some suppose by ill advised treatment of gonorrhea by strong injections, large doses of copaiba, turpentine or cantharides, or the injudicious use of instruments. There are, also, of course causes other than gonorrhea which must be taken into account, such as exposure to cold and dampness, abuse of liquor, intense and repeated erotic excitement whether normal or obnormal, continence under adverse circumstances or excessive intercourse, all these bringing about venous stasis or congestion of the gland.

Passing reference has already been made to coitus reservatus, and it is appropriate in this connection to quote the opinion of no less an authority than Dr. F. R. Sturgis, who for some years served as Professor of Venereal and Genito-Urinary Diseases in the Medical Department of the University of the City of New York. He says: "I believe that coitus interruptus seu incompletus to be a not unfruitful cause of this prostatic disturbance (enlargement), especially if indulged in by men who have passed the half-century mark of life. I have frequently found in such patients a tendency toward hypertrophy, but of a variety known as the soft or glandular type; and associated with this, endoscopic examination reveals a condition of urethral congestion which I believe to be the original starting point of the trouble, the prostatic enlargement being secondary to and consequent upon this urethral irritation."

It cannot be too strongly insisted upon that in all cases of gonorrhea, where the posterior urethra is affected, the practitioner should assure himself of the actual condition of the prostate. When in or around the prostate there is much swelling and tenderness, facts which can be learned by rectal touch, with sensations of weight and uneasiness in the perineum and of pain in the prostatic region, and especially if massage expresses urine or pus showing prostatic elements, then he may fairly infer that prostatitis exists. Then is offered an opportunity for measures not less preventive than remedial.

If it is oftentimes extremely difficult to make a diagnosis between acute posterior urethritis and acute prostatitis, and it is, it is frequently even more difficult to differentiate between chronic posterior urethritis and chronic prostatitis. An exact and intimate knowledge should be acquired by all men in general practice, as well as by those who specialize in genito-urinary diseases, of the normal and pathological anatomy of the parts, and of their several relations in health and disease. Such knowledge will not only be of inestimable advantage in diagnosis and in the treatment of each case, but will also enable the practitioner with confidence, clearness and authority to convey to the patient by clear-cut description or simple drawings, or both, such elementary instruction as will secure his intelligent co-operation. Especially is this true in this country, where the standard of general education is sufficiently high to make comprehension of these subjects perfectly possible to the large majority of patients. They will respect their medical adviser more, and will give him a more willing obedience over a greater length of time than otherwise would be the case, and the physician will have the satisfaction of having done his whole duty, instead of giving merely perfunctory and partial attention to what is really a serious condition.

The importance of the proper treatment of all inflammatory conditions of the urethra, and particularly of the posterior urethra, cannot be over-estimated. Naturally many similarities exist in the treatment of these conditions, anterior or posterior, acute or chronic, with or without prostatic involvment, which, however, in all extensions to the posterior urethra will generally be found.

In acute inflammation, with frequent and painful urination, with rise of temperature, uneasiness and feeling of weight in the region of the perineum and often tenderness about the prostate, rest in bed is demanded; the free use of mineral and non-medicated waters to dilute the urine and to flush the bladder; a liquid or light, non-stimulating diet, milk being very beneficial if not occasioning or aggravating constipation, fish, fresh vegetables and fruit, always excepting strawberries and asparagus, are generally permissible, while all highly seasoned foods and spiced dishes, coffee or alcoholic beverages should be forbidden. If the patient is in the habit of relying upon the latter, a light red or white wine may be sparingly used but should be well diluted.

Hot tub baths and hot sitz baths I believe to be very beneficial, and such may be used for ten minutes at a time. They act favorably not only through the direct effect of the heat, but also through having a tendency to allay the nervous irritability in general which is frequently noticeable in these patients, although peculiarly characteristic of the more chronic forms.

There are a number of remedies which may be advantageously prescribed as indicated. Chief among these may be mentioned Aconite, Belladonna, Cantharis and sometimes Pulsatilla.

While symptoms of acute inflammation persist no local intraurethral applications should be made to the posterior urethra. The general treatment here outlined will need to be continued anywhere from a few days to four or five weeks. When acute symptoms subside the resulting chronic condition must receive equal attention, and such additional treatment as is indicated. Especially must the patient avoid exposure which will invite a relapse or occasion aggravation. Congestion is as a nightmare, full of indescribable terrors. The prostatic must keep out of draughts, avoid getting chilled, sitting in damp clothing, getting feet wet, and must continue to pay strict attention to the hygienic measures I have mentioned. All strained or forced muscular movements, horseback or bicycle riding must be avoided, or carriage riding over rough roads.

Chronic prostatitis is much more common than is generally supposed. Its treatment is very similar to that of chronic posterior urethritis. Much good in this condition may result from massage of the prostate. This should be done every four or five days. The other local measures consist in irrigations, instillations, or in dilation of the urethra. It is well in these cases to begin with irrigations of nitrate of silver 1 to 10,000, to be used every five days, gradually increasing the strength till 1 to 4000 is reached. In place of these irrigations, instillations of nitrate of silver, 5 grains to the ounce, may be used a few times. A new medicinal agent used by irrigation has been highly praised by two authors, namely, Albargin 1 to 2000.

After a few treatments by the irrigation method, dilation should begin with a Kollmann dilator, repeated every six days until the posterior urethra can be dilated to number 40. After that is attained it is well to continue the dilation once a month for six months or more.

Sometimes massage of the prostate may be continued in conjunction with the irrigation. I will not go into the technique of the massage of this organ, but will only caution against its indiscriminate use. It will prove most beneficial in carefully selected cases among men of advanced age, and when not directly applied to the gland itself but to surrounding tissues, and for the brief period of from one to five minutes.

As a rule the local treatment of these cases should extend over a period of at least several weeks, if not months.

When can one pronounce a case of chronic prostatitis cured?

1. When repeated examinations show the complete disappearance of gonoccocci.

2. When no pus can be found microscopically.

3. When all symptoms like indefinite pains, painful micturition, or irritable sexual pain have gone.

4. When the urine clears up, and discharge from the prostate has ceased.

When these results have been attained, then the patient may be pronounced practically cured; but even then he should be asked to report at intervals of a month for several months, and also told that any indiscretion may bring on a return even without a new infection.

In all these chronic prostatic affections local treatment must be supplemented by every measure conducive to raising the tone of the entire system, the securing of that general mental and physical uplift to which I have already referred.

Cheerful society, reasonable exercise out of doors, pure air indoors, daily bathing, a carefully regulated sexual life, the keeping of the mind free from all pernicious influences, the drinking of an abundance of pure water, and taking only simple, nourishing, non-stimulating foods and beverages should be equally a part of the treatment of these cases.

I have said comparatively little about the prostate so hypertrophied as to materially interfere with the discharge of the functions of the urinary organs. It is with this form of enlargement, this gross condition, that the medical world is so familiar. My object has been chiefly to point out the contributory causes, those causes in themselves almost wholly preventable, and in whose prevention every general practitioner, as well as specialist, may and ought to take a part.

On mature consideration, it seems to me, as it doubtless will to my readers, that there is every reason to hope for a large decrease in the number of cases of enlargement or hypertrophy of the prostate, when early, appropriate and continued treatment is given to all inflammatory conditions of the urethra, when patients are taught the importance of such treatment and the dangers of neglect, and when the information, both general and special set forth in this paper, however imperfectly, becomes the universal knowledge of all men.

"Prevention is better than cure"; and so sound a saying can never become trite, even as apparently its repetition can never become superfluous.

EDITORIAL.

Books for review, exchanges and contributions—the latter to be contributed to the GAZETTE only, and preferably to be type written—personal and news items should be sent to THE NEW ENGLAND MEDICAL GAZETTE, 80 East Concord Street, Boston. Subscriptions and all communications relating to advertising or other business, should be sent to the Business Manager, 422 Columbia Road, Dorchester, Boston, Mass.

EDITORS:
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F. W. COLBURN, M.D. C. T. HOWARD, M.D.

Reports of Societies and Personal Items should be sent in by the 15th of the month previous to the one in which they are to appear. Reprints will be furnished at cost and should be ordered of the Business Manager before article is published, if possible.

THE JOURNAL OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.

A noteworthy meeting of the officers of the Institute, together with sundry committees, was held on Friday, October 30th, in the city of Cleveland, Ohio, at the Colonial Hotel. In spirit it was as a meeting in miniature of the Institute itself; and those who attended it can testify to the inspiration derived from the earnestness and enthusiasm of those who were present. It was an unusual gathering, in that its *personnel* represented Massachusetts, New York, Pennsylvania, the District of Columbia, Ohio, Michigan, Oklahoma, Iowa, Nebraska and Kansas, and included the acting president, and six ex-presidents of the Institute. The business transacted was of vital moment to the Institute and to the cause it represents. The Executive Committee was present in full force. The Council on Medical Education had but one member absent. The entire membership of the Trustees of the Institute for Drug Proving was present. The Journal Committee and the Committee on Incorporating the Institute were also well represented. To enumerate those in attendance mention must be made of the President, Dr. William Davis Foster of Kansas City; the First and Second Vice-Presidents, Dr. J. H. Carmichael of Germantown, Penn., and Dr. Joseph Hensley of Oklahoma City; Secretary, Dr. J. Richey Horner of Cleveland; Treasurer, Dr. Thomas Franklin Smith of New York City; Registrar, Dr. J. H. Ball of Bay City, Mich.; and Drs. Benjamin F. Bailey of Lincoln, Neb., George Royal of Des Moines, Iowa, C. E. Sawyer of Marion, Ohio, W. G. Gates of Kansas City, W. A. Dewey of Ann Arbor, Mich., Royal S. Copeland of New York, J. H. McClelland of Pittsburg, Pa., J. B. Gregg-Custis of Washington, D. C., E. H. Wolcott of Rochester, N. Y., and John P. Sutherland of Boston, Mass.

The business transacted by the Executive Committee, most

likely to interest the Institute membership, had to do with the establishment of an Institute Journal. For a period of ten years those who have championed the cause of the Journal have worked with persistency and determination; and at last have the satisfaction of realizing one of their fondest hopes. The Journal Committee has shown itself very active and vigorous, and submitted to the Executive Committee particularly well-formulated plans. The result of the conference was the voting to establish an Institute Journal, to be published monthly; the first issue to appear in January, 1909. The appearance of the Journal will be looked for with eagerness by all; and the *Gazette* bespeaks for it a hearty reception. The *Gazette* is not empowered to make any official announcement concerning the Journal. This will come in due season from the proper source. It is legitimate at this time, however, to say that the new Journal will be under the editorial management of Drs. W. A. Dewey and J. Richey Horner. Dr. Dewey's long and successful career as editor of the Medical Century, his wide professional acquaintance, and his intimate knowledge of the needs and desires of the profession eminently fit him for his new duties. Dr. Horner's literary experience, his faithfulness in the performance of official duties and his holding of the Secretaryship of the Institute make his appointment as associate-editor a commendable and highly satisfactory act on the part of the Executive Committee. Under such able leadership the future of the Journal would seem assured.

In addition to publishing the scientific papers presented to the Institute, the new Journal will present original contributions from members of the profession, and such editorial and news items as will make it distinctly useful to every homoeopathic physician. In addition to the monthly Journal, a special volume will be published annually, containing the minutes of the business sessions of the Institute, lists of officers and members, records and membership of various Committees, such as the important one on Organization, Registration and Statistics, together with such other records and business matters as may be needed for historical purposes and reference.

Especial inducement is offered at the present time to join the Institute. Heretofore applicants have been admitted to membership only at the annual meeting of the Institute after their formal applications have been duly acted upon by the Board of Censors and properly presented to the Institute for consideration, before such applications have been voted upon. Time is so limited at the Institute meetings that the Board of Censors has practically no time for investigating the credentials of applicants for membership, and though names of applicants, according to the By-Laws, are posted for twenty-four hours before the Institute takes action on them, the probability is

that comparatively few of the members that vote for the election of candidates rarely vote with the knowledge and intelligence necessary. Partly to obviate many of the undesirable features of the method which has been in vogue the Institute at the Kansas City meeting authorized its Board of Censors to receive and act upon applications for membership. At all events they were authorized to receive and act upon applications for membership at any time between regular sessions of the Institute. Whether or not this action of the Institute was constitutional and whether or not it was wise, are questions which the *Gazette* will not discuss at this time. Attention, however, is especially called to the following annnouncement made by the Secretary of the Institute, and a plea is made that every effort be made to include in the membership of the Institute every homœopathic physician in our land. Possibly the Journal of the Institute, coming as it will every month to each member of the Institute, will act as an inducement to encourage those who are not members to send in their applications without delay. The announcement speaks for itself.

"Get a New Member ! !"

"At the Kansas City meeting of the Institute, the Board of Censors was given authority to receive and act upon applications for membership made at any time between the sessions of the Institute. This was so ordered because the Journal of the American Institute of Homœopathy is to issue its first number January 1, 1909, and every member in good standing is to be entitled to a copy. Applicants do not have to wait for a meeting of the Institute to become active members, but can be admitted at any time by the Board of Censors and they immediately begin to receive the Journal. So hunt up a colleague who is not a member, have him (or her) fill out the application, send it with five dollars to the Chairman of the Board of Censors, Dr. Eldridge C. Price, 1012 Madison Avenue, Baltimore, Md., and he will do the rest. Don't forget this!

"J. Richey Horner.
"Secretary."

Instead of waiting several months, as often has been the case, for the Transactions of the Institute, the business records can be gotten out within a short time after the meeting, and then in monthly installments will be distributed the scientific papers, discussions, comments, and so forth. By such plan it will be possible for the homœopathic profession to keep in touch with the work that is done by the Institute, for busy physicians are much more likely to find time to read a monthly journal, or at all events, to familiarize themselves with its contents, than to undertake the reading of such a bulky volume as the Transactions of the Institute have grown to be.

INSTITUTE FOR DRUG PROVING OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.

The following brief report of the meeting of the Trustees of the Institute for Drug Proving, held in Cleveland, October 30, has been received from the Secretary of the Institute, Dr. J. Richey Horner:

"The Institute of Drug Proving met under the chairmanship of Dr. J. B. Gregg Custis. Dr. W. A. Dewey was elected Secretary pro-tem. Dr. J. H. McClelland was announced as the member of the Board of Trustees, succeeding Dr. Charles Mohr, deceased.

"Dr. E. H. Wolcott was elected Secretary and Treasurer of the Board.

"On motion of Dr. Royal it was recorded as the sense of the Board that the sympathy and co-operation of all colleges and other institutions in affiliation with the Institute be solicited in proving the drug or drugs selected by this Board.

"On motion of Dr. Bailey, Dr. Royal was constituted the director in charge of provings with the understanding that he is to co-operate with college faculties in securing competent directors for the work.

"In addition to the general business, Dr. Custis announced that the active co-operation on the part of the Bureau of Plant Industry of the Government Agricultural Department had been secured and that all remedies hereafter proven under the auspices of the Institute would be of preparations standardized by the government. He announced also that a drug had been selected to be proven this year and that it is now under course of preparation. Many of the colleges had already agreed to take up the work."

Considering the fact that Drug Pathogenesy is the foundation upon which scientific therapeutics rests:—that provings upon the healthy human body are absolutely necessary to establish the science of pharmacodynamics:—that it is the special mission and duty of homoeopathy to develop the science of drug pathogenesy and a scientific pharmaco-therapeutics:—and considering the accumulating evidence as to the value of "similia similibus curentur," it is surely reasonable to rejoice in the renewal of activity along the lines of drug proving, and to solicit for the movement the moral support, constant and sympathetic assistance, and the active and practical encouragement not only of our college faculties, medical students and the membership of the Institute, but of the entire homoeopathic profession. For it is only by a wide, efficient and earnest co-operation that the highest success can be approximated.

PROFESSOR FISHER ON MEAT EATING.

Prof. Irving Fisher of Yale, in a recent issue of Munsey's Magazine, interestingly summarizes his conclusions on certain phases of dietetics. He emphatically re-affirms his deductions from the experiments conducted by him at Yale, reference to which has been several times made in the Gazette; namely, that a well-balanced "low-proteid" diet yields, in by far the majority of cases, the best results in strength, endurance, and working capacity, physical and mental. He dwells at length and with emphasis on the necessity of a "balanced" diet; namely, one in which the proteid values lost by the abandonment or reduction of meat, as a dietetic pièce de résistance, are fully made good by the substitution of other articles of diet which are capable of supplying as much of this exceedingly important food-element, as the individual consitution is found to demand. He repeatedly warns the zealous dietetic experimenter on no account to give up the use of meat until he has satisfied himself that he has found an efficient substitute in the matter of necessary proteids. He unqualifiedly advises the practical abandonment of meat as an end desirable in itself; not only because all that meat supplies to the physical economy can be equally well supplied by more economical articles of diet, but because the toxins inevitably contained in meat, in larger or smaller quantities, are a very real menace to health, and an easily avoidable one. But in equal measure, he advises against any sudden abandonment of the meat-eating habit, and great caution in leaving the proteid element unduly diminished.

A rather novel paragraph of Prof. Fisher's paper reads as follows:—

> "It must not be forgotten, however, that with all the objections which are now being offered to meat, it possesses one virtue which will make it very difficult for some persons to dispense with it entirely. It is 'peptogenic'—by which is meant that it stimulates the secretion of gastric juice. Eggs are not peptogenic, and people who need, either from habit or possibly from some constitutional idiosyncrasy, the daily stimulus of meat in order to set their stomachs going, will no doubt find it wiser to eat meat in moderation—at least, until they no longer miss it when it is withdrawn from their diet."

The hints contained in the article on which we here comment are highly valuable ones. Studied and profited by, they will give substantial aid toward building up a serviceable body and mind.

SOCIETIES.

THE AMERICAN INSTITUTE OF HOMOEOPATHY.

It will be of interest to the members of the Institute to know that October 30th there was held at Cleveland, Ohio, a meeting of a number of its committees. The entire Executive Committee was present, consisting of President Foster, Vice-Presidents Carmichael and Hensley, Treasurer Smith, Registrar Ball and Secretary Horner. The Journal Committee was represented by Drs. Bailey, Royal, Copeland and Sawyer; the Incorporators by Drs. Curtis, McClelland and Smith; the Council of Medical Education by Drs. Royal, Dewey, Sutherland, Gates; the Institute of Drug Provings by Drs. Curtis, Wolcott, Bailey, McClelland, Dewey, Royal and Sutherland; the Pharmacopœia Committee by Drs. Carmichael and Sutherland, while the Monument Committee had present a majority of its members in Drs. McClelland, Curtis and Smith. The two latter committees did not convene for the transaction of business, their members being present in connection with work on other committees.

The Executive Committee held a meeting in the morning, at which were transacted a number of items of business. Secretary Horner and Registrar Ball were appointed a special committee to co-operate with the Local Committee of Arrangements at Detroit in the preparations for the Institute meeting in June.

The Journal Committee also was in session all the morning, the other committees being called for the afternoon.

At two o'clock the Executive Committee held an open meeting to which were invited by the president all those who were in attendance at the meetings. The principal business presented was the report of the Journal Committee. Preceding this, Dr. Custis, for the Incorporators, reported that incorporation had been accomplished by Drs. W. R. King, J. H. McClelland, Swormstedt, Smith and himself. Dr. B. F. Bailey, chairman of the Journal Committee, reported their recommendations. The first was that the Journal be made a monthly instead of a weekly. The second was that a proposition made by the Medical Century Publishing Company be adopted. This provided that the Medical Century should be made the Journal of the American Institute of Homœopathy, the Medical Century Company being the publishers and Dr. W. A. Dewey the editor, with Dr. J. Richey Horner as associate.

The committee also recommended that a small volume conforming in shape and appearance with the former volumes of Institute Transactions be issued this volume to contain the minutes of the business sessions, the report of the Committee of Organization, Registration and Statistics, the memorial report, the constitution and by-laws, the lists of officers, members and committees and such other matters as are of importance from the standpoint of permanency and reference.

A very free discussion then took place, the president inviting expressions of opinion from each one present. There was united opinion that it was for the best interest of the Institute that the report of the Journal Committee should be adopted by the Executive Committee.

This latter committee then went into executive session and on motion of Dr. Hensley, seconded by Dr. Ball, adopted the following resolution: "That the Executive Committee adopts the report of the Journal Committee and empowers that committee to make immediate arrangements with a reliable publishing company to issue an official journal, monthly instead of weekly."

The president reported the resignation of Dr. R. F. Rabe of New York City as Chairman of the Bureau of Homœopathy and the appointment of Dr. J. B. Kinley of Denver to fill the vacancy. He reported also the resignation of Dr. Annie W. Spencer of Batavia, Ill., as Chairman

of the Bureau of Pedology and the appointment of Dr. Sarah M. Hobson of Chicago to fill the vacancy.

There being no further business, the committee adjourned to meet at the call of the president.

J. RICHEY HORNER, Secretary, A. I. H.

Just as we go to press, word is received from Dr. J. Richey Horner, Secretary of the American Institute of Homœopathy, that he will not be able to accept the position of associate editor of the Journal of the Institute, to which reference has been made editorially in this number of the Gazette. This announcement of Dr. Horner's will be regretted by all those who are familiar with his ability and who would be glad to see his name on the editorial staff of the new Journal.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homoeopathic Medical Society was held in the Natural History Rooms November 5, 1908, the meeting being called to order by the President, Dr. J. Arnold Rockwell. Business session: The minutes of the last meeting were read and approved. The following were proposed for membership: Charles Alexander Eaton, M.D., Patrick Joseph Murray, M. D.

Dr. O. R. Chadwell reported a case of supernumerary mammary glands found in the axillae of a woman during lactation. They were removed because of pain and the patient is making an excellent recovery.

Dr. J. E. Br ggs reported a case of hour-glass stomach with perforation which was operated upon, the part involving the stricture being removed. The patient is making an uneventful recovery.

The following papers were then presented: "Etiology of Cancer," William H. Watters, M.D.; "Experimental Treatment of Cancer and Growths Simulating Cancer," Henry E. Spalding, M.D.; "Recent Cancer Studies," Horace Packard, M.D.

After a full discussion the meeting adjourned and the members enjoyed a social half-hour, with light refreshments. Attendance 72.

OCTOBER MEETING OF THE BOSTON SOCIETY OF EXAMINING PHYSICIANS AND SURGEONS, AT THE BOSTON CITY CLUB.

On the evening of October 21 the Boston Society of Examining Physicians and Surgeons held their regular Fall meeting in the new dining room of the Boston City Club.

The Finance Committee convened at 6:30, and dinner was served at 7 o'clock. A representative number of the society were present, and enjoyed what was, without doubt, the best dinner that the society has ever had.

At 8 o'clock, Dr. Francis D. Donoghue formally opened the meeting, and introduced the first speaker, Dr. Richard C. Cabot, Professor of Clinical Medicine at the Harvard Medical School. The doctor took for his subject, "Physical Diagnosis." He began with the head, and touching on the innumerable points indicating abnormal conditions, gave what was one of the most clearly defined talks on practical diagnosis that the society has had the privilege of listening to. He told of some mistakes that he had made, from which he had learned much, and cautioned the members to always examine the external ear, looking for the so-called gouty tophus. He said that these were very often overlooked, and yet were far easier to detect than other signs of the gouty diathesis, also he called attention to the importance of looking at the gums for the so-called lead line, stating that whereas it was considered generally to be a blue line across the gums, it was in reality a series of dots, which were black and not blue.

The neck, he said, should be examined for pulsating tumors, which

were not always aneurisms because occasionally we would find an extra cervical rib with the sub-clavian vessels arching over it, which might easily be taken for an aneurism.

In examining the heart, the doctor said that he felt that many were rejected for life insurance on account of systolic murmurs at the apex, that should not be, for in his opinion they seldom indicated organic disease, unless they were accompanied outwardly by physical signs. He went on to say that he had kept a record of children where mitral murmurs had been found, and the greater percentage disappeared before they reached adult life, and he also thought that the transmission of murmurs was not nearly as important as is generally considered.

He recommended examining the abdomen by the aid of the hot bath rather than by an anesthetic.

He briefly touched upon the examination of the blood, and maintained that the paper test when properly made for hemaglobin was all that was necessary, unless the red corpuscles were diminished.

As to the examination of the urine, he said that experience showed that the 24-hour amount and the sp. gr. were of more importance than any of the chemical tests, and he felt that too great significance had been attached to the finding of albumen and casts. Urea, in his opinion, was of little value as a diagnostic sign.

As to the examination of the stomach contents here too, the physical evidences were more important than the chemical tests and this also applied to the examination of the feces.

The members of the society were deeply impressed with the practical suggestions as given by Dr. Cabot, which were the result of years of careful thought and scientific research.

The next speaker was Dr. Morton Prince, Professor of Nervous Diseases at Tufts Medical School. His subject was: "Psycho-therapy." He said the present movement was really the result of three, and he named Charcot as the originator of the first movement. He traced them up through the so-called fat and food theory of Weir Mitchell, touching upon Christian Science, which he said originated with Quimby and later developed into the great cult of Mrs. Eddy. He said, however, that Christian Science is an empiricism being devoted to true science and lacking in aught but personal experience. "There seems to be," said the doctor, "particularly among our clerical friends, the erroneous idea that psychotherapy is a new thing, but as a matter of fact, the science is as old as the hills, the only new feature being the modern technique employed. As to the Emmanuel movement recently organized along these lines, I will say but little. It is a fact, however, that this clinic established by the Emmanuel Church is not primarily a psychotherapeutic movement. Primarily it is a spiritual and clerical movement. Religion has no more to do with psycho-therapy than mathematics, but religion may have a psycho-therapy of its own, in that by the producing of an uplifted and exalted feeling, certain practical results are obtained. Scientific psychotherapy, however, is based on a psycho-therapy applied to the underlying disease."

"I might say that these religious movements which have sprung up about us have received their impetus largely through the fact that the medical profession has sadly neglected this branch of the science which is so closely allied with their profession and also to the failure to introduce the study of psycho-therapy in the Medical Schools."

The speaker said that for the first time in the history of medical colleges, Tufts had introduced a course of study for the treatment of functional nervous diseases. He also said that at present there were but two beds in the Massachusetts General Hospital for nervous patients and he expressed a hope that the erection of a separate institution to accommodate at least twenty patients would soon take place.

Dr. Prince showed thorough familiarity with his subject and several members asked him questions wh ch he very kindly answered.

The meeting was then adjourned.

CHAS. THEO. CUTTING, Secretary.

BOOK REVIEWS.

A Text-Book of General Bacteriology. By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in Rush Medical College. Fully Illustrated. Cloth, $3.00 net. W. B. Saunders Company. Philadelphia and London. 1908.

Prof. Jordan, in the preparation of this book, has enlarged somewhat the scope of the ordinary work on bacteriology as it comes to the medical profession. It includes not only the usual parts on general bacter ological questions, as immunity, morphology, biology, etc., and detailed description of the individual pathogenic organisms, but in addition simulates Park's text by including pathogenic protozoa as well. This inclusion is most wise as every year .s adding vastly to our knowledge of these organisms.

Another wise inclusion is the addition of chapters on the bacteria of milk, of cheese, of air, of water, etc. the bacterial diseases of plants and the use of bacteria in the arts and ndustries. In an appendix are placed those diseases of unknown etiology, of which various persons have claimed to have discovered causative agents that are as yet not generally accepted as such. Here are found small pox, scarlet fever, rabies, yellow fever, measles, mumps, etc.

While by no means a voluminous work, this very fact will the better adapt it to the wants of the student and the average phys cian.

The illustrations, of which there are many, are mostly small, but are fairly satisfactory. The classic one, a map of Hamburg and Altona with the comparative incidence of cases in the cholera epidemic, is very familiar, but nevertheless will always prove to the younger generations the same striking object lesson that it has to those of more mature years.

In short, much of good can be said about this book and but little in the line of criticism.

The Colorado Souvenir Book. For the International Congress on Tuberculosis, Washington, D. C., September 21 to October 12, 1908. Edited by Wm. N. Beggs, A.B., M.D. Published by the Colorado State Organization of the International Congress on Tuberculosis.

This little book was prepared as a souvenir of the International Congress on Tuberculosis. It contains about two hundred pages filled with articles descriptive of Colorado as a desirable place of residence for almost everybody.

Much information and many illustrations of the progress of the war against tuberculosis being waged in that State combine to make a very useful and attractive memento.

Tuberculosis in Massachusetts. Prepared by the Massachusetts State Committee for the International Congress on Tuberculosis, held in Washington, D. C., September 21 to October 12, 1908. Edited by Edwin A. Locke, A.M., M.D. Wright & Potter Printing Company, 18 Post Office Square, Boston, 1908.

This is the book prepared for distribution at the Congress on Tuberculosis that was awarded a gold medal. It contains a number of articles dealing with tuberculosis in Massachusetts, by some of the best men in

the State. Among these may be mentioned Cabot, Harrington, Bowditch, Bradford, Smith and Millet.

The numerous excellent illustrations, as well as the very readable text, adapt it well for a place on the physician's table, suitable alike for either professional or lay readers.

The Principles and Practice of Gynecology. For Students and Practitioners. By E. C. Dudley, A.M., M.D., ex-President of the American Gynecological Society; Professor of Gynecology, North Western University Med cal School; Gynecologist to St. Luke's and Wesley Hospitals, Chicago; etc. Fifth Edition, Revised and Enlarged. With 431 Illustrations and 20 Full-Page Plates in Colors and Mono-Chrome. Lea & Febiger. Philadelphia and New York. 1908.

This new edition of an already well known and highly valued book brings it strictly up to date in every respect. For years, in one or other edition, it has proven to be a faithful and well tried companion of many a physician and student in their frequent perplexities in this often perplexing subject. Probably much of the esteem in which the book is held is on account of its original method of treating the subject. The majority of texts on gynecology follow a distinctly anatomic arrangement—discussing all the diseases of the uterus, then all those of the tubes, then all those of the ovaries, etc. Here, however, a pathological and etiological arrangement is found, one that gives much satisfaction. Thus after the enunciation of general principles in Part I we find Part II dealing with infections and inflammations of all the genital organs and their relations, the one to the other. Part III treats of tumors and malformations. Part IV of traumatisms; Part V of displacements of all the pelvic organs and Part VI of disorders of menstruation and sterility. By following this plan many diseases that are closely connected and that usually are widely separated in the average text, are treated of together in such a way that their peculiarities can be much better noted.

By no means the least attractive feature is the large number of excellent illustrations, many in colors, all of which are said to be original, having been especially drawn for this book. They add a great deal to the comprehensiveness of the text. Recommendation of the edition to our readers will be, we feel, for the most part superfluous, as the majority of those in general practice are doubtless already supplied with it. All that need be said, therefore, is what has already been stated; namely, that this latest edition will be well able to extend the very favorable reputation already made by the earlier ones.

Applied Surgical Anatomy. Regionally Presented. For the Use of Students and Practitioners of Medicine. By George Woolsey, A.B., M.D., Professor of Anatomy and Clinical Surgery in the Cornell University Medical College, Surgeon to Bellevue Hospital, Associate Surgeon to the Presbyterian Hospital, etc. Second Edition. Enlarged and Thoroughly Revised. With 200 illustrations, including 59 plates, mostly colored. Lea & Febiger. New York and Philadelphia. 1908.

Some subjects readily lend themselves to unique or original treatment; others do so to a much less extent, or not at all. To this latter class belongs applied surgical anatomy. The subject matter is so unvarying in its general facts and the ground to be covered so exactly defined that it must of necessity be dealt with in a somewhat stereotyped manner. But while there is but little scope for originality in outline, there is nevertheless ample opportunity for concrete description well arranged and co-related. The author has certainly taken advantage of this opening in a very satisfactory manner. The work must be judged, therefore, by the wisdom used by the author in collecting and arranging the the many non-essentials, the inclusion of which would result in a ponthe many non-essentials, the incluson of which would result in a ponderous tome.

While of particular interest to the surgeon, other physicians will find much to recommend it to their careful study, as no one should be without an occasional review of a study more familiar in their college years than at any time since.

As in all the best of modern texts, numerous illustrations and many color plates are included in such a way as to materially assist in the elucidat on of the text.

A Text-Book of Physiology. For Students and Practitioners. George V. N. Dearborn, A.M. (Harvard), Ph.D., M.D. (Columbia), Professor of Physiology in Tufts College, Medical and Dental Schools, Boston. Octavo, 550 pages with 300 engravings and 9 colored plates. Cloth, $3.75 net. Lea and Febiger, Philadelphia and New York.

The above volume is intended essentially for the use of students and by its simple, clear and logical treatment of the subject, seems admirably adapted for the purpose. The liberal use of illustrations, especially of the diagrammatic order, forms a valuable complement to the text and adds to the attractiveness of the book. Minor inaccuracies are occacionally found as for example on page 222, the cell diagrams there ascribed to Jones, are, if the reviewer mistake not, from the classic researches of de Vries. While it is obviously impossible in a work of this purposely limited scope to deal exhaustively in the sources of the various facts and theories, a few pages might be advantageously devoted to a small bibliography of the more important and well known researches. This would serve the twofold purpose of introducing the student to the general literature of the subject and of permitting a first hand acquaintance with the work of men whose example could only be stimulating and inspiring.

An appendix of 71 pages devoted to experiments in laboratory physiology forms a valuable adjunct to the main treatise.

McClure's Magazine for December contains excellent reading, both serious and light. Physicians will be especially interested in Samuel Hopkins Adams' "The Solving of the Milk Problem," an account of How Copenhagen Has Established the Feasibility of a Pure and Healthful Supply, and in Dr. Henry Smith Williams' "Alcohol and the Community;" E. R. Shaw has a hitherto unpublished account by an eye witness of The Assassination of Abraham Lincoln; art lovers will enjoy John La Farge's Part 2 in One Hundred Masterpieces of Painting; Lucy Pratt has another charming "Ezekiel" story—"The Mistletoe Bough," etc., etc. Price 15 cents, $1.50 per year. See special club offer for 1909 in advertising pages of this journal.

THE MONTH'S BEST BOOKS.

Ophthalmic Surgery. Meller. $3.00. P. Blakiston's Sons Co.
Essentials of Surgery. Compton. $1.50. W. T. Keener & Co.
Therapeutics. Wood. J. B. Lippincott & Co.
Text Book of Physiology. Dearborn. $3.75. Lea & Febiger.
Applied Surgical Anatomy. Woolsey. Lea & Febiger.
Nervous Diseases and Psychiatry. Dana. Wm. Wood & Co.
The Genito-Urinary System. Watson & Cunningham. $12.00. Lea & Febiger.
Diseases of the Nervous System. Gordon. P. Blakiston's Sons Co.
Operative Surgery. Bickham. W. B. Saunders.
Repertory. Kent. Boericke & Tafel.

PERSONAL AND GENERAL ITEMS.

Dr. Robert J. GrandLienard, B. U. S. M., class of 1908, has located at Chickasha, Oklahoma. Mail address, R. F. D. No. 2.

Dr. Arthur V. Pierce class of 1908, B. U. S. M., has opened an office at 99 Elm Street, in the old Judge Holmes residence, New Bedford, Mass.

Dr. John P. Rand, President of the Alumni Association of the New York Homœopathic Medical College and Hospital, has removed from 820 Main Street to 5 Benefit Street, Worcester, Mass. Dr. Rand is giving a course of evening lectures on Wednesdays to the students of Boston University School of Medicine, which began November 12th.

Dr. Maria W. Norris of the class of 1892 B. U. S. M., has removed her office from Widdicomb Building, Grand Rapids, Michigan, to Rooms 415-17 Shepard Building, 23 Fountain Street, of the same city.

Dr. Kenneth R. Parmenter of South Framingham, Mass., writes the Gazette as follows: "There is a good opening for a Homœopathic physician in Oradell, N. J., where Dr. Jones had a fine practice for many years." Full information can be obtained by applying to Dr. Adams, Hackensack, N. J., or to Dr. Parmenter.

Dr. Eloise A. Sears of Waltham won the nomination at the primaries for the School Board by a majority of one vote.

Dr. Sears is a loyal Boston University alumna, and the Gazette extends its best wishes for her success.

Dr. J. Herbert Moore announces to the profession that he will pay special attention to consultation practice in diagnosis and treatment of medical diseases, including those peculiar to children.

Dr. Moore also announces the removal of his office and residence from Brookline to 520 Commonwealth Ave., where consultations may be arranged by appointment.

Dr. Frederick M. Sears has removed from South Boston to 6 Victoria Street, Dorchester. Hours: 1 to 3, 7 to 8 P. M.

Dr. Thomas E. Chandler announces the removal of his office to 259 Beacon Street, Boston. Hours 3 to 4 P. M. and by appointment. Surgery exclusively.

Dr. Wilcox comes to Boston.—It is announced authentically that after January 1, 1909, Dr. De Witt G. Wilcox of Buffalo, New York, will be associated with Dr. Nathaniel W. Emerson in the management and conduct of Dr. Emerson's hospital at Forest Hills. Dr. Wilcox comes as Dr. Emerson's associate in the fullest sense of the word, and together they propose to offer to the profession a thoroughly equipped and competent hospital, organized and conducted according to the highest of modern hospital standards. The Gazette extends to Dr. Wilcox its most sincere welcome to Boston and New England, and congratulates Dr. Emerson, the Emerson Hospital, and local homœopathy upon the move that brings within the scope of our association one of the most prominent homœopathic surgeons of the day.

The attending physicians of the Massachusetts Homoeopathic Hospital for the coming months are as follows:

January to March, Dr. J. P. Sutherland; April to June, Dr. Walter Wesselhoeft; July to September Dr. F. P. Batchelder.

During the winter session Dr. Sutherland will make extensive use of

his clinical material in connection with his didactic and practical lectures in the practice of medicine.

NEW DEAN FOR HARVARD MEDICAL.—Dr. Henry A. Christian, a graduate of Johns Hopkins Medical School, has recently been appointed Dean of the Harvard Medical School. Dr. Christian has been physician-in-chief of the Carney Hospital, and is now Professor of Theory and Practice in Harvard. His age, thirty-two years, is unusual for such a position, but his experience and unusual capabilities, we feel, will more than offset this.

CHANGES IN THE CITY HOSPITAL.—Dr. George H. N. Rowe, after a service of nearly thirty years, has resigned his position as superintendent of the Boston City Hospital. About a year ago, on account of failing health, he was compelled to temporarily give up the work, and now although somewhat improved, feels that he must withdraw from this part of his professional activity. During his long period of service he has given unusually good satisfaction, and his loss will be felt by all connected with that institution.

To the vacant position of superintendent has been appointed Dr. J. H. McCollom. Dr. McCollom comes to the new position amply prepared for his duties, as he not only has been superintendent of the contagious department of the City Hospital since its opening, but has been during the past year acting superintendent during the absence of Dr. Rowe.

EXCLUSION OF WOMEN.—The Russian government has issued a decree prohibiting the admission of women students to the university courses in Moscow; also refusing to confirm the appointment of Madam Vera Dantschakoff, who was recently elected to the position of Instructor in Histology.

WORK BEGUN ON NEW TUBERCULOSIS HOSPITAL.—It is reported that ground has been broken at North Reading, preparatory to the construction of the eight buildings that are planned for the Tuberculosis Hospital in that location. On account of deficient appropriation these buildings will be constructed of wood and concrete rather than entirely of fireproof material, as would, of course, be preferable. It is planned to provide accommodations for about 150 patients.

NEW HOME FOR NURSES.—The Gazette acknowledges with much pleasure the receipt of a small circular describing the new home for nurses at the Metropolitan Hospital, Blackwell's Island, New York. The home is stated to be located on one of the finest sites in New York City, and has spacious halls, library and sitting rooms. All the bedrooms are single. The allowance for current expenses is somewhat as follows: First year, $10.00 a month; second year, $12.00; 3rd year, $15.00. Applicants must be over 21 years of age and under thirty-five, and have at least one year in the high school or its equivalent.

St. Luke's Hospital, Chicago, has recently dedicated a new six-hundred-thousand-dollar addition, to be known as the "George Smith Memorial."

In Chicago during the week of September 26th, 4,195 school children were examined, of which 3,381 were found defective and 1,919 were advised to seek treatment. Of these defects 649 were visual, 134 were mouth breathers, 750 had hypertrophied tonsils, 129 had adenoids, and 100 showed defects of hearing.

TUBERCULOSIS EXHIBIT.—The exhibit prepared for the International Congress on Tuberculosis in Washington and now being exhibited

in New York will later be transferred to Philadelphia, where a suitable fund has been raised to defray the expenses.

ANNUAL REPORT OF CARNEY HOSPITAL.—During the last year the Carney Hospital of South Boston reports 2600 in-patients and 56,000 out-patients treated at the institution.

This hospital has recently introduced the continuous service system, thus marking it as one of those following the newest thought in institution administration.

CORRECTION. In the November Gazette, p. 528, the following statement gives an erroneous idea of the meaning of the writer. "The State Society is having another fight for the single board bill in the fall, and the prospects seem favorable for a successful issue." All those at all familiar with the status of affairs in Pennsylvania will realize that it should have read "another fight against the single board bill," etc. At the annual meeting in Harrisburg, the following resolution was adopted: Resolved, that it is the sense of the Homoeopathic Medical Society of the State of Pennsylvania that a single board of medical examiners is detrimental to the true interests of the people and of the homoeopathic profession; and, therefore, all members of the profession, and particularly those holding representative positions are earnestly requested to use all the influence they have to maintain the present three board system and under no circumstances to give any aid in furthering the establishment of a single board.

AN OPEN LETTER.

It gives us great pleasure to announce that we have secured another live Snake, a Lachesis Mutus, in fine condition, from which a quantity of venom has been extracted. This fact is attested by Professor Raymond L. Ditmars, Curator of the Reptile House, Zoological Gardens, in this city. We are therefore prepared to furnish the profession with fresh triturations and dilutions of the various potencies of the Lachesis Mutus (Bush-master) and Lachesis Trigonocephalus (Lance-headed Viper) under seal, whichever the physician may desire. We have no inclination to enter into a discussion in regard to the statements which have been made in certain trade journals controlled by a competing house, as to the correctness of the facts given in their own publication, the America Homoeopathic Pharmacopoeia, and other works published by them, our one aim being to furnish the profession with fresh preparations of exactly the remedies called for.

Respectfully, BOERICKE & RUNYON,
Homoeopathic Chemists, 11 West 42nd St., N. Y.
November 12th, 1908.

New York, November 11th, 1908.

This is to certify that we witnessed the operation of extracting the venom from the fangs of the live Lachesis Mutus (Bush-master) by Professor Raymond L. Ditmars and his assistant, Mr. Charles E. Snyder, at the Reptile House, Zoological Gardens, on November 8th, 1908, and the same was delivered to the owners of the serpent, Messrs. Boericke & Runyon, Homœopathic Chemists.

Signed: Royal S. Copeland, A.M., M.D., Dean N. Y. Homoeopathic Medical College and Flower Hospital.
William Tod Helmuth, M.D., Professor Surgery, N. Y. Homœopathic Medical College and Flower Hospital.
John B. Garrison, M.D., Director of Drug Proving, N. Y. Homœopathic Medical College and Flower Hospital.
O. R. Long, M.D., Medical Superintendent, State Asylum, Ionia, Michigan.

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