

This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

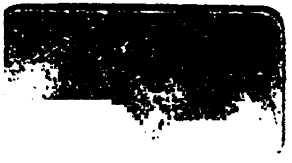
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

No. .....

BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.



THE NEW-ENGLAND

MEDICAL GAZETTE.

VOLUME VI.

THE

NEW-ENGLAND

MEDICAL GAZETTE.

A Monthly Journal

OF

HOMŒOPATHIC MEDICINE,

SURGERY AND THE COLLATERAL SCIENCES.

EDITED BY

I. T. TALBOT, M.D., AND WM. TOD HELMUTH, M.D.

VOLUME VI.

"Die milde Macht ist groß."

BOSTON:

S. WHITNEY, M.D., 14 BURROUGHS PLACE

OTIS CLAPP, 3 BEACON STREET.

NEW YORK: HENRY M. SMITH & BROTHER, 107 FOURTH AVENUE.

PHILADELPHIA: A. J. TAFEL, 48 NORTH NINTH STREET.

CHICAGO: C. S. HALSEY, 704 STATE STREET.

LONDON: JAMES EPPS, 112 GREAT RUSSELL STREET.

1871.

THE

New England Medical Gazette.

No. 1.] BOSTON, JANUARY, 1871. [Vol. VI.

CRAVINGS AND HANKERINGS.

BY E. M. KELLOGG, M.D., NEW YORK CITY.

A PROPER regulation of the diet of the sick is one of the most difficult problems in the daily practice of the physician. He is too prone to set up his own likes and dislikes as the standard for the guidance of his patients. And that man was a shrewd observer, who noted this fact, and was always guided in his choice of a physician by physical appearances; selecting the jolly, rosy, and rotund, and rejecting the sombre, pale, and peaked ones. And, taken all in all, this is a pretty good rule; for no one will deny that "proof of the pudding is in the eating," and digesting thereof.

It is also an undeniable fact, that our capacity for assimilating certain articles of food varies from time to time, and from year to year. I dare say that most of us can, on a little reflection, call to mind instances of this in our own personal experience; how that we dare not now touch some viands which we formerly ate with impunity; and, on the other hand, can now easily digest certain other articles that, years ago, used invariably to create gastric disturbance. I, for one, have enough faith in nature or instinct to be largely guided in my recommendations of food by the desires of my patients; allowing them the same liberty of eating what they really desire, which I have always claimed for myself. This practice I have found to be not only sound, but politic; for who can be unwilling to increase his popularity with his patients by

humoring their tastes and gratifying their cravings, when he can do so on true hygienic principles?

Although these cravings ofttimes appear morbid, and may make us tremble a little with apprehension of sad results in yielding to them, yet I am convinced from experience that we can safely gratify them much more frequently than we are in the habit of doing. What craving, for instance, can compare with the intense desire, the imperative necessity, for cold water in most acute diseases? And yet not many years have elapsed since physicians, by the rules of a practice as cruel as it was false, denied the piteous entreaties of fever-stricken patients, whose sole cry, day and night, like that of Dives in torment, was for a drink of cold water. We have learned the wisdom and mercy of giving not only cold water, but even ice, *ad libitum*, in such cases; why not carry out the principle and yield as freely to the cravings of hunger, as indicative of as real a want? These cravings are at times almost as strong and decided, and ought, in almost, if not quite, every case, to be gratified. And even if the craving be more of the mind than of the body, we ought not absolutely to deny it; for the patient is at least pleased and soothed, and, if there be no real physical demand, will not partake of enough food to do him harm; while, if there be a real want of it, the calls of nature will be met, and the sufferer benefited.

A curious instance of this craving for a certain article of food being a curative indication, has lately come under my notice. The patient was a printer who, by reason of the nature of his work and of prolonged sickness in his family, had had his meals so irregularly and infrequently, as to induce a very severe form of gastralgia. Being already largely in my debt, he was deterred from consulting me about it, and thought that, as it was only an attack of dyspepsia, he would fight it out alone and cure himself. But things went from bad to worse, until at last he could not swallow the smallest morsel of food without suffering intense pain for two or three hours afterwards. He tried the starvation plan, ate scarcely enough to enable him to do his work, and even fell once or twice in the streets, through sheer exhaustion. He then essayed various articles of food; lived for a week on bread and

milk alone; for another week on oysters in various forms; tried stimulants and long walks, even getting out of bed at night, and running through the streets in the vain endeavor to rid himself of that terrible gastralgia. But all was to no purpose, and he was reduced to a mere skeleton. At various times during this period of suffering, he had felt a strong desire for onions whenever he saw or smelt that odoriferous esculent. But he had not yielded to this longing, partly for very shame; for he had always previously had such an intense dislike of them, that he had forbidden any to be cooked, or even brought into the house. But when this longing grew into a decided hankering, he could no longer resist; but throwing his shame and scruples to the winds, brought some home one night and asked his astonished wife to boil them for him. He ate a few, by way of experiment; to his joy and surprise he felt no pain after that meal, the first time in several weeks. For three weeks thereafter, he lived on onions solely, — eating a quart or more of boiled ones at breakfast and supper, and making his dinner of raw ones in his workshop. And a savory bed-fellow he must have been! During all this time he felt no pain; and then, becoming tired of his one article of food, he began to experiment with other viands. When he reported his case to me two weeks later, he said that he "could eat a good square meal of bread, meat, and potatoes with any man."

An instance, in which the gratification of an apparently morbid appetite was followed by the happiest results, came under my care a few years ago. A girl, some thirteen or fourteen years of age, was affected with scrofulous inflammation of the knee, excited by a fall. The disease progressed until the whole upper extremity of the tibia was involved, suppuration established through three or four openings, and a false joint made at the epiphysis. So great was the apparent disorganization of the parts, that two eminent surgeons, called in consultation, were only prevented from amputating at the lower third of the thigh by the appearance of a similar disease in the right humerus, near the shoulder joint. During the course of this tedious disease, some strange but most decided cravings developed themselves, which, since they were so decided, I ventured to gratify, much to the astonishment and even appre-

hension of the family. For a week or two at a time, this girl would insist on having raw turnips constantly by her bedside, of which she devoured several daily. I say "devoured," as characterizing the avidity and gusto with which she ate them. Then a hankering for raw carrots seized her; and she would eat them in the same eager way for several days in succession. Strange to say, it was during the period of these cravings for food seemingly improper and indigestible, that the crisis of her disease was reached, and she began to improve. Her convalescence was uninterrupted; and not only was her leg saved, but she has enjoyed continued good health ever since, and has grown strong and stout. But she has to carry an extra half-inch of heel on one shoe; and that tibia shows cruel scars yet, and is somewhat misshapen; but the arm (suppuration never having been established there) presents no evidences of the terrible struggle for integrity through which her system had passed. And I am inclined to award no small part of this result to the gratification of her strong craving for raw vegetables; a hankering to which I would not listen until I was satisfied that it was more than a passing whim or caprice. Her importunity alone finally induced the ignorant, but not "unjust, judge" of her case to yield a reluctant assent to her wishes.

Take another case, drawn from the experience of my friend, Dr. Belcher. He had a child so very sick with cholera infantum, that he despaired of its recovery; persistent vomiting and purging, with inability to retain the slightest nourishment, either solid or fluid, had apparently brought it to the borders of the grave; all the remedies administered were powerless to check the disease. This child, being accidentally left alone for a few minutes, managed to crawl to the table, and got hold of the pickle-bottle; and when its horrified mother returned, it had eaten nearly all the contents! Of course, the child was given up for lost; and when the Doctor, being hastily summoned, arrived, he found the child passing from the bowels large pieces of pickle, just as it had bolted them in its eager haste. The next passages began to show them more and more digested, and improvement in the child's looks and general condition was immediately manifested; convalescence dated from that time, and complete recovery ensued. This, I admit, was an

extreme case; and I do not intend to argue that we ought to give the pickle-bottle to every child that has cholera infantum. But the inference I draw is this: that the craving in that case was a curative indication; and could I clearly make out that a patient of mine hankered for vegetable acids, I should take pains to gratify it.

Similar cases might doubtless be adduced from the practice of almost every physician; and the lesson to be learned from them is simply this: not to deny any expressed wish of our patients for a certain food or drink, simply because it conflicts with our preconceived ideas of suitability or digestibility. We should ascertain whether this desire is a transient fancy, or whether it is a real craving; and, if the latter, we should not hesitate to gratify it. And we can always gratify it in an experimental way at first, so as to be sure to do no great harm. It is no good argument against the sound sense of such a procedure, to adduce cases of intense hankerings for alcoholic stimulants, tobacco, opium, and the like; for, in these cases, it is the force of habit which creates the craving, not the instinctive promptings of nature, pointing to a curative agent. Again: the strange substances, like chalk, paper, slate-pencils, charcoal, &c., so eagerly eaten by chlorotic girls, may serve us as useful guides in regulating the diet of such patients, in indicating the real need of calcareous and similar preparations.

Accordingly, I would lay down the general rule, — notwithstanding the various instances to the contrary that can be adduced, — that the wise physician will never ignore the cravings and hankerings of his patients, however strange and unreasonable they may at first sight appear. They surely indicate some want in the vital economy, and, as such, should be carefully noted and weighed; and, I have no hesitation in saying, should be, in almost every instance, gratified.

What I now desire, is, to call the attention of the profession to a point in practice, wherein we often err, when we insist that our theoretical dietetics transcend the instincts of our patients' stomachs.

At some future time, I may have something more to say concerning the quantity — as well as the quality — of food required; but for the present, let us chew this cud, and ruminate on the true value of cravings and hankerings.

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

BY C. WESSELHOEFT, M.D., CHAIRMAN.

(*Concluded from the December number.*)

CLINICAL NOTES. *By G. F. Matthes, M.D., New Bedford.*— *Nitri acidum*[6] removed a fœtor oris, which was very much like the odor given out by carpenter's glue when heated; the patient complained at the same time of much *gurgling in the left side of his abdomen*, and of cold feet, but these symptoms were removed together with the fœtor oris. Intermittent, which had been suppressed with quinine, in California, four years ago, returned.

Brucea antidysenterica[30] had, to my mind, a very decided effect in strengthening weak ankles in two cases, one of a boy aged four years; the other of a girl aged four and a half years.

Balsamum Peruvianum. A lady of rather delicate constitution had considerable flow of blood directly after confinement, yet in due time her breasts were filled with milk. For excruciating pain from cracked nipples she applied a little Balsam of Peru to the sore places; the flow of milk ceased, and the lochia began afresh to flow profusely. *Rhus*[6] in water, a teaspoonful every two to three hours, seemed to have a good effect; at least the flow of blood from the womb ceased in less than a day, and the breasts became again turgid with milk.

Oleum jecoris aselli. Dr. Buchner, in his Essay on "Air and Lungs," adverts to the fact that in England they burn cod-liver oil in several light-houses; and that a number of light-house keepers who had been threatened with phthisis pulmonalis before entering upon the duty above-named, and who inhaled day after day the air of the lantern, impregnated with the volatile parts of the oil, became fleshy and robust. I have acted on the above hint for five or six years past. In all cases where I saw fit to prescribe cod-liver oil, I have directed the inhalation of the vapors arising from gently heated (not burned or scorched) crude cod-liver oil, and have in more than one case seen very happy results. I direct my patients or their attendants to fill a saucer with the crude oil, place the

saucer over a tin dish filled with sand, and heat the bottom of this either by the heat of a stove or other convenient means. To some, the effect is very soothing and grateful. I remember only one instance in which the inhalation of the fumes was at once very distasteful and nauseating. This was the case of a young lady whose health failed repeatedly whenever she lived in New Bedford (near the salt water), and gained on her going west to Illinois.

Cimicifuga. Miss W., aged 55, fair and fleshy, complained of sleeplessness in consequence of care and over-exertion while nursing a sick friend. *Cocculus* gave no relief. I therefore dissolved *Cimicifuga*, in a half-tumbler of cold water, directing her to take a teaspoonful four times a day. The dose was either too strong from the outset, or the medicine was continued too long time (three days), as, besides sleep, it caused *heat in the vertex* and a *confused feeling in the head*, so that she *could not promptly answer* questions, and *was often unable to find the right words in speaking.* On visiting a friend in the evening, she *fell asleep on her chair in the midst of the conversation around her. At night*, when waking from sleep, she had *the same confused feeling in her head* as in the daytime. After the medicines had been discontinued for two days, her head and mind felt free from any trouble, and she continued to sleep well nights.

Vaccine. A young, healthy, and robust-looking lady for several years past could not eat a mouthful of meat of any kind without having, soon after, bleeding at the nose, preceded by a feeling of contraction above and between her eyebrows. Menses regular, rather profuse, and of too frequent occurrence. *Aconite*, at other times *Calcarea*, seemed to improve her condition for short periods, but not lastingly. Setting out for a journey she wanted to be revaccinated, and when this operation was performed, "she felt a strange sensation going all through her," as she expressed it, and ever since that time she eats meat without having any apparent disturbance of her usual health.

Nitri acidum. Dr. James B. Bell, in his Therapeutics of Diarrhœa, p. 82, says of *Nitri ac.*: "The appetite for chalk, lime, and similar substances obstinately refuses to yield to this remedy." But a case which came under my observation in 1869 seems to

prove that sometimes, at least, the appetite for chalk may be sub dued by means of *Nitr. ac.*

A woman, aged forty-four, had been for two years past in the daily habit of eating chalk, at the rate of seven pounds per week; "it tasted better to her than anything else." For a good while, the heretofore too profuse and too frequent menstruation became well regulated, but her bowels became somewhat constipated; but latterly the menses again become too frequent, profuse, and protracted, the blood dark, stringy, and clotted, very offensive. Before and after menstruation she felt a distress about the region of the left ovarium; every now and then she had slight attacks of a painless diarrhœa, besides heartburn, much rattling in her bowels, and a burning thirst. At length there set in a violent vomiting of a liquid so acrid as to cause large blisters on her lips. At the same time she had very frequent thin stools, coming very suddenly, so that she had to hurry to the chair, when "it ran from her like water"; the discharges, in fact, looking like water mixed with powdered chalk. *Nitri ac.*, high and low dilutions, *Nux vomica*, *Nitr. spir. dulcis*, and other remedies, given consecutively, may have helped to arrest the diarrhœa, which ceased within four days; but the vomiting continued unabated and to an alarming extent; her face collapsed, the pulse became slow, hands and feet cold and damp, until, on the fourth day, I applied a sponge dipped in hot water to the spine, between the shoulder-blades, when at once she felt a genial warmth in her stomach, and the vomiting ceased. After this she recovered her strength very soon.

(Fifteen months previous to this attack she had a similar one, which lasted, under allopathic treatment, seven days.)

Six months after this last attack I met her, and heard that her health on the whole had been much better than before her sickness; yet every evening, she said, she would suffer very much from heartburn unless she took a little chalk. I now gave her *Nitri ac.*^{200}, six doses, one to be taken every third or fourth day, and when, seven months after this, I saw her again, she made the following statement: "After I had taken your last medicine I only once undertook, from habit, to eat some chalk, but felt so bad from it that I never since wanted to put it again into my mouth."

LYCOPODIUM CLAVATUM. *By L. Whiting, M.D., Danvers, Mass.* — *Case I.* Miss ——, aged twenty, has been subject to constipation from infancy. Prescribed *Lycop.*, one dose every morning. Two days after, I was requested to visit her. Found her in bed, in a condition of profuse perspiration, so completely prostrated that she could not raise her head without fainting; no appetite or thirst; diarrhœa, — stools yellow, watery, painless. From this condition she gradually improved without medicine, and in a week was discharged, and one year after she had had no return of constipation.

Case II. A married woman, aged fifty-two, of sanguine temperament, with blue eyes, light brown hair, face of a dingy, pale, yellowish hue.

December 17, 1866, she complained of sharp pain in dorsal hepatic region, in right shoulder and arm; throbbing frontal headache; feet and hands burning at times, and again feeling cold or numb; sleepy during day; sleep disturbed at night; craves sugar, starch, and sweet food; complains of hæmorrhoids and constipation. In her youth she "had taken calomel till she had to keep her mouth closed to prevent her teeth from falling out." At two P.M., administered a dose of *Lycop.* [30] in water. Almost immediately she remarked that she felt the effects of the medicine "to the very ends of her fingers and toes." At six and at nine P. M., the dose was repeated, and each time was succeeded by sensations similar to those which followed the first dose. Next morning, a fourth dose was taken, and no effects were noticed. She was directed to discontinue the medicine, and no other was given her. She continued to improve, and in a few days reported herself well.

June 9, 1869. — She called at my office in the evening, and requested me to give her some more of that "medicine for her old liver."

After a cursory examination, of which no record was made, I gave three powders of *Lycop.*[200], with instructions to take one at night on retiring. Next morning at about three, I was called in haste to visit my patient, who was thought to be dying. Found her cold and numb; she had no power to raise her arms or move her hands. Respiration was imperfectly accomplished with great effort.

Administered to her a cup of hot coffee, and in an hour she was so far recovered as to be able to give an account of the various conditions through which she had passed. She stated that immediately after taking the powder, she went to bed; in a few minutes she felt a peculiar creeping chill throughout her whole body; this was soon followed by sharp gnawing pains in the region of the liver, as if twenty dogs with sharp teeth were gnawing all around her. After a while the pains left her liver, and seemed to migrate from place to place till they had travelled throughout her whole body. This pain was succeeded by numbness and sleep, from which she awoke unable to move or to speak.

Case III. Miss ——, aged twenty-eight, with dark brown hair, and light complexion, complains of bad breath in the morning; tongue thickly coated white; poor appetite; she cannot wear her clothes tight about the epigastrium; she has constipation, and leucorrhœa like milk. Her menses vary in time from three to five weeks, at times scanty, and again profuse. There is a red sediment in the urine. Prescribed three powders of *Lycop.* [200], to be taken at night.

In two weeks she reported that she felt better than for years. Two years after, she continued entirely well.

Causticum. *By W. B. Chamberlain, M. D., Worcester, Mass.* — As illustrating the necessity of individualizing symptoms, I have often told the following story. In April, 1852, I was called to see a Mrs. W——, aged thirty-seven, who, I was told, was in consumption. Her appearance was that of a consumptive, thin in flesh; a hollow and racking cough occurred at all times of the day, but more in the morning. There was a tenderness of the abdomen, which *Merc. viv.*[18] cured in a few days. After twice prescribing for her, I found that none of the symptoms were removed except the one above mentioned, viz., soreness of the abdomen, which existed for years previous to her cough.

She said, "I do not see that your medicine does me any good." My answer was, "I know, Mrs. W ——, you have not told me all your symptoms; if you had, the homœopathic remedies would have

made you better." She smiled, and said, "Doctor, I do not think it best for me to take more medicine." But I insisted on knowing why she did not tell all her symptoms. "Well, Doctor, it is because you would laugh at me."

My answer was, "I will not laugh at you; I wish you to tell me now what symptoms you have neglected to tell before." She then said, "At two o'clock every morning I wake from sound sleep and jump out of bed into the middle of the floor and scream at the top of my voice, on account of the cramp in my heel-cords" (tendo Achillis). "My jaws are so lame and stiff that I have not been able to eat much for weeks. There are no more symptoms, doctor."

I then and there took out my "Bryant's Pocket Manual," studied the case carefully, and gave *Causticum*[6] in solution, a dose every two hours. She did not have the cramp in the heel again; the stiffness of the jaws disappeared in a few days, and in a short time every vestige of the cough disappeared. She gained flesh and strength and made a good recovery, with no other remedy except *Causticum*.[6]

In Hahnemann's "Chronic Diseases," Vol. 3, p. 124, are the following symptoms of *Causticum:* "Cramp in the sole of the right foot and *tendo Achillis* when stretching it. *Cramp in the feet* (after four and eleven days). Tension in the heel and tendo Achillis (after twenty days). Tearing in the left tendo Achillis." "*Sensation of tightness and pain in the jaws, so that it is very difficult for her to open her mouth to eat.*"

The above symptoms of *Causticum* were so like the symptoms which the patient had, that I gave it with confidence, and was gratified by the results.

PROLAPSE OF RECTUM. — IGNATIA. *By William Pearson, M. D., South Hadley Falls.* — In addition to some remarks of mine last August about *Ignatia*, I would say, that it has proved curative in another case of prolonged prolapsus of the rectum. I treated the case without seeing the patient, — a male child, four years of age, healthy and well every other way, his father said. He had been troubled with prolapsus for some months; and, at the time I pre-

scribed for him, his parents were obliged to return the rectum after each movement from the bowels,—sometimes twice a day,—and occasionally with great difficulty.

Ignatia[2] was the principal remedy in this case. But it required four or five weeks to perfect a cure, within which time the child had the dysentery, from taking cold, which was removed by the usual remedies — *Merc.*, *Nux*, and *Sulph.* Then *Ign.* and local applications of cold water finished the treatment.

CLINICAL NOTES. *By D. Hunt, M. D., Worcester, Mass.* — *China.* Mrs. G., — American, aged 23, married one year, — for the last five years has had, for one week after being unwell, a bloody leucorrhœa; clots often accompany it. With the leucorrhœa there is a lame, sore feeling through the lower bowels, a dull feeling through the head, and slight headache; she has a feeling of prostration and weakness, and depression of spirits. She applied to me on the second day of the leucorrhœa, and I prescribed *China* tincture, in pellets. The second day after the prescription the leucorrhœa was nearly well, and she was much better every way. I ordered her to wait until the leucorrhœa appeared the next month before she recommenced the medicine; for I wished to see if it would come again. At the time of its usual appearance, she thought it would not appear, for she had experienced none of her usual bad feelings after menstruation; however, it did appear, when *China* arrested it in one day; she says the first dose brought relief.

Ustilago maidis. About one year ago I cured the same patient of dysmenorrhœa, which had lasted for some years, with *Ustilago maidis.* I have no notes of the case.

Ferrum phosphoricum. — In several cases of irritability of the neck of the bladder, I have derived much benefit from the suggestions of Robert T. Cooper, (*Brit. Jour. of Hom.* Jan. 1st, 1870,) as to the use of *Ferrum phosphor.* I have used the 1st decimal trituration.

Robinia pseudo-acacia. — I have used the *Robinia pseudo-acacia* with almost uniform success in acidity of the stomach — one drop of tincture after meals. This remedy was first suggested by Dr. Smedley, of Westchester, Pa.

Euphrasia. — In a case of what I suppose to be "hydropthalmia anterior," the irritation of the conjunctiva, resulting from the bulging of the cornea and the circumjacent sclerotic, was cured in two days by *Euphrasia* tincture, in pellets. There has been no recurrence since.

A case of sclerotitis was cured by *Euphrasia* tincture, without relapse.

BUCHNER ON BRIGHT'S DISEASE. *Compiled by C. Wesselhoeft, M.D., Boston.* — Having no proving to report, the undersigned offers the following suggestions, derived from Dr. Joseph Buchner's Treatise on Bright's Disease (Leipzig, 1870). In consideration of the frequency and fatality of Bright's disease, and in the absence of a translation of Dr. Buchner's suggestive treatise, the following therapeutic directions may, it is hoped, prove beneficial in the hands of practitioners. For want of space and time, the pathological portion of the treatise has been omitted.

The fact that organic disease of the heart is, in a majority of cases, connected with genuine Bright's disease, is a reason why changes in this organ should be considered as important therapeutical guides. Thus: *Kali arsenicosum* is the principal remedy in affections of the *left* side of the heart with albuminuria; *Phosphorus* is indicated where the *right* half of the heart is affected.

The preparations of arsenic, especially *Kali arsenicosum*, are furthermore indicated in the following cases: when there is albumen in the urine, in large or small quantities; in degeneration of the kidneys, either affecting the epithelium alone, or even extending to atrophy of the tubuli of Bellini and the Malpighian corpuscles; in hyperinosis of the blood, with affection of the left side of the heart; and in œdema of the brain.

Phosphorus is the opposite of *Arsenic.* It is not indicated in great prostration (Hahnemann); but where the urine contains epithelial debris; muco-purulent corpuscles; albumen (in six cases of poisoning by phosphorus); or blood corpuscles (Gorge.) It is the remedy where the kidneys are degenerated, or the cortical substance has become granular; in incipient pneumonia; in organic changes of *right side of heart;* and in signs of cerebral atrophy.

Phosphoric acid is useful in certain chronic tedious forms of Bright's disease, with melanotic, scorbutic diathesis, resembling forms of typhus with stupor; in relaxed and thin walls of blood-vessels; also in disease of kidneys, obscure and chronic; when the patient is indifferent and dull, caring for neither food nor drink; when the quantity of albumen in the urine is small, unattended by fever or heat, the skin being flabby and cool, without either œdema or dropsy; and with positive congestion of lungs.

Cuprum is similar to *Arsenic*, but more penetrating in its effect, though slower in action. The type of disease is relapsing; the remissions are long, and the relapses violent; localization of morbid changes occur in the liver, kidneys, and spinal cord; atrophy of muscles; obstinate vomiting.

Aurum muriaticum is applicable to affections of the left side of the heart; dyspnœa; hyperæmia; swelling of liver, with altered secretions and pressing pain; increased flow of urine.

Terebinthina is applicable to cases of diminished renal secretion, attended with the following symptoms: urine dark and bloody; coagulations, with tubular casts, and renal debris; anasarca; irritability; absence of disease of the heart and blood vessels.

[*Mercurius corrosivus* is recommended by Dr. Schley (*American Observer*, Vol. VII, page 411), in cases where the urine looks as if mixed with blood, when a coagulum is caused by boiling or nitric acid.]

The same remedies are recommended by Dr. Buchner, when uræmic symptoms prevail, with asphyxia and convulsions.

Hydrocyanic acid is indicated in asphyxia from uræmia, caused by decomposition of urea, and consequent presence of carbonate of ammonia in the blood.

Nicotine is indicated in the same condition.

Cuprum is indicated in occlusion of tubuli uriniferi. The symptoms are: affection of the cerebrum; diminished urine; convulsions, alternate with garrulous delirium, rapid flow of thoughts; amaurosis; deafness; apathy; face distorted, red; protrusion of the eyes; tongue and breasts cold; patient utters long-drawn screams.

HOW TO STUDY THE HOMŒOPATHIC MATERIA MEDICA.*

BY HENRY R. MADDEN, M.D.

MR. PRESIDENT AND GENTLEMEN: I feel that the subject I have chosen for my paper is one whose extreme difficulty is only equalled by its importance. Ask any earnest homœopathist, wherein lies the greatest obstacle to his progress, and he will assuredly reply, "The extent and complexity of the Materia Medica." It is here that he finds himself opposed by an almost insurmountable barrier; and the very riches with which he is surrounded appear to condemn him to perpetual penury. No question has been more frequently asked than "How shall we discover a key wherewith to unlock the treasure-house of our accumulated provings?" No effort has been more often or more perseveringly made than to provide a clew to the labarynthine intricacies of our symptomatology; and yet, after fifty years of labor, the same difficulty is felt to exist.

I need hardly remind you that the success or failure of any attempt to overcome an obstacle, or to unravel an entanglement, depends more upon the method adopted than on the amount of perseverance bestowed upon the effort; and, in the case in question, I am convinced that the want of success has been in a very great degree owing to the manner in which the subject has been handled.

During the last twenty-five years, two very interesting papers have been published on the study of the Materia Medica, viz.: one by Dr. Hering of Philadelphia, in the second volume of the *British Journal of Homœopathy*, and another by Dr. V. Meyer, in the second volume of the *North American Journal*. Dr. Hering recommends the thorough and complete study of one medicine as the starting-point, and then advises that the student should take some analogous remedy, and work out carefully the resemblances and differences which exist between these. He is then directed to treat a third drug in the same way, and in this manner gradually accumulate a store of knowledge. Dr. Hering assures us that the

* Read at the British Homœopathic Congress, held at Birmingham, September 28th, 1870. — [*Monthly Homœopathic Review, November*, 1870.]

main difficulty consists in the thorough study of the first medicine, and confidently asserts that every subsequent remedy will be understood with less and less difficulty, so that at last, a single reading of a proving will enable the student to grasp at once the essential characteristics of the new drug. Now, while I do not for one moment deny that such a mode of study would secure a large amount of knowledge of the Materia Medica, it seems to me suitable only for those who approach the question of homœopathy during their student life, and before they have commenced practice. Months, if not years of study would be required before the knowledge obtained this way would fit a man for practice, since he could only with safety employ those remedies which he had already thoroughly mastered; and, unless the number of medicines learned were considerable, it would be little short of a lucky accident if his first cases fell within the range of his therapeutic attainments.

Time will not admit of my analyzing further the method Dr. Hering proposes for the conducting of such a complete study; I will therefore at once proceed to examine the plan suggested by Dr. Meyer. His leading idea is, that we should endeavor to ascertain the starting-point from whence all the morbid phenomena produced by each medicine originate, and thus, having discovered the central point of attack, our knowledge of physiology will serve to explain the various symptoms radiating therefrom. Now, my objection to this mode of studying is, that it is essentially wrong, and that it would in many respects lead to serious practical errors. It seems to me that its supposed advantages are founded upon the conception that the physiological sequence of phenomena is so fixed and unalterable, that a morbid impression made upon a given point must of necessity originate the same series of effects; than which nothing is less true. All experience shows that the effect is dependent quite as much upon the pre-existing condition of the person as upon the exact point from which the irritation takes its start. Were it possible to find absolutely healthy provers as subjects of experiment, — persons who are not only well at the time, but who have no dormant diseases, and not even any predisposition to disease; a condition practically inconceivable,— then I have little doubt but that Dr. Meyer's proposition would hold true, and that

one could predict with certainty the nature and sequence of morbid changes, if one was told the point from which they started. As matters are, however, such certainty is unattainable; and in consequence, this method of studying medicines would be worse than useless — it would be misleading. Nothing is more certain than that when a medicine is given to twenty different persons, it will display certain differences in its action, according to the previous condition of each prover; and moreover, all these differences are available in practice, because a similar series of phenomena in a patient would denote a similar condition of system, and hence would go to make up the similimum between the pathogenesis and the disease. This may be illustrated by a familiar example. The proving of a medicine resembles the giving of a shilling all round to a school of boys. The power, or dynamis, of the shilling is the same in all; its purchasing power is the same; but the ultimate effect will depend on each boy's propensities. One may purchase a ball and improve his health by more active exercise; another may relieve his mind by paying off an old debt which worried him; and a third may have a fit of dyspepsia by going to the confectioner's and stuffing himself with sweets. In each case, the shilling was the exciting cause, while the actual symptoms depended on the predisposition of each prover.

And here I must advert to another part of Dr. Meyer's paper. He objects to teaching morbid phenomena as distinguished from diseases; by which I presume he means that we should ascertain the relations which medicines bear to concrete diseases, rather than to what Dr. Drysdale has so happily called "*elementary morbid states.*" If, however, this is his meaning, I must object to it *in toto.* My conviction is, that we cannot make a greater mistake than to attempt to discover the similimum to concrete diseases in our provings; at least, if we do, we must prepare to meet with many and great disappointments, and shall, moreover, lose entirely many precious bits of useful practice. The very essence of homœopathy is, that it treats *cases of disease* — and not *diseases;* that it specializes so far and so minutely, that the very name of the disease is lost in the prominence given to the distinguishing symptoms of the individual case. And if this is necessary in practice, so too, is it need-

ful in the study of medicines. It is of less importance to know what medicines produce given diseases, than to know what medicines produce a given series of phenomena which may be easily recognised at the bedside.

This line of reasoning has led me to conclude, that for practical purposes, *the homœopathic Materia Medica should be studied directly in relation to pathological states, and that the knowledge of the entire action of any medicine should be left as the ultimate result of a completed study of pathological phenomena.* I believe that in this way alone we shall be able to separate the essential from the unimportant, and that our advance will be much more secure; while, at the same time, judicious division of labor might be brought to bear upon the subject, in such a manner that each person's work may be utilized by his colleagues. It is my purpose, during the remainder of the time allotted for this paper, to sketch in outline how such a study should be conducted.

1. The first requisite is to make a list of what may be termed physiological equivalents, for the purpose of enabling us to interpret symptoms and their conditions, and to determine their physiological import. This may be regarded as speculative and dangerous, and it certainly must be conducted with due caution; nevertheless, I feel satisfied that it can be done, and I have myself repeatedly felt the advantage of it. In practice, we are in the daily habit of translating the symptoms observed in our patients, into physiological language; and upon this we found our diagnosis. Precisely in the same way must we examine the records of our provings; and if we once succeed in forming the code of equivalents to which I have referred, we shall find this a much easier matter than it has hitherto been. To take a very simple example: We all know how important the time of day at which a symptom appears, or is aggravated, becomes in the choice between two similar and otherwise equally-indicated medicines. Now, so long as we seek no interpretation of such differences, we must retain them in our memory as isolated facts. If, on the contrary, we bring to bear on their interpretation the investigations of M. Spring upon the diurnal variations of temperature, pulse, and respiration, we shall discover that from 3 to 9 A.M., and from 1 to 5

P.M, are periods of functional increase, while from 9 A.M. to 1 P M., and from 6 P.M. to 3 A.M., are times of diminished functional activity.

We shall further discover that these differences are by no means trifling, since M. Spring has observed no less than 3½ degrees F. difference in temperature, 10–20 beats difference in the pulse, and 3–4 in the number of respirations per minute; while the exhalation of carbonic acid and of watery vapor, and also the activity of absorption, are found to vary in like manner. Applying this knowledge to our remedies, we conclude that those which present aggravations between 3 and 9 A.M., or between 1 and 5 P.M., exert their influence especially during a state of great functional activity; while those which produce symptoms or aggravations between 6 P.M. and 3 A.M., or between 9 A.M. and 1 P.M., do so by disturbing the comparative rest which the various functions of circulation, respiration, and tissue-change should then enjoy. Further, an inquiry into the particular symptoms aggravated, or the general action of a medicine, will, in conjunction with the above facts, shed considerable light upon the method of distinguishing between two remedies whose aggravation may occur at or about the same time. For example, *Lycopodium* and *Nux vom.* both have aggravations in the early morning, during a period of functional increase; but *Lycopodium*, as a vegetative remedy, acts most powerfully on the nutritive changes of the body; while *Nux vom.*, expending its influence in a large measure on the spinal cord, influences chiefly nervous phenomena. I have only time to give this one illustration, but others will readily suggest themselves to any one who examines into the subject; and it will be found that in this manner every addition to our physiological knowledge can be at once utilized by us in interpreting the actions of medicines. I may here refer, as a case in point, to the very instructive remarks by Dr. Drysdale on the influence of *China* and *Ferrum* upon the processes connected with sanguification, by which so much light is thrown upon the action of the former in removing the consequences of loss of blood or humors, and of the latter in influencing the increase of red corpuscles, even where no chemical explanation

will suffice. Not only should all "conditions" be thus analyzed and interpreted, but an attempt should be made to interpret each symptom, so as to comprehend its exact physiological significance; an investigation of considerable difficulty, but yet holding out prospects of value sufficient to encourage an earnest prosecution of the work.

2. Having in this manner laid the foundation of our research, I would suggest the following plan of proceeding. Select some organ or tissue, and by the aids of physiology and pathology, define accurately the various morbid conditions to which it is liable, and detail the symptoms, as far as possible, to which these various conditions give rise. Then examine the records of our provings, and ascertain what remedies present these symptoms in their pathogeneses; and here the student will find much of the preliminary labor done for him in the various therapeutic works which have already been published, especially in such works as those of Kafka, Hughes, and Bähr. He will there find what remedies are already known to act upon the organ or tissue that he is studying, and will thus be enabled at once to examine the best and most frequently used drugs. With pen in hand, let him note down the physiological meaning of each symptom connected with the organ in question, at first limiting his observations to the anatomical seat of the morbid change. Then going over the ground a second time, let him note the kind of action elicited by the drug; whether it be a mere increase or diminution of its natural function, or whether that function is perverted, so that a result qualitatively different from what it should be has occurred; and further, in the case of such perverted function, the course and extent of the change should be noted. Another examination should then be commenced for the purpose of noting especially the conditions and concomitants of all these changes. For the purpose of comparing different medicines together, it is very necessary that all the particulars herein referred to should be noted in a given order, such order having been determined upon when drawing up the physiological and pathological schema of the organ.

I will endeavor now to illustrate this by an example. Let us suppose the student to be engaged in studying the various diseases

of the mucous membrane. His first step will be to obtain a correct knowledge of the anatomy, physiology, and pathology of this membrane, and especially he should note the differences observed in the tendencies to disease, and in the order of pathological changes in the different sections of this membrane. Having arranged a schema embodying the knowledge thus acquired, we will suppose he takes up the morbid condition known as catarrh, and first endeavors to ascertain what medicines stand in specific relation with this disease as occurring in the naso-pulmonary mucous membrane. 1. He will first arrange them according to the parts of this tract which they are known to affect, and he will find that *Euphrasia* acts especially on the mucuous membranes of the *eyes and nose*, while *Allium cepa* acts on the *nose and eyes*. The order is here reversed, because the action of *Euphrasia* appears to commence in the conjunctiva, and certainly attains a higher degree of intensity there, while *Allium cepa* exerts a more decidedly irritant effect on the Schneiderian membrane, and acts much less powerfully on the conjunctiva. In proof of which we find in *Euphrasia* acrid tears and bland nasal mucus, while in *Allium cepa* the tears are bland and the nasal mucus is acrid and irritating.

Besides these, the student will find *Arsenic* acting pretty equally on both eyes and nose, and extending its effects to the larynx and trachea; *Mercurius* causing symptoms of acute nasal catarrh, while its conjunctival symptoms are more related to the subacute and chronic inflammations of that membrane; *Iodine* and *Iodide of potassium* acting powerfully on the nose, but extending its influence well down into the larnyx; and *Nux vom.* interfering with the secretion of the nasal mucous membrane, while apparently exerting but little influence on the state of the membrane itself. He will ascertain, further, that *Rumex crispus, Nitric acid, Ipecac., Ammonia, Bromine, Antimony, Spongia, Hepar, Caust., Kali bichr.*, and many others irritate in different degrees the larnyx and trachea. Again, *Bryonia, Squilla, Phos.*, and some others seem to commence their irritation in the trachea and larger bronchi; and some of these, as *Kali bichr., Merc. corr., Ant. tart., Phos.* and *Ammon. carb.*, extend their influence to smaller bronchial tubes; while two of them, viz., *Ant. tart.* and *Phos.*, do not limit their irritation to the bronchial ramifications, but act upon the parenchyma of the lung itself.

2. Looking now to the kind of action, the student will find by reference to his physiological schema that mucous membranes are liable to the following changes: The membrane may become simply dry, owing to exhalation becoming checked; or it may be dry and irritable, owing to its nerves being implicated in the change; or it may be dry and red, owing to its receiving an abnormal supply of blood, — which increase may depend either upon simple relaxation of small arteries consequent upon vaso-motor depression, or by overfilling of the capillaries caused by tissue attraction; or, finally, it may be dry and swollen, owing to effusion of serum into the connective tissue. On the other hand, the mucous membrane may be over-moist, and this moisture may be simple excess of watery exhalation, — a condition analogous to sweating; or excess of mucus, owing to the epithelial scales being set free while still retaining their primitive rounded form, in which they are undistinguishable from mucous corpuscles; or effusion of serum from over-distended capillaries; or sero-mucus, from a combination of the two last conditions; or ichor where interstitial waste of tissue is excessive; or muco-pus, from fatty degeneration of mucous corpuscles; or viscid, adhesive mucus from a certain admixture of fibrinoid matter in the excretion. Again, the surface of the membrane may be incrusted with exudations too solid to be washed away, and these incrustations may be simply coagulated lymph, as in membranous croup; or modified epithelium, as in membranous dysmenorrhœa; or possessing a character *sui generis*, as in diphtheria. Or, finally, the surface of the mucous membrane may have been destroyed, giving rise to all the known varieties of ulceration, from simple excoriation to phagedæna and sphacelus.

Possessing a correct knowledge of all these varieties, he will then allocate his several medicines according to the condition of membrane which he finds they have produced. I need scarcely mention that several of these conditions of mucous membrane will often be found in one proving. But this will form no practical difficulty, since it will always depend upon one of two things: either the different conditions are in reality different stages of one and the same pathological process, or the remedy is capable of producing these different conditions in persons having different patha-

logical tendencies (dormant diseases); and, as I have already remarked, if it can produce these varied conditions, it can also cure them. For example, dryness of mucous membrane will be found under *Alum, Benzoic acid, Iodine, Nux v., Spong., Sticta,* &c. Dryness with irritation under *Laches., Nitr. acid, Rumex crispus, Senega,* &c. Dryness and redness, in *Bell., Bry., Ars., Phos.*, &c. Dryness and œdema in *Apis.* Increased moisture from active exhalation is found under *Sambucus, Dulc.,* and *Ammon. carb.* Excess of mucus under *Ammon. mur., Ant. c., Squill., Merc.,* &c. Serous discharge under *Solanum* and *Veratrum.* Sero-mucus under *Ammon. carb.* Ichor under *Ars.* Muco-pus under *Pulsatilla, Stannum, Hep. s., Ant. tart., Sulph.,* and many others. Viscid and fibrinoid under *Kali bichr.* Exudations on the surface will be found in *Bryon., Iod., Bromine, Kal. bichr., Spong.,* &c.; and ulcerations occur in *Phos., Hep. s., Silic, Calc., Lyc.,* &c.

It must be understood that in this example I am only referring to a few medicines under each heading, and am not attempting to exhaust the list of remedies suitable for each condition.

When this much is accomplished, the student may compare his lists together, and he will at once perceive that when he endeavors to associate locality of action and kind of effect together, he will split up his list of remedies into very small groups indeed; or, in other words, these two items alone, viz., similarity of seat and similarity of action, will serve to separate most medicines from one another. I must, however, give a caution here, lest an over-preciseness should lead to subdivision beyond what is prudent. Both as regards locality and kind of action, we must not rigidly define the limits of either, unless the medicine has been fully and exhaustively proved; since the fact of a medicine having acted in one or two provings upon one part only of the mucous membrane by no means demonstrates that it will never act upon other portions. Or again, the fact of a thin, watery exhalation having been found to follow the taking of a certain drug by no means excludes the possibility of its causing a flow of mucus or muco-pus in other cases. Except in very well proved remedies, it will be perfectly legitimate to conclude that medicines displaying a marked affinity for the mucous membranes will in all probability act on any part thereof

where there is either similarity of function or of structure. On this account, it is well to group together all those parts of the mucous membranes which possess exactly the same anatomical structure, distinguishing the various forms of epithelium and the presence of many or few layers of cells; distinguishing, also, with great care, between simply exhaling portions and those which secrete mucus, and those other portions which yield varied and special secretions; and yet once more, distinguishing those parts which have special nervous endowments, such as the peculiar susceptibility of the conjunctival and larnygeal portions to the irritation caused by any foreign body.

I am much afraid that many will say that the plan of study which I am suggesting is quite as complex as the Materia Medica itself; but such is not the case. Every item of knowledge gained in such a study as this is a direct step in advance, since it can be utilized, not for one medicine only, as when we learn a symptom by rote, but for all medicines; not for one disease only, but for all diseases. What is the plan, indeed, but a careful study of minute physiology, and the applying of its results to the elucidation of the action of medicines? It is my intention, if I can command the necessary time, to apply this method to the whole subject of catarrh, following it through the whole tract of mucous membrane, and comparing together the actions of all our hitherto-proved remedies.

Another very important point to be studied is, the interdependence of symptoms. A careful application of physiological knowledge to the interpretation of morbid phenomena will demonstrate that certain changes of function must of necessity produce certain other changes, so that if one link of any well-known chain is found, the others may be predicated with certainty. In this way we are enabled to build up an entire morbid picture, much in the same way as a paleontologist builds up an extinct animal from a careful examination of a single bone. The assistance obtained in this way in the selection of remedies for disease is very great. For example, nothing is more common than such a case as the following: A patient complains of certain symptoms which indicate in a marked degree congestion of the pelvic veins, and yet among the symptoms there exist some which are not found in the provings of *Sepia*, or

Collinsonia, or *Aloe* or any other of the remedies known to produce pelvic congestion. What then is the homœopathist to do? Is he to examine the case purely symptomatically, or is he to prescribe one of the above remedies, notwithstanding the absence of the symptoms referred to? This will depend entirely upon the following circumstance. If the peculiar symptoms are of such a nature that it is physiologically evident that they are caused by pelvic congestion, I believe he may with safety prescribe according to the general indications, and feel confident that these symptoms will subside with the removal of the originating cause. If, on the other hand, no necessary connection can be traced between the peculiar symptoms and the chief morbid condition, then I believe it will be safer to prescribe for the case symptomatically; and, if an exact similimum to the peculiar symptoms can be found, to give such a remedy in place of one known to produce pelvic congestion, but not possessing the symptoms in question. Such a proceeding will probably be characterized as unscientific and mechanical; but it in no way merits the name. It is, in point of fact, neither more nor less than a confession of limited knowledge. If our provings were perfect, and our acquaintance with physiology co-extensive with the laws of vitality, then, indeed, such a plan would be needless; but until that happy day arrives, we must content ourselves with using helps of all kinds, whenever the exigencies of practice require us to go beyond the limits of our perfected investigations. We do not know, as yet, the entire action of any one medicine; and hence it is perfectly possible that, in the second case, the medicine selected symptomatically might, if fully proved, show evidence of its power to cause pelvic congestion, just as in the first case the remedy which caused pelvic congestion and had not the peculiar symptoms, might have manifested these, had the proving been more fully carried out. We cannot too carefully bear this in mind; for otherwise our endeavors to prescribe physiologically will become fraught with danger just as great as that which besets the path of the blind symptom-hunter.

I know it will be objected by some to this method of study, that no single medicine will be learned thoroughly until the whole

Materia Medica has been mastered. This, however, is only true theoretically; since the proposed plan is such that it admits of being carried out in various degrees of completeness, and yet each degree will possess its full value. Thus, without much difficulty, one could arrange all the well-proved remedies, both according to their seat and kind of action, from the material ready to our hands in the therapeutic works already published; and thus a good and useful general idea of the action of all the ordinary remedies could be obtained in a short time, and the student would then be enabled to utilize such knowledge at the bedside. As he advanced with his studies, he would find each additional piece of work would fall into its place at once and become practically valuable, and his position would thus be vastly superior to the student who, following Dr. Hering's advice, had devoted his time to the thorough mastery of a single remedy, and then used it as a ground of comparison for all other medicines. A much more serious objection is, that owing to the imperfection of our knowledge of physiology, a considerable number of symptoms in every proving would be "left out in the cold," no place being found for them in the best constructed physiological schema. And it becomes a serious question how to deal with this residuum. To neglect it would be most unwise, since many valuable bits of practice will be found among these unmanageable items. For my own part, I believe we must just accept the difficulty, hoping for the time when the light of advancing science will clear up all these obscurities; and must apply them symptomatically, whenever a suitable opportunity offers. I have already referred to this subject more in detail, in a paper on the proper place of repertories in homœopathic practice, which was read before the British Homœopathic Society during last session, and which will be published in the October number of the *British Journal of Homœopathy*. Some of our work we must do mechanically; and — to that extent — we must feel that we are walking with crutches; but we may nevertheless proceed cheerfully, in the full conviction that every advance in physiology will help to explain away our difficulties; and if, in our regular study, we have kept abreast with the vanguard, we may feel confident of utilizing every new discovery as soon as made, and, indeed, long

before the discoverer himself, if not a homœopath, can perceive any practical utility in his work.

I have thus endeavored — I fear very imperfectly — to set before you what, after more than twenty-five years of thought and endeavor, I believe to be the most practicable, and practically useful, method of studying our Materia Medica. I do not claim for it any title to novelty, and far less do I consider it perfect; but nevertheless, I believe it to be the best which has hitherto been suggested, and if carried out by the joint labors of many, would yield a manual of therapeutics far superior to any we at present possess. Trusting that some of my colleagues will take up the matter and help the good work forward, I leave these remarks to their careful consideration, and shall be only too happy to receive their friendly criticism.

86 Sackville Street.
September, 1870.

ANIMAL VACCINATION.

Mr. Editor: I am not one of your household of medical faith, in fact, quite the reverse; but, whatever I may have done in the past, I shall not now write a line that can ruffle the temper of the most sensitive believer in Hahnemann and his famous dogma. In these days of professional difference, it is pleasant and profitable to know that there are some few matters in which we all agree. Vaccination is one of these. Throwing out of all consideration, as indeed it should always be thrown out, a class of men who, through imperfect knowledge or immense self-conceit, or, more frequently, from an almost necessary union of the two qualities, are inevitable sceptics, no physician, of whatever school, denies the immense benefits of the discovery of Jenner. From a very early period of my student-life, now nearly thirty years ago, I was fully convinced of its infinite value, and filled with wonder, also, that so clear and great a good should be so imperfectly appreciated by the people, and even by the profession. Stranger still is it, that in a country so widely and justly noted for general

intelligence as this, no provision whatever should be made by the State for the vaccination of the people, or even for the proper and methodical protection of the army and navy. Thinking of all these things, I have always devoted great and constant attention to the subject, and for the past twelve years have endeavored, with a success which has given me great comfort and encouragement, to perform an office, which in all other civilized countries is assumed by the government, — that of supplying the profession with the best attainable *materiel* for vaccination.

In the performance of this duty, I spared no pains to obtain the very best stocks of vaccine virus. I entered into correspondence with many of the European governments, and with some of the most distinguished writers upon, and practitioners of, vaccination. I obtained from Germany, France, and England, supplies of lymph from many and different sources. After fully and fairly testing these, I at last came to the conclusion that the very best of all known "stocks" of humanized virus, was that so religiously preserved by the National Vaccine Institution, derived by successive human vaccinations for seventy years, from lymph collected by the hand of Jenner himself. The virus which I have issued for eight years has been from this Jennerian "stock." The vaccinations made from this lymph seemed to me to leave nothing to be desired, and when, failing leisure to visit Paris myself, I sent a special and most intelligent agent there, last spring, to fully investigate the whole subject of animal vaccination, and to procure ample supplies of lymph, in such forms as should enable me to inaugurate the method in America, it was more from a feeling that it was incumbent upon me to investigate fully everything relating to my favorite specialty, rather than from any hope or expectation that the new source and method of supply would prove superior, or even equal, to that which I had so long enthusiastically and honestly commended. I was resolved, however, to thoroughly investigate the subject, and to give the result of my experiments and observations to the profession. My impression was that the verdict would be adverse. It has proved entirely otherwise. After four months daily study of animal vaccination, and the phenenoma in the human and bovine species, following the use of the two origi-

nal "stocks" of which I shall speak, I have no hesitation, whatever, in asserting that, in every respect, this lymph gives evidence of its superiority to any of which I have had any previous personal knowledge. This superiority is shown in every stage of the disease induced by its inoculation; in the greater size and perfection of form and color of the vesicle and areola; in the decidedly greater — though by no means violent or alarming—febrile phenomena on the ninth and tenth days; in the uniform perfection of form and umbilicated centre, &c., and much greater size of the crusts; and last, though by no means least, the adherence of the crust to the full twenty-one days mentioned by the older writers, and from that to even thirty days. All the points in which the new lymph differs from the old, are in favor of the new, without exception. In all respects, vaccinations made with it correspond exactly with those described by Jenner, Willan, Brice, and the numerous writers of the first decade of the century. No other vaccinations I have ever made, however perfect I may have considered them, have thus exactly corresponded.

For instance, the two most satisfactory "stocks" of which I had any previous practical knowledge, were that of Ceely (which I received from himself, and which was derived from the variolation of the cow), and of the National Vaccine Institution of England. In both of these, the course of the disease was very regular, the succession of phenomena perfectly uniform; but in both it was shorter than in Jenner's classic description. With Ceely's stock the areola commenced on the seventh day, and was fully formed at the end of the eighth; the vesicles and resulting crusts were smaller, the crust easily removable on the twelfth or thirteenth, and falling spontaneously on the fourteenth or fifteenth day. The areola of the Institution "stock" began at the end of the seventh day, and was fully formed before the ninth; the vesicles and crusts a good deal larger and more perfect in form than those of Ceely, but the latter easily detached on the fourteenth day, and often falling on the fifteenth or sixteenth,—always long before the twenty-first. I have written hastily this — not article but mere announcement — to your readers, of the results to which I have come in using lymph taken from heifers inoculated from other heifers, in long succes-

sion, from an original case of cow-pox, discovered in 1866, at Beaugency, in France, and from others inoculated in the same manner, from one to another; from a heifer inoculated from a spontaneous case of "horse-pox," the fully-proved origin of the disease as occurring in the cow.*

At some future and not distant time, I shall endeavor to write more fully on this subject; at present my very scanty leisure only permits such hasty and desultory efforts as the present. I have fitted up a stable and office in the rear of my residence, 27 Dudley street, Boston Highlands, the first for heifers, and the latter, fitted with all necessary apparatus for securing them while being vaccinated, and while lymph is being collected. I intend to continue the propagation of the two stocks mentioned above, from one heifer to another, and shall therefore, at all times, have them, in different stages of the disease, and on any day, from 3 to 4 P.M., shall be most happy to afford to any physician, of any school, op-

* The doctrine that the vaccine disease in the cow was derived from the horse, was strongly insisted upon by Jenner; he maintained, however, that this disease of the horse was that known to farriers as the "grease." In this he was at once right and wrong. In those early days, large groups of differing diseases, even in man, were included under one term. Much more was this the case in veterinary medicine, and the wretched empiricism of farriers and jockeys, which passed for such. Under the term "*grease*" were included, at least, two totally differing affections: one, a local affection of the heels merely; the other, a constitutional disease, with a general eruption like that of the exanthemata in the mouth and over the general surface, and observed on the heels on account of the absence of hair. The first was much the more common affection; very frequently repeated experiments made with the fluid obtained from it were utterly futile, and so Jenner's doctrine fell into neglect, and even ridicule. The other, and unknown disease, infinitely less frequent, occurring only rarely and at long intervals, as an epidemic in the horse tribe, and ignorantly included under the general term *grease*, is the original of cow-pox, as has been, in late years, fully established by the observations and experiments at Alfort and elsewhere, by Bouley, and many other most competent observers. Jenner was a most careful observer and reasoner, a worthy disciple of his great master and loving friend, John Hunter; and in this his assertion of the origin of cow-pox, so long considered absurd, he is, after many years, proved not to have spoken idly. The mistake that he was supposed to have made had its origin, not in any fallacy of his, but in the ignorance of veterinary practitioners, who classed at least two entirely diverse diseases under one name.

portunity for actual observation, and any information on the subject which a long experience may be supposed to qualify me to give. I have, notwithstanding my not being an homœopathist, borne repeated testimony to the great and peculiar care taken by homœopathists to obtain the best possible vaccine lymph. I have had abundant evidence of this in the great number of that school, in all parts of the country, who have corresponded with me during the past twelve years. Knowing this, I have felt confident that your readers would feel an interest in an enterprise by which, for the first time, authentic original non-humanized cow-pox lymph has been propagated on this side of the Atlantic, and offered to the medical profession of America. *

I offer, therefore, no apologies for my topic, but must again ask your indulgence and that of your readers for the hasty, desultory manner in which it has been presented.

HENRY A. MARTIN,
Chairman of Committee on Vaccination,
of American Med. Association.

NOTE BY THE EDITOR. We fully agree with Dr. Martin as to the special care taken by homœopathic physicians in obtaining pure vaccine virus; and we are sure our readers will be glad to know that a physician, so painstaking and careful as Dr. Martin, has secured virus from Jenner's original source. For several years we have relied upon his vaccine virus with confidence and entire satisfaction; but repeated trials of the "new stock" have shown us its much greater activity and perfection, and we especially recommend it to all physicians of our school.

---

* What has been advertised and extensively sold as "vaccine virus from kine," and as "cow-pox crusts," is not cow-pox virus at all, but the result of "*retro-vaccination*," or the vaccination of heifers, &c., with the old humanized lymph; I believe, however, that I need say little more about this "virus from kine;" it has been extensively tested by the profession, and, judging from a great many letters that I have received, and remarks that I have heard, the verdict is unanimous and by no means favorable.

PHYTOLACCA FOR MAMMARY ABSCESS.

BY J. K. WARREN, M.D., PALMER, MASS.

AUGUST 18, 1870. I was called to attend Mrs. C. in her second confinement. She was a large, well-proportioned woman, of a sanguine temperament and strongly scrofulous diathesis. After her first confinement, which was nearly two years before, she was sick for five months; and, among the various ills with which she was afflicted under old-school treatment, were mammary abscesses, several of which were lanced; others were allowed to break of themselves. These, as I was told, discharged large quantities of pus, and remained open for a long time. This, I found, had resulted in the destruction or occlusion of quite a number of the lactiferous ducts. So extensive was the disorganization, that this, with the extreme sensitiveness of the glands, and the scrofulous condition of the mother, induced me to direct the child to be fed by the bottle.

I gave the mother *Phytolacca*[1], and upon the glands I kept cloths wet in a solution of *Phytolacca*, one part of the tincture to ten of water. In three days the inflammation had subsided, the tenderness was gone, and the breasts appeared natural.

About a week afterward, I found one side of the left breast swollen, hard, and painful, and on using the breast-pump, the little milk that came was thick and stringy. I applied the *Phytolacca* as before, and in four days the trouble was entirely removed, and it did not again return.

ASTERIUS RUBEUS. — This remedy, which has acquired considerable reputation for curing scirrhus of the breast, is also of great service in removing nodes and indurations of the mammary gland. It will likewise remove dull, aching, neuralgic pains in that region.

The New England Medical Gazette.

BOSTON, JANUARY, 1871.

As merchants at the beginning of the year usually take an account of stock, and thus learn what amount of capital they have on hand, so it may not be inappropriate for us to make a careful survey of the present condition of homœopathy in this country.

Ascribing its practical development to Hahnemann, in the beginning of the present century, we see that, of the seventy years already passed, it required twenty-five to bring the first knowledge of it across the Atlantic, with the return of Dr. Gram from Denmark.

In 1833, Dr. Hering came and brought with him a new and powerful influence. This stimulated many practising physicians to investigate and adopt the new principles of cure; while students of an independent and philosophical turn of mind, distrustful lof the ancient and empirical traditions in medicine, received the radical truth into a most fruitful soil.

In 1844, while the New World as yet contained scarcely a hundred homœopathic physicians, the American Institute of Homœopathy, the first national medical association, was formed, which thenceforth exerted a salutary influence upon the whole profession.

In 1848, a medical college was established in Philadelphia, the first in America or in the world in which the medical teachings were based upon the principles of homœopathy.

In 1865, the American Institute of Homœopathy was reorganized to meet the wants of a rapidly-growing school; and its numbers have greatly increased, until it now embraces more than one thousand members.

In America, then, we begin the year 1871 with the following working capital: —

Nine Colleges;
Eight Journals;
Twenty State Societies;
Fifty-two Local Societies;
Twenty-one Hospitals;
Twenty-eight Dispensaries;
Five Thousand Physicians.

But we have in our favor a greater power than all these combined; it is the consciousness of the great and unassailable truth which underlies all our efforts; and, if the Spanish maxim be true, that "success makes success," then do we enter upon the year 1871 with firmer confidence, and more of the elements of success than ever before. There is, too, an *esprit de corps* in our ranks which, while it might be greatly increased, far exceeds that of our wrangling opponents; and if, in the future, as in the past, we maintain our harmony, earnestness, and enthusiasm, many of our professed opponents will openly join us in the active propagation of truth.

One thing, however, we have to fear: it is the gradual cessation of that bitter opposition, sarcasm, ridicule, and invective, which have done so much to arouse our energies in defense of our science, and keep us true to its guiding principle. Instead of this, learned professors now seek to recommend small doses of medicine, given under the homœopathic law, though carefully dressed in an allopathic cloak, while venerable journals are eager to cry out that there is certainly no wolf under their particular sheepskin.

Homœopathy in Boston.—Nowhere, perhaps, has our school a more encouraging prospect than in Boston. Six years ago, after homœopathy had been practised here twenty-seven years, no journal advocating our system was published in New England, though this is the chosen home of literature upon almost every subject; there was no homœopathic hospital, though this is, comparatively, the richest—as well as most charitable—city in America; there was but one institution among all the charities—the Dispensary—in which homœopathic practice was openly allowed. At the present time we have a journal which, up to the beginning of its sixth volume, has exhibited a steady increase in size, patronage, and interest; the Dispensary has moved from its little hired room in Tremont Temple to its own apartments in connection with the Hospital, No. 14 Burroughs place, and, with a corps of twenty-six physicians, now extends its benefits over the entire city; three other large and important charities have adopted the homœopathic method exclusively, and several others have done so partially; a hospital with a favorable charter, granted some years since, has recently been fully organized and will, with the opening year, begin active operation; a charter has likewise been granted for a Homœopathic Medical College, and the time will undoubtedly arrive when it will be put in operation.

Meanwhile, many medical students of Boston are desirous of knowing something in regard to homœopathy different from what is told them by its avowed enemies, — the professors in allopathic colleges. Temporarily to meet this want, a movement has been made which will command the approbation of the entire profession. It is to give a course of lectures on homœopathy to medical students and physicians. A committee, to whom the matter was entrusted, have completed the arrangements and issued the following circular: —

"A Course of Lectures upon Homœopathy will be delivered in the Homœopathic Hospital, No. 14 Burroughs Place, on Tuesday evening of each week,— commencing January 3, 1871,— as follows: —

Introductory. History and Present Status of Homœopathy. A. F. Squier, M.D.

Jan. 10 and 17. Homœopathic Materia Medica. Conrad Wesselhoeft, M.D.

Jan. 24 and 31. The Theory and Practice of Homœopathy. E. B. de Gersdorff, M.D.

Feb. 7 and 14. Homœopathy as applied to Surgery. I. T. Talbot, M.D.

Feb. 21 and 28. The Homœopathic Treatment of the Diseases of Pregnancy and Parturition. J. H. Woodbury, M.D.

March 7 and 14. The Principles of Homœopathy in the Treatment of Diseases of the Eye. H. C. Angell, M.D.

Medical Students and Physicians are cordially invited to attend. Lectures will commence at 7 1-2 o'clock, P. M.

J. H. Woodbury, M D.
A. F. Squier, M.D.
Committee of Arrangements."

From the interest which has been already exhibited by students and others, we may hope to record the entire success of this effort.

Study of the Homœopathic Materia Medica. By a singular coincidence, two papers on this subject, written by two eminent physicians nearly twenty-five years apart, appear in two successive numbers of this journal. The first, by Dr. Hering, was reprinted at the earnest request of some who had never seen the article, and was in type before we even knew that the second article — by Dr. Madden — had been prepared. We make no apology for republishing these, for we are sure all of our readers will be glad to peruse such important papers, and be able to compare the two methods of these thoughtful minds. In our next, we shall hope to present Dr. Sharp's article on the Action of Drugs.

CORRESPONDENCE.

LETTER FROM VIENNA.

ALLGEMEINES KRANKENHAUS,
AUSTRIA, Oct. 27, 1870.

To the New England Medical Gazette:

THE lectures in the University, which were announced to begin Oct. 1st, began Oct. 10th, by an academic license, I conclude, which is still further applied to each lecture so as to rob it of a quarter-hour, or even half an hour. There has never been seen here such a throng of students as this term. Foreigners are more numerous doubtless, because Paris and Berlin are closed to them. The opening scene in Professor Opolzer's ward reminded one of a raid of Prussian Uhlans, two hundred and fifty strong, each putting forth his energy and strength to gain a foothold within hearing distance of the professor. He lectures by the bedside of the patient, and in a low, indistinct voice. Fortunate are they who are able to secure a place near enough to hear him. There is a magic touch in those long, slender fingers of his, with their bird-claw-like nails, as he runs them in light percussing strides over the body of the patient presented for his diagnosis, while his small, deep-set eyes, with something of a Chinese obliquity, are half closed. One looks on with wonder, if not with perfect faith, when he announces his diagnosis of, perhaps, a mysterious tumor in the hidden recesses of the brain or abdomen. But after months of observation, where every necroscopic examination has proved his diagnosis a correct one, the margin of doubt which one first had in regard to his judgment and skill becomes very much narrowed. The ambulants — the out-door patients — that throng his ward every morning, are a motley group of all nations, speaking all tongues; but the most numerous and peculiar of all are the Polish Jews, who, I would fancy, might be ready and willing to accept the professor as the Saviour of the world, judging from the confidence they seem to repose in him. Among the fraternity, with their two flowing curls, a pendant before either ear, with their velvet skull-cap, and their black coats almost trailing, one not unfrequently finds a brother from Jerusalem, from Turkey, and even from Arabia. It seems hard, indeed, after they have made such a pilgrimage, to be among those in the long line, whose cases are considered so unimportant as to be turned over to an assistant; but protestations are in vain, and the poor wretch has to leave without having felt the touch of the charmer, or without having his, perhaps dyspepsia, administered to, in this, the professor's universal and favorite manner: —

Sod. Bic. *drachma.*
Aquæ fontis *libra.*
Sacch. albi *uncia semis.*

There is no academic quarter of an hour lost by the old professor. Precisely at nine in winter and seven in summer, his slight, tall, and

somewhat bent form, is seen entering the hospital, his step a little tottering and feeble. The most important case presented becomes the theme of the morning lecture, and instead of remaining an hour, he often stays three. And woe to the student who has taken the case, if he has not informed himself in regard to its every minutia; he must be able to put his finger upon every nerve—root and branch; to tell the course of any blood-vessel involved, and the action of every muscle. And when he fails to give prompt answers, as he is very prone to do, a parenthetic clause is sure to come in of the degeneracy in the standard of medical education since he was a young man.

In the professor's two wards — one for women and one for men, each containing twenty beds, as is the case generally in the hospital — comparatively little medicine is used, but always the same mixtures without reference to variation of symptoms.

For fevers, continued or intermittent:—

Quin. Sulph., gr. xij.
Sacch. Alb., dr. j.
Div. in dos. no. vj, and give a powder every hour.

For a cathartic: —

Sacch. Alb., dr. j.
Aquæ Laxat., oz. iv.
Sal. Seignetti,
Syr. Simp. āā dr. j.
A teaspoonful every hour.

For general pains anywhere,—

Morph. Acet. gr. iss.
Sach. alb. dr. j.
Div. in dos. no. vj.

Electricity is very generally applied in chorea, tabes, paralysis, and in many nervous chronic cases. I have just begun a course upon the application of electricity, by Prof. Benedict, but have not seen enough yet to judge of its practicability. Cold-water applications are very much used in all inflammatory cases. Prof. Opolzer now limits his medical practice, besides classes and consultations, to a daily session, which, instead of occupying an hour, takes two or three; and then closes the door upon those who have not obtained admission, and they must hope for the morrow. His list of consultations is often so long, that one must be pushed aside for the day, or it may be entirely refused if, in the case, there is the question of mounting four Vienna flights of stairs. I think there is no living European practitioner with so world-wide a reputation as Prof. Opolzer. When the Crown Prince of Russia lay dying in Nice, he was summoned by telegraph, but arrived too late, — the Prince was dead. But the Emperor met him with his carriage at the station, and besides paying him the honor due a prince, gave him the snug little sum of twenty-five thousand guldens. Some years since, the Emperor desired to confer the title of Hofrath upon this celebrated professor, and summoned him to appear at such a time and place; he went in all haste directly from his professional duties, doubtless forgetting that a dress-coat is a necessary appendage to the reception of honor, and was told by the horrified

servants, that it would never do to appear in the presence of the Emperor in that dress. "Then," said he, "I will send my coat, but I have no time to come again." And he has never received the title at the hand of the Emperor, although a like one has been conferred upon him by the King of Saxony.

MARY SAFFORD.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

NEW YORK, *Dec.* 26, 1870.

DEAR GAZETTE: You are always interested in the welfare of our colleges, and doubtless you would like to hear how it fares with that of New York. One half of the session has passed, and we may judge with some accuracy how successful the institution promises to be under the present regime.

The faculty began operations late in the season, and under many disadvantages. As a result, the class, although respectable in numbers, is on paper not so large as has been registered in previous years. In quality it is all that could be desired, — attentive, industrious, bright.

It was not practicable to adopt at once, and as a uniform system, the recommendations of the Institute respecting a graded course; but, by the advice of the faculty, a number of students have determined to attend lectures three sessions instead of two, devoting themselves during the first session to anatomy, physiology, and chemistry, — and to dissections. As an inducement to this course, the faculty have so arranged the scale of fees that such a three-years' course shall cost no more than the customary two complete courses. The result will be that the graduates in 1872 will be, *cæteris paribus*, better scholars in medicine than have yet emerged from any medical college. The subdivision of the different chairs has been a success. The broad subject of practice being divided into three portions, each of the Professors has more time to prepare himself, and is better able to give thorough lectures, than if he had the whole field to himself. Professors Bradford and Dowling have lectured upon diseases of the nervous system, and of the thoracic, abdominal, and pelvic viscera. Prof. Morgan will begin, after the holidays, his lectures on fevers, the exanthemata and skin diseases, etc.

In Materia Medica, Professor Allen, always prompt and faithful, has lectured twice a week upon the vegetable drugs of the Materia Medica; and Prof. Dunham has been able thus far to lecture regularly twice a week, discussing, among other drugs, the following: Arsenicum, Secale cornutum, Carbo vegetabilis and animalis, Calcarea, Causticum, Conium maculatum, Graphites, Kreosotum, Mercurius, Murex purpureus, Nitric, Muriatic and Sulphuric acids, Platina, Sepia, and Sulphur; together with the general subject of the study of materia medica, and the science of therapeutics.

Professor Helmuth has taken up his residence in this city, and will begin his lectures on surgery on the 4th of January. Prof. Minor

has lectured daily with great acceptance on the principles of surgery and has, besides, so conducted his surgical clinics as to give much practical instruction to students. It would be safe to say that more operations have been performed before the class during the present session than for at least five years past.

The following are among the operations which Professor Minor has performed in his clinique: —

Cystic tumor of mammary gland, removal; necrosis of tibia, resection; rheumatic contraction of toes, amputation; caries of os calcis, resection; epithelial cancer of sup. maxilla, resection; lacerated wound of finger, amputation; nasal polypus, removal; fibroid tumor of submaxillary, removal; enchondroma of finger, removal; aneurismal varix of face, ligation; foreign body in nose, removal; cartilaginous tumor of nose, removal.

Besides these, a large number of surgical cases were presented for diagnosis, and as texts for practical instruction.

Although the college cannot, like her sister of Philadelphia, boast a *hospital*, nevertheless, she has had *patients;* one of the apartments having been converted into a temporary ward for the accommodation of the subjects of Professor Minor's operations, and thus the students have been able to observe the subsequent treatment of surgical cases.

Through the generosity of some of our fellow citizens, the Faculty have been able to add to the property of the college a valuable series of anatomical and surgical casts and models, and a very complete philosophical and chemical apparatus. The chair of Histology has likewise been fully equipped, and this college possesses a complete series of Wales' unsurpassed objectives, from the 1½ inch to the 1-30; and, under the skilful guidance of Prof. Jones, students may now see what, until within a year or two, the eye of mortal never looked upon, — the venous stomata through which the white corpuscles make their exit, as Cohnheim affirmed they did.

The other chairs are filled with great efficiency. Dissecting is faithfully directed by the able demonstrator, Dr. T. D. Bradford, and the supply of material is abundant.

The kindness of the editors of several of our journals (first among them, the *N. E. Med. Gazette*) has supplied the students' reading-room with current medical literature. In every regard the College is prosperous, and the faculty look forward to the next session, confident of increased facilities for teaching, and a larger class to profit by them.

Yours,

GOTHAM.

FINCKE'S HIGH POTENCIES.

NEW YORK, Nov. 26, 1870.

MR. EDITOR: To your request to "inform the profession how Dr. Fincke prepares his high attenuations," I answer, that I know only what he says about it himself, in his work on High Potencies, published in 1865. But, judging from your question that you have not

seen it, I make a few extracts, that the profession and yourself may be informed.

On the third page, he states that his high-dilution potencies were prepared by himself, after the centesimal scale, some with succussions, by means of a strong steel spring, and some with single jerks of the hand. Some of these potencies, *Sulphur*, for instance, run as high as the 20,000th.

On the nineteenth page, he mentions another mode, "by putting one or more globules of the 30th "centesimal potency in a vial, with about 2,000 unmedicated globules, and shaking them long enough to have every globule brought in contact with the others." These he designates "*contact potencies.*"

In the next method, on page twenty-eight, we find, that "one or more globules of a given centigrade potency, were dissolved in a few drops of water, and about as much alcohol (94°) was poured upon this solution as would give a volume of one hundred drops of alcohol for all together." These he terms "*high globule-dilution potencies.*"

The fourth plan he adopts, is to "dissolve a few globules of these "high globule-dilution potencies" in a gill of water, and administer by a teaspoonful at stated doses." He calls such "*refracted doses.*"

The fifth series he mentions as "high dilution potencies of my own preparation, carried up by further dilution on a new plan." The notation, he adds, is on the centesimal scale.

He does not state how these are carried up, but I hear he has patented a process for potentizing. I have not seen the specification, but if it is what I have been told by those who have read it, I should think it the most perfectly accurate, and reliable method ever adopted.

So much as to the method of preparing Fincke's high potencies. As to their curative power, he gives numerous cases treated with them under each class of potencies. Dr. Fincke says they are prepared after the centesimal method. I do not know of any reason for doubting his statement.

We have only Jenicheu's *assertion* that his potencies were so prepared; the mode of preparation I have never learned. Was it necessary for Dr. Dunham to publish his plan of potentizing, in order to gain the confidence of the profession?

The efficacy of the preparations is the best test of the truth of the statement regarding their potentization. But you refer to them as *unreliable.* You certainly cannot have used them, or you would never have said, *unreliable.*

Symptoms obtained in proving with the third centesimal trituration, have to my own knowledge been reproduced by one dose of the 40,000th high-dilution potency, prepared by Dr. Fincke on his "new plan."

One fact is patent to physicians who use these potencies; it is this: results are attained with fewer doses, greater certainty, and less perturbation of the system, and often such as cannot be obtained by the use of the lower potecines.

The most strenuous antagonism to Fincke's high potencies that I have met, was from physicians who never used them, or *any other*

high potencies, and who probably believe with an allopathic friend, that, "all the medicine is rinsed out of them" before even the 30th dilution is reached.

S. SWAN.

NOTE BY THE EDITOR. — We insert, with pleasure, the above response to our inquiries, and we give our friend, Dr. Swan, full credit for his sincerity as well as faith in using Dr. Fincke's so-called "high potencies." But he does not tell us whether these are "high-dilution potencies" made by the first plan, "by means of a strong steel spring," or "with single jerks of the hand"; or "contact potencies," after the second plan; or "high globule-dilution potencies," plan number three; or "refracted doses," plan number four; or whether, in accordance with plan number five, they are "high dilution potencies of my [Dr. Fincke's] own preparation, carried up by further dilutation on a *new* plan!"

With Dr. Fincke's book we became familiar when it first appeared; but like other books and pamphlets designed to advertise nostrums, it left the subject in a more muddled state than it found it, by describing four very elaborate "plans," which we venture to say no one has ever carried out, all of which are inferior to a "new plan," only known to its author—"to whom please apply," etc.! We regret that Dr. Swan was not a reader of the *Gazette* in 1869, for he would then have seen in the October number, Vol. IV., page 377, a full description of this "new plan," drawn from the specification in the Patent Office at Washington; and when he has learned that it is simply to open a hydrant into a vial containing one drop of medicine, and let it run till fifty or a hundred thousand times the capacity of the vial shall have flowed through it, we are willing to leave it to him to say whether it is a *reliable* form of preparation.

These schemes bear no comparison with the operations of Jenichen, who, as all testify, spent many years of his life, laboriously and conscientiously, though secretly, upon his high attenuations, which, from the fact of their secresy, have fallen into such disrepute. And we must still more strongly enter a protest against associating the name of Dunham with that of either Fincke or Jenichen. We all know how outspoken has been Dr. Dunham's opposition to anything like secresy or patents in the healing art.

In answer to Dr. Swan's question, "whether it was necessary for Dr. Dunham to publish his plan of potentizing in order to gain the confidence of the profession," we would say that, from the first, Dr. Dunham has frankly, fully, and unhesitatingly explained his method of preparing his medicines whenever called upon; and it is this fact that has established the confidence of the profession in them, and today makes them the favorite preparations with those who use high potencies. Dr. Fincke has, on the contrary, concealed and evaded; and when, in New York, the American Institute so far lowered its dignity as to request him to reveal his method, he flatly told them that he would do so when he was ready. The time, it seems, has not yet arrived for it to be revealed to the Institute except through the Patent Office!

The American Institute has dealt most leniently with Dr. Fincke, who has not only grossly violated the Code of Ethics, but, in the sale of secretly-prepared medicines, has, though in a different manner, committed the same crime for which Humphreys and others have been expelled.

We do not believe overmuch in the correctional power of medical societies; but we do believe, that, whatever course may be taken in regard to Dr. Fincke himself, in a few years both his secret preparations and their author will have been passed to that neglect and oblivion which he has invited from the profession.

REPORTS OF SOCIETIES.

THE CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

Reported by W. D. Anderson, M. D., Secretary.

THE Society held its sixth Semi-annual Meeting in New Haven, November 15, 1870, the President, G. H. Wilson, M. D., in the chair.

Members of several committees, which made no formal report, related cases from their experience.

Dr. C. E. Sanford, Chairman of the Committee on Clinical Medicine, read a very interesting report upon *Cactus grandiflorus* in diseases of the heart. One case was that of a woman, aged 48 years, of lymphatico-bilious temperament. She had been unable to lie down for nearly two years; the least exertion made it almost impossible for her to breathe. She had been under the care of eminent physicians who considered her incurable. The one last called refused even to prescribe, stating to the friends that medicine could do her no good. Dr. Sanford found, upon examination, great irregularity of the heart's action, — intermittent at times and of varying character, — great frequency of action, alternating with slowness. He called it enlargement of the left ventricle, with extreme irritability of the cardiac nerve. *Cactus*[2] was prescribed; a dose every hour until there should be some relief, then with lengthened intervals, as the alarming symptoms yielded. The patient was relieved after *two* doses, and the following night slept quietly in bed. In one week from the first visit, she "did the washing and other household work." She has had no recurrence of the heart troubles since. Dr. Sanford has also successfully prescribed *Cactus* in cases of irregular action of the heart through sympathy, in enlargement of the heart, and in valvular diseases. One case of palpitation, accompanied with vertigo, dyspnœa, and almost complete loss of consciousness, has been entirely cured by the use of *Cactus*.

Dr. S. reported a verification of a peculiar *Lycopodium* symptom, as follows: A lady, aged 18, was suffering with pain in her foot, preventing her from walking. She had been frequently troubled in this manner, and treated for it by old-school physicians without relief. The pain always came on suddenly, causing a sensation as though

there was a nail — or something similar — in her boot. She was of a highly sensitive, nervous organization, easily impressed by whatever acted strongly on the senses, as music, light, &c. Dr. S. prescribed *Lycopodium* 200; one dose cured entirely in twelve hours. In Hahnemann's "Chronic Diseases," Vol. 4, p. 127, there is recorded, "Pain in the heel when setting her foot down, as if a little stone were underneath it."

One case was reported where *Chloral* had been successfully given to overcome the habit of using morphine. The patient had used the drug for nearly three years, — taking a drachm in three days. In trying to conquer the habit, the nervous system suffered intensely. To overcome this, the *Chloral* was given, and in one week's time the result was achieved.

Informal discussions were held on topics relating to the various departments of medical science.

Drs. T. F. Smith and J. R. White, delegates from the N. Y. State Society, were present, also Dr. J. W. Mitchell, of New York.

Considerable time was occupied in the discussion of Intermittent Fever, and especially its treatment. The principal remedies mentioned, were *Arsenicum*, *Ipecac.*, *Nux vomica*, and *Nat. mur* 200.

Dr. Smith of New York, had derived great benefit from *Chinoidine*, which had proved successful in the most obstinate cases. He recommended it to be given in two-grain doses every two hours until the paroxysm yields, following it with *Ipecac.* 3; he administered the *Chiniodine* on the seventh, fourteenth, and twenty-first days.

Dr. C. H. Skiff relies upon *Arsen.* in solution, five drops every two hours.

Dr. E. T. Foote had had better success with *Arsenicum*.

Dr. Sanford had used *Chin. sulph.*, *Arsenicum*, also *Natrum mur* 200.

The meeting was quite well attended, and the discussions earnestly carried on. The annual meeting will be held in Hartford, Tuesday, 16th May, 1871. Physicians from other States, whether delegates or not, will be heartily welcomed.

WORCESTER CO. HOMŒOPATHIC MEDICAL SOCIETY.

Reported by D. B. Whittier, M. D., Secretary.

This Society held its Annual Meeting in Worcester, Nov. 9, 1870, the President, Dr. Wm. B. Chamberlain, presiding.

Drs. Geo. R. Spooner, Ware; E. F. Hinks, Marlboro; J. C. Foster, Shewsbury; and H. A. Clark, Millbury, were elected members.

The following officers were elected: —

President. — Dr. C. A. Brooks, Clinton.

Vice-President. — Dr. C. C. Slocomb, Rutland.

Secretary, Treasurer and Librarian. — Dr. D. B. Whittier, Fitchburg.

Corresponding Secretary. — Dr. Wm. B. Chamberlain, Worcester.

Censors. — Drs. L. B. Nichols, F. R. Sibley, C. C. Slocomb.

The Essayist, Dr. G. F. Forbes, read a carefully-written and inter-

esting paper on Incipient Phthisis, presenting cases treated by *Ars.*, which he believed was a principal remedy in this disease.

The subject-matter of the essay was discussed somewhat at length. Dr. Hunt related a case of arsenical poisoning from wall-paper in which the symptoms strongly resembled those of phthisis, and were cured by *Ars.*[3].

Dr. Chamberlain has for years recommended chamois skin to protect the shoulders and chest, in bronchial irritation and coughs. Much comfort and relief has followed its use.

Dr. Slocomb reported that the man with dropsy from heart disease, who was brought before the Society in August, — when many doubts were expressed as to his recovery, — had now fully recovered. Remedy, — *Digitalis* tincture.

During the clinical hour, Dr. Forbes presented a patient with diseased eyes, whom he had treated since March. *Aconite* has relieved the conjunctival inflammation and excruciating pains through the all and over the left eye. *Bell.*, *Puls.*, and *Rhus* have been of some value. She is gradually losing her sight. She has now irido-choroiditis. The application of atropine was advised, and the patient was retained for examination with the ophthalmoscope.

Several other cases were presented by members for suggestions and advice. The thanks of the Society were voted to the retiring Secretary, Dr. Slocomb, for the faithfulness and efficiency with which he has discharged the duties of Secretary. By invitation of Dr. Brooks, the President elect, the Society voted to hold the next meeting in Clinton.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK

Will hold its twentieth Annual Meeting in the City Hall of Albany, commencing on Tuesday, Feb. 14, 1871, at 10 A.M. The Annual Address, on Medical Education, will be delivered at 8 P.M. in the Assembly Chamber, by Robert McMurray, M.D., of New York. An entertainment at the Delevan House will conclude the evening. Tuesday afternoon and Wednesday morning are to be given to reports, prominent among which, will be provings and clinical verifications of *Cactus grandiflorus*. An earnest appeal is sent out for an early transmission to every bureau, of all the facts in the possession of members and others, which will tend to enrich the reports. Such documents may be sent to the Corresponding Secretary, H. M. Paine, M.D., 104 State street, Albany.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The sixth Annual Meeting will commence on Wednesday, Feb. 1, 1871, at 10 A.M., in the East Wing of the Capitol at Harrisburg. The Annual Address, in the hall of the House of Representatives, on Wednesday evening at 7½ P.M., will be by Wm. C. Doane, M.D.,

of Williamsport. Visitors will meet a cordial welcome at the headquarters of the Society, at the Keystone Hotel, opposite the Capitol. The meeting is expected to close next day, and it will, no doubt, be both interesting and profitable.

REVIEWS AND NOTICES OF BOOKS.

GALVANO-THERAPEUTICS. — The Physiological and Therapeutical action of the galvanic current upon the acoustic, optic, sympathetic, and pneumogastric nerves. By William B. Neftel, M.D. New York: D. Appleton & Co. Pp. 161; 12mo.

From the preface we learn that Dr. Neftel has been "visiting physician to the largest hospital of St. Petersburg," was "sent by the Russian government to Germany, France, and England, to qualify himself for a chair of medicine"; that he is "preparing for publication, the result of his studies, in two volumes"; and that the present article is a part of the second.

There is, perhaps, no therapeutic agent from which the physician has hoped so much, and obtained so little that is definite and reliable, as from electricity or its counterpart, galvanism. If Dr. Neftel, then, shall succeed in giving a clear statement of the curative power of this mysterious agent, he will have done invaluable service to the profession. This *brochure* presents many points of interest, but we shall reserve a full expression of our opinion until the work itself is completed.

THE OTHER LIFE.—By Wm. H. Holcombe, M.D., author of "Our Children in Heaven," "The Sexes Here and Hereafter," "In Both Worlds," etc. Philadelphia: J. B. Lippincott & Co. Pp. 275; 12mo.

Dr. Holcombe is better known to most of our readers as a skilful practitioner, and one of the best writers on homœopathic medicine in this country, than as a demonstrator of the teachings of Emanuel Swedenborg. In this volume, the future state as revealed to Swedenborg is pictured in Dr. Holcombe's best style, and it is calculated to arrest the attention of the busy man and hasty reader. Whoever would investigate the teachings of Swedenborg, either from curiosity or in a spirit of faith, cannot do so with more satisfaction and convenience than in the four beautiful volumes prepared by Dr. Holcombe. We trust, however, that so powerful a pen will not be idle in the grand reformation now going forward in medicine.

INSTRUCTIONS TO PATIENTS FOR COMMUNICATING WITH PHYSICIANS. — Arranged by Alfred K. Hills, M.D. New York: H. M. Smith, 107 Fourth Ave.; $3 per 100.

This little pamphlet of eighteen pages, is designed to assist both patient and physician, by the saving of time and facilitating the taking of an intelligent view of the case.

ITEMS AND EXTRACTS.

Scarlatina has broken out in an epidemic form at Liverpool.

The Profuse Sweats of Phthisis have lately been checked in many instances by phosphate of lime in the Hospital St. Antoine.

New Test for Albumen. — A mixture of acetic and carbolic acids is said to demonstrate the existence of albumen in fifteen thousand times its volume of water; while nitric acid ceases to show any precipitate when the albumen is diluted eight thousand times.

College Society. — The students at the New York Homœopathic Medical College of New York city, organized recently a society under the name of the "Hahnemannian Society," for the advancement of medical knowledge.

Morgagni. A colossal statue of this illustrious anatomist is to be solemnly inaugurated at Forli, on the centenary of his death, December 7th, 1871. The statue has been modelled by the sculptor Salvini.

A Description of Gout. — A Frenchman has thus described this affection: "Place your joint in a vise and screw it up until you can endure it no longer. That may represent rheumatism. Then give the instrument another twist and you will obtain a notion of the gout."

Lum Ling Wau, a native Chinese physician, proposes to settle in New York and enter upon the practice of his profession. He brings with him his wife, an interpreter, Lu Sing; two Chinese apothecaries, Ah Mqk and Ah Sam, and an endless assortment of drugs and medicines. He has qualities for success in New York!

Dr. Brown-Sequard has come to the belief, through experiments on different animals, that the right side of the brain is more important for organic life than the left side. At birth the two sides are precisely alike, the difference afterwards being due to an increased activity of the right side.

Antidote for Hashish. — According to Prof. Polli, of Milan, lemon juice and vinegar, and consequently nitric, malic, acetic, and tartaric acids, in aqueous solution more or less diluted, arrest the effect of hashish in a person who has taken it. Infusions of coffee, tea, and cocoa always increase the action of hashish.

A New Substitute for Tea is "Guarana," the fruit of the *Paullinia sorbilis*, which grows on the Amazon. The seeds are roasted, mixed with water, moulded into a cylindrical form, and dried in an oven. Before being used, this is grated and mixed with water in the proportion of two spoonfuls to a cupful. It is a stimulant and nervine tonic, promoting wakefulness, and contains an alkaloid identical with theine. Of this alkaloid, guarana contains more than twice as much as good black tea, and five times as much as coffee.

OBITUARY.

WALTER WILLIAMSON, M.D.

It is not often that we are called to chronicle a loss that will be so widely felt as that of Dr. Williamson, who died at Philadelphia, at five A.M. of Monday, Dec. 19, 1870, in his sixtieth year. For the following particulars of his early life, we are chiefly indebted to his son, Walter M. Williamson, M.D., of Philadelphia.

Walter Williamson was born at Newtown, Delaware Co., Pa., Jan. 4, 1811. As a boy, he was of studious habits, delighting especially in natural history, and excelling in mathematics. At the age of seventeen he entered mercantile life; but soon after, he made the acquaintance of Dr. Darlington, the eminent botanist of West Chester, but a short distance from Newtown. Studying botany under such a teacher, he soon acquired an inclination for kindred sciences, which led him, at the age of nineteen, to commence regularly the study of medicine. He graduated as Doctor of Medicine at the University of Pennsylvania in 1833, and began practice in his native place. In July, 1836, having experimented in homœopathy for a year, he abandoned his previous system of practice, and avowed himself a disciple of Hahnemann. At this time there were no works on homœopathy in the English language. He was therefore compelled to study German, and in this language he mastered the then existing homœopathic literature.

In 1839, he removed to Philadelphia, and became the ninth homœopathic practitioner in that city, where he soon took a leading position. He was one of the original members of the American Institute of Homœopathy at its organization in 1844, and took great interest and delight in its meetings. Except in one or two instances, when he was detained from its annual sessions by ill health, he never failed of attending. He was the presiding officer for the year 1848–49.

The first college of our school in the world, the Homœopathic Medical College of Pensylvania, established in 1848, owed more to him than to any other individual. For twenty consecutive years he occupied one of its practical chairs. From the day of its birth to the day of his death, he was always connected with it.

From the commencement of homœopathic journalism in the United States, he has been a frequent contributor to it. He was constantly occupied with some literary work, and frequently three or four different subjects engaged his attention.

Dr. Williamson was a student, and for many years scrupulously reserved four hours daily for study. He always kept some scientific work at hand for examination or study during the unoccupied fragments of time. One precious fruit of his learning, the Report on the Nomenclature of Drugs, made to the Institute, at Boston, in 1869, is or ought to be in the hands of every student of homœopathy. Another desideratum of the profession, the Homœopathic Pharmacopœia, he was not permitted to see completed. It was a work in which he was deeply interested, and upon which he labored earnestly and

assiduously; and when it shall be published, the profession will find itself under renewed obligations to Dr. Williamson. To him also the profession is in a great measure indebted for their valuable Code of Medical Ethics, which should be carefully studied by every layman, as well as physician, in the country. It was a subject which he felt to be of the highest importance, and he alone made the first report upon it to the American Institute. This report contained many of the principles afterwards elaborated into the present Code by the committee, of which he was one of the principal members.

As a physician, a man, and a Christian, Dr. Williamson endeared himself to all. Though decided in his opinions, yet he was tolerant toward those of others; and the genial, warm-hearted earnestness which characterized his life gave him an influence which few can command. His skill and success secured to him an extensive practice among the first families of the city, while his position as a teacher served to give the homœopathic world a better class of physicians.

Dr. Williamson's health was not good last fall, but he visited the White Sulphur Springs, in West Virginia, and returned much better. He engaged with too much zeal upon a paper on the Rise and Progress of Homœopathy in Philadelphia and Delaware Counties, which again weakened him. On a cold and snowy day, his kindness of heart led him to visit an old friend and patient, and his consequent sickness soon assumed a typhoid form; after the twenty-first day he grew rapidly worse, and quickly went to his last repose.

For nearly twenty years, we have intimately known Dr. Williamson both professionally and socially. Long ago, while listening to his instruction, he commanded our admiration and gratitude; as a friend he has since won our deepest respect and love. Sincere, earnest, faithful and true, his sympathies were always extended to any good cause; but for homœopathy, which he felt was such a blessing to humanity, he stood ready, as the event proved, to lay down his life.

His labors are over: that great, noble heart has ceased to beat. We shall never more feel that hearty grasp of his hand, or listen to words of wisdom from his lips; and to those of us who may be permitted to assemble with the Institute at Philadelphia, next June, how sadly shall we look in vain for him! Though unseen, may his spirit hover near, counselling us to renewed efforts in so good a cause, and in our hearts may his memory be ever green.

PERSONAL.

R. LUDLAM, M.D., of Chicago. — We learn that a course of lectures given by Professor Ludlam, to a class of the most intelligent and influential ladies in Chicago, for the benefit of the Woman's Department of the Scammon Hospital, has resulted in a net profit of two hundred and fifty dollars. The hospital is in successful operation.

REMOVALS. — SAMUEL WORCESTER, M.D., from Concord, Mass., to Burlington, Vt., where he is associated with Dr. T. Bigelow.

E. P. ANGELL, M.D., from Galveston, Texas, to Chappell Hill, Washington County, Texas.

WALLACE MCGEORGE, M.D., from Crescent, N. Y., to Woodbury, New Jersey.

THE

New England Medical Gazette.

No. 2.] BOSTON, FEBRUARY, 1871. [Vol. VI.

TWO SUCCESSFUL CASES OF OVARIOTOMY.

BY PROF. E. MARTIN, M.D., OF BERLIN, PRUSSIA.

Translated by Dr. F. H. Krebs of Boston.

Case I.

Multilocular Cystoid of the Ovary; on removal, a partial rupture of cystthe and the discharge of part of its contents into the abdominal cavity; convalescence without any important reaction.

A. M., 21 years of age, of more than middle size, frail and pale; had lost her parents in early life by disease of the chest; in childhood she had suffered from an eruption on the head, etc.; commenced menstruating when 16, at first too frequently, but of late at intervals of a month.

About three years ago there appeared a distention of the abdomen; at first she suffered a good deal with pain, but not of late. On the 10th of July, 1869, when the patient called for the first time, the swelling had reached 95 centimeters [37.7 inches].* On examining the abdomen, we discovered a movable tumor rising out of the pelvis and extending above the umbilicus. On percussion it showed an indistinct fluctuation in the right side, and in both hypochondriac regions intestinal sounds were noticeable. The vaginal portion of the uterus represented a slender cone; the fundus inclined towards the left side.

*[Throughout this article the measurements are in centimeters. For all practicable purposes this measure can be easily reduced to inches, by remembering that the centimeter is about four tenths of an inch; *i. e.*, every ten centimeters make four inches. The exact size of the centimeter is 3968 ten-thousandths of the American inch.]

Nov. 5. — The patient came into the the Lying-in Hospital for the proposed operation. The circumference of the abdomen, two inches under the navel, measured now 97 centimeters, and the tumor, from the os pubis to its upper margin, 37 centimeters. High up on the left side were found several movable small swellings (loops of intestines) before the tumor. The vagina was small, and the canal of the uterus was 6.5 centim. in length. On examination per vaginam, the tumor could not be reached.

Nov. 7. — The patient was put under the influence of chloroform, and the operation performed in the presence of Drs. Haude from Coburg, Krebs from Boston, and several practitioners, with the assistance of Drs. Kulp, Jaquet, and Lehmus.

The cutaneous incision along the linea alba was made 10 centimeters in length; the bleeding was arrested with spring-clasps (*serres fines*).

On opening the bladder-like protrusion of the peritoneum, a considerable amount of a yellowish-green liquid was discharged; the loops of intestines which protruded on the left side, were at once returned.

On passing the hand around the dense, smooth cystoid, in order to detect adhesions, if there were any, a thin-walled cyst on the left side was ruptured, which discharged its light-green-colored contents among the intestines. As the large trocar which had been thrust into the cyst did not yield much of the glairy liquid two spring forceps were applied to the cyst, in order to lift it out of the abdominal cavity. To accomplish this, the abdominal incision had to be enlarged. This was done with a blunt bistoury, along the left side of the umbilicus, when the tumor — still of the size of a man's head — was lifted out.

While the abdominal opening was being held together by an assistant, I applied a clamp around the pedicle, including the end of the ovarian tube, removed the tumor with the scissors, and cauterized the wound of the pedicle with a red-hot iron, especially those places which showed large arterial openings.

In the meantime, the outer edge of the pedicle had slipped out of the clamp, which allowed some blood to ooze out. I loosened the clamp, lifted the pedicle anew, applied one of Krassowski's pincettes, and cauterized the end.

After carefully cleansing the abdominal and pelvic cavities with prepared sponges, the abdominal opening was united with seven penetrating iron wires and short strips of adhesive plaster, while the pincette containing the pedicle was in a slanting position before the lower edge of the wound.

Two hours after the operation, the patient complained of slight drawing pains in the abdomen, for which were applied wet compresses, 62° to 64° F. The temperature of the patient was 102°; pulse, 68.

At ten P. M., a subcutaneous injection of morphine was administered, and a quiet sleep followed.

Nov. 8. — The patient was troubled with flatulence, for which compresses of ice-water were applied, after which relief came in the natural way. The degree of temperature rose only during the evenings of the 9th, 10th, 11th, and 12th of November, up 102.2°, the pulse to 120–140; but both decreased constantly after that period. An exclusively liquid diet was used, and no vomiting occurred. But a bronchial catarrh, which had existed before the operation, made its appearance.

The patient found, every evening, the greatest relief from the subcutaneous injections of morphine.

Nov. 10. — After an enema, the first stool followed, and the bowels continued regular afterwards.

Nov. 13. — The two upper sutures were removed, the adhesive strips having been previously changed, Nov. 11. The remaining sutures were removed, Nov. 14 and 15.

Nov. 15. — Some matter had accumulated around the pedicle, which was separating, and was removed, Nov. 18th.

By a gradual increase of nourishment, and the occasional injection of morphine, the wound healed so that the patient could leave her bed on Dec. 10.

Dec. 11. — After an intermission of three months her menses came on; during this time, as well as during January and February, a small quantity of blood was discharged through the almost closed wound. In March and April nothing of this was noticed. Her brother reports that the patient is perfectly well, and has gained much in flesh.

A careful examination of the preserved tumor by Dr. Haussmann, showed: the length of the tumor (which is in several places torn and empty) 20 centimeters; the breadth 16; and the height 11 centimeters. The surface is smooth, and contains many rugged tumors from the size of a pea up to that of a hen's egg. On the outer surface hangs the rest of the Fallopian tube, 8 centimeters long, which embraces the base of the tumor; near to its insertion is an incision of 7.5 centimeters in length, which measures at the point of insertion into the tube 5.5 centim. in width. The breadth gradually decreases, until it finally amounts to 1 centimeter. The fimbriæ of the tube, which is everywhere easily penetrable but not enlarged, are 4 centimeters long. Towards the end of the tube, where it was cut, many strongly-developed veins branch out, which extend over the outer surface of the tumor, on the otherwise smooth surface; near the incision lay several extensive cords of fibrous tissue, which are on one side connected with the tumor. In these cords blood-vessels cannot be detected. Near them, at a distance of 15 centim. from the tube, is the crescent-shaped puncture. On cross-section of the tumor, the walls are found of unequal thickness, of the average measure of 1 centimeter.

It is a firm, almost sinewy mass; the inner surface of the multilocular cavity of the tumor shows that it is filled with a number of small elastic tumors, most of which are empty. The partitions project directly inward. The size of the tumors varies from that of a pea to that of a hen's egg. Those which are not empty, show on their surface manifold contractions, and contain a gelatinous white substance. The inner surface of the small tumors are perfectly smooth, and are overarched only by the projections from the neighbouring cysts.

The outer wall of the tumor consists of dense, fibrous tissue, which encloses a great number of nuclei. On the inner wall no layer of epithelium could be detected, as the preparation had been kept for some time in alcohol.

Case II.

Multilocular Cystoid of the left Ovary. — Ovariotomy. — Recovery.

Mrs. Neuber, 43 years of age, from Bunzelwaldau, had been, in her childhood, strong and well. She commenced to men-

struate at 19, and her menses have ever since been regular, recurring every four weeks, lasting six days, moderately copious and without pain. She has given birth to three children. The first was born seventeen years ago, when she was delivered at full time, and the labor was easy. The second birth took place eight years ago, in the Lying-in Hospital of this city. The labor came on six weeks before her time, and was tedious, but she made a good recovery. The third child was born, at full time, four years ago, in Teltow. The labor was easy, but the child died twenty-four hours after birth. Two years ago Mrs. N. miscarried at three months; had great loss of blood, but recovered soon. With the exception of these pregnancies and confinements, Mrs. N. says she had been perfectly well up to her thirty-first year, when she was taken sick without any apparent cause, suffering with pain in the abdomen, for which she entered a hospital in Liegnitz, and remained there for seven weeks; according to the physician's certificate she had a disease of the abdomen and liver.

She remained well for two years, when she had an attack of fever, and had to seek for help at the same hospital. After convalescence, she enjoyed good health until two years ago, when she commenced to suffer with pain in the abdomen, extending from the lower part up to the small of the back. At first these pains returned at intervals of some days, but gradually they became more frequent and more violent, accompanied with a desire to make water, and with constipation. After this trouble had existed for several months, the patient noticed that her abdomen was increasing in size. This symptom was accompanied with a tightness across the abdomen, and her strength was constantly decreasing. In spite of her sufferings, she continued to do her housework. To move her bowels she took some domestic medicines, and diligently applied sweet oil to her abdomen; still the pains kept increasing and the abdomen enlarged steadily. In July, 1869, after laboring hard, her troubles increased to such a degree that she had to give up work and seek help in a Roman Catholic hospital. She says that ointments and cataplasms were applied here; but all the time the pain kept increasing. Her digestion became impaired, and the left leg began to swell; consequently, after one month's stay, she left the hospital in order to continue the use of domestic medicines.

Although the swelling of the limb disappeared, her condition remained the same, till she sought for help in the Gynæcological Klinik of this city, Dec. 7, 1869.

This thin and pale woman measured around the abdomen 83 centim., the pelvic circumference was 87 centim. Above the mons veneris, in the hypogastrium, a resistant, distinctly fluctuating tumor could be felt, which extended 8 centim. above the symphysis, and 3 centim. above the umbilicus. On percussion over the tumor, the sound was flat; and on the sides only were there intestinal sounds. On displacing the tumor, distinct friction sounds were noticeable.

The vaginal portion of the uterus forms a long cone; the os uteri is swollen, but not eroded; the whole uterus is displaced backwards by an elastic swelling which is felt through the upper part of the vagina.

The introduction of a uterine sound shows the length of the canal of the uterus and neck to be 8 centim., and runs towards the back and left side of the tumor.

As the examination of other organs did not show any material changes, and the elastic, fluctuating tumor appeared movable, an operation was proposed, to which this resolute woman at once consented.

After sufficient care had been paid to the evacuation of the bowels, the patient was dressed with a flannel mantle and laid on a narrow operating table and chloroform administered. Drs. Kulp, Jaquet, Senff, from Schwalbach, Grüning, from New York, Krebs, from Boston, and some other practitioners assisted.

After having evacuated the bladder with the catheter, I made an incision through the cutis along the linea alba, 9 centim. long, commencing 3 centim. below the umbilicus. The bleeding vessels were compressed with spring clamps, and the abdomen opened. The blue glistening cyst protruded through the opening without the least discharge of liquid. After having ascertained the absence of adhesions by introducing the hand, a trocar, to the canula of which a long rubber tube was attached, was thrust into the cyst, and 2,200 grammes [4.85 lbs. avoird.] of a light-grey, slimy liquid discharged. After the largest cyst was emptied, and the clasps on the trocar had been applied, I lifted the tumor out of the abdomi-

nal cavity. The right half of the tumor was of the size of a head and consisted of many large and small cysts; on the base, around the tumor towards the front, extended the left Fallopian tube, the fimbriæ of which were turned towards the left side, whilst under it a reddened, soft cord of the thickness of a finger, could be traced towards the back part of the pelvis. The fundus of the uterus lay behind and to the right of the tumor; the right ovary did not seem to be enlarged. Since the fimbriated extremities of the Fallopian tube were free, and the base of the tumor seemed to be distant from the latter, I placed a Krassowski's pincette immediately next the tumor, separated the latter, and cauterized the numerous open blood-vessels of the pedicle with the hot iron. But after having cleansed the abdominal cavity, into which but little blood had flowed, the Fallopian tube and the fold of peritoneum lying underneath seemed to prevent a smooth union of the wound; therefore I opened the pincette once more, and seized with it the extreme end of the tube and the fold of peritoneum.

After having removed the projecting piece of the pedicle, I cauterized also the base, and united the wound with six iron-wire sutures, between which were placed adhesive strips.

After the patient had been removed to her bed, she awoke and felt pleased that she was through with the operation. Temperature in the axilla 98.4°; pulse 76.

In the afternoon the patient complained of burning and pain in the abdomen, for which I ordered compresses wet first with tepid, and later with cold water. Some drops of blood were oozing from the edge of the pedicle. I touched the place with persulphate of iron.

In the evening the temperature was 101°; pulse 104. The patient eats nothing and drinks but little.

Dec. 13.— Notwithstanding a restless night the patient feels well. Her menses have come on, and she has passed some flatus. The urine was drawn. Temperature in the afternoon, 100.4°; pulse, 100. For her sleeplessness, two grammes [31 grains] of chloral were administered, with benefit, in an enema of starch.

Dec. 14. — In the morning the temperature was 101°; pulse 88; feels comfortable. In the afternoon the temperature was the same; pulse 96; wound looks well.

Dec. 15. — Temperature in the morning, 101°; pulse 96. On changing the adhesive strips the wound was found united. The patient drinks warm milk in small quantities and feels comfortable. Temperature in the afternoon, 102.8°; pulse 102. Chloral administered as before.

Dec. 16. — Temperature in the morning, 100.4°; pulse 96. Around the pedicle was a moderate quantity of pus. The pincette seems loose. Temperature in the afternoon 100°; pulse 96.

Dec. 17. — On removing the dressing, I found that only dry strings attached the pincette to the granulating part of the pedicle; it was therefore removed. Temperature in the morning, 100°; pulse 96. In the afternoon the temperature was 98.6°; the pulse 88.

Dec. 19. — The patient is comfortable; had a stool after an enema. Removed the two upper sutures. Morning temperature, 100.4°; pulse 92. Afternoon temperature, 98.6°; pulse 86.

Dec. 20. — Removed the two lower sutures, and, on December 21, also the two middle ones. The temperature varied between 99.5° and 102.8°. Pulse between 75 and 90.

Dec. 22. — The wound was dressed with lint saturated with a solution of carbolic acid in twenty times its bulk of water. The patient has a good appetite, but takes only milk and meat broth. The bowels are moved every other day by an enema.

Dec. 27. — The patient says that she was formerly often troubled with a cough; she has twice raised a little blood, but feels otherwise well. Pulse 92. The wound is considerably smaller, and cicatrized above and below the pedicle.

Jan. 1, 1870. — I separated the projecting granulating pedicle with a silk loop. Patient left her bed.

The days following passed without any further trouble, so that the patient could leave the institution on Jan. 26, 1870.

Dr. Haussman having examined the tumor, reports as follows: The tumor is almost round, and has a diameter of 20 centim. The outer surface is, for the most part, smooth. The remains of the Fallopian tube measures 30 centim.; this joins the cut surface, which has involved the superficial layer of the tumor. The incision has a length of 16 centim. and an average width of 3 centim. The edges

of the cut are smooth; on them appear more or less fibrous tissue, partly vessels, and, on a circumscribed place, some fat. At a distance of 3 centim. from the incision, is the crescent-shaped puncture. The adhesions are dense, and enter firmly into the surface of the tumor.

The cavity of the tumor is formed of two cysts of unequal size, and which do not communicate with each other; the smaller one has a diameter of 10 centim.; its lining is smooth, and well supported by a framework of a different thickness, but throughout of great density. Besides, there are several small cysts, which communicate with each other, — some are smaller than a pin's head.

The other cyst measured in its largest diameter 20 centim. The walls are of a thickness from one to two millimetres [from four to eight hundredths of an inch]; the outer surface is pale, and the inner is dark. The inner surface is perfectly smooth, with here and there folds, and, on the partition-walls, some ramifications resembling those in the smaller cyst.

(During the last winter Prof. Martin removed six ovarian tumors. Three of the patients recovered.)

THE ACTION OF DRUGS.*

BY W. SHARP, M.D., F.R.S.

PROFESSOR TYNDALL commenced a letter to the *Times*, a few months ago, with this remark: "The theory of disease was never discussed with more earnestness, or with greater precision, than at the present time." This is true of the old school of medicine. I hope it may be said with equal truth that, in the new school, the theory of cure is discussed with the same earnestness and with the same precision. The thing to be desired is, that each school would lay aside all exaggerated condemnation of the other, and that they should work in harmony together. Each school might render valuable help to the other.

---

* Read at the British Homœopathic Congress, held at Birmingham, September 28th, 1870; and published in the *Monthly Homœopathic Review*.

There are many ways in which a patient may be assisted in his recovery from illness; but when we speak of the cure of disease, we commonly mean a cure effected, more or less, by the administration of drugs or medicines. A true theory of cure, therefore, cannot be propounded until a clear account has been given of the action of drugs.

What are *drugs?*

If we look at all material things which surround us, with reference to the life and health of man's body, they arrange themselves in three classes. One class constitutes food, and contains all substances which, when digested, form blood, and so nourish the body and sustain its vital power. Another class consists of stimulants, which do not make blood, nor nourish, nor sustain, but which help in the use and concentration of the living power previously possessed. Another class is composed of a number of remarkable substances which are not food, nor diffusible stimulants, but which act injuriously in health, and curatively in disease; — these are drugs. When taken in health they are often called poisons; when taken in illness they are commonly called medicines.

A few words about food and drugs. Drugs may be said to be the opposite of food. They cannot nourish nor support life. When taken in health they are injurious to it, and many of them have power to destroy life. But it is known, and apparently it has been known in all ages, that when in sickness they are opportunely taken, they have power to relieve pain, and often even to remove disease, and to restore health.

The difference, therefore, between food and drugs is very great. Food is required to make blood, to provide materials for the growth of the body, and for the repair of its daily waste. It must be taken daily, and in considerable quantities. Drugs are not needed in health, but in sickness; and then only in such small quantities as shall be found sufficient to alter morbid action in the direction of health.

That drugs, which are poisonous to the healthy, are remedies to the sick, is a statement suggestive of many inquiries. An active imagination may speculate on the questions why, and how, to an indefinite extent, but probably with little profit. Medicine is a

science of fact. It has been made the sport of speculation. To place it in its true position should be the aim of its students.

Facts are living verities, and he will be the best physician who has the largest acquaintance with facts in medicine, and the happiest tact in remembering them as they are needed to guide him in the treatment of his patients.

And what is the *action* of drugs?

Sir Thomas Watson, the present head of the profession in England, lately said, in an address to the Clinical Society of London, "We want to learn distinctly and clearly, what is the action of drugs."

If we inquire what facts are known which help to furnish an answer to Sir Thomas Watson's question, these subjects will require investigation:—

I. In what way is the action of drugs to be discovered?

II. What is the action of drugs?

III. How is the action of each drug to be distinguished from that of all others?

As it would be impossible to consider these three questions in twenty minutes, the time at present at our disposal, we will confine our attention to the last — *How is the action of each drug to be distinguished from that of all others?* *

First, in health.

The primary fact, forming the basis of the investigation, is this, — all drugs have a partiality in their action; a preference to some parts of the body above others.

The next fact, — this preference varies with each drug, and sometimes even with different quantities of the same drug. In other words, an affinity exists between different parts of the body and different drugs, or doses of drugs, which affinity produces actions which are more or less characteristic in each case.

This affinity, together with its effects, lies at the bottom of the use of drugs as medicines, and of every theory which has been

* Perhaps I may remark that the two former sections of this essay are partly written.

advanced in explanation of that use. All schools of medicine avail themselves of it alike. It gives rise to some of the most surprising and interesting phenomena in nature.

How wonderful that a few drops of the juice of one plant should, when taken by a healthy person, produce a morbid affection of the brain, and a few drops of another, a disordered condition of the lungs; that a third plant should act upon the stomach; that a fourth should attack the heart; a fifth, the liver; a sixth, the muscles; a seventh, the joints; and so on, through every part of the body!

In this manner a first line of separation between one drug and another is drawn distinctly.

But several drugs are found which act primarily and powerfully upon the same part or organ of the body. In this case a distinguishing feature lies in their *manner* of acting. Generally this is very different, sometimes it is directly opposite.

This is a second line of separation.

Again, drugs which select the same parts for their primary action, act also upon other parts or organs in a secondary manner. And this secondary action turns out, for the different drugs, to be upon different organs. Hence we have, for those drugs whose primary action is on the same part, but whose secondary action is on different parts, a third line of separation. This forms an easy method of distinguishing them from each other.

A careful observation of these three differences, — the organs acted upon primarly or most powerfully — the kind of action — and the organs acted upon secondarily or less powerfully, will be found to be sufficient to distinguish one drug from another.

Time will not permit me to give examples, but they will be familiar to you.

Let us turn for a moment to look at the diseases for which we use these drugs, and at the various causes which produce them, and we shall see three facts: —

The common causes of disease act with a partiality or power of selection, the primary or most powerful action being on some particular parts or organs of the body; this action is special in its kind or direction; other organs are acted upon in a secondary or less powerful manner.

Here are two parallel sets of phenomena. Drugs, in fact, act upon the healthy body very much as other causes of disease are seen to act; and they differ from each other as other causes differ. They are to be numbered among the causes of disorder or disease in healthy persons.*

Such, I venture to think, is the answer to the question, How is the action of each drug to be distinguished from that of all others when taken in health?

We will next consider the question with reference to medicines, or drugs taken in sickness, and we shall observe a similar series of facts.

Drugs taken in sickness show a partiality in their action; their primary effects appearing in some parts of the body, and not in others. They differ from each other in the parts selected for this primary or most powerful action. In this manner they are distinguished from each other.

They differ also in their kind of action. It may be remarked generally, that large doses act as medicines in the *same* direction as that in which they act as poisons, and small doses in an *opposite* direction.

They differ from each other in their secondary or less powerful action.

Here is a series of phenomena parallel with that produced by drugs taken in health. They are parallel but not identical phenomena.

The link which connects the proving of, or experimenting with drugs in health, with the use of them as remedies in disease, is this fact:—

Drugs select the same parts in disease that they do in health, both for their primary and for their secondary actions.

This, I hope, is a satisfactory answer to the question in its second aspect: how is the action of each drug to be distinguished from that of all others, when taken in sickness?

Suffer me now to offer three remarks:—

The fact of selection itself opens the door to prescribe drugs as

* It is an obvious inference from this fact that, except for scientific experiment, healthy persons should never take medicines.

medicines with two opposite intentions. They may be given to act upon the healthy, or comparatively healthy parts, and so as to avoid the diseased parts. Or, they may be given to act upon the diseased organs, and so as to leave the healthy ones untouched.

The fact that the direction of the action of medicines is sometimes similar, and sometimes opposite to that of poisons, according to the dose given, renders it possible to use them antipathically or homœopathically.

While the fact that the secondary, or less powerful action of a drug, is on the same parts, whether given in health or in disease, greatly facilitates the choice of the remedies for the individual patient.

This is the outline of the subject; but before it is exhausted, other parts of it will require to be settled.

One of these is the peculiarity in the character of each drug, which lies in the quantity or dose in which its various actions are produced. Unhappily, this part of the subject is yet involved in much perplexity.

Another point is an inquiry into the limits within which the curative action of each drug is confined. Certainly the power of drugs over disease is limited. This fact seems to have had little attention bestowed upon it, having been forgotten by physicians as well as by patients and their friends.

Again, a bye-path in this search after the knowledge of drugs would lead us to the observation of some curious facts relative to the mode of applying drugs (as well as to the preparing of them for application), in order to obtain their action. Some drugs act when applied to the skin, as *Arnica, Rhus, Ranunculus, Cantharis;* others when applied to the mucous membranes, but not when put upon the skin, as *Aconite, Bryonia, Pulsatilla;* others require to be introduced by a wound into the circulation, as vaccine, and some other animal poisons. *Belladonna,* if rubbed round the orbit, will dilate the pupil; *Calabar* bean, similarly applied, will contract it.*

* I have applied a considerable number of powerful drugs in the same manner, without being able to add to these two another which produced either dilatation or contraction of the pupil.

It may be asserted that the primary action of drugs is upon the "vital principle."

Hahnemann was a vitalist, following in this the school of Van Helmont and Barthez. He announces his adoption of these views at the commencement of his *Organon of Medicine*: —

"In the healthy condition of man, the spiritual, vital force, the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, with respect to both sensations and functions, so that our indwelling, reason-gifted mind can employ this living, healthy machine for the higher purposes of our existence § ix.

"When a person falls ill, it is only this spiritual, self-acting vita force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular functions which we call disease." § xi.

Medicines cure also by possessing a spiritual power: —

"This spiritual power, capable of altering man's health (and hence of curing diseases), which lies hid in the inner nature of medicines, is not, of itself, discoverable by us in any way by a mere effort of reason; it is only by experience of the phenomena it displays." § xx.

This is imaginary. It is acknowledged to be so by Barthez himself. These are his words: —

"We can only give negative assertions, doubts, and conjectures on the nature of the vital principle in man."

Such speculation appears to me unpractical and useless; if I may venture to say so, worse than useless; because it is covering ignorance with the clothing of knowledge.

Let me not be misunderstood. I do not doubt that, in addition to an immaterial, an immortal, soul, man has an animal life in common with the brute creation. But I doubt the utility of speculations on this animal life in a medical sense; and especially when a similar kind of spirit is ascribed to drugs. We know too little

of this animal life for a profitable discussion of it at the bedside of the sick.

It may be asserted that the primary action of drugs is molecular, and that we ought to start from molecules or atoms, and their movements.

I believe that molecules, and molecular movements, are real existences, and that infinitesimal doses, and their action, belong to this category; though we cannot follow them with the eye, even aided by the microscope. This subject is entertained in the Essay on "the Small Dose," written eighteen years ago. It has been well handled, just now, by Professor Tyndall, in his lecture before the British Association, at Liverpool, on the 16th of this month. "There is," he says, "a world of matter and of motion to which the microscope has no passport, and in which it can offer no aid." "The first marshalling of the atoms, on which all subsequent action depends, baffles a keener power than that of the microscope."

Possibly the spectroscope may be an instrument better fitted to tell us something about these atoms and their movements. But, up to the present time, we know little or nothing about them, much less can we distinguish one from another. We cannot, therefore, penetrate, thus, far into the action of drugs.

When we descend into more visible and tangible regions, it may be asserted that the primary action of drugs is on the blood and its heterogeneous particles, upon which each drug produces its particular change. I believe it is; but here also, except to a very limited extent, both our microscopes and our chemistry fail us. Notwithstanding the wonderful minuteness and delicacy to which both these methods of research have attained, they are not yet able to compete with the subtlety of these changes. There is sufficient encouragement both to the microscopist and to the chemist to carry on the inquiry; but it cannot yet be made the starting point to the therapeutist in his explanation of the action of drugs.

Once more; it may be asserted that all drugs act primarily upon the nervous system, each drug selecting particular nerves; *e. g.*, *Ipecacuanha*, the vagus; *Platinum*, the trigeminus; *Colocynth*, the sciatic. This assertion may be true. I heartily wish our present provings of drugs were complete enough to put us in a position to

investigate it thoroughly, and to master its details. This would be a vast stride in advance in the pathogenesis and therapeutic use of drugs. And further, we are indebted to Sir Charles Bell for teaching us that all nerves have special powers, some being nerves of sensation, others nerves of motion; and that when an organ performs several functions, it receives nerves from several sources. To be perfect in our method of prescribing drugs on the theory of nerve action, we should know how to act upon each of these several kinds of nerves. But our present knowledge in this direction is far too limited to be practically useful.

Finally, we are shut up to the conclusion that, if we would advance a step beyond the mere mechanical enumeration of symptoms, and prescribing for them, — a method which satisfies some, but which is very far from satisfying all, — we must look at the seat of these symptoms, the parts of the body whence they proceed. We must look, in other words, to the pathology of our cases, and try to discover the organs morbidly affected, and the kind of affection. And seeing that, with our present means, we cannot go beyond this in the examination of drugs, we must be content to concentrate our attention upon the organs themselves, as supplied with nerves and blood, and to learn the action upon these organs of the several drugs we use.

And, assuredly, to determine, as correctly as is possible, the locality and the nature of the action of every drug, and also the limits of its curative action, are problems of the highest importance.

With these limitations, how is the action of each drug to be distinguished from that of all others?

The answer, as we have seen, involves the observation of phenomena of various kinds. We have to learn, —

1. The organs (solid and liquid) of the body upon which each drug acts primarily;
2. The parts of the organs in which this action occurs;
3. The kind of action, or the results produced;
4. The organs which are affected secondarily;
5. The quantities or doses required;
6. The limits of the therapeutic action.

As an example of the practical carrying out of these views, so far as regards the first four of these series of phenomena, I beg to invite your attention to the diagram before you. It is necessarily brief and imperfect, and probably, in some respects, erroneous; but I hope it will convey an idea of what I think is required to be done for every organ, and for every drug.

LOCAL ACTION OF DRUGS.

Brain.	Its Parts.	Kind of Action.	Secondary Action.
Belladonna.	Arteries.	Inflammation.	Throat, eyes, &c.
Opium.	Veins.	Congestion.	Heart, nerves.
Hellebore.	Absorbents.	Effusion.	Serous membranes.
Hyoscyamus.	Cerebral substances.	Visions.	Eyes, heart.
Cannabis.	Do.	Convulsions.	Urinary organs.
Narcissus.	Do.	Pain, insensibility.	Stomach, uterus.
Mind.*			
Anacardium.	Memory.	Failure of memory.	Nerves of the five senses
Aurum.	Imagination.	Dread of evil.	Reproductive organs.
Oleander.	Thought.	Inability to think.	Motor nerves.
Cotyledon.	Emotions.	Suppressed emotions.	Heart, lungs.
Ignatia.	Do.	Sorrow.	Rectum, spleen.
Mercurialis.	Do.	Excitement.	Mucous membranes.
Heart.			
Aconite.	Arteries, muscles.	Excitement, depress'n	Arteries, larynx.
Digitalis.	Left side.	Depression, excitem't.	Kidneys.
Bovista.	Walls.	Hypertrophy.	Skin, uterus.
Spigelia.	Valves.	Valvular disease.	Eyes, ears.
Lachesis.	?	Chronic disease.	Throat, bowels.
Bromine.	?	Do.	Larynx, eyes.
Blood.			
Ferrum.	Red globules.	Red globules increased	Heart, arteries.
Rhus.	?	Typhus.	Joints, muscles.
Lycopodium.	?	Pus.	Liver, intestines.
Titanium.	?	Albumen.	Eyes.
Uranium.	?	Sugar.	Kidneys.
Petroleum.	?	Mucus.	Do., intestines.

Before concluding, suffer me to offer a few remarks on the different forms of antagonism, with respect to the use of medicines, which exist between the two schools into which the medical profession is now divided.

Both schools take advantage of the local action of drugs. The first antagonism, briefly stated, is this: —

The old school says —

* So far as this is influenced by the brain.

Avoid the diseased organs, and act upon the healthy parts. This is called revulsion and counter-irritation.

I copy from my notes the conclusion of one of Dr. Armstrong's lectures — the most eloquent and popular teacher of the practice of physic in London forty-five years ago: —

"Practical application.

"1. Make out the internal conditions, by investigating minutely the combination of symptoms.

"2. Restore the diseased parts by acting upon the sound ones."

This method is carried out in the Materia Medica of Dr. Pereira. To give one example: —

"*Gamboge.* — USES. — It is a remedy well adapted for acting as a stimulus to the abdominal and pelvic viscera . . . to give them preternatural activity, and thereby to relieve some distant organ, on the principle of counter-irritation."

The new school says —

Avoid the healthy organs — let well alone — do not make artificial diseases — act upon the diseased organs;

E. g., give *Opium* in appoplexy, *Cantharis* in inflammation of the bladder.

The second antagonism lies in this: —

The old school now not unfrequently says —

You may act upon the diseased organ, but antipathically;

E. g., Dr. Graves recommends *Belladonna* to be given to counteract that condition of the brain which is accompanied with contraction of the pupil.

The new school says —

Act upon the diseased part homœopathically;

E. g., give *Belladonna* for a dilated pupil, *Opium* for a contracted one.

The third opposition. It is now said, in effect —

Prescribe homœopathically, but give large doses, and discover a pathological explanation.

This looks like an unwilling testimony to those who say —

Prescribe homœopathically, and give small doses; acknowledge the obligation, and bear the odium.

I will detain you with but one further remark; it will bring us back to the sentence with which we commenced.

Dr. Gull, in a discourse "On Clinical Observation in relation to medicine in modern times," delivered at a meeting of the British Medical Association, at Oxford, in 1868, and published last year in the "Medicine of Modern Times," gives an elaborate review of pathology and diagnosis — the theory of disease. He then sums up what he has to say on therapeutics — the theory of cure — in words of serious import, (I might almost say, of melancholy confession), as showing how little, in what is vainly called "orthodox medicine," the conclusion of the whole matter amounts to.

"The surgeon," says Dr. Gull, "is contented to place a wounded part under the conditions of physical and physiological rest, and, after attention to hygienic conditions, to abide the result. This, no doubt, expresses the largest part of our treatment of common acute disease. We now know that we cannot directly control the morbid processes in pneumonia, pleurisy, or pericarditis; we know further, that the means formerly considered essential to the cure of these diseases, tested by better clinical observations, were either useless or pernicious."

Now the new school, with a consciousness of the solemn responsibility of the statement, and denying vainglorious assumption, deems it its duty to say — we do know that we can, when we have a fair opportunity, often, "directly control the morbid processes in pneumonia, pleurisy, and pericarditis," and many other forms of acute, as well as of chronic disease.

Thus encouraged, let us persevere in the daily study of the local action of drugs, not forgetting any longer the limits of their curative action. How much over-drugging — how much useless and even hurtful medication — how much unavailing effort and bitter disappointment will such knowledge put an end to!

RUGBY, September, 1870.

MEDICAL DEGREES IN GREAT BRITAIN.

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

The *Lancet* of Sept. 10, 1870, is largely devoted to particularizing the requisites for obtaining diplomas from the medical examining bodies in the United Kingdom.

The preliminary general examination, — which must be passed in Great Britain before a person can be registered as a medical student, — the prescription of a length of time to be spent in professional study, the practical nature of some of the requisites, — among others, of written as well as oral examinations, — are advances on our American system of education which we are beginning to demand, but which, for reasons sufficiently well known, we have not yet been able to obtain. Whether the distinction between Bachelor and Doctor of Medicine is of any real advantage, there is some reason to doubt. A homœopathic physician must first study allopathic medicine in all its departments and take his degree.

Instead of one degree, as with us, there are in all no less than four: Bachelor of Medicine (M.B.), Bachelor of Surgery (C.B.), Master of Surgery (C.M.), and Doctor of Medicine, (M.D.)

At the *University of Oxford*, a student must pass the requisite examinations for the degree of Bachelor of Arts, and afterwards spend two years in study prior to the first or scientific examination for the degree of Bachelor of Medicine, and two years more prior to the final or practical examination for the same degree. Evidence must be brought to show that he has studied the practical parts of his profession in a first-class hospital. For the degree of Doctor of Medicine, a dissertation has to be publicly read three years after the M.B. is obtained.

In the *University of Cambridge*, for the degree of M. B., five years of medical study are required, except in the case of medical students who have graduated with honors as Bachelor of Arts, four years being then sufficient. There are three examinations: the first in Mechanics and Hydrostatics, Botany, and Chemistry with manipulations; the second in Anatomy and Physiology (Hu-

man and Comparative), Materia Medica, Pharmacy, and Pathology (the student having dissected one season and attended hospital practice one year); the third, at the conclusion of medical study and after three years of hospital practice, in Pathology and the Practice of Physic, Clinical Medicine, and Medical Jurisprudence. The examinations are both written and oral, and are made in the hospital on the living patient, in the dissecting-room on the dead subject, and in the museum on selected pathological specimens. An original thesis is required with an oral examination on it. The degree of Doctor of Medicine is obtained as at Oxford. For the degree of Master in Surgery (M.C., or M.Ch.), the candidate must have passed the three examinations for M. B., and have attended lectures on Human Anatomy (a second course), on the Principles and Practice of Surgery, Clinical Surgery, and Midwifery with ten obstetric cases. He must have dissected a second season, attended three years of surgical practice at a recognized hospital, and been a house surgeon or dresser for six months. He is then required to pass an examination in Surgical Anatomy, Pathology, the Principles and Practice of Surgery, and Clinical Surgery. This degree may be obtained at the same time with the M.B.

At the *University* of *London*, a preliminary scientific examination is required in Mechanical and Natural Philosophy, Inorganic Chemistry, Botany and Vegetable Physiology, Zoology and Comparative Anatomy. Not less than a year after this has been passed comes the first M.B. examination, in Anatomy, Physiology, Materia Medica and Pharmaceutical Chemistry, and Organic Chemistry, partly by written papers and answers to printed questions, and partly viva voce, and by experiments and demonstrations. Two years after this comes the second and final M.B. examination, which embraces General Pathology, General Therapeutics and Hygiene, Surgery, Medicine, Midwifery, and Forensic Medicine. Twenty labors must have been conducted before the student becomes a candidate for this examination. He must have received clinical instruction both in surgical and medical wards of a recognized hospital for two years, and after this instruction, have attended to practical medicine, surgery or midwifery, with special

charge of patients in a hospital, infirmary, dispensary, or parochial union during six months. If after this degree, an M.D. is wanted, the aspirant for such honors has to pass an examination in Medicine, Logic and Moral Philosophy, after having attended to Clinical Medicine in a hospital for two years. For one of these two years three years private practice may be substituted, and for both of them five years private practice either before or after the M.B. A degree of Bachelor of Surgery is conferred by this University on an M.B. after a surgical examination with operations on the dead subject. The degree of Master in Surgery bears the same relation to Bachelor of Surgery that M.D. does to M.B. By the substitution of Clinical Surgery for Clinical Medicine in the preceding paragraph, we have the requisites for a candidate.

The *University of Edinburgh* requires of those who are not graduates in Arts, a preliminary examination in English, Latin, Arithmetic, the Elements of Mathematics, and of Mechanics, and also in at least two of the following subjects: Greek, French, German, Higher Mathematics, Natural Philosophy, Logic and Moral Philosophy. Among the requisites for an M.B. or an M.C., are an attendance of at least six months, by apprenticeship or otherwise, on the out-practice of a hospital, or the practice of a dispensary, physician, surgeon, or member of the London or Dublin Society of Apothecaries, and an experience of at least three months in compounding and dispensing drugs.

In the *University of Dublin* (Trinity College), a candidate for the degree of Bachelor in Medicine must be a graduate in Arts, and may obtain the degree of M.B. at the same commencement as that at which he receives his degree of Bachelor of Arts, or at any subsequent commencement.

In the *University of Aberdeen*, the requirements are nearly the same as at Edinburgh; and those of the *Universities of Glasgow* and *St. Andrews*, and of the *Queen's University in Ireland* (including the Queen's Colleges of Belfast, Cork, and Galway), do not differ very much from the general average of the rest.

Besides these degrees of the Universities, the following corporations grant diplomas of membership, fellowship, and license: The Royal College of Physicians, London (M.R.C.P., &c.), the

Royal College of Surgeons, England, (L.R.C.S. &c.), the Royal College of Physicians, Edinburgh, (F.R.C.P.E.), the Royal College of Surgeons, Edinburgh, the Faculty of Physicians and Surgeons, Glasgow, the King and Queen's College of Physicians, Ireland, the Royal College of Surgeons, Ireland, (F.R.C.S.I.), and the Apothecaries' Hall, of Ireland. The requisites for these diplomas are nearly identical with those of the Universities.

ASCARIS VERMICULARIS.

BY JOHN H. THOMPSON, M.D., NEW YORK.

Two of the former numbers of the *Gazette* have contained articles on the very annoying parasites called ascarides, but I have seen the last one only; and, if I am not trespassing too much on your space, by another article on this subject, I will give you a remedy which I have never known to fail in producing an immediate cure.

Thread-worms live principally in the rectum, and are frequently found there in large numbers; they often form themselves, with their mucus, into a large ball, and always produce an intolerable "itching," as stated in your September number.

The patients suffering from them are generally children, although adults are not always free from their presence.

Now for the remedy. I generally dissolve one grain of the crude *Mercurius corrosivus* (bichloride of mercury) in twelve ounces of water, and direct one-third of it to be given as an injection, allowing it to remain a few minutes, say ten to twenty; but if the patients are very young they may not be able to retain it long enough. If the first enema does not bring away the mass of worms, you can have recourse to a second one in twelve or twenty-four hours.

I have often known children to go to sleep after the first injection had operated, when the annoyance from itching had kept them awake for two or three nights.

The New England Medical Gazette.

BOSTON, FEBRUARY, 1871.

HAVE HOMŒOPATHISTS ANY RIGHTS? We place upon record, for the benefit of our readers and for future reference, the following correspondence between H. Van Aernam, Honorable Commissioner of Pensions, and Stillman Spooner, M.D. an Examining Surgeon for Pensions. There has been no subject connected with the medical profession which has provoked such general comment and unqualified disapproval as this. The Democratic papers seek to throw the blame on the Republican administration, while the Republicans denounce it as the unwarranted act of an allopathic physician dressed in a little brief authority, — an act which the government will correct as soon as it comes to its knowledge. The religious press sees how easy it would be to make this a stepping-stone to the ostracism of any particular sect; while scientific and liberal journals throughout the country denounce the act as one subversive of liberty and progress. The only place in which Van Aernam gets the least ray of comfort or support, is in a few insignificant medical societies and journals, which claim that "*our* bull has a perfect right to gore *your* ox."

It remains to be seen what stand the government will take in this matter; whether it can support the author of such a nefarious plan, and, by such gross and manifest injustice, alienate the friendly feelings of many thousands of physicians who are naturally affiliated with the present government, and are members of the Republican party. This is evidently but a part of the plan to drag upon the political scaffold any and all medical men in the employment of the government, provided they be in the slightest degree tainted with the crime (!) of homœopathy. We would remind our sanguinary allopathic friends that a man named Haman once built a gallows fifty cubits high, — but it was not Mordecai who was hanged thereon.

No. 1. — COMMISSIONER'S LETTER.

DEPARTMENT OF THE INTERIOR,
WASHINGTON, D. C., May 25, 1870.

DR. STILLMAN SPOONER, Oneida, N. Y.:

SIR, — It is my intention to issue a revised list of Pension Examining Surgeons, about the commencement of the fiscal year. You will, therefore, be pleased to fill out the enclosed personal report, and

return the same to this office. The interests of the service demand that this list should be absolutely correct; consequently, a failure on your part to reply hereto within ten days will be regarded as a refusal to act, and a successor will be immediately appointed.

H. Van Aernam, *Com'r.*

The interrogations were as follows: —

"Where did you graduate? When did you graduate? What is your present school of practice — Allopathic, Homœopathic, Hydropathic, or Eclectic?"

No. 2. — Dr. Spooner's Reply.

I graduated in 1832, at Fairfield, Herkimer Co., N. Y. I practised twenty years in the Allopathic school; since, in the Homœopathic.

Stillman Spooner.

No. 3. — Letter of Dismissal.

Washington, D. C., June 20, 1870.

Sir, — It is deemed necessary that all Examining Surgeons for the Bureau should belong to one school, and adopt one theory of medicine. This appears necessary for the sake of unity and harmony. As you do not belong to the school of medicine recognized by the Bureau, you are requested to withdraw your name from the list of Examining Surgeons, and accept my thanks for services already rendered.

Your obedient servant,

H. Van Aernam, *Com'r.*

No. 4. — Dr. Spooner's Reply.

Oneida, July 4, 1870.

Hon. Com'r of Pensions;

Sir, — If the foregoing decision of the Bureau affected me only, I certainly should not complain. As it is a direct proscription of over ten thousand physicians and surgeons, as intelligent, as thoroughly educated in every branch of the medical profession, including surgery, as physicians of any other school, not excepting the allopathic, which I suppose is the school recognized by the Bureau, I deem it the imperative duty not only of the proscribed physicians, but of every lover of equal justice, to enter an earnest protest against such an invidious distinction among surgeons of equal capacity. Perm it me to suggest that I cannot avoid arriving at the conclusion (which I do with extreme reluctance) that the Chief of the Bureau of Pensions has descended sadly when he stoops to make himself a partisan to squabbles of rivalry among sects of physicians. I am sure the people (whose servants we are) can derive no benefit from such rivalry. Thomas Jefferson once said he did not care whether a public officer believed in one God or twenty, if he was only *honest* and *capable.* I regret that the Bureau has departed from so wise a decision. Forty

years ago the first homœopathic physician arrived in the United States; now they are numbered by thousands, and their patrons by millions. They have medical colleges in most of the large cities, well patronized by intelligent and educated pupils, who are thoroughly instructed in every branch of the medical profession, *including surgery*, and are required to obtain as thorough a medical education as the Allopaths, in order to receive the title of Doctor of Medicine which the faculty are legally authorized to confer.

In the city of New York, hospitals under the control of homœopathic physicians receive appropriations from the State, the same as hospitals controlled by the allopaths, or old school. At its last session, Congress incorporated a Homœopathic Medical Society in the District of Columbia, with equal rights and immunities of any other medical society. At the last session of the New York legislature, it appropriated $150,000 towards an Insane Asylum, to be entirely under the control of homœopathic physicians. Many of the governments of Europe have established homœopathic hospitals.

The homœopathic physicians have a national association, which held its annual meeting for 1869 in the city of Boston. Although the Mayor was an allopathic physician, the society was proffered and received the hospitalities of the city.

The national association is affiliated with State and county societies, extending throughout the United States. Considering, then, the recent introduction of homœopathy into the country, and its present intellectual and numerical position, it would seem that the Secretaries of War and Navy, together with the two houses of Congress, might with equal justice and propriety decide that none but Episcopalians (they being the oldest denomination of Christians) should hold the office of chaplain in their respective departments. The Commissioner may yet learn that homœopathy is as much of an institution among physicians, and their proscription as much an innovation, as a proscription of either of the religious denominations.

One-half, at least, of the homœopathic physicians are graduates of the allopathic colleges, and have changed to the new practice because they believed it preferable to the old. They cannot, therefore, with propriety or justice, be called quacks and pretenders. Their patrons are among the most intelligent, as well as of every other grade of society. I have thus far considered some of the reasons why I think the decision of the Bureau unjust. I will add a few why I believe it impolitic.

From the very nature of the case, philosophically considered, homœopathy pertains to radicalism. Republicans are called Radicals. Reasoning, then, from cause to effect, homœopathic physicians and surgeons are necessarily Republicans. I have made some investigation on the subject, and ascertained that every homœopathic physician in the county of Madison, my place of residence, also in Oneida and Onondaga counties adjoining, are Republicans; and I here assert, without fear of successful contradiction, that nineteen in every twenty of the homœopathic physicians are Republicans.

It follows, then, that the decision of the Bureau, recognizing none but allopathic physicians as Examining Surgeons for Pensions, really proscribes over nine thousand Republicans.

Does President Grant's administration really intend, or can it afford, to proscribe the above number of Republican surgeons, who are as well qualified to practise surgery or judge in surgical cases as any other school of medicine? The discord or want of harmony and uniformity originates only in the fertile brain of a few old-line doctors, who have the ear of the Hon. Commissioner of Pensions, and are operating to subserve their own private end and damage homœopathic physicians. If there is any want of harmony or uniformity among Examining Surgeons, it has been effected by these men. I have been an Examining Surgeon over five years, and have yet to learn of any lack of harmony or uniformity. In the village of Oneida, my place of residence, there are eight physicians, four belonging to each school. We recognize each other as physicians on equal terms.

I have shown your decision to several influential Republicans, and, without an exception, each has expressed his surprise, and some have indulged in severe remarks.

Most respectfully, your ob'dt serv't,

STILLMAN SPOONER.

WHAT THE PRESS SAYS. — The following, from the *Boston Daily Advertiser*, which certainly cannot be said to have any special leaning towards homœopathy, shows the drift of conservative opinion in this vicinity. And the numberless papers which have been sent to us from various parts of the country, containing similar sentiments, often more sharply expressed, indicate how wide-spread and decided has been the condemnation of this foolish as well as vindictive course of Van Aernam.

THE DOCTORS AND THE GOVERNMENT. — Fortune and politics have made a physician of the old school Commissioner of Pensions. It was not his profession which gave him the position; that was merely incidental, as a lawyer or a clergyman might have been appointed. But Dr. Van Aernam, feeling the traditions of his profession strong upon him, no sooner became Commissioner Van Aernam than he began inquiries which resulted in the discovery of a homœopathic physician among the Examining Surgeons. He had been five years in office. There could be no charge that this officer was an uneducated or wrongly educated man, since it appeared that he was regularly graduated nearly thirty years ago, and practised twenty years in the allopathic school before being converted to the newer system. It could not be urged that his heterodox mode of treating disease was a disqualification in the exercise of his official duty, since an examining surgeon has not to cure but to investigate cases, and the divergent schools are in entire agreement until the therapeutics are reached. But it was sufficient that the school of medicine to which the subordi-

nate belonged was "not recognized by the bureau;" and he was removed.

It is not unnatural that the homœopathic societies all over the country should hasten to protest against this action, not as an injury but as an insult, since their system of medicine is so well established as to fear no ill effects from such proscription. They could not be expected to endure placidly the establishment of a new rule, placing the government in an attitude of hostility to their method of saving life, alleviating suffering and preventing disease. The accidental head of a bureau at Washington should not have the power to commit the government to such a step; and the matter has properly been referred by the President to the Secretary of the Interior. But the interference of local medical organizations is wholly uncalled for; and their resolutions of indorsement turn the act which might be the whim of an individual into the policy of a great profession. If some turn of the wheel should put Bishop Simpson or Bishop Huntington into civil office in Washington, and either of them should begin by expelling from their places all the Roman Catholics and Unitarians in office within their reach, they would soon be taught that the age for such things is past. But we do not believe that in such a case all the members of their respective denominations in the country would rally to the defence of the proscriptive system. It is a poor rule that will not work both ways. The Methodists would remember that in a year or two some liberal theologian, with a memory, might find himself in the control of patronage; and just so the doctors ought not to forget that the next shifting about of bureaux may put some vindictive homœopathist in a position of power.

AMERICAN INSTITUTE OF HOMŒOPATHY.

CIRCULAR OF THE BUREAU OF CLINICAL MEDICINE, 1870–71.

THE Bureau of Clinical Medicine would call the attention of the profession to the department assigned them, and solicit their co-operation and assistance. Each member of the Bureau, with one exception, is pledged to present a paper at the meeting of the Institute, in Philadelphia, in June next, and it is not doubted that topics of interest, and material of value to the profession, will be thus brought before the meeting. But to make these reports as complete as may be, the members of the Bureau would solicit the report of important cases to either member, for which the contributor will be duly credited. And any new epidemics or unusual diseased conditions reported to them, will be published in full or presented in abstract, with full acknowledgment to the author. It is the wish of the Bureau to call out some of the best work from the profession and add something to our stock of professional knowledge. Each member of the Institute to whom this call may come, will please consider him-

self a committee of one to write something and send it early to either of the members.

S. M. Cate, Salem, Mass.,
George E. Belcher, New York,
D. H. Beckwith, Cleveland, O.,
J. C. Burgher, Pittsburgh, Pa.,
N. F. Cooke, Chicago,
W. H. Holcombe, New Orleans,
F. B. Mandeville, Newark, N. J.,
A. T. Bull, Buffalo, N. Y.,
John T. Temple, St. Louis.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Secretary.

Nov. 28, 1870. — Dr. Woodvine read a paper on "Acute Desquamative Nephriti ," being the second of his series upon "Kidney Diseases." This paper presented many new and interesting points in the history of this disease, both with regard to its pathology and its homœopathic treatment.

Annual Meeting. Jan. 9, 1871. — Dr. F. N. Palmer was elected President, and Dr. A. F. Squier, Secretary and Treasurer for the ensuing year.

The Secretary then read his report. Besides the usual details, it embraced some remarks upon the inception and progress of the homœopathic hospital. It was referred back to him for fuller details concerning it.

The report of the Treasurer was read, showing a satisfactory financial condition, and was accepted.

Dr. Hunt, of Worcester, reported a case of stricture of the rectum, of about three years' duration. Co-existent with this was a very painful swelling upon the right arm. An aunt of the patient had died of cancer of the uterus. These facts gave rise to the suspicion of cancerous diathesis in the family, and that the disease of the niece was of a carcinomatous character. She had been treated for five months previously with applications of caustics to the os uteri, under the impression that her disease was chronic metritis, with the result of producing a true metritis. There is every reason to believe that before this treatment the uterus was perfectly healthy. The stricture is located about one inch and a half from the anus, the calibre being reduced to about the diameter of a lead-pencil. A small stool is passed every day, and there had been a continual discharge of pus

and blood. This discharge has almost ceased under the action of *Puls.*, *Bry.*, *Rhus tox.*, *Sulph.*, and the second trituration of *Citrate of iron and guinine.*

Dr. Talbot reported a case of a woman, aged 48, married, who had formerly suffered from rheumatism. She was attacked with what was considered rheumatic nephritis, followed by cystitis, with urinary deposits of triple phosphates, mucus, and slight traces of albumen. Acute gastritis succeeded, accompanied by retching, vomiting, and inability to retain in the stomach the least particle either of food or liquid. Mental symptoms soon began to develop — headache, loss of memory, diplopia, with protrusion of the eyes, which had a strange, staring, expressionless look. There was almost entire loss of mind and consciousness. Very great emaciation rapidly followed, and the symptoms strongly indicated acute softening of the brain. The renal disease, however, subsided under *Terebinth.* and *Canth.*, while the mental condition began to improve immediately upon the administration of *Zinc. met.*[1 dec.] and went on to perfect recovery under that remedy, with *Gels.*[1 dec.] as an intercurrent.

At the conclusion of the meeting, the members partook of a collation prepared under direction of Drs. Woodbury and Woodvine.

Jan. 23, 1871. — The Secretary read his report as amended. It was as follows: —

Mr. President and Members of the Academy:

During the year just passed, we can hardly be said to have realized in the fullest degree the object of our organization, viz: "the advancement and improvement of medical science." Some good practical work has been accomplished, but the amount has not been at all proportionate to the talent and scientific attainments represented by our body.

Three papers have been read before the Academy, upon "The Differential Diagnosis of Scarlatina and Purple Rash;" "The General, Minute and Physiological Anatomy of the Kidney;" and "Acute Desquamative Nephritis," all of which were presented by Dr. Woodvine.

A number of cases have been reported in such detail as to be almost as instructive as regularly prepared essays.

Among these may be mentioned a case of "Ovarian Cyst," reported by Dr. Pierce; "Fallopian Pregnancy," by Dr. Farnsworth; "Fibro colloid Tumor of the Ovary" and "Fæcal Fistula," by Dr. Talbot; and a case of "Spontaneous Gangrene of the Lower Extremity," by Dr. Woodbury.

Two new members have been added to the roll, which now includes forty-eight active members.

At the last annual meeting you unanimously resolved to establish a homœopathic hospital in Boston. With commendable forethought and caution you deferred taking any immediate steps in the matter lest you should deprive some members of the profession in this vicinity of their share of the honorable responsibility of inaugurating this grand movement. You therefore resolved yourselves into a com-

mittee of the whole for the purpose of consulting with your colleagues, and to consider and devise the most advantageous means for the furtherance of this project; you were to report at the next meeting. At the next meeting there was not a quorum present; and at the next following only seven members appeared, and the committee of the whole was discharged.

After waiting some time for a more general expression of views, four of your number, with one member of the Boston Homœopathic Medical Society, took the first steps necessary to start the matter, by leasing a building and getting up a Fair, through the assistance of their friends and patients, sending circulars to all homœopathic physicians in this vicinity to ask their coöperation.

Since then the project has experienced many vicissitudes. The number of those actively interested in it has been largely increased, while, strangely enough, there have been found homœpathic physicians who are opposed to the whole scheme.

I do not propose to give anything like a history of the movement; suffice it to say that, to-day, we have a homœopathic hospital in Boston which will be ready to receive patients within two weeks. [It was opened on Monday, Jan. 23, 1871.]

This is, of course, a matter for congratulation to every homœopathic physician, excepting those peculiarly constituted individuals who had rather sacrifice the profession by which they earn their daily bread and which gave them the position they now occupy, than to see one advantage gained to that science by means which, although worthy in themselves, yet do not accord in every particular with their own ideas, which experience proves to have been impracticable.

It is a matter, too, which should lead all of us to interrogate ourselves as to how far we have been instrumental in bringing about this desirable result. We ought to remember that we incited the movement by our action at the annual meeting in 1870; that we, by not appearing to report at the next meeting, totally failed, as a body, to sustain our resolution; that a few of our number assumed all the work and responsibility after the Academy had abandoned it. And furthermore, after the State Society had recognized the undertaking and appointed an additional number to the original Hospital Committee, little or nothing was done by the profession at large in aid of the hospital; and not more than five or six physicians, aside from the five first mentioned in this report, ever attended the fair given by the ladies for its benefit.

It seems almost incomprehensible how scientific men can evince such utter apathy and inaction in a matter which they must admit is of vital importance to the science which they represent.

An objection behind which some would wish to screen themselves from the charge of culpable neglect, in this instance, is, that the movement was not general and unanimous enough, and that the profession at large was not consulted as to its views on the subject. The profession at large *was* consulted, and asked to state its views twice during the present year by means of circulars issued by the committees having it in charge. That there was not sufficient una-

nimity is not the fault of the committee, and no member of the profession has the right to refuse his aid and countenance upon these grounds.

When we consider how much we individually owe to homœopathy, it seems truly selfish and ungrateful that each should not take a pleasure in adding his mite to every undertaking which has for its sole object the elevation of the popular and scientific standard of the school. The first duty of every scientific man is to render good account of the talent which nature has given him to be improved and increased, not buried. History shows us that a certain amount of self-abnegation on the part of the advocates of every science has been an essential condition of its life and progression; and without some stronger expression of this spirit among us than has been manifested in the case of this hospital, one cannot fail to draw some very discouraging conclusions with regard to the future of homœopathy in Massachusetts.

Respectfully submitted,

A. F. SQUIER, *Secretary.*

NOTE BY THE EDITOR OF THE GAZETTE. — Previous to the time this report was made to the Academy, there was some difference of opinion as to the proper method of establishing this hospital; but now that the hospital has already become an accomplished fact, and has met with a success greater than its most sanguine friends dared to hope, all discussion as to the method of starting it, seems to have ceased. "Fine words butter no parsnips," says the homely adage, and *work* has accomplished what fifteen years of *talk* had failed even to begin. The time for croaking has passed, and we feel assured of a large and prosperous charitable institution which shall be alike a benefit to the profession and to the recipients of its bounty.

THE CONNECTICUT VALLEY HOM. MED. SOCIETY.

Reported by J. H. Peck, M.D., Secretary.

THIS Society met at the Avenue House, St. Johnsbury, Vt., on January 18, 1871. Dr. S. H. Colburn, of Lyndon, Vt., was elected President *pro tem.*, and Dr. J. H. Jones, of Bradford, Secretary *pro tem.*

All the members of the Vermont State Hom. Med. Society were elected Honorary members of this Society; also the following gentlemen: Drs. C. Hering, H. N. Guernsey, H. N. Martin, J. C. Morgan, Alpheus Morrill, J. H. Gallinger, Carroll Dunham, P. P. Wells, H. A. Houghton, E. R. Chase, I. T. Talbot, David Thayer, R. Ludlam, J. B. Bell, John R. Lord, H. M. Hunter, and C. W. Scott.

The following persons were elected officers for the year ensuing: —

President, M. G. Houghton, M.D., St. Johnsbury; *Vice President*, C. B. Parkhurst, M.D., Irasburg; *Corresponding Secretary*, S. H. Colburn, M.D., Lyndon; *Recording Secretary*, J. H. Peck, M.D., St. Johnsbury; *Treasurer*, S. C. Moore, M.D., North Troy; *Auditor*, H. J. Hazleton, M.D., Barnet.

Dr. M. G. Houghton, of St. Johnsbury, reported a severe case of cholera morbus successfully treated with *Phosphoric acid;* also, several cases of teething dysentery treated successfully with *Podophyllum;* also, a case of dysentery, with *white, jelly-like, mucous* evacuations, cured by *Helleborus.*

Dr. Colburn, of Lyndon, reported a case of diarrhœa in an elderly lady, who took *Opium*^{200}, with curative results. He also reported the case of an unmarried lady who had been under allopathic treatment for seven months. She was treated for peritonitis by *Lachesis*^{4000}. She improved till she was taken with a diarrhœa. This was treated as indicated, and *Lachesis* omitted. After it was checked, *Lachesis*^{200} effected a cure in seven weeks. He also reported a case of cholera morbus cured in twenty-four hours by *Veratrum alb.*^{200}; also, a case of infantile diarrhœa, worse on downward motion, cured with *Borax*^{200}.

Dr. Colburn asked advice on the case of a lady who had been treated for several years by allopathic physicians, and been dosed with quinine and mercury. She was plethoric, with a flushed countenance, and complained of headache, aggravated by noise. There is now inflammation of the uterus and its appendages, with prolapsus, retroversion, and slight enlargement of the uterus, and a yellow, acrid, watery discharge, attended with difficult micturition (sometimes burning), bearing-down pains, and pain in the lower limbs. The menses are regular. She has difficulty in turning in bed, and lies with pillows under her back.

Dr. Houghton proposed an inflated rubber pessary and vaginal injections of chlorate of potash and tannin.

Dr. Jones proposed a ring and *Sepia*^{20}.

Dr. Parkhurst proposed the uterine elevator, *Sabina*, and injections of *Hydrastin.*

Dr. Jones, of Bradford, reported a case of infantile diarrhœa, improved by *Silicea*, and cured by *Magn. carb.;* also, a case of low, bilious typhoid fever, which left the patient's stomach in a diseased condition. There are adhesions between the stomach and liver, with a fistulous opening between these organs. He is treating her with *Nux vom.*^{3} He reported, also, the case of a lady, eighteen years of age, who had never menstruated. She had been under allopathic treatment some time without obtaining help; came under his care in July last. She is of active temperament, with black hair and eyes, and of short stature. She wept in relating her symptoms. Gave *Bell.* In three days she complained of pain in the back, and all the symptoms of painful menstruation. Gave *Pulsatilla* without effect. On examination, found the labia adherent, and no entrance to vagina, and only a very limited passage to the urethra: that is, the labia were entirely closed except at the orifice of the urethra. An entrance

was effected into the vagina with a catheter and finger. Found the os uteri also closed, which was opened by a sharp instrument, giving exit to pus and bloody serum. Gave *Bryonia*. The menses were regular at the last accounts.

It was asked whether the patient had had vicarious menstruation. She had had epistaxis.

Dr. Parkhurst reported a case of diarrhœa cured by *Podophyllum* and *Arsenicum;* also, diarrhœa, with great prostration, cured with *Podophyllum*[2].

He also reported the case of a young lady who had been under allopathic treatment for some time, with cerebral typhoid fever, accompanied with inflammation of the stomach, and affection of the bronchia and bowels. She had much thirst, and vomiting of green slime. Her complaints were mitigated by *Ipecac.* and *Aconite;* but the vomiting was persistent; cured by *Nux vom.* tinct. 5 drops. Dr. Parkhurst asked advice in a case of scrofulous caries of femur, which had been treated by several allopathic physicians. The lower extremity of the bone was nearly three inches in diamter, the skin somewhat sensitive. Pain in hip joint; relieved by *Rhus tox.* Head covered with scurf; hair falling off. Patient thin and emaciated. Prescribed *Calc. carb.* and *Nux* at night. When next seen, his health was much improved. Gave *Silicea*, *Rhus*, &c.; at times *Assafœtida*[2] *Lachesis*[600] *Merc. viv.*[12], as indicated. Bone now one and a half inches in diameter at lower extremity, but enlarged on the shaft. It discharged thick, healthy, white pus. The swelling is on the decline, but there is a tendency to sloughing. It is apprehended that amputation at hip joint will be necessary in time.

Dr. Houghton suggested *Assafœtida*[3]; Dr. Jones, *Silicea*[2000]; Dr. Colburn, *Assafœtida* [200], and *Silicea* [6000 to 40000].

A few appropriate remarks were then made by the President relative to the duties of homœopathic physicians toward the allopathic fraternity, tending to show that a kind and friendly feeling should exist between us.

Adjourned to meet at the Memphremagog House, Newport, Vt., in July next.

MINNESOTA HOMŒOPATHIC INSTITUTE.

Through the kindness of the Secretary, H. Wedelstaedt, M.D., we have received an account of the proceedings of the fourth Annual Meeting, held at the city of Minneapolis, June 7 and 8, 1870.

It was called to order by the President, W. H. Leonard, M.D. Sixteen members were present. The following gentlemen were duly elected members: Drs. A. P. Skeels, E. Lathrop, C. Weber, D.M. Goodwin, and A. F. Turner.

At the evening session various reports of cases were submitted as follows: Abscess of Liver, by Dr. W. H. Leonard; Hydrocele, by Dr. A. L. Dornberg; Abscess, by Dr. C. G. Higbee; Typhoid Fever, by Dr. C. F. Turner; also two cases of puerperal convulsions, the

one relieved by *Zincum val.* 3 dec., and the other by *Gelseminum* 1 dec. All the reports elicited lively discussion.

The morning session, June 8, commenced at 10 A. M. The discussion of clinical cases was continued with great animation. The President and Drs. Wheat and Cooley made reports of very interesting surgical cases. Dr. Huntington offered a written report of an important surgical case which was ordered to be published. Dr. Cooley made a written report of the successful use of *Ustilago maidis* 1 dec., in uterine hemorrhage.

The afternoon session commenced at half-past one. The President delivered the Annual Address, for which a vote of thanks was tendered him. The following officers were elected for the ensuing year: —

President, Dr. J. T. Alley; *Vice Presidents*, Drs. E. Lathrop, Z. B. Nichols; *Corresponding Secretary*, Dr. T. R. Huntington; *Recording Secretary and Treasurer*, Dr. H. Wedelstaedt; *Censors*, Drs. C. D. Williams, W. H. Leonard, and D. M Goodwin; *Committee on Materia Medica*, Drs. E. Lathrop and E. Cooley; *On Clinical Medicine*, Drs. A. P. Skeels and C. Weber; *On Surgery*, Drs. D. M. Goodwin and Z. B. Nichols; *On Diseases of Women and Children*, Drs. P. L. Hatch and C. G. Higbee; *On Contagion*, C. D. Williams; *Publishing Committee*, Drs. H. Wedelstaedt and T. R. Huntington.

By vote of the Institute, the Chair appointed Drs. Huntington, DeWitt, and Williams a committee to prepare and present bills to the legislature at its next session, to legalize dissections in this State, to prevent the practice of medicine by incompetent persons, and for the more effectual prevention and suppression of abortion.

The next Annual Meeting is to be held at St. Paul, on Tuesday, June 6, 1871.

REVIEWS AND NOTICES OF BOOKS.

ACUTE DISEASES AND THEIR HOMŒOPATHIC TREATMENT. By J. P. Dake, M. D. Nashville: William Gamble & Co. Pp. 130; 18mo.

The aim of this volume is to supply knowledge suddenly wanted, and liable to be wanted, too, by persons without medical education. The number of remedies, therefore, is limited to thirty-six. The symptoms, too, are summarized by using such terms as *chills-and-fever*, *chicken-pox*, *pleurisy*, etc. The question of high and low dilutions is only touched by the statement that "the object in homœopathic medication is to select the *least* dose that will effect the cure." — p. 12.

The first edition of this work was issued in Pittsburg, in 1859. This having been entirely exhausted, the author has revised, enlarged, and improved it, adapting it especially to the wants of the people in the South and West, and has issued a second edition in this very convenient form. Few writers of our school know better how to do things well than Dr. Dake; and we are sure his efforts will be appreciated by the class for whose benefit they were intended. The style

in which the book is published is very creditable, and its mechanical execution compares favorably with work from a more northern latitude.

Dr. T. S. Hoyne's Materia Medica Cards. — Groups 1, 2 and 3, are before us. Each group, as we have them, consists of eight cards, of the size of an octavo page, which are held together by a string passed loosely through two holes. One side of each card is filled with symptoms, numbered and arranged in paragraphs that succeed each other in a uniform order. By untying them the symptoms of a number of medicines can be spread before the eye at once, arranged in such order as will best enable the practitioner to study out his case. On the other side of each card is found its title and the name of the drug; this latter, by intention or accident, is omitted from the page which contains the symptoms, and consequently is not seen when studying the symptoms.

Group One includes *Aconite*, with 75 symptoms; *Belladonna*, 92; *Bryonia*, 83; *China*, 48; *Nux v.*, 80; *Phos.*, 57; *Rhus tox.*, 49; *Sulphur*, 90; *Gelseminum*, 21, with *Veratrum vir.*, 4, on the same card.

Group Two consists of *Arnica*, 51 symptoms; *Carbo veg.*, 35; *Conium*, 42; *Ignatia*, 67; *Lycopodium*, 52; *Natr. mur.*, 50; *Pulsatilla*, 92; *Veratrum alb.*, 39.

Group Three comprises *Arsenicum*, 95 symptoms; *Calc. carb.*, 138; *Kali carb.*, 27; *Mercurius*, 46; *Nitr. acid.*, 35; *Phos. acid.*, 37; *Sepia*, 66; *Silicea*, 42; *Staphysagria*, 33.

We have not had the opportunity to put these cards to a practical test; they promise to be of service in the selection and elimination of the proper remedy, saving time and insuring accuracy.

They are probably to be found on sale — sixty cents per group — at most of our bookstores and pharmacies, and doubtless can be obtained through the compiler, Temple S. Hoyne, M. D., Chicago.

ITEMS AND EXTRACTS.

Turpentine in emulsion is said to be an antidote to poisoning by phosphorus.

Professor Skoda, one of the most distinguished of the faculty of the University of Vienna, has withdrawn from public teaching on account of failing ill health. He has been succeeded in the chair of medicine by Prof. Düchek.

A Cheese Factory, of two thousand cow-capacity, is building in Minnesota.

Red Ants. — These pestiferous insects may be effectually dispersed by scattering the leaves of fresh wintergreen in places where they most do congregate.

A Dark Case. — A physician said of a quack, that "he was such an ignoramus, that, if he could take a lantern and go down inside his patient, he couldn't find out what the matter was."

Corns. — An effectual means for the removal of these troublesome excrescences is given in La Santé It is, to apply to the corns twice a day a tincture of Rhus Toxicodendron prepared by macerating in acetic acid for eight or ten days the tender leaves of the plant. After applying a few days the corn separates.

Professor Lordat, who for nearly sixty years lectured on physiology in the medical school of Montpellier, France, died on the 30th of April, at the great age of ninety-eight years. He had written largely on his favorite branch, his last work, on the "Constitution of Man," having been composed in his eighty-seventh year.

Female Physicians for India. — It is stated that there is a great demand for female physicians in the East Indies. As male practitioners are never admitted to the zenana, female patients are often left without adequate medical care.

Placenta Prævia. — Dr. Burge, of Long Island, was called to a case of placenta prævia, where hæmorrhage was taking place three weeks before the natural time of confinement. Noticing that the liquor amnii was all gone, and that during a pain the hæmorrhage stopped, he grasped the uterine tumor and pressed steadily in the direction of the os for two hours and a half, when a living child was born, there being no hæmorrhage except when he relaxed the pressure. He considers this a new method of procedure.

Air Cushions. — Dr. Mason, of New York, recommends the *Rubber Air-Cushion* in the treatment of complicated fractures and other severe injuries of the lower extremities, as it affords a uniform support; is very cleanly, allows passive motion when necessary, simply by inflating the cushion and letting the air escape; and is particularly adapted to cases where irrigation is desirable. Vesication will not take place if a muslin slip and cotton-batting or spongio-piline is placed between the lint and cushion. The soft pillow which is often used for fractures, becomes packed and hard after a while, and the bran in a fracture box becomes infiltrated with the discharges and sodden directly underneath the limb.

Antidotes for Poison by "Ivy." — 1. Olive oil is said to be a sure cure for the effects of the poison-ivy or poison-oak (Rhus Toxicodendron). In severe cases, it is to be taken internally, as well as applied externally. Dose, two table-spoonfuls three times a day, keeping the affected parts well oiled all the time. Anointing the exposed parts with the oil will prevent poisoning.

2. Take a handful of quick lime, dissolve it in water, let it stand a half hour, then paint the poisoned parts with it. Three or four applications never fail to cure the most aggravated cases. — *Journal of Chemistry*.

Extraordinary Recovery after Saw-wound of the Skull and Brain. — A case, almost incredible, of extensive wound of the skull by a circular saw, is recorded in the *Pacific Medical and Surgical Journal*, for May, 1869. It was under the care of Dr. C. A. Folsom.

The patient was a man forty years of age. The wound extended from just above the nose in front to the occipital protuberance behind, and measured nine inches. It was a little to the left side of the median line, and extended (on measurement) to a depth of three inches into the brain, and was thought to reach the base of the skull. The two halves of the skull fell apart more than an inch, and a tourniquet was applied round the head to hold them together. The brain-substance was not sensitive. The scalp-wound healed nearly by first intention. There were no symptoms of any sort. No medicine was given. In three weeks the man got up; in six weeks resumed his occupation, and has continued at it for five years. The saw was a large one, revolving very rapidly. The man scarcely felt the cut. There was no concussion, no shock to the brain.

THE GRAND DUKE of RUSSIA, on attaining his twenty-fifth year, has resolved to celebrate the event by an act of charity and munificence. He has, therefore, subscribed the sum of 70,000 roubles toward the foundation, in St. Petersburg, of a hospital for lunatics and incurables, and has further endowed the same hospital with an annual sum of 20,000 roubles.

COTTON RESPIRATORS. — Dr. Jouglet, in the *Comptes Rendus*, states the satisfactory results of his experiments on cotton respirators, by means of which the disease known as miner's anæmia, and also the dangerous effects of lead, copper, and mercury on those handling or working in these metals, may be prevented.

ANOMALY. — A man, half white and half black, has arrived in New York from Arkansas. One entire side of his body is almost as black as ebony, while the other side is of the pure Caucasian hue. There is no humbug about the man. He seems very intelligent, and is desirous of avoiding public observation. — *Anthropological Review*, London.

A TEST FOR WATER IN MILK. — It is, as is well known, a remarkably difficult matter to detect water in milk, so as to say certainly that it has been added. A test which appears reliable has been devised by Dr. A. E. Davies, F. C. S. This test he believes we have in the specific gravity of the serum, or liquid portion of the milk, from which the caseine and fat have been removed by coagulating and straining. The gravity of this liquid he has found to be remarkably constant, ranging in that obtained from genuine milk from 1.026 to 1.028; and, by carefully ascertaining the specific gravity of the serum of genuine milk diluted with various quantities of water, we may obtain a standard of comparison which will enable us to say, within a few per cent., what quantity of water has been added to any sample of milk that may come under our notice. — *Chemical News*.

THE COUNTESS BISMARCK AND THE DOCTOR'S BILL. — Some time before the war broke out, a son of Count Bismarck, a student at Bonn, received from a rapier thrust an injury to the head, which it was thought must prove fatal. His parents were telegraphed for, and after passing some weeks at the bedside of her son, the Countess of

Bismarck, on taking her leave, did not forget his doctor, but sent him the munificent sum of 6 Frederics ($25.50)! The doctor felt somewhat astonished, seeing that he had paid his patient 160 visits, some of these taking up several hours. He thought it best to present his own account for payment, charging 160 thalers ($120), an amount which must surely be considered moderate enough.

The British Medical Journal tells of a man found lying across a railroad track, who had suffered an almost complete severance of the body, yet *without a break in the skin.* The abdominal and dorsal muscles were cut through horizontally, retracted and curled up, leaving a gap of five or six inches; the right kidney was cut in half, and the third lumbar vertebra crushed to powder.

Improved Test for Grape Sugar. — Fehling's Test Fluid, it is well known, is not very permanent, spoiling even in diffused daylight. Lowe recommends the following modification of it, which is equally sensitive and very stable: 16 grammes of pure sulphate of copper are dissolved in 64 grammes of water. To this solution, 80 cubic centimetres of soda lye having a specific gravity of 1.34 are added a little at a time, avoiding any elevation of temperature, until 1.2 grammes have been mixed; then from 6 to 8 grammes of pure officinal glycerine are poured in until the fluid assumes a beautiful azure blue color. —*Lancet, Sept.* 24, 1870.

Absynthe. — The dangers of prolonged indulgence in absynthe-drinking have been pointed out by many writers, and recently experiments have been made to ascertain the nature of the poisonous action of this substance. Drs. Mangesom and Bouchereau add some facts to what is already known (*Comptes Rendus*, 5 April, 1869). They administered the poison to dogs, cats, rabbits and guinea-pigs, and found that convulsions of an epileptic character were quickly produced. These convulsions, they further show, are caused by some principle derived from Artemisia Absynthium, and not by the alcohol by which it is dissolved. — *Journal of Anatomy and Physiology.*

Female Medical Students. — The Council of the University of Edinburgh, at their meeting, October 28th, voted down a resolution for the instruction of male and female medical students in the same class.

Prof. Turner stated that in Edinburgh the opinion of the intelligent public, of the profession, and of the students, was so opposed to the instruction of males and females in the same class, that if forced upon the medical faculty, it would seriously affect the reputation and interests of the University; and he emphatically declared that it was altogether repulsive to him to teach certain details of medical education to mixed classes. Prof. Lister said he would resign the office he so highly valued, rather than bring himself to teach clinical surgery to both sexes together. Prof. Christison had received a message from the Queen, concurring with his views in opposition to the medical education of women, and Her Majesty desired that her sentiments should be made known.

The managers of the Royal Infirmary of Edinburgh have unanimously determined not to admit female medical students to the practice of the hospital, after having received a memorial from a majority of the medical officers of the Infirmary, and a petition signed by over five hundred male medical students.

Woman with Four Breasts. — A primiparous woman was admitted under Mr. Lorain, and was delivered next day of a dead, premature child. She was found to have four breasts, two in the normal position and with the usual puerperal appearances, and two which, from their position might be called axillary, and attaining the size of a small orange. She menstruated at twelve, and at the periods she experienced pain in the small breasts. The colostrum also which these contained, was small in quantity, and the granular bodies were less and transparent, while the milk globules were fewer. The areolæ were also very small. In spite of an attack of fever, the lacteal secretion was regularly established in all the breasts; but the milk, examined microscopically, was found to be of a much poorer quality in the supplementary breasts. — *Revue Photographique des Hôpitaux.*

Tetanus. — The following are deductions given in the *American Practitioner* from four hundred and fifteen cases of tetanus: —

1. That traumatic tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females.
2. That tetanus is most fatal in persons under ten years of age; that it is least fatal between ten and twenty years.
3. That traumatic tetanus usually supervenes between four and nine days after the injury; and these cases represent the largest mortality.
4. Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury.
5. When the symptoms last fourteen days, recovery is the rule and death the exception, apparently independent of the treatment.
6. Of all the forms of tetanus, that appearing in the puerperal state is most fatal.
7. That chloroform, up to this time, has yielded the largest percentage of cures in acute tetanus.
8. The true test of a remedy for tetanus is its influence on the history of the disease: (*a*) Does it cure cases in which the disease has set in previous to the ninth day? (*b*) Does it fail in cases whose duration exceeds fourteen days?
9. That no agent, tried by these tests, has yet established its claim as a true remedy for tetanus.

Statistics of Anæsthesia. — In the *Chicago Medical Examiner* of May, Prof. E. Andrews, M.D., has a paper on the Relative Danger from Anæsthesia by Chloroform and by Ether, in which he gives statistics of 209,893 cases. These statistics are taken from hospital and private records, and, so far, may be deemed reliable. They, of course, cover but a very small percentage of all the cases of induced anæsthesia, nor do they comprise more than a small share of the recorded cases of death. These statistics, as they stand, give 43 deaths

out of 117,078 chloroformizations, or a ratio of 1 to 2,723; while from ether, the deaths recorded are 4 in 92,815 administrations, or a ratio of 1 to 23,204. Of course no one will accept these conclusions as absolutely demonstrative; but it is evident, we think, from a study of the tables, that the danger from chloroform is relatively much greater than from ether. Dr. Andrews records his belief that, in England and this country, probably not one fifth of the deaths occurring from anæsthesia are published. The data which we have at hand are not sufficient to warrant any exact approximation of this proportion, but we are sure that very many deaths from chloroform are never made public. Our readers are already familiar with our views on the impropriety of the use of this anæsthetic.

Hotel Parasites. — Of all the parasites that infest the large hotels of New York, says the New York *Commercial Advertiser*, the *pediculus medicus*, resident in the hotels, is generally conceded by all who have had an opportunity of judging, to be the most destructive and ruinous to the mind, body and purse of its victims. Within a short time there has come to our notice many cases of persons who have fallen victims in the hands of the men we refer to, who are known only as Hotel doctors. Most of these so-called doctors have no standing with the members of their own profession or in the community where they live. They derive their income entirely from strangers, and they play fearlessly on the credulity and purses of their victims. Many thrive by taking an expensive room at the hotel, and by small bribes to the servants, and the promise to attend them free of expense should they be taken sick, manage to gain over many of the employés that are sent for a physician by guests. The average number of guests (strangers) at one of the large hotels will range from three to five hundred. Many of this number are daily tempted into more or less dissipation during their stay in the city, or may be accidentally taken ill, and then sickness often forces them to summon a doctor. For these little services, the victims are often fleeced of enormous fees by the Hotel *pediculi*. They are not indigenous to New York, but thrive in most localities, principally, however, within the large hotels. They are vain, audacious, bombastic and conceited charlatans, and collect their exorbitant fees because their bills are only presented at the moment of the victim's departure — when it is too late to discuss or resist the imposition.

The Highest Ascent ever made by Man. — The most remarkable balloon ascension on record was made in 1804, from Paris, by Biot and Gay-Lussac. By this enterprise they endowed science with a series of new and important facts, questionable before that time, as they carried with them a complete set of suitable apparatus, and, moreover, unsurpassed faculties for observation and experiment. They ascended to a height of 13,000 feet, and observed that at 8,000 or 9,000 feet, the animals they had taken with them, in order to observe the effect of the rarified air and cold upon them, did not appear to suffer any inconvenience. In the meantime, the pulses of the two experimenters were much accelerated; that of Gay-Lussac, otherwise

always slow — sixty-two beats per minute — was eighty; and that of Biot, naturally rapid — seventy-nine beats per minute — was one hundred and eleven. At a height of 11,000 feet, a pigeon was liberated; it dropped down, whirling through the air as if it had been a stone. The air was too thin, too much rarified, to enable it to fly.

Three weeks later, Gay Lussac went up alone, and attained a height of 23,000 feet, four and one-sixth miles, or 2,000 feet higher than the top of Chimborazo mountain. The barometer was only thirteen inches high; the thermometer 18 degrees Fahrenheit below the freezing point, while at the surface of the ground it was 80 degrees. He left the court yard of the *Conservatoire des Arts et Metiers*, in Paris, and after an ærial voyage of six hours, decended near Rouen, one hundred miles distant. The result of this ascension on Gay-Lussac's health was very injurious, partially by the want of air for respiration, combined with sudden cold, but chiefly by the absence of the accustomed pressure. At the extreme height of 22,000 feet, his face and neck were swollen enormously, his eyes protruded from his head, blood run from his eyelids, nose and ears, and also came from the lungs by vomiting; in short, his system received a shock from which he never fully recovered during the rest of his life.

HOMŒOPATHIC DIRECTORY.

BY HENRY M. SMITH, M.D.

NEW YORK.

Historical Sketch.

As the history of Homœopathy in this state embraces the introduction of the system on this side of the Atlantic, an importance is given to the early incidents which makes them especially worthy of record.

Of those who practised homœopathy prior to 1832, our worthy colleague, Dr. John F. Gray, is the only one living; and of the part he took, he is able to furnish details exact as to date, and correct as to events. This historical sketch covers a period so recent that I supposed I could readily obtain all the information I sought from those who participated in it; but in their statements I find many discrepancies. Many can give only approximate dates; they tell me "it must be thirty years, *or thereabouts*, since I began."

From conversations with Drs. Wilsey, Wilson, Hull, Gray, Curtis, Folger, Kirby, Granger, Dunnell, Hallock, Barlow, Ball, Moffat, and Mrs. Greenleaf, — sister of Dr. Gram, — and others, I have obtained many of the facts herein mentioned.

Of the progress of homœopathy in this country, the growth of its literature, the professional standing of its practitioners, its reception by the public, and its legal status, I shall not speak here, but will leave that for a future article. The present paper will only suffice for personal sketches of the actors.

As, after Germany, — its birth place, — ours was the first country where the system was practised, and as the name of Dr. Gram is so inseparably connected with its history, it may not be out of place to insert the following sketch, some of the facts of which are taken from the Homœopathic Examiner,* and others were furnished me by Dr. Gram's sister.

Hans Burch Gram was the grandson of a wealthy sea captain of Copenhagen. The doctor's father, Hans Gram, when a young man, was private secretary to the Governor of the Danish island of Santa Cruz; and while making the tour of the United States in 1782, or 1783, he married Miss Burdick, the daughter of the hotel-keeper in Boston with whom he was staying. He gave up his situation as secretary, and settled in Boston. For marrying as he did, his father disinherited him, but afterwards reconsidered the act, and dying in 1802, left him the bulk of his property. In 1803, the night before he was to have sailed for Denmark to attend to it, he was taken sick and died in a few hours. His widow survived him but two years. The subject of our sketch, born in 1786, was now at the age of eighteen. He left Boston for Copenhagen to look after his property. He was successful in getting a part of it. At the solicitation of his uncle, Dr. Fenger, one of the king's physicians, he began the study of medicine. He graduated at Copenhagen in 1814, receiving the degree of C. M. L., the highest of three grades. He soon had a large practice.

His love of republicanism and his family ties made him yearn for his native country. Having become acquainted with and accepted the teachings of Hahnemann, and thinking that the medical profession in America, under the influence of her liberal institutions, would gladly receive the new doctrine, he returned to this country, and arrived in New York in 1825. The property which he had accumulated he had the misfortune to lose, soon after his arrival, by endorsing for his brother. He was, therefore, obliged, contrary to his expectation, to seek a living from the practice of his profession.

In a very modest way he endeavored to call the attention of the profession to homœopathy by the publication of a translation of Hahnemann's *Geist der Homöopathischen Heillehre*, an octavo pamphlet of twenty-four pages, entitled "*The Character of Homœopathia.*" He says in his dedication, to Professor David Hosack, M D., etc., "The doctrines of Homœopathia are not in unison with those generally accepted and promulgated by medical men. The subject is a new one, tending not only to reformation in theoretical and practical medicine, but threatening to invalidate many of the doctrines, which, at present, are admitted as correct, and propagated as indispensably necessary in the study and practice of medicine. This new doctrine is already considerably advanced in Europe, and the number of its adherents is daily increasing. An examination of its principles will show that it is not to be contemned, but that it deserves serious consideration, especially so as its propagators contend that not only theory and reasoning but experience establishes its truth." This

* Vol. I. p. 101.

pamphlet was written for the profession, among whom it was distributed gratuitously. Gram was much disappointed with the reception with which this work met, and published nothing more; in fact, he seemed satisfied with a few acquaintances to whom he imparted the new doctrine, leaving them to convince others by practical demonstration, as he did not believe in polemical publications or theoretical conversions.

Dr. Gram was a Freemason, and as an officer of Jerusalem Chapter, No. 8, he officiated at an extra meeting, May 25, 1826, in the exaltation of Dr. Robert B. Folger. After the ceremony, Dr. Gram introduced himself to Dr. Folger, and an acquaintance and friendship then began that lasted till Dr. Folger left this city, in January, 1828.

Dr. Folger was born in Hudson, Columbia County, New York, in 1803. At the age of fifteen he came to this city, and a year afterwards began the study of medicine. He was subsequently a student of Dr. John V. B. Rogers, the father of Dr. J. Kearney Rogers. He afterwards entered the office of Dr. Alex. H. Stephens, and received his license in 1824. In 1828 he visited the South for the benefit of his health and afterwards took up a residence in North Carolina, where he became engaged in mining. He returned to this city in 1835, was for some time connected with a patent medicine, subsequently retired from the practice of his profession, and gave his attention to mercantile pursuits. He is still living in Brooklyn.

During the first week of his acquaintance with Dr. Folger, Dr. Gram introduced the subject of homœopathy and presented him with his pamphlet. He afterwards lent him a manuscript article on "*The Pharmico-Dynamic Properties of Drugs.*" He treated many of Dr. Folger's chronic cases, and with such success, that, convinced of the truth of his theories, Dr. Folger adopted his mode of practice. Not understanding the German language, Dr. Folger was entirely dependent on Dr. Gram until, under his tuition, he acquired a sufficient knowledge of it to read the *Organon* and *Materia Medica Pura*. When Dr. Folger was in North Carolina, Dr. Gram determined to go into practice with him, and was to have joined him at Charlotte, in that State, in the fall of 1828; but reverses in business obliged Dr. Folger to move to new mines in the interior of the State, and the project of Gram's joining him was abandoned.

In September, 1826, Dr. Gram was introduced to Mr. Ferdinand L. Wilsey by Dr. Folger, who had made his acquaintance the year before. Mr. Wilsey, then a merchant and comb-manufacturer, was a master of a masonic lodge, and Dr. Folger having received from Dr. Gram some important information in masonry, desired that his friend should also receive the benefit of it.

At this time, Mr. Wilsey was a patient of Dr. John F. Gray, and, under his treatment for dyspepsia, not receiving the benefit he expected, with Dr. Gray's assent, he placed himself under the care of Gram, by whom he was cured. He became devotedly attached to Gram, and remained so till Gram's death, which occurred February 26th, 1840.

So interested was Mr. Wilsey in the subject of homœopathy, that, with Gram's assistance, he began to practise it among his friends.

Not having, at that time, a knowledge of medicine, he learned from Dr. Gram the effects of many of the remedies, and became quite skilled in their use. He soon acquired the title of "Doctor," and earned a name and obtained a practice which might have been very lucrative, had it not been entirely gratuitous. He remained in business till 1837, when he met with a reverse which nearly ruined him. In 1841 he obtained a situation in the custom house which he filled for several years He had before this begun the study of medicine, which he continued during his leisure. He graduated from the College of Physicians and Surgeons in this city in 1844, and immediately opened his office.

His genial disposition won for him many friends; and as he was very successful in practice, he soon acquired a large one. In the early part of 1860 he went to Cuba for his health, but without deriving much benefit from the trip. He died in this city May 11, 1860. He was born in New York, June 27, 1797.

Dr. JOHN F. GRAY was born in Sherburne, Chenango county, New York, in 1804. He began the study of medicine with Dr. Peter B. Havens, of Hamilton. When he was sixteen years old, his parents removed to Jamestown, Chautauqua county. He afterward became the student of Dr. Ezra Williams, of Dunkirk. At Hamilton he acquired a knowledge of Latin, and taught school. In September, 1824, when twenty years old, he came to New York, and was the pupil of Drs. Hosack and John W. Francis. In 1825, he was appointed assistant surgeon in the navy; and as it was necessary for this appointment that he should be a graduate or licentiate, he received his license from the county medical society. His income at this time was barely sufficient, even with the strictest economy, to support him. His preceptor, Dr. Hosack, learning his circumstances, procured for him, through his own influence and that of Dewitt Clinton and Thomas Eddy, two of the Governors, his appointment as an Assistant Physician in the New York Hospital. There were many candidates for the place, and his appointment was opposed by many unfriendly to Dr. Hosack. Dr. Gray's salary now was fifty dollars per month, and his board. This appointment was coupled with the condition that he should undergo an examination by the men who had opposed it, which examination he stood. Dr. Watts, who had been his strongest opponent, became as earnest a friend, and advised his opening an office in the more thinly settled but rapidly growing parts of the city. He took his advice, and displayed his sign in Chatham street. Dr. Amos G. Hull, whose daughter he afterwards married, introduced him to an influential family, through whom he soon formed many acquaintances, and he acquired a large and lucrative practice.

While in the hospital he attended lectures at the College of Physicians and Surgeons, then located in Barclay street, and graduated in 1826, in the class with Drs. Dunnell, Hallock, Joslin and Palmer.

During the year 1826 or 1827, Mr. F. L. Wilsey, his patient and intimate friend, having made the acquaintance of Dr. Gram, and become interested in his new medical dogmas, wished Dr. Gray to be introduced to him and benefit by his knowledge. Dr. Gray, considering Gram to be a quack, refused to meet him. In 1827, however, he

happened to be in Wilsey's store, and there meeting Dr. Gram, hesi tated to take his proffered hand, as he told him he could consider one who made such professions as he did, to be none other than a quack. Dr. Gram maintained that he could demonstrate the correctness of his views in any way Dr. Gray might select. On leaving the store Gray invited Gram to walk with him, and till midnight they walked and talked. Dr. Gray afterwards submitted some cases to Gram's treatment, and, satisfied with the result as he had been almost convinced by his arguments, became an adherent to the cause.

His patients, however, had no confidence in such mild treatment, — in so little medicine; they wanted to be blistered and purged, to be effectually cupped and bled as formerly, and therefore one by one they left him till Dr. Gray retained, of his heretofore lucrative practice, not enough to afford him the means of living.

In 1835, Dr. Hull, Dr. Gray's father-in-law, died, leaving Gray his executor. Dr. Hull had been engaged in the truss business, which was sold by Dr. Gray to Mr. Butler, who was unable to meet his engagements and the business reverted to the care of Dr. Gray. In attending to his father-in-law's estate much of his time was taken up; and from 1835 to 1838, he had an office in Vesey street, under the Astor House, where he could give attention both to his practice and the business.

Prior to this, Dr. Gram had attended many of Dr. Gray's patients who continued to consult with him, to the pecuniary loss of Dr. Gray who could ill afford it.

Dr. Gray studied German under the tuition of Dr. Gram, who was a proficient German scholar. This was at a time when there were comparatively very few educated Germans in this city, and a knowledge of the language was only acquired with great difficulty. It was, however, of great benefit to Dr. Gray as it enabled him to hunt up a remedy for himself from the *Materia Medica*, of which there had been no translation; he thus became independent of his instructor.

Dr. Gray's successful practice soon brought him friends and wealth; the former have ever been strongly attached to him, and the latter was used for their benefit and pleasure more than for his own. Many attest to his hospitality, and the large number of students who have graduated from his office — from whom no fee was ever asked or received — remember the acts of kindness with which he has endeared himself to them. Always having a very large practice among the poor — whom he attended gratuitously — as well as the wealthy, he has been able to contribute but little to our literature. He edited, with Dr. Hull, the *American Journal of Homœopathia*, and the *Homœopathic Examiner*, first series; he assisted Dr. Hempel in the Symptomen Codex; and he has written two or three pamphlets: "The Duty of the State in relation to Homœopathy," the "Early Annals of Homœopathy in New York," and "Homœopathy in New York, and the late Abraham D. Wilson, A. M., M. D."

Though now to some extent retired from active practice, he daily sees and visits many of his old friends and patients.

To be Continued.

PERSONAL.

MARRIED. — At Buffalo, N. Y., Nov. 24, 1870, H. P. SHATTUCK, M.D., of Boston, to Miss S. Adela Newton, of Buffalo.

Prof. WILLIAM TOD HELMUTH, on his departure from St. Louis, was honored with a grand banquet given him by the most distinguished and influential citizens of that city. A magnificent service of solid silver was also presented to him, each piece bearing his monogram and the legend "From his friends in St. Louis, Dec. 13, 1870." The occasion was one of rare interest, and it was an ovation such as is seldom accorded to medical men. Dr. Helmuth has removed to New York, where he resides at No. 21 West 37th street. He occupies the Chair of Operative Surgery in the New York Homœopathic Medical College, and his brilliant and sterling qualities will add much to the growing reputation of the College.

T. S. VERDI, M.D., of Washington, D. C. — This physician is doing good service in our cause at the Capitol. A bill is now before Congress for the establishment of a National University. This is a very important matter, and without doubt such a University, if properly conducted and of sufficient magnitude, would wield an extensive and powerful influence. If it is to be a National University, and medicine is to be one of the sciences taught there, it is of the highest importance that homœopathy should be included in the curriculum. We all know how bitterly this would be opposed by our allopathic friends, and Dr. Verdi is now trying to have inserted in the charter a mandatory clause compelling the teaching of homœopathy. As a rule, Congressmen desire, in such a matter, to reflect the wishes of their constituents; and Dr. Verdi requests every homœopathic physician in the country to circulate and obtain the largest possible number of names to a petition that such a clause should be inserted in the charter. These petitions must be forwarded as soon as possible, to Dr. Verdi, at Washington.

The above was crowded out of our January number; and it seems that action on the University Bill has been also crowded out of the forty-first Congress. When the subject shall come up again, we hope our forces will have been so well marshaled as to give efficiency to our action. The American Institute will have held its meeting meanwhile, and this should be a subject for careful consideration.

We are happy to learn that in the case of Dr. Verdi, merit has not gone unrewarded; for it seems that he has been appointed by the President to an important position as a member of the Board of Health of the District of Columbia, on which he will do efficient service.

G. W. BARNES, M.D., formerly of Cleveland, writes from San Diego, Cal., on Dec. 6, 1870: "I consider this my permanent residence. The place, its site and surroundings, have many charms, and its climate is healthful and delightful. Dryness, mildness, and equability are characteristics of this latitude upon the Pacific coast, hence its adaptation to most chest affections. Many invalids resort here, and a larger proportion of such are benefited than in any place I have visited." We shall hope to hear further from Dr. Barnes.

TO SUBSCRIBERS.

The Publisher of the *Gazette* has received an unusual number of remittances the present year from subscribers who have made the proper enclosure but have omitted to send their name or give any clew to their address. When these letters bear the post-mark of a small town in which there are one or two subscribers only, he has succeeded in ascertaining the sender; but when the letter has been mailed from Boston, New York, Philadelphia or Cincinnati, he has been utterly at a loss whom to accuse of such forgetfulness or whom to credit with the money. The dates of these post-marks have been carefully saved, and any person who has not received his receipt will please inform the Publisher, who will set the matter right; and we now gently advise the sender to be more thoughtful and cautious in the future.

THE

New England Medical Gazette.

No. 3.] BOSTON, MARCH, 1871. [Vol. VI.

TARSORRAPHIA FOR ECTROPION.

BY E. H. SPOONER, M. D., READING, PA.

Bateman, after stating that there is no medicine "which has been of any essential service in the cure of lupus," goes on to say that "the term was intended by Dr. Willan to comprise, together with the *noli me tangere* affecting the nose and lips, other slow tubercular affections, especially about the face, commonly ending in ragged ulcerations of the cheeks, forehead, eyelids, and lips, and sometimes occurring in other parts of the body, where they gradually destroy the skin and muscular parts to a considerable depth." "Sometimes the disease appears in the cheek circularly, or in the form of a sort of ringworm, destroying the substance and leaving a deep and deformed cicatrix."

I have had a case of this kind under treatment, — a case of long standing, where the extensive cicatrization of the face, and more especially about the eyelids, produced an aggravated form of ectropion and hypertrophy of the palpebral conjunctiva. Mrs. T. W., aged forty-seven, residing in Iowa, came to me in December last. The history of her case is as follows: Ten years since an eruption made its appearance first upon the left cheek just above the body of the lower jaw, about midway between the ramus and mental process, ring-shaped, very much resembling herpes circinatus, with its circular patches, and watery vesicles, and thin scabs. But soon more malignant symptoms began to set in, — there was

an erythematous inflammation of the surrounding skin; the discharge became muco purulent; the ulcerations going deeper and the scab becoming thicker; after two or three weeks, the scab, from underneath which thick yellow pus exuded, would fall off, leaving a sore, ulcerated and somewhat excavated surface, upon which a new scab would form, this process being repeated until four or five scabs had been thrown off, when the sore would heal, leaving a dense, white and corrugated cicatrix. While this was going on, new sores were constantly forming all over the face, one after another, which went through substantially the same process, completely covering the face with one mass of cicatrization.

The deepest and most extensive ulcerations were about the alæ nasi and the upper lip; the general color of the face, when I first saw her, was that of a piece of raw beef, and appearing as if the whole face had been severely scalded, and had cicatrized over; there were still several of these ulcers upon the face, with scaly incrustations extending far around the base of the sore, and some were covered with a cone-like scab, from underneath which pus exuded.

This state of things going on for some years, produced an aggravated form of ectropion of both lower lids, and a great thickening of the palpebral conjunctiva; the eyes were of course weak, and had to be well protected from the light and weather. The tears flowed without restraint over the cheeks.

I should say here, perhaps, that for the last two years she had taken large doses daily of crude arsenic, which developed a chain of symptoms not at all pleasant: nervousness, restlessness at night, not being able to sleep before two o'clock in the morning, dryness and burning of the throat, and the characteristic thirst; the eyes became very sore, and the conjunctiva very much inflamed and hypertrophied; previous to the use of arsenic her eyes gave her very little trouble; and she attributes, and rightly too, I think, a large part of her eye disease to the use of this drug.

My first object was to cure the skin disease still existing. By the use of *Nux.*, *Merc.*, *Sulph.*, and *Mez.*, the skin healed nicely and was restored to its normal color.

The ectropion must be overcome by surgical means. The old operation of Adams, in removing a triangular piece from the whole thickness of the lid, is thus objected to by Soelberg Wells: "The chief disadvantage of this operation is, that when it is done near the central part of the lid, it shortens the edge of the latter without elevating it at the outer canthus; hence it is closely pressed against the eyeball, which may, moreover, be somewhat irritated by the pucker or fold to which the cicatrix gives rise." Besides this objection, the condition of the skin about the eyes contra-indicated this operation; the plastic operations of Wharton Jones, Dieffenbach, and Von Graefe, which were intended to meet this very trouble, — ectropion caused by a cicatrix, — could not be employed, because instead of one cicatrix to overcome, there was nothing else upon the whole face, forehead, or neck, — not a piece of sound, normal skin of the size of a pea: even upon the margin of the left lower lid there was a scar which made the condition of this eye worse than the right, upon which there was no such scar.

The only thing that could well be done, even for a partial relief, was to perform Walther's operation of tarsorraphia; this I determined upon, and carried out on the 10th of January last.

After the patient was fully etherized, I carefully dissected out a considerable portion of the hypertrophied conjunctiva from both lower lids. Then inserting an ivory spatula between the lids at the outer canthus, I made an incision through the skin and connective tissue of the upper lid, parallel to its edge, and about three-quarters of a line from it; this incision I carried along the edge of the lid to a distance of about two lines, then brought it down vertically to and through the anterior edge of the lid. This portion of the lid I completely excised, including the cilia and hair-follicles.

This process I repeated in the lower lid. I accurately applied the raw surfaces of the edges of the lids to each other, then inserting silver pins well through both tarsal cartilages, and making several figure-of-eight turns with saddlers'-silk around the pins, I had the lids well secured; this was done to both eyes. I thus overcame the lengthening of the lid, and at the same time elevated it, and narrowed the palpebral opening; the lid being now in

nearly a normal position. In five days, union had taken place sufficiently to allow the removal of the pins, and in two weeks the eyes were well.

The operation was successful beyond my most sanguine expectations. The appearance is nearly that of a normal eye, while before the operation, it was most unseemly. Now the eye-ball is protected by its natural covering, the tears no longer flow over the cheek. The eyes are becoming stronger, and the patient can now use them for work even by gas light; which she has not been able to perform at all, for more than a year; she herself is satisfied and delighted at the result.

It seems to me that we should not wait too long for medicine to accomplish that which a surgeon's knife would as well effect in a few moments.

PRACTICAL OBSERVATIONS ON CALCAREA PHOSPHORICA.

BY CIRO S. VERDI, M.D., MT. VERNON, OHIO.

CALCAREA PHOSPHORICA, or bone phosphate of lime, is soluble in muriatic acid; nitric and acetic acids will also dissolve it. It is insoluble in water.

Hypophosphite of lime has attracted much attention in the profession. In consequence of its deoxidizing power, substances which readily part with oxygen convert its hypophosphorous acid into phosphoric, and the hypophosphite is supposed to become a phosphate after being conveyed into the system. Hypophosphite of lime is formed by boiling milk of lime and phosphorus, stirring the mixture until the combination is formed. Part of the phosphorus is oxidized at the expense of water, while the rest escapes combined with hydrogen, the gas taking fire as it reaches the air. This salt is soluble in six parts of water, more so in boiling water. It may be converted by heat into phosphate of lime. I give the chemical composition of each of these two salts, so as to render our subject more comprehensible. *Calcarea phosphorica* is simply bone phosphate of lime $(PO^4)^2\,Ca^3$; the hypophosphite of lime is a chemical compound consisting of $CaH^4(PO^2)^2$.

What, then, was the original idea of introducing these agents into therapeutics? It was to supply a deficiency of lime in the human economy in the different forms of mollities ossium; and, as it was found afterwards to promote cellular organization in the vegetable kingdom, it was thought therefore an excellent adjuvant in scrofulous diseases, and particularly in those of the lungs. Of course, as usual, the allopathic school combined this simple agent with potassa, ammonia, soda, cinchona, arsenic, cod-liver oil, and iron; so far as my knowledge extends, however, all these preparations have been used empirically, upon suppositions, and not provings.

An Italian physician, Dr. Polli, has suggested in the meantime, and not without good reasons, the use of another class of preparations, called the hyposulphites, particularly the hyposulphite, sulphite and bisulphite of soda, following out an old theory of Hahnemann as to a class of medicines called by him *antipsorics*. The idea of this distinguished Italian seems to be that of disintegrating blood-poisons by the influence of these agents, thus decomposing the *materies morbi* existing in the blood, and setting its components free to be excreted through the emunctories. It is to be regretted that so little has resulted from all these interesting researches, and, too, that very little success has followed this method of treatment, although it has sometimes proved advantageous. The failures are due to the imperfect knowledge of the pathogenesis of the agent; for although we know the general morbid effects of these medicines, yet we do not know the exact modus operandi of them upon the blood; hence the unsatisfactory feeling as to the reliability of these agents.

Case I. Some six years ago I used *Calc. phosph.* $^{3\ dec.}$ in a case of tubercular phthisis, which, to all appearance, seemed to be in its last stage. The case was that of Mr. W., aged 70, of an active disposition and of a nervo-lymphatic temperament, the nervous predominating; complexion florid, blue eyes, white, tender skin; frame, strong, muscular; voice, deep. By physical examination I found dullness on percussion at the middle half of the right lung, with crepitating sound; at a certain spot, in the same lobe, I heard a cavernous gurgling murmur, distinctly indicating a vomica. The respiration was hurried and short, the expiration labored: in the

first instance there was a difficulty in filling the air-cells; in the second, it was difficult to discharge air from the lungs. The sputa were very scanty, but certainly grayish and granular. There was no pain, but he had a fever every afternoon from 3 P. M. to 7 P. M. He was very restless, had no appetite, lost flesh rapidly, accompanied by great prostration. The feet and hands were burning hot. The cough was very troublesome, and, in paroxysms, often hacking. This patient had consulted many physicians without much encouragement. I gave him *Aconite* for the fever, and *Calc. phosph.*[3 dec.], one powder of two grains every hour when he was free from fever.

In connection, I directed bathing in tepid water saturated with salt, frictions and electricity. The total absence of appetite was a serious difficulty to overcome, for such patients must eat. Happily I suggested that he should eat what he had been accustomed to on the mountains of Vermont, which was cheese and bacon. He liked the diet, and "thought he could eat that." Sure enough, he improved in flesh under it, and gained every day in strength. I prevailed upon him to keep out of doors all he could. As for the effect of the medicine, nothing could be more desirable. The sputa became more fluid and easily raised, the voice less resonant, respiration almost natural, pulse gaining in fullness; there was no fever, and the whole condition of the patient announced returning health. Perfect convalescence took place in two months. During the treatment with *Calc. phosph.*, I tried at intervals, *Iodinum*, five drops in half a tumbler of water. I must say, I found it a great dissolvent of tubercular nuclei.

CASE II. Miss S G., 31 years old, of a delicate texture and blond complexion, with large blue eyes, and a highly nervo-lymphatic temperament. She is of a small, delicate frame and a strumous constitution, where lymph predominates.

About fifteen years ago, she took a severe cold, which resulted in pneumonia of the left lung; since then, she has suffered more or less every winter with pulmonary trouble, which has increased, until it resulted in a true case of scrofulous pneumonia. Muco-purulent phthisis set in permanently some years ago. Such was the history of the case. The crepitant râles were heard all over her

left lung, with dullness on percussion; the cheesy expectoration, indicative of yellow tubercle, the slow but steady progress of the disease, the pain in the lungs and great loss of strength, appetite, and flesh, with fever at intervals, though yet able to be about, more or less, and generally quite comfortable in summer, the enormous expectorations of a viscid, yellow-white character, — these peculiarities belong to scrofulous phthisis. When I examined her the first time, — two years ago, — I found her left lung entirely hepatized, with the exception of a few spots; her voice was hoarse, and the breathing bronchial. This lung was much contracted, with little expansion in breathing. The right lung, I found in a better condition, but crepitating under the axilla, and painful at times. Sydney Ringer says: "The tubular breathing, the crepitant râles on a large space of the lung-tissue, while yet there is dullness on percussion, are the true pathognomonic signs of this peculiar consumption." The pulse was natural in the morning; high in the afternoon, till about nine, P. M. At night she was restless; the cough being paroxysmal and very distressing.

TREATMENT. — *Aconite* during the fever; *Hyoscyamus* and *Pulsatilla*, during the nervous paroxysms, which often came on after a prolonged period of coughing; hot applications of hops upon the painful lung. Often I had to resort to a stimulant as the only calming agent, — even better than *Pulsatilla*. I must say that, while a stimulant would increase her pulse, and enliven her countenance, it had the most soothing influence when she suffered with what she called "nervous attacks," which were indeed fearful to witness. Her respiration became short, panting and difficult; her eyes and nostrils dilated, and she seemed struggling for life. Coffee, whiskey, and ether, were the only available means of relief in such an emergency. Hot cloths and camphor were also used for friction of the extremities. Indeed, I am convinced that these agencies have often been the means of keeping her from sinking. The arsenite of potassa — "Fowler's solution" — proved very beneficial in the case. *Ferrum oxydum*, *Phosphorus*, *Ipecac.*, *Iodine*, *Kali bich.*, etc., were used symptomatically with temporary good results. I finally prescibed *Calc. phosph.* $^{3\ dec.}$, one powder of two grains, every two hours. After a few days I found her expectora-

tion much diminished in quantity and more liquid; the crepitant râle became less audible, the sonorous rhonchus disappeared, and the sibilant râle here and there was often heard. The voice became stronger and less tremulous; fever disappeared, the night-sweat also became less troublesome. I may say that her general condition gave sign of decided improvement. I immediately took this opportunity to order a daily drive in the open air, and a hydrochloric acid bath every evening. Her appetite also improved as she went on with the treatment. Her diet consisted of oysters and beef-tea, with raw pounded beef in old whiskey, to be taken three times a day. At intervals I used hypophosphite of lime by inhalation, which seemed to answer very well. As she became anæmic, I prescribed hypophosphite of iron and *Arsenicum*. The *Calc. phos.*, even in this desperate case, proved a very efficient remedy.

Case III. Mrs. J. L., 43 years old, married, but childless. A large muscular woman, with large bones and a heavy frame. Her complexion is of a peculiar pale and dark cast. She is of a bilious-lymphatic temperament, with blue eyes, and evidently of a scrofulous constitution. Her sister and mother died of pulmonary disease.

At the time I saw her, she was suffering from dysmenorrhœa and profuse menstruation. Her lungs were large and well developed; her chest was symmetrical, with no apparent signs of pulmonary disease. Percussion revealed no abnormal sound. Auscultation detected a peculiar sound at the apex of the right lung. The respiration was slow, with prolonged inspiration. There was pain at the apex; a kind of ache. The cough was very troublesome — at times, paroxysmal. The temperature was natural, the pulse equal and weak. There was fever, or pyrexia every afternoon, with flushed cheeks, and general excitement. She then became very loquacious and declared that "she felt well enough, only her cough troubled her more during this fever time." The left lung was in a normal condition, although the vesicular murmur was very indistinct, thus showing a want of free cellular action. There was restlessness at night, but no night sweats. She has a constant, hacking, irritable cough, dejection of spirit and great prostration, with constipation and want of appetite. Her general condition

was that of prostration. The base of the right lung gave no abnormal sign whatever. My diagnosis was, gray tubercle — forming, perhaps—in both lungs. The expectoration was abundant, of a viscid, grayish, nucleated character, much like an oyster. Her cough was cavernous; her voice very deep at times, sharp at others; ægophony was heard at the apex of the right lung.

She also suffered with laryngeal trouble. The trachea and upper part of the bronchia, I thought at one time, gave evident signs of ulceration; for her voice became hoarse, and sunk to a whisper; there was pain in the trachea, with great irritation of the larynx. She had had hæmoptysis long before I saw her. The history of the case was as usual: she had had a severe cold for several consecutive winters past; it seemed to come on worse and worse at every change of season. To a practical physician, these are the true signs of a progressive pulmonary disease.

The treatment was somewhat symptomatic. The excessive metrorrhagia demanded the first attention, as it was an open floodgate by which life was gradually passing way. I gave *Secale* 3 dec. without any good effect. I then gave the first decimal potency with no good result — or at least not sufficient. Then, I used the mother tincture, one drop in a spoonful of water, every hour. It had the desired effect, but the cerebro-spinal excitement compelled me to discontinue the medicine. She was losing her memory and sight for a few moments, and complained of twitching in the uterine region. Then I tried *Rhatany* 1 dec., twenty drops in half a tumbler of water, and one tea spoonful every two hours, beginning three days before the time of her menstrual period. The remedy had the desired effect.

For the afternoon fever, I gave *Aconite*, with evident good effect. *Pulsatilla* was given her for nervousness, from which she suffered when tired. During the period of six months, while she was under treatment, she never took to her bed, but daily performed some light household duties. At times she took *Phosphorus*, a few drops of Fowler's solution, and *Kali bichrom.* (for the trachea) with benefit. Finally, she was put under *Calc. phosph.* 3 dec., one powder of two grains every four hours, from which she experienced relief.

Kali hydriod. was also given with the effect of liquifying the nuclei of the sputa; inhalations of hypophosphite of lime were used for a period of two months, with decided benefit, as it seemed to diminish the great expectoration and relieve that general lassitude so common in pulmonary diseases. She used tepid salt baths every other night. The patient improved, — not immediately, but after several months of constant attention and care. I will add, that these cases require perseverance, patience and encouragement.

Mrs. L.'s physical condition improved as the expectoration diminished in quantity and became of better character. The constant ache at the apex of the lung ceased, the fever left her entirely, her appetite returned, her menses became more regular and less in quantity. But a hacking cough still remains. Of course she will finally die of the disease; but I shall hope to have shown the benefit of a careful treatment. The hypophosphite of iron was used in her case with good result.

Case IV. Mr. M., a young man of thirty, carpenter by trade, contracted acute pneumonia some two years ago; his frame was large, the chest broad; but he was of a tubercular diathesis, and although the acute disease was apparently cured, the seed of tubercle was left.

The treatment was the same as in the other cases, yet his disease was too deeply seated, and he died in a few months after I first saw him. Even in this case, the *Calc. phosph.* and *Kali hydriod.* were beneficial.

Case V. Rev. Mr. N., forty-seven years old, of a spare frame, with light complexion, blue eyes, and a large head. He is decidedly nervo-lymphatic, and evidently scrofulous. This gentleman had had repeated hæmoptysis, with cough and severe pain in apex of the left lung. On percussion, I found dullness extending all over the upper lobe of the lung. On auscultation, I found broncophony, with a sharp thrilling sound, as though it was metallic. The lower portion of the lung was undoubtedly partially infiltrated; still there was no marked dullness; only during inspiration, I could not hear the natural vesicular expansion of the air cells, yet a certain amount of air was making its way to them. The right lung was apparently in a normal condition. He had a hacking

cough; the expectoration was little in quantity, but of a rusty color, containing many small muco-purulent points. When I first saw him, he had just had a hæmorrhage; perhaps he coughed up a couple of ounces of blood. He had fever, and severe pain in the apex of the left lung. I found also a gurgling sound at this point, indicating that there was bloody mucus in the cells. This fearful condition of the lung extended only to a circumscribed space, as large as a silver dollar.

TREATMENT. He was put in a recumbent position; cold applications with saturated cloths were constantly kept on the part; *Aconite* and *Secale* were given alternately every hour. The case progressed favorably; a week after, he brought me a piece of calcareous matter which he had coughed up; it resembled a small piece of coral, very hard and sharp—calcareous tubercle. He was directed to use inhalations of hypophosphite of lime, which relieved the severer symptoms.

This is a very interesting case, for its peculiarities. The gentleman, although his lungs are in a critical condition, has never ceased to attend to his duties; he has had no night-sweats; has a good appetite and seems to enjoy tolerable good health.

CASE VI. The daughter of this gentleman, a young lady of seventeen years, has been suffering with bronchitis, from which she has entirely recovered; she, however, suffers intensely with small carbuncles in various parts of her body. I have given her *Calc. phosph.*, with benefit.

The want of space compels me to omit other cases of the same kind. However, I trust that my conclusions from the above may be confirmed by the experience of others.

I know that the agents which I earnestly put before the profession do not come under the class of our provings; I mean the *Calc. phos.*, the arsenical solution, and the hypophosphite of iron; still, I have used them on a physiological principle,—as some of them pertain to the material of which the animal frame is made,—and moreover, their use is based on physiological and pathological considerations. Homœopathic physicians understand the general pathogenesis of lime: cough, dryness of the fauces, with stinging, burning pain of the larynx; inflammation, ulceration of the trachea,

irritation of the salivary and bronchial glands, bronchial irritation, extending even to the air cells, with a painful suffocation; great scantiness of secretions of the lungs as well as of the skin and kidneys; pain in the stomach and bowels, with diarrhœa and pyrosis; great thirst, loss of appetite, pain in the abdomen, with mucous discharges; emaciation, pain in the joints, mental depression, carious ulcers, coryza, ulceration of the cornea, and conjunctivitis, pain in the meatus internus, aphthae, laryngitis, and phthisis trachealis. These outlines will suffice to point out the homœopathic relation of the drug to the disease. The above symptoms I have observed amongst the peasants in Italy, who sowed wheat mingled with lime.

The oxide of iron, or hypophosphite of iron—or, in other words, phosphorus and iron—are substances largely contained in the human economy. Iron is as capable of producing diseases as any other metal; although it is not to be ranked amongst poisons proper. The inconveniences suffered by people who live near iron springs, are sufficient evidences of the pathogenetic effects of *Iron*. Teste says: "In regions of country where all the water is somewhat impregnated with iron, nearly all the inhabitants bear traces of deleterious influence, i. e., a general or partial debility bordering on paralysis; vomiting of food, pulmonary phthisis, or phthisis florida, with violent hæmoptysis; want of animal heat, menstrual suppression." I have further noted constipation, loss of appetite, loss of the power of assimilation, and a general depressing influence. Professor Costa observed the following effects of iron upon rabbits and other animals. He placed a number of dogs and rabbits in an exposed condition, most favorable for producing tubercular diseases, being cold, damp cellars without light, crowded, and exposed to the most unwholesome atmosphere. Some of these animals were fed on ordinary food, others upon bread containing half an ounce of iron for each pound of bread; the former, with one or two exceptions, became tuberculous, while not one of those fed upon ferruginous bread presented even a trace of tubercular disposition. This candid statement is enough to explain the *modus operandi* of this agent. It proved a prophylactic against caco-

plastic exudations, as it would prove the reverse under different and opposite circumstances. In a normal condition it proves a disorganizing element, as any other foreign substance would. In all diseases of a leucophlegmatic origin, *Iron*, *Calc.*, *Phosph.*, *Arsenic*, *Kali*, *Merc. sol.*, etc., are strongly indicated.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

Read before the Maine Homœopathic Medical Society.

BY C. H. BURR, M.D., PORTLAND, CHAIRMAN.

CLINICAL MEDICINE, from its earliest history to the time of Hahnemann, offers but little evidence of having had any real foundation in science, or of having been influenced by any fundamental law of cure. There is but little to satisfy the earnest inquirer after positive truth; he finds everywhere the traces of uncertainty and doubt, the record of ill-advised expedients and dangerous experiments; but nowhere does he find the existence of well-directed or successful effort towards establishing a relationship between remedies and the varied forms of disease. Nearly two thousand years were thus lost in profitless wanderings, and the practice of medicine gained but little from experience, and nothing from inspiration.

During the long interval between the fifth and fifteenth centuries, the knowledge of medicine made no progress; it rather went backward, and lost what had been gained; it came out of that dark period with all the encumbrances with which the long season of mental night could enshroud it.

It is only within the last hundred years that medicine has made any substantial advancement. Previous to that time what it accomplished was of a fitful, fluctuating character, now advancing a little, now retrograding, — the fathers leaving but little to their children as the result of their labor and effort. Every generation of men went over nearly the same ground, made the same spasmodic effort to arrive at something definite or central, had the same struggles, and the same want of success; they were carried on the

broad ocean of events without chart to guide, or compass to direct. It was not until HAHNEMANN reiterated the statement made by Hippocrates twenty-two centuries before, and reduced his principles to a practical basis, that any real progress was made. Even then many doubted. The discoverer was persecuted and driven from place to place; but to-day the truth he promulgated has become the central guiding light to thousands of earnest, working minds. It seems strange that the idea that "some diseases are cured by similars," should for so long a time have remained undeveloped; and yet we see the same dullness or want of apprehension at the present time. Men often seem to "prefer darkness rather than light"; they shut up their minds, and refuse enlightenment unless it comes through some loophole in the by-laws of their medical fraternity; they forget that men who hedge themselves about with prejudices and an exclusive code of medical ethics, usually fence out more truth than they fence in. If we would look upon the sun, we must turn our faces towards it, — we shall never behold it by looking into caverns and dark places; and if we would have the mind illuminated by genuine truth, we must turn to the direction whence it comes, and open our understandings for a full and free reception of its rays. Nothing so much facilitates the acquisition of medical knowledge as entire devotion to professional duties; the more single-minded we can become, the more thoroughly we forget self in the form of popularity and remuneration, the more earnestly we love our vocation, the more successful shall we be in relieving pain and in curing disease.

The success of the homœopathic physician depends in great measure upon the manner in which he examines his patients, the number of characteristic symptoms he brings out, and the accuracy with which he applies his remedies to the developed conditions. Let us see to it that we do not fail at the most critical point, — *the choice of the remedy*, — if we prove unequal here, all our labor and care will be in vain. It will avail but little to declare our belief in the law of "*similia similibus curantur*," unless we add to that conviction a more practical expression than the giving of *Aconite* for fever, *Belladonna* for headache, *Bryonia* for cough; if we do not penetrate a little deeper into our cases, and find some reason for

our prescriptions other than the existence of fever, headache and cough, we shall as frequently be mortified by our failures as gratified by our success. We shall find ourselves perplexed and often discouraged at the apparently capricious results of our efforts, and shall be tempted to turn away from the broad highway of medical science into the by-paths of medical expedients, where there will be no progress; and the records of our experience will but add to the confusion and disaster which for so many years has marred the history of clinical medicine.

Your Committee would urge the importance of adopting some well-matured system for securing a full and careful record of individual practice. The advantages are many and obvious. We have claimed to be in advance of all others in the number and rapidity of our cures. To substantiate our claims, something more is called for than our assertion. We need well-prepared statistics, embracing a large number of well-marked, clearly defined, speedy and permanent cures.

We, at present, although mighty in our own estimation, are but a fraction of the great army which is working for the subjugation of disease; and if we are establishing a practice for the future, and would really be pioneers in what is to become universal, our footprints must be well marked and our record brilliant, or they will both be effaced by the great march of medical improvement which characterizes the present age. Already our heretofore much-valued statistics are losing their brilliancy in comparison with other methods of curing the sick. Even greater results are claimed in the treatment of many forms of disease than we have prided ourselves on being able to accomplish.

Eclecticism and empiricism, as presented in the expectant, stimulating, nourishing, and heroic systems of practice, all claim to have equally as good and even better success than we, and it must be acknowledged, their statistics give some reason for such assumptions.

How many of us have asked ourselves, and have been able to give intelligent and satisfactory answers to the following questions: "What ratio does the mortality in my practice bear to that of the sick left to restoratives and rest alone?" "And what ratio does the duration of disease in my practice bear to the natural course

of such affections?" These questions must be answered, and their importance should stimulate us to renewed activity and accuracy in every department of our professional life. It is possible that we pride ourselves more upon what has been done than upon what we are doing, and look more confidently to the past for records of great achievements, than to the present.

The great want in the medical world at the present time is a better understanding of the relationship between remedies and disease. Until this is more fully known, clinical medicine will make but little progress. That there is such a relationship is clearly demonstrated by the many brilliant cures affected by Hahnemann, Bönninghausen and many others since their time, by single and well-chosen remedies. But this most desirable object cannot be demonstrated to any great extent, except by the earnest, united and active effort of all who desire its fulfilment.

The following case is presented for the purpose of illustrating the fact that cures may be effected without recourse to stimulation or special nourishment, and without having our expectations delayed beyond a reasonable period.

March 19.—Miss N. has had imperfect vision for six years. Some seven or eight years ago she suffered much from spinal irritation, at which time she was able to use her eyes but little, but as the spinal difficulty decreased, the power of vision was partially restored. At present, when commencing to read, or to do fine work, she can see quite well, but in a few minutes the sight becomes dim, so much so that the letters cannot be distinguished, and all attempt at work has to be abandoned. Distant objects do not become obscure so soon as nearer ones. The eyes are sore when slight pressure is made upon them. She has occasional attacks of neuralgia in the frontal region, accompanied by nausea; at such times the eyes are much more troublesome. They are very sensitive to gas-light. At times only one-half of an object is visible. Black points and streaks of light appear before the eyes. She complains of pain in the back, and sensitiveness of the spine; is easily fatigued, feels great weakness from little exertion. There is restlessness of the limbs; they have to be frequently moved.

She is worse in the forenoon. Gave *Natrum muriaticum*[200], x powders; a powder to be taken every day.

April 17.—Better, can read half an hour without inconvenience, feels stronger and more vigorous. Gave no medicine. Without troubling you with a detailed account of the treatment, permit me to state that the patient received no other remedy, and can now use her eyes four hours a day without fatigue, is still gradually improving, with a fair prospect of a speedy and permanent cure.

The impression which we produce upon our patients when going into their presence, depends very much upon the amount of interest we feel in their condition. If we go to them with the mind preoccupied, laden with cares, oppressed, it may be, with the business of the day, they will not derive that benefit from our visit and prescription which they have reason to expect, and the failure will either be charged to our indifference, or to the imperfection of our system of practice.

To be successful, we must be untiring in our devotion to our profession, and as fully as possible keep the mind free from the anxieties and annoying perplexities incident to participation in politics or speculation. The mind should be diverted as little as possible from the central object of its pursuit.

The physician has much to impart besides what is conveyed in his remedies; indeed, his life is made up of giving or imparting the possessions of his mind and heart. If, then, we would freely give, we must freely receive, and this can be done only by keeping the mind in that free, open, and receptive state belonging only to those who truly love their profession.

DR. BOLLE'S ULCERS OF WHOOPING-COUGH.

BY DR. H. GOULLON, JR., OF WEIMAR.

Translated by S. Lilienthal, M.D., of New York.

To Dr. Bolle belongs the honor to have first observed *ulcers under the tongue* as a characteristic of whooping-cough. He says in No. 5 of his popular paper: "The visible spot, which seems to

contain the virus of whooping-cough, I only observed towards the end of the epidemic. It thus happened. I was visiting a family where, for several weeks, I had attended three children, suffering from whooping-cough, without being able to produce the least amelioration with all our vaunted remedies. The mother remarked, that the children coughed as bad as ever, but that one child would not take any food. Lifting the tip of the tongue, I found on both sides of the frænum a white spot of the size of a split pea, showing great similarity to the ulcers of secondary syphilis, observed in the fauces, cheeks, tongue, tonsils, and palate. The edges of these ulcers were not so sharply defined as in syphilitic affections, and the ulcerated surface not depressed, but even with the surrounding surface. It showed also some similarity to the whitish, creamy or cheesy spots of diphtheria, which we see on the tonsils and velum palati, but differing from them in that the latter are raised above the surface of the surrounding mucous membrane, whereas the former lie even with it. Examining the other children, I found in the youngest the same symptom at the same place, but only on one corner of the frænum. The oldest one was free from ulcerations." He examined other children, who had been sick from four to six weeks with whooping-cough; he found nothing on three patients, but again clearly observed the ulcers in two other cases. *Merc. cor.* was the remedy indicated for the cough and ulcerations.

Aware of this, I examined a child of twelve months, suffering from severe whooping-cough, vomiting of all food, with short respiration, very frequent pulse, and increased temperature, so that he kept himself constantly uncovered. *China*, *Ipecac.* and *Merc. d.* failed to give relief; *Sepia* brought some remission. Lifting up his tongue, I found under the frænum an easily visible ulcer, spreading in breadth. The edge was rather serpiginous, the floor whitish, lower on its edges. There were no other ulcers anywhere.

Dr. Bolle has already discovered that these ulcers are not seen in every patient, and perhaps they stand in proportion to the whole disease, like the intestinal ulcers to ileocœcal typhus, *i. e.* they appear at a certain period. The child, when I observed the ulcer, had also been sick four or five weeks.

Besides the doubt arising from the common failure to find them, a second objection to giving a cardinal importance to these ulcers would be that we cannot well understand how they could produce this characteristic laryngeal tickling. These ulcers may be accompanied by other ulcers, or at least erosions, in the mucous membrane of the bronchia or trachea, not yet observed, and these may be the direct cause of the spasm; or it may arise by way of reflex action, similar to the cough, from irritation in the auditory canal or in the stomach, through the medium of their relative ganglia.

Furthermore, we ought not to forget, that aphthæ, stomacace and other processes frequently accompany whooping-cough; we may therefore attribute them to a dyscrasic state of the blood, which produces these ulcers; but which also, without ulceration, produces an irritating influence to cough. A specific for whooping-cough is therefore out of the question; we have sometimes to use our mild narcotics, as *Drosera*, *Hyosciamus*, *Viscum album*, and *Belladonna*; at other times our antispasmodics: *Cuprum*, *Zincum*, *Ferrum*; and sometimes especially our antipsorics: *Sepia*, *Calc. carb.*, *Sulphur*, *Nitric acid*, and *Mercur.*, which may modify and shorten the disease, without being able to arrest it; as Bolle does in uvulitis, where it is not dyscrasic, — with *Merc. corr.*

I would also remark, that some observers mention the disappearance of the whooping-cough after vaccination; and as teething children not yet vaccinated suffer the most from the evil consequences of tussis convulsiva, to prove the correctness of this view would be of great practical utility. Lachmund even proposes to blister the skin of children who have been vaccinated, and put powdered vaccine crust on the cutis. He successfully tried it externally also, by rubbing up a vaccine crust with sugar of milk, and giving a dose every four days.

CLINICAL CASES.

BY GEORGE W. RICHARDS, M.D., OF ORANGE, N. J.

TONSILLITIS ULCEROSA. — *Merc. cyanuratus. Case* 1. — March 15, 1870, 6 P. M. — Mrs. D., aged twenty-four years, states that she has been suffering since morning with severe sore throat. Feels very weak; pulse 120; skin hot and dry; deglutition very painful; has frequent pains, darting from the throat to the ear and head. On inspection find the tonsils greatly inflamed and enlarged. *Acon.*[3] and *Bell.*[3] in alternation every hour.

16, 10 A. M. Fever somewhat diminished; tonsils less acutely inflamed but much ulcerated. The ulcers are deep and many of them filled with a greenish-yellow pus. The pain in swallowing is still very severe. *Mercurius cyanuratus*, two grains in half a tumbler of water; two teaspoonsfuls every two hours.

17, 10 A. M. — Feels much better; appearance of the throat, greatly improved; tonsils much less swollen; ulceration nearly gone. *Merc. cyan.* continued every three hours.

18, 11 A. M. — Patient is quite well; has a good appetite; is delighted and surprised at her rapid convalescence. Tonsils are free from ulceration and reduced to almost their normal size.

Case 2. Mar. 25, 1870. — Boy, ten years of age, has sore throat, accompanied with much febrile excitement, headache, restlessness, and some pain in swallowing. Has for several years had chronic enlargement of the tonsils. They are now very red, swollen, and covered with small superficial ulcers. *Merc. cyan.*[1] one grain dissolved in half a tumblerful of water; one teaspoonful every two hours.

26. — Fever much less; throat symptoms decidedly improved. *Merc. cyan.*[2], every three hours

27. — Is happy and playful this morning, says his throat does not trouble him. The ulcerated condition of the tonsils has disappeared, and they are restored to their usual size and appearance.

No drug has in our hands equaled *Merc. cyan.* in controlling ulceration of the tonsils. It has also been one of our most efficient remedies in diphtheria.

AMENORRHŒA — *Puls.* [15000]. Miss M, æt. 16, blue eyes, light

hair, of lymphatic temperament, consulted me May 11, 1870, for menstrual suppression which had existed for eight months. She attributed the cause of her trouble to cold from wet feet during her last menstruation, general health quite good.

June 25. — *Puls.* [15000], one dose. Menses have returned twice since the last report, the first on May 22, eleven days after taking the *Puls.*, and again a few days ago. They were normal in quantity and duration.

ENURESIS NOCTURNA — *Sulph.* [5000]. Willie, aged five, has been troubled for several years with incontinence of urine at night. His urine is usually clear and abundant. Unless taken up, he generally wets his bed three times during the night; viz, at ten, one, and five o'clock. For its cure we have given him a number of remedies, among which are *Caust.*, *Canth.*, *Bell.*, and *Apis mel.*, but with only slight benefit. Finally we selected *Sulph*, and administered it in the first, third and thirtieth potencies successively, but seeing no decided relief, allowed the patient to discontinue the use of medicine for several days and then, April 5, 1870, gave one dose of the 5000th.

April 8. — He wet the bed slightly last night, which was the first time since taking the last dose. One dose of *Sulph.* [5000].

April 20. — Was again troubled last night. The secretion of urine is markedly diminished. Another dose.

May 8. — Last night the difficulty again returned. Dose repeated.

July 12. — Has been free from the trouble since last report.

FEBRIS INTERMITTENS — *China.*[200], *Ipec.*[200]. June 4, 1870. Mr. R., æt. forty, of strong constitution and bilious temperament, has intermittent fever of the tertian type. He is now having his fourth paroxysm. They come on at 6 A. M., and continue about ten hours. The three stages are fully pronounced. During the cold stage, which is very severe, has some headache and thirst, much nausea and vomiting, especially as it is terminating. The second stage is characterized by much febrile excitement, headache, thirst, restlessness, and some nausea. *China*[200], *Ipec.* [200], in watery solution, two teaspoonfuls every hour alternately for one day, then every two hours.

June 7. — Feels very well; no chill since last visit. Medicine discontinued.

March, 1871. — Has had no return of the ague.

CANCER REMOVED BY CAUSTICS.

BY MRS. E. G. COOK, M. D., BUFFALO, N. Y.

AUGUST 1, 1869. — Mrs. S. C. P., of New York, aged sixty, consulted us with regard to cancer in the right breast, which had been discharging pus, with the worst odor peculiar to this disease, for one year. It had a cavity two inches deep, much larger at the base than at the outlet, holding a half-teacupful. The edges around the orifice were an inch in thickness, nodulated, everted, and almost black. It was twenty years since she had first known that there was a lump in the breast, and six, since it had been constantly growing. Not until constitutional symptoms forewarned speedy termination of life, did she consent to have it removed.

We made a paste of caustic potash, dissolved in the atmosphere (without water), and fine wheat flour, and covered a surface as large as a coffee-saucer, first protecting the surrounding tissue with adhesive plaster. This paste was removed in one hour, and a linseed poultice applied until the following day, when it was removed, and the whole surface carefully divided with a scalpel into lines nearly or quite half an inch apart, as deep as could be done without drawing a drop of blood. Over it we applied a plaster of the same size as before, of equal parts of chloride of zinc, hydrastis root and wheaten flour; made into the consistency of paste, to remain twenty-four hours. It was then removed and the grooves deepened. After this, the same paste was applied on strips of muslin crowded as deep into the fissures as practicable and removed each twenty-four hours until a depth was reached beyond the diseased tissue. Of this the operator judges by the sense of touch in cutting. When cutting the diseased portion the feeling was as if dividing threads or stringy substance; while the

healthy tissue is smooth to cut and offers no irregular resistance. The time required depends entirely upon the depth to be reached. This case was operated on twenty times, and some days before the cutting was stopped, a line of demaraction was formed around the black and ugly mass, and it commenced sloughing. In this outside groove, a strip of muslin saturated with glycerine and carbolic acid (forty parts of the former to one of the latter) was constantly kept, until the mass fell out.

It required to be held firmly in place by a close-fitting waist or bandage, as the lady was very stout, and felt a sagging of the part, which was all the discomfort she had experienced after the one hour of potash plaster. She never lost a meal, and after the first ten days, walked from her boarding-house to our office each day, and slept well nights.

The mass, when first removed, weighed between two and three pounds. We have it preserved, but somewhat shrunken. Several eminent physicians have examined it, and pronounced it a triumph over the old way of cutting. Among these were Prof. Sanders, of Cleveland, and A. R. Wright, of Buffalo.

We have used this method many times, and feel assured of its succeeding in more effectually removing the diseased mass, with much less pain or danger than any other mode. And as ignoramuses and quacks are growing rich out of cancer-plasters, it behooves the profession to enlighten the people (including the profession), and thus remove the terrible fear of this most horrible disease, which rests upon community like a pall. We are certain that where the location is such that it can be reached, this as well as other forms of disease, should be considered curable. In some cases, as many as twenty years have elapsed and the health remained good; and then, perhaps, the trouble again is aroused and again disposed of in the same manner. It is nearly two years since the treatment of the case here narrated, and the patient has as yet had no return, but continued good health. A few days since, for the first time since the operation, we examined it, and found a little hardness on one side of the eschar; should it increase we propose to remove it, before it attains the size of a butternut.

The case was medicated with *Ars*[3]. and *Sanginuaria*[1] every four hours for six months. No meat was allowed during the operation; but wine, milk, and eggs were freely used. The patient is now again using *Sanginuaria* daily.

DEATH FROM CHLORAL.

We are indebted to Dr. J. K. Warren, of Palmer, Mass., for much of the following statement, to which we have added such additional particulars as we have been able to glean from other sources. As this newly-found hypnotic is already intemperately used both by the profession and the public, for the benefit of both classes we place this case on record.

The Rev. E. D. Daniels, of Palmer, Mass., had an ounce bottle of chloral, from which he had taken three doses, to produce sleep. In his absence from town, on the night of Friday, February 10th, 1871, Mrs. Daniels resorted to this drug for relief. Her rest had been broken for a night or two previous with the care of her children, the youngest aged four months. She deliberately dissolved the remaining contents of the bottle, supposed to be more than a dozen full doses, in half a goblet of water, and drank the whole. She was unaccustomed to take medicine except under her husband's direction. In the estimation of those who knew her, the idea of suicide was inadmissible. She directed her domestic attendant to care for her babe during the night, and not to waken her till late the next morning. She went to sleep soon after, at about nine.

We know no more of the case for twelve hours. At nine in the morning she was called, and found to be insensible. Drs. J. K. Warren and William Holbrook were immediately summoned. They found her respiration stertorous; her eyes set and glassy; the pupils contracted, insensible to light; the conjunctiva congested. The motion of the heart was quite rapid, but so feeble as to be scarcely felt. The pulse of the right arm — she had lain on that side — was not perceptible, that of the left, small, thready. The blood had settled under the finger-nails, and there were purple spots

on the side on which she had lain. The extremities were cold. Frothy mucus flowed from the mouth, and it seemed filled with a membranous substance not unlike that of membranous croup.

Heat was applied to the sides and down to the soles of the feet. Sinapisms were applied to the abdomen, and to the whole length of the spine. Twenty drops of aromatic spirits of ammonia were given every fifteen minutes. For an hour the heart's action increased in strength and the pulse in volume. They then gradually declined till death, at a quarter past twelve. There was no return of consciousness. Her husband arrived a few moments before death.

It is to be regretted that no autopsy was made. Instruction purchased at such a price ought never to be lightly thrown away.

SOLUBLE SILICEA.

BY E. P. COLBY, M.D., BOSTON.

SILICA or silicic acid exists in two isomeric forms; in one condition it is quite insoluble, while in the other form it is to a certain degree soluble in water. Silica is procured in the latter state when precipitated from its alkaline solutions by the addition of hydrochloric acids, and is obtained as a gelatinous mass of hydrated silica. It is in this condition soluble in water, although only to a limited extent. If, however, the gelatinous precipitate be dried, it at once passes into the insoluble form, in which it is identical with rock quartz, or crystal. It appears from this, that a certain amount of moisture is absolutely necessary to render recently precipitated silica soluble, and this moisture is so loosely held that it is readily given up by ordinary drying.

In works upon homœopathic pharmacology, it is generally advised that the precipitate be dried in warm air, or between sheets of bibulous paper; thus throwing away a manifest advantage already existing.

A modification of the standard process has been tried with apparent success. A certain quantity of milk-sugar is rubbed to a thin paste, with distilled water, to this proper amount of moist

silica is added, the whole being now triturated as in preparing *Phos.*, adding water occasionally to replace that lost by evaporation; this process to be repeated with the two succeeding triturations, when the fourth attenuation can be made by aqueous solution, and so on, as far as may be desired.

This method of preparation certainly has the merit of extending the range from the water covering the silica (or even the gelatinous mass itself), to the higher attenuations; on the contrary, when prepared in the usual manner, it is commonly considered only efficacious in the higher potencies. Moreover, the moist form is probably that in which silica is assimilated by plants, and, as a preparation, it is less like the silicious particles rubbed off from the surface of the mortar in all processes of trituration.

The silicate of potash or soda, from which to precipitate the hydrated silica, can usually be found at the shops under the name of "Soluble Glass," "Liquid Glass," "Liquid Silex," or "Liquor of Flints."

There is, furthermore, a very troublesome process by which pure silica can be obtained by the decomposition of fluoride of silicon, and when thus procured, it is soluble even after being dried.

NOTE BY THE EDITOR. — We think Dr. Colby has done service to the profession by introducing, in a soluble form, so valuable a medicine as *Silicea*. We have already used his thirtieth attenuation with favorable results. And, at our request, he has prepared packages, each containing a half ounce of silicated water; a half ounce of the fourth attenuation in solution, prepared from the third moist trituration; a quarter ounce of the thirtieth attenuation, prepared from the soluble silica. These are in charge of Dr. S. Whitney, 14 Burroughs place, who will forward a package to any one who will send him a dollar for it.

The New England Medical Gazette.

BOSTON, MARCH, 1871.

As the year rolls on, we see evidences of the growth and vigor of our school. Our Colleges this season have had larger classes and better trained students than ever before presented themselves in our green-rooms. Our eleemosynary institutions are increased in number, and are doing a larger and a better work in the cure of the sick. Our societies are more active, with prospects of larger and more valuable meetings. During the past month, the great States of New York and Pennsylvania have each witnessed a convention of their homœopathic physicians. The New York Society, with its great advantage of the aid of the government in publishing its Transactions, has collected together a mass of medical material larger than ever before. The Pennsylvania meeting has also been an important one. And soon the Massachusetts Society will assemble in council. This gathering will be closely followed in Maine, New Hampshire, Vermont, Connecticut, New Jersey, and the Western States. And a few weeks hence — early in June — the American Institute will meet in Philadelphia; and it will be without doubt the largest assemblage of homœopathic physicians ever yet convened. Let every member of the Institute — and every physician of our school should be a member — see to it that he contribute something this session which shall be creditable both to himself and to the Institute. The various Bureaus, which embrace the whole field of medicine and surgery, are actively engaged upon their respective reports, and here is an opportunity for all to participate. In addition to these reports, and the discussion of purely medical subjects, there should come up for consideration some of the great questions which are of vital importance to our future progress. Last year the Institute commenced a good work in giving its influence in favor of a more thorough medical education; and the effect of its utterance has been felt not only in the different colleges but throughout the entire profession. The impulse must not be allowed to die out. A committee should be appointed from among those especially interested in medical teaching, to consider what further may be done by the Institute in this direction.

The establishment of hospitals and dispensaries in different parts of the country is receiving favorable consideration from our friends. But they wait the lead of physicians, and a committee to consider the subject and rouse the profession to increased interest, would result in solid benefit to coming generations.

Within the last year, one of the most deliberate, uncalled for, aggravating insults has been offered to our school by an officer of the United States government. It was the forcible removal of several of our number, not for any failure to perform all their official duties, but simply because they were homœopaths. Many of our societies have taken up the matter, and the press throughout the country has condemned the outrage. But the American Institute, having already a committee appropriate to this subject,— that on Legislation,—should mark out a course of action in which every homœopathic physician can join.

Then, too, there is the great subject of the improvement of the materia medica. The preparation of an official pharmacopœia is becoming, year by year, a more urgent question especially pertaining to this department of medicine.

In the broad field of hygiene and social science, as related to the profession, our school should not be a whit behind our allopathic compeers. The vital importance of these great subjects should outweigh all merely sectarian influences, and silence the dissensions in the medical profession. How sink into insignificance the personal feuds and strifes for opportunities to grind each his own particular axe — his own tomahawk! As the Institute is about to meet in the city of Brotherly Love, we feel sure of the continuance of that same good-will and harmony which have characterized all its later sessions.

Surgical Department of the Gazette. — It is with great pleasure, in which we are sure our readers will equally participate, that we announce that arrangements have been made by which there will be a distinct and separate surgical department added to the *Gazette*, and placed under the charge of Prof. William Tod Helmuth.

We have, from the commencement, published many surgical articles and items, which have proved very acceptable to the profession. But there has been of late years a great increase of attention among homœopathists to surgical diseases and operative surgery, with, we are

proud to say, a success even greater than any would have dared to hope.

We feel sure, therefore, that a department conducted by so ready a writer, and so skilful and experienced a surgeon as Prof. Helmuth, will be most acceptable to the profession. All surgical articles for the *Gazette* should, in future, be forwarded to Prof. Helmuth, No. 21 West Thirty-seventh street, New York city, and we solicit from our surgeons some of their best experiences and observations.

WHICH WINS? — In a country town, not many miles from Boston, a good-natured, and, as the sect goes, a liberal-minded allopath, had arranged to make an autopsy in company with a homœopathic physician who had formerly had charge of the case. As the latter resided at some distance, the autopsy was courteously fixed at an hour which would be most convenient for him. But what was his surprise, on arriving at the time appointed, to receive a message from the allopath, that, as some of his professional friends whom he had invited to be present were unwilling to associate with a homœopath, he must request him to withdraw, or simply remain in the room as a spectator. "I perceive," said the gentleman, in whose mansion the meeting was to have been, "that my house is not large enough for both of you. Will you be kind enough to make the examination," said he to the homœopathic physician; "and I shall see to it in the future, that a man who can thus insult me while death is in my house, shall never cross my threshold when disease is there."

CORRESPONDENCE.

HOMŒOPATHY IN MICHIGAN UNIVERSITY.

ANN ARBOR, MARCH 16, 1871.

DEAR GAZETTE, — I am sure it will please the readers of your journal to learn that the large and steadily increasing number of homœopaths in the University are actively at work. On the 10th of November, 1869, we formed a society under the name of the Hahnemann Homœopathic Medical Society of Michigan University. Its members are present and former martriculants of the University. Our number is now twenty-five, and is constantly increasing. Our roll of honorary members includes only such physicians as have prepared themselves for their profession, by graduating at some homœopathic college.

By so limiting it, we hope to assist at least in advancing the standard of our medical attainments. The Society has taken measures to be incorporated. The meetings are held every Monday evening during the college term, and as all members take an active part, the meetings are both instructive and entertaining.

At the commencement of this term, our Society prepared and circulated a petition to be presented to the legislature. While at Lansing, our committee were met by committees from other homœopathic bodies of this State; after a conference between them, the several petitions were modified into a joint petition which was presented to the Legislature and referred to the Committee on State Affairs.

Among the petitioners were twenty-seven students of the Cleveland Homœopathic College, eleven of them from Michigan. The Committee reported as follows: —

"Your Committee on State Affairs, to whom was referred the several bills and very numerous petitions relative to homœopathy in the University, setting forth the fact that their theory of medicine is entirely ignored by said Regents of the University; that after an earnest appeal to said Regents for the establishment of one chair of homœopathy in the medical department of said University, and a persistent refusal on the part of the Regents to acknowledge such rights or claims, they appealed to the people, the source of all power in this government, and through their representatives, the Legislature procured a proviso to the appropriations to that institution, which was intended to compel a modification of the policy discriminating in favor of allopathy; but that after all such efforts and such definite action of the Legislature, the Regents still refuse to recognize any rights or claims of that numerous and respected branch of the medical fraternity.

"Your Committee hold that the University is an institution of the people, established for the education of the people; that the Regents are the servants and not the masters of the people, and ought so to manage that institution as to dispense its blessings without prejudice or partiality to sect or party, that all the sons and daughters of Michigan shall have the benefit and prestige alike of the institution, and have directed me to report back to the House the following bill, being "a bill to provide for the appointment of two Professors of Homœopathy in the Department of Medicine of the University of Michigan," without amendment, and recommend that it do pass, and ask to be discharged from the further consideration of the subject.

A. CAMERON, *Chairman.*

Report accepted and Committee discharged.

It gives me pleasure to express to you, at the request of the secretary of our Society, Dr. Woodruff, our appreciation of the kindness of the publisher of the *Gazette* for a complete set of that valuable journal and its continuance. We trust that this liberality will not be unrewarded.

Yours truly,

O. B. BOWERS.

On this interesting topic we are happy to present further particulars, through another correspondent, as follows: —

BATTLE CREEK, MICH., FEB. 1871.

DEAR GAZETTE: — The bill reported by the Committee on State Affairs, ordains that the Regents of the University shall appoint and install two homœopathic professors in the Medical department of the University, — one of Theory and Practice, and one of Materia Medica, *on or before the fifteenth day of July*, 1871; and also provides for the maintenance of the above named professors. You will perceive that this is mandatory and definite. If it becomes a law, it will, without the slightest doubt, be executed by the Regents.

In 1836, the United States granted to the State of Michigan, seventy-two sections of land for the purpose of founding and supporting a University. Section two of the ordinance conveying the land to the State, reads as follows: "The seventy-two sections of land set apart and reserved for the support of a University are hereby granted and conveyed to the State of Michigan, to be appropriated solely to the use and support of such University, *in such manner as the Legislature shall direct.*" The proposition contained in the ordinance of Congress, was accepted by the State without reservation. Therefore, by every rule of good faith, the Legislature of the State must forever exercise control over the University.

An apparent conflict of authority has, however, arisen between the Legislature and the Board of Regents The constitution of the State declares this to be a body-corporate, and gives it a general supervision over the University, and the expenditure of the interest fund. Under this clause of the constitution, the Regents claim powers above and independent of the Legislature. The constitution of the State also provides that there shall be a State Superintendent of Public Instruction, who shall have a general supervision over all the educational interests of the State, including the University itself. The several duties of the Board of Regents, as well as those of the Superintendent of Public Instructions, are fixed and defined by statute law, thus proving that the Legislature has always exercised supreme control over the University. Our claims under the Act of 1855, creating a Chair of Homœopathy in the University, has been successfully resisted by the Regents in consequence of the defectiveness of the Act, — not on the ground that the Legislature had not the power to prescribe in the premises. It is confidently believed, by the best legal authorities in the State, that the bill now before the Legislature, should it become a law, — as there is little doubt it will, — if not at once obeyed by the Regents, will be enforced by the courts.

Our friends abroad may be assured that the introduction of homœopathy into the Medical Department of the University on equal terms with the Old School, is a foregone conclusion. More than one-half of the tax-payers of the State demand it, therefore it cannot long be resisted. The temper of the House is clearly shown in the report which introduced the bill.

Ever truly yours,

S. B. THAYER.

REPORTS OF SOCIETIES.

WEST JERSEY HOM. MED. SOCIETY.

Reported by Wallace McGeorge, M. D., Secretary, pro tem.

The Society met at the West Jersey Hotel, Camden, on Wednesday, February 15, 1871, at 11 A. M., the President, R. M. Wilkinson, M. D., in the Chair.

In the absence of the Secretary, Wallace McGeorge, M. D., was chosen Secretary *pro tem.*

Dr. Thomas H. Peacock, of Medford, a graduate of the Hom. Med. Coll. of Pa., was duly elected a member.

A paper on Uterine Hæmorrhage, prepared by the Chairman of the Bureau of Obstetrics, Dr. D. R. Gardiner, was, in his absence, read by the Secretary. Dr. Gardiner says: Immediately after delivery, I gently grasp the uterus and apply moderate pressure until I feel it contract and it becomes a firm hard ball, and in a majority of cases the placenta is detached, the open mouths of the vessels close, and no hæmorrhage follows. If the patient be of a hæmorrhagic diathesis, or one that has had hæmorrhage in her previous confinements, I give one drachm of ergot ten or fifteen minutes previous to the termination of labor, so as to assist or forward contractions of the uterus. When I have pursued this course I have had very few cases of hæmorrhage. The remedial treatment consists of *Belladonna, cinnamomum, Ipecac., Sabina*, and *Secale*. When all remedial agencies fail, it becomes the duty of the physician to resort to such means as will save the life of his patient. . . . In cases of miscarriage, when the patients are very weak, and the placenta has not been removed, a tampon composed of fine sponge should be introduced into the vagina, filling it up; the blood then forms a clot, and the hæmorrhage ceases, and not unfrequently when the sponge is removed, the placenta will be found in the vagina, or at the mouth of uterus, and placing the patient on a vessel it will drop out. . . . A solution of persulphate of iron, two drachms to a pint of water, has proved very efficient in his hands, injected into the uterus, either in cases of miscarriage or poste partum hæmorrhage. The following case was given: "During the excessively hot weather, on June 23d, at midnight, I was called to attend Mrs. S. in confinement; found her doing well, and about 3 o'clock she was delivered of a fine female child. After the birth of the child, I grasped the uterus, and attempted to contract it but failed to do so. I delivered the placenta, and as I did so, the blood gushed out, and soon saturated the bed. She said she was blind, and very sick at stomach. I immediately applied a bandage over the abdomen, removed all pillows from under her head and shoulders, elevated the lower extremities, mixed some *Ipecac.* in water, and gave a teaspoonful every five minutes, and occasionally a teaspoonful of a weak mixture of brandy and water. By 5 o'clock the hæmorrhage had ceased, and she was comparatively comfortable. So I left her with directions not to move her until my return, which

was at 9 o'clock, when I removed some of the wet clothing, and placed her in a more comfortable position. She got along very well till the fifth day, when I was summoned, about 9 A.M., the messenger saying that she was dying. I immediately called, and found her almost pulseless, unconscious, the extremities cold and blue. Upon inquiry I learned that she had attempted to wash her face and hands, and was taken worse immediately afterwards, and that there was no discharge. I placed my hand on the abdomen, and found the uterus dilated and completely filled with clots (secondary hæmorrhage with inertia of the womb). I applied pressure, but it produced no good results. I gave her *China*, *Carbo veg.* *Sabina*, *Secale*, and other remedies, without any apparent effect. I stimulated her, which seemed only to keep her alive. Knowing that this state of things could not continue long, at evening I injected a solution of persulphate of iron, ½ oz. to a quart of water. As the solution was thrown into the uterus, the clots were washed out and the hæmorrhage ceased; consciousness returned, the extremities became warm, the beats of the pulse became quite perceptible. She had a very tedious recovery."

Dr. Pfeiffer thought it right for us to resort to every known means to save the life of our patient. He sometimes uses *Con. mac.*, especially with cases which have considerable after-pain, without being able to rest. Sometimes uses *Arnica* and vinegar on a compress.

Dr. Streets related a case of secondary inertia of the uterus, occurring six hours after labor,—a bad case of internal hæmorrhage. Gave *Secale* every fifteen minutes with a good result.

Dr. Hunt did not wish to criticise the papers, but he was opposed to the too frequent use of ergot, as there were enough homœopathic remedies. Nor did he approve of the use of the tampon, because it is apt to conceal the exact condition of the patient. Uses from three to five drops of the tincture of *Erigeron* in such cases. If he finds it indicated he uses *Bell.* in connection with *Erigeron*, and, for fetid discharge after abortion, a weak solution of carbolic acid. But we had better stick closely to our materia medica; it will save trouble and be more consistent. It is best to study up the remedies and get characteristics.

Dr. Phillips had used *Erigeron* in seven cases of hæmorrhage; but not lately. In a case of hæmorrhage in the after part of the night with a sensation of great distention of abdomen, *Platina* cured the patient.

Dr. Kirkpatrick always uses *Cinnamomum* when there is hæmorrhage, and relies implicitly on it in such cases. Is never in such a hurry to remove the placenta; thinks a good deal of harm is done by hurrying up so. He gives *Caulophyllin* if he wants to increase the pains. He related a case of a woman who had flowed several days; she was pulseless, etc. He removed a urinal full of dark, coagulated clots of blood; the flooding still continued, yet *Cinnamomum* helped her, and she finally got well.

Dr. Ward thinks compression is the only thing which will stop these gaping vessels in bad cases. He relies on no known remedy in such cases. He uses ice-water in the uterus. The contraction of vessels is what closes the uterus, or drives out the placenta, and that is the true way.

Dr. Pfeiffer was afraid of *Erigeron;* he had not found it useful. Once, in a bad case of hæmorrhage from paralysis, *Belladonna* saved the patient's life.

Dr. McGeorge then read a paper on a mal-formed pelvis, showing the means used to save the life of the child. The patient, an Irish-woman, aged 27, had previously had four children. An allopath delivered the first with instruments, still-born, after a labor of seventy-two hours. The second was removed by craniotomy. The third was also still-born; the fourth, a small child, was delivered alive by means of a curved vectis by Dr. D. R. Gardiner, assisted by Dr. J. C. Morgan, after the mother had been in labor thirty-six hours. In her fifth confinement, the history of which was described at length, "pains set in at 3 A. M., Jan. 29, 1871. At 5 A. M. we were summoned, and at 5.30, upon a vaginal examination, the soft parts were found moist and dilatable, and the head presenting. Upon this examination, Dr. McG. discovered the malformation in the pelvis, corresponding to the condition previously described by Dr. Gardiner. The sacrum was considerably out of the median line, inclining forward and to the right side, and very prominent, so that when the child's head came down, instead of going into the pelvis, it would strike the sacrum, and be thrown over on the pelvis. Its anterior-posterior diameter being much less than normal, it offered grave obstructions to the passage of the head under the arch. At 6 A. M., the os being sufficiently dilated, the vectis, curved to suit the condition of the pelvis, was introduced and held in position over the vertex and under the pelvis, and pressure was applied downward and outward during the pains for two hours by Dr. Daniel R. Gardiner, Dr. Wallace McGeorge, and Dr. Richard Gardiner, jr. For half an hour, traction was made by all three successively, but without avail At 8.30 A. M., another thorough examination was made, and the head was found too large to pass under the arch. To remove the vectis and apply the forceps would be to sacrifice all that was gained, as the head would slip up over the pelvis. Craniotomy was proposed. Before resorting to this last extremity, at the writer's suggestion, the forceps was applied in conjunction with the vectis. The vectis, it will be remembered, remained over the child's head, and directly under the pelvis. The forceps was applied at the sides of the head, and by letting the handle of the vectis hang down between the blades of the forceps, each instrument worked clearly and independently, yet all in harmony. The forceps was managed by Dr. D. R. Gardiner, and traction made directly outwards; the vectis was used by Dr. McGeorge, assisted by Dr. Richard Gardiner, jr., and traction was applied downwards. By these means, and in this way, the head was gradually forced under and through the constricted pelvis, and could have been delivered at once by the forceps, but for the vectis, which interfered with the movements of the child after its head had been disengaged from its osseous prison. After removing the instruments, in the next pain, the child's head was born, and the body immediately after. The child was much axphyxiated. The secundines came away nicely. No hæmorrhage ensued,

and the woman had a good getting up; being able in ten days to attend to some of her domestic duties. The head of the child was abraded on the occiput, on the left side of the face, and under the left ear, but by applying *Arnica* tincture, in water, it healed in four or five days. The head measured fifteen inches in circumference, showing a diameter of five inches, and the child weighed nine pounds. Both mother and child did well."

On motion, a vote of thanks was unanimously given to Drs. Gardiner and McGeorge, for their respective papers, and the papers placed on file.

The Bureaus of Practice and Surgery made no report, and the Bureau of Materia Medica, a fragmentary report, but suggestive.

Dr. Ward presented a specimen of a horny urinary calculus, about the size of a small pea, which he took away some days since. The man had passed it a week before from the kidney to the bladder, and before it passed from the bladder it had to be pushed back by the catheter, to allow him to void his urine.

He proposed Gonorrhœa as the subject for next meeting.

Dr. Hunt, Chairman of the Bureau of Practice, on request, promised to furnish a paper on this disease.

Dr. Streets was elected a Delegate to the State Society.

WORCESTER CO. HOMŒOPATHIC MEDICAL SOCIETY.

Reported by D. B. Whittier, M. D., Secretary.

THIS Society held its quarterly meeting in Clinton, with Dr. Brooks, who cordially welcomed the members present in a brief address. He spoke of the interest manifested by the attendence, and the benefit resulting from the familiar and conversational character the meetings had usually assumed. In the relating of difficult or peculiar cases, and trials incident to a physician's life, our meetings, above all others, are the places where we become mutual helpers, giving and receiving the encouragement, instruction, and advice of those who are successful. The hours were profitably spent in relating cases and in discussion. Charles A. Brooks, M.D., of Clinton, was chosen Delegate to our State Society. Adjourned to meet in Worcester, May 10th. At the close of this very pleasant meeting, the members, at the invitation of Dr. Brooks, partook of an excellent dinner.

REVIEWS AND NOTICES OF BOOKS.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, from Dec., 1840, to April, 1861.

It is with great pleasure that we announce the appearance of the long-looked-for First Volume of the Transactions of the Massachusetts Homœopathic Medical Society. This Association was one of the first of our school founded in this country. Its origin was the result of a necessity with the earliest practitioners of our school, who, without published volumes to assist them, and ostracized from the profession by adopting the "new heresy," felt obliged to meet in order to compare notes, and assist each other as learners in the better method of healing. There were but four or five of these physicians at that time, and though they frequently met each other accidentally or socially, they felt the need of more systematic interchange of knowledge. So in December, 1840, they came together and formed an association which they called the FRATERNITY. As its name denoted, it was, to some extent, a social gathering; and as the members lived at considerable distances from each other, they agreed to meet "on the Tuesday evening preceding each full moon."

The homœopathic physician of the present day, who lives in the crowded city, and who meets from one to a half-dozen of his associates every day, or who attends an annual meeting with from one to three hundred physicians of the same faith, can hardly appreciate the warming, cheering, strengthening influence of these gatherings. Small though they were in point of numbers, through them the germ was nourished into successful growth. Every new observation was frankly presented and eagerly received; difficult cases were talked over and carefully studied; and the faithful Secretary made minutes of the most important observations and facts. In July, 1851, as the number of its members had gradually increased, and as they resided in various parts of the State, it was thought best to change the title to the more dignified one of the MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. And in 1856 the legislature granted to this society a charter, conveying with it certain privileges which will undoubtedly perpetuate it.

It was not till 1861, however, that the Society had the means to publish any of its transactions; and in order that the publications of the Society might form one unbroken series, they began by calling the volume published from 1861 to 1866, Volume Two, intending, at some future time, to take from the records sufficient material to make Volume One. Thanks to the liberality of members of the Society, a sufficient sum has been raised to publish it; and by the energy and perseverance of the present Secretary, Dr. E. U. Jones, the well-kept records of twenty years have been carefully gleaned, and the most important portions made into a volume of some four hundred fair octavo pages, which, upon the thirty-first anniversary of the Society, will be distributed to its members. We have still left to us one of the original founders. Would that they could all have lived to see the printed record of their early works!

Four historical articles introduce the volume.

Section I., on Hahnemann, is by E. U. Jones, M. D.; Section II., Origin of Homœopathy, by C. Wesselhoeft, M. D.; Section III., Hans Burch Gram; Section IV., Early History of Homœopathy in Massachusetts, also by Dr. Jones, contains, in full, the report of the Committee of the Massachusetts Medical Society, on the course to be pursued with homœopathic Fellows of the Society, and also the report on that document by a committee of the Massachusetts Homœopathic Medical Society,—a document that we "would not willingly let die." Section V. contains the proceedings of the Massachusetts Homœopathic Fraternity, from its preliminary meeting, December, 1840, to its merging into the incorporated Society in 1865, also, those of the latter, up to and including the annual meeting in 1860.

Next follow reports of cases in the early years of the Society. These are under the following sections: VI. Fevers,—typhoid and intermittent; VII. Exanthemata, containing variola and varioloid, scarlatina, erysipelas, erythema, chronic eczema, and tinea capitis; VIII. Rheumatism, including lumbago and sciatica; IX. Diseases of the head; X. Diseases of the eyes, ears and nose; XI. Diseases of the mouth and throat; XII. Diseases of the respiratory organs, including croup, asthma, cough, etc., and whooping-cough; XIII. Neurotic and gastric diseases. XIV. Enteric diseases: cholera, cholera-morbus, diarrhœa, constipation, typhlitis, hæmorrhoids, and colica pictonum; XV. Heart; rheumatic carditis; XVI. Urinary diseases, dysuria, etc.; XVII. Sexual diseases; XVIII. Mania; XIX. Neuroses, prosopalgia, chorea; XX. Necroses; XXI. Scrofulosis; XXII. Syphilis; XXIII. Pathogenesis of remedies. Many of these are valuable reports of cases, facts which we should be happy to reproduce from time to time for the benefit of our readers.

Miscellaneous papers follow, beginning with XXIV. on the establishment of a dispensary as the first step towards the ultimate founding of a hospital. This paper, read in October, 1855, was followed by an effort which resulted in founding the Dispensary, and in obtaining an act of incorporation for that charity and also for the Society.

The annual address of Dr. Holt, XXV., and that of Dr. Wilde, XXVI., which were very interesting when delivered, will prove no less so now.

The remainder of the book is made up of the Constitutions and By-laws of the Fraternity and of the Society, together with a carefully prepared index, by Dr. Jones. Altogether, the book is got up in a manner creditable alike to the Society and to its industrious compiler. It should be in the hands of every homœopathic physician of Massachusetts, at least; and we bespeak for it a wider circulation still, among those interested in our science.

Wasting Diseases of Children. By Eustace Smith, M. D. Second American, from the Revised and Enlarged English Edition. Philadelphia: H. C. Lea. Octavo, pp. 226.

Dr. Smith believes that much of our terrible infantile mortality is

due to our ignorance of the wasting diseases of children. He enumerates them as: Atrophy from innutrition; chronic diarrhœa; chronic vomiting; rickets; inherited syphilis; mucous disease; worms; chronic tuberculosis; chronic pulmonary phthisis; and tuberculization of glands. Of all these, the first is [in London] the most common, the most fatal, — *and the most preventible.* Delay of weaning is among the evils condemned.

In the treatment of most of these diseases, the author's first attention seems to be given to diet, to which also he devotes a new chapter at the close. But we see one remarkable exception: for chronic vomiting he recommends drop-doses of wine of ipecacuanha. Give for vomiting a minute dose of a medicine that, in a full dose, would cause vomiting! So, too, we find castor oil recommended in chronic diarrhœa.

The chapter on mucous disease is new. The author refers to it many cases often attributed to chronic tuberculosis, while the disease really consists chiefly in an increased secretion of mucus in the whole alimentary canal. We would commend this thin but full volume to the layman and the philanthropist, as well as to the physician and the nurse.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

The officers and trustees acknowledge the following amounts, with names of donors, as the contributions for the Hospital to this date:

Mrs. G. R. Russell, $1,000; Mrs. A. G .Farwell, $1,000; Dr. George Russell, $750; Dr. I. T. Talbot, $200; John Felt Osgood, $200; S. G. Cheever, $100; Isaac Thatcher, $100; David H. Blaney; $100; Francis George Shaw, $100; Dr. C. Wesselhoeft, $100; Liverus Hull. $100; Dr. W. P. Wesselhoeft, $100; William Pope, $100; William C. Pope, $100; Mrs. H. E. Raymond, $100; John F. Demerritt, $100; Mrs. Caroline Tappan, $100; Benjamin H. White, $100; F. A. Howard, $100; Dr. J. P. Paine, $100; H. S. Russell, $100; Mrs. J. M. Forbes, $300; Proceeds of Concert at Mrs. W. P. Wesselhoeft's, $175; Dr. D. G. Woodvine, $129.54; C. A. Bartol, $100; C. B. Hall, $100; Mrs. G. R. Russell, $100; Mrs. Edw'd Codman, $100; Joseph Dix, $100; Dr. George Russell, $75; Chester Guild, $50; Miss Mary H. Loring, $50; Mrs. Annie Parker, $50; Dr. B. de Gersdorff, $50; George Thatcher, $25; George A. Taylor, $25; Miss Henrietta Sargent, $25; H. E. Maynard, $25; S. H. Fessenden, $25; J. F. Folsom, $10; H. A. Morse, $10; G. F. Brown, $20; S. E. Swaim, $10; Miss Elizabeth Phelps, $10; J. G. Haynes, $10; A Friend, $10; A Friend, $5; Timothy Smith, $5; Geo. F. Hunting, $5; C. E. Cartwright, $5: James Sturgis, $100; S. H. Blake, $100; H. B. Going, $50; Miss M. Louise Shaw, $25; Mrs. C. E. Stratton, $20; T. C. Wales, $20; Mrs. S. Piper, $10; Mrs. Q. A. Shaw, $10; Miss Susan White, $10; John Simpkins, $10; Miss Susan E. Cary, $10; Edwin Alexander, $10; Mrs. Susan H. Gallup, $5; Mrs. Wm.

Poland, $5; Mrs. James Tolman, $5; C. Cowing, $5; Mrs. W. D. Boardman, $5; Mrs. Margaret Putnam, $500; Miss Caroline Seaver, $300; Mrs. W. L. Garrison, Jr., $300; Mrs. W. L. Garrison, $100 — $6,766.54.

In addition to the above: —

Cash, the result of a parlor fair held at No. 31 Mount Vernon street, $1,716.45, including donations of $100 from Mrs. Fenno Tudor, $50 from a friend, $45 collected by Mr. E. G. Tileston; also the following annual subscriptions: Wm. Heckle, $10; Mrs. L. W. Abell, $5; Mrs. A. G. Alvord, $10; Mrs. C. H. Dorr, $20; Mrs. A. E. Bachelder, $20; Isaac B. Rich, $100 — $1,716.45. Total, $8,482.99.

FRANK W. ANDREWS, *Treasurer.*

Boston, March 1, 1871.

Besides these receipts, the Ladies' Aid Association, comprised of about one hundred and fifty ladies in Boston and vicinity, has rendered efficient aid in starting the Hospital. The Association raised funds to the amount of nearly two thousand dollars for furnishing the Hospital, and provided for its immediate wants. It has a Board of Lady Managers and Visitors, some one of whom goes to the Hospital every day in the year, and supplies such necessities and wants of the patients as do not legitimately come within the sphere of the Hospital, so that its patients are most attentively cared for.

The growth of a hospital is dependent upon two conditions: the interest the medical profession take in it, and the amount of funds it receives. In this enterprise the permanent fund is already so well started as to secure its permanency, and to encourage the highest hopes in regard to it. Several social enterprises and entertainments in aid of the Hospital have already proved completely successful, and more are in progress. Let the friends of Homœopathy in New England give this institution a warm support.

Reports of its funds will be given in the *Gazette* from time to time.

ITEMS AND EXTRACTS.

MEDICAL MISSIONARY. — A Hindoo physician has made his appearance in New York, who treats disease by the "Limotherapeian" [starvation] process.

DR. JOHN GEGAN, an eminent physician of Philadelphia, who died while on a visit to Dublin, left $80,000 out of his estate of $125,000 to Catholic charitable and religious associations in Philadelphia.

SMALL-POX. — Sixty deaths from small-pox in London were reported for the week ending Dec. 3, 1870, — more than in any week since June, 1863.

FOSSIL IVORY. — There are said to be millions of pounds of fossil ivory in Alaska. It is of excellent quality, and is worth a dollar a pound in San Francisco.

ENURESIS. — In France, ligation of the prepuce at night by means of a piece of linen tape has been successfully tried for enuresis, or idiopathic incontinence of urine.

SPECIFICS. — The following remedies are said to be valuable and infallible: For corns, easy shoes; for bile, exercise; for rheumatism, new flannel and patience; for gout, toast and water; for the tooth-ache, a dentist; for debt, industry; and for love, matrimony.

PUNISHMENT FOR CRIMINAL ABORTION. — For producing abortion, Judge Bedford, son of the well-known Prof. of Obstetrics, has sentenced Michael A. A. Wolff, to the New York State Prison for seven years, the longest term allowed under the statute. This is the first case of conviction for several years.

HYSTERICAL RETENTION OF URINE. — Mr. J. Waring Curran (*Med. Press and Circular*) finds that this troublesome affection can be relieved by causing the patients suddenly to plunge their hands and arms into very cold water.

EXTRACTS OF FLESH AND FISH have been prepared in Java and Sumatra for several centuries. The raw material, after being boiled and comminuted, is placed in a press, the expressed juice being exposed to a moderate heat till it assumes the consistence of syrup. The extracts so prepared all possess an intensely saline taste arising from the accumulation of organic salts caused by their great concentration. — *Brit. Med. Jour.*

CABOLIC ACID FOR POISONED WOUNDS. — The Assistant Surgeon in charge of H. M. S. Investigator during the Niger Expedition of 1868, earnestly advises the application of strong carbolic acid to poisoned wounds, such as snake-bites, etc., together with a stimulating emetic.

WHAT'S IN A NAME? — The *Boston Journal of Chemistry* reports as among its subscribers — Dr. Death, Dr. Slaughter, Dr. Dye, Dr. Coffin, Dr. Toombs, and Dr. Graves. This sombre list is lighted up by Dr. Life, Dr. Strength and Dr. Joy. Dr. Drinkwater just balances Dr. Rumn on the liquor question.

COD LIVER SOAP. — In Brussels, cod-liver oil saponified with lime has been giving some satisfaction in phthisis. The advantages claimed for it are its solid form, slight taste, easy digestion and assimilation, and the absence of diarrhœa.

HUMAN MILK DIET. — Dr. Macgowan mentions the case of an opulent man in China who required one hundred nursing women for supplying him with nourishment. On attaining his 100th year, he was "as round and plump as a squash." One hundred and sixty is the utmost point of longevity which man is known to have attained in the West. — *Med. Times and Gazette.*

CARBOLIC ACID. — Neumann's investigations on the action of carbolic acid on dogs poisoned therewith, show that in the post-mortem examinations there is constantly found a considerable fatty degeneration, in combination with a molecular breaking-up of the cells of the

liver, hyperæmia of the kidneys, with turbidity of urine, and separation of the epithelium of the urinary passages.

HÆMORRHOIDS. — As the ordinary privy-seat allows the nates to bulge down too much, and thereby favors the protrusion of the relaxed rectum, Dr. Packard, of Philadelphia, recommends that a board, with an opening about five inches wide by fourteen long, be placed over this seat. He also recommends a kind of anal truss, which affords considerable comfort in walking. A hemispherical block of ivory or vulcanized rubber, about as large as half a billiard ball, is attached to a spring of properly-adjusted strength, and this again is fastened to a belt.

SWALLOWING OF INDIGESTIBLE SUBSTANCES. — Sir William Fergusson calls attention to the case of a sailor, aged twenty-three, who was in Guy's Hospital in 1853, and who, in the course of ten years, swallowed, at different times, at least thirty-five knives. Some of these, or eroded portions, were occasionally vomited or passed per anum. He finally died from exhaustion, and, on opening the body, forty different pieces of blades and handles were found in the abdomen. — *Medical Record.*

DUALIN. — This name is given by Carl Dittmar, of Charlottenburg, Prussia, to the new explosive compound, of which he is the inventor. In the open air it burns without exploding, and is not sensitive to concussion, but when confined it may be exploded. It has from four to ten times the strength of an equal weight of common powder, and is not liable, like gun-cotton and several other explosives, to slow self-decomposition. Dualin is composed of cellulose, nitro-cellulose, nitro-starch, nitro-mannite, and nitro-glycerine, mixed in different proportions, depending on the degree of explosive power required.

COLD-WATER APPLICATIONS IN DIARRHŒA. — Among the recent discoveries (!) of allopathic physicians, is that of Dr. A. Oppenheimer, who has employed cold-water applications in a series of cases of infantile diarrhœa, the age of the children varying from four to fourteen years. The results were very favorable,— sixteen patients out of twenty recovered. The treatment is most efficient in recent cases, but almost useless in chronic diarrhœa. The following is his method: The child is enveloped in a bed sheet, which is first dipped into common well water, and then wrung thoroughly; the patient is next covered with a woollen blanket and allowed to remain thus for one hour; after this, cold compresses are applied to the abdomen. This process is repeated every three or four hours, — in severe cases every hour. If symptoms of cerebral hyperæmia ensue, cold applications must also be made to the head.

What a pity that Dr. Oppenheimer could not have used homœopathic treatment in conjunction with this cold water. He might perhaps have reduced his mortality very considerably. We advise him to try it next time and give the result to the profession.

LIME-WATER IN BRIGHT'S DISEASE AND ANASARCA. — Kuchenmeister recommends the employment of lime-water in Bright's disease, on the

ground of its power of dissolving proteine. He has administered it also with the object of dissolving the proteiniform infiltrations of the kidneys in scarlet fever. He gives one or two teaspoonsfuls of lime-water in milk every three hours. Under its influence the quantity of urine augments to many times its original amount. Slight hæmorrhages occasionally require that it should be stopped, but the quantity of albumen diminishes, whilst the number of fibrinous and epithelial cylinders in the urine seem to increase. The success of lime-water treatment is remarkable in anasarca, but less brilliant in dropsy of the serous cavities. — *La Rev. Médicale, Feb.* 26, 1870.

INTEMPERANCE IN CHLORAL. — There is danger that not a little harm may result from the free use of the new narcotic or anæsthetic, chloral. That it has valuable medicinal properties, and is an admirable sedative, there can be no doubt. But it is one of the most fascinating of narcotics, and the habitual use of it is said to be attended with more and greater evils than almost any other drug of common consumption. It is understood that the use of it has become alarmingly prevalent, and it may therefore be well to note a few of the consequences. Eminent physicians say that it aggravates rheumatism and skin diseases, and causes irritation of the mucous surfaces of the nose and throat. It causes a dimness of sight that is most inconvenient, to say the least. A Chicago clergyman lately told his experience with the drug to his physician. For a few nights it was taken for sleeplessness; its effects were very pleasant; then came on a peculiar dimness, or weakness of sight; he had to read with one eye at a time, — for a minute or two with each. If one eye was used longer than a minute, the words and letters became blurred and indistinct. The eyes became congested, the lids swollen and partially paralyzed. The tongue had a peculiar appearance, — a black streak, like that caused by ink, extended the whole length of the tongue, in its centre. The physician who sends this account to the *Chicago Tribune* says that this peculiar appearance of the tongue is diagnostic. He has observed it in those who have been addicted to chloral-eating for only a few days. The habit is, moreover, exceedingly hard to break off, and attempts to do so have resulted in symptoms not unlike those of *delirium tremens*. One case is reported where a man who took an overdose slept for twenty-four hours, and on awakening found his arms and legs paralyzed. It is to be hoped that these facts will induce the public generally to be very cautious about the new drug, and not to make use of it at all without the advice of a good physician. — *Advertiser*.

CHLORAL. — As an indication of the quantity of hydrate of chloral used in this ountry [England] since its introduction here about a year and a h lf ago, I may state incidentally, on what I have every reason to consider reliable authority, that one commercial house alone has supplied the English drug market with ten tons of the substance; three other houses have each, it is supposed, supplied as much more, so that fifty tons weight have been, on this calculation, sent out — an amount which would yield 36,000,000 narcotic doses of about 20

grains each to England alone since August, 1869. Does the frequent administration of chloral lessen or increase the danger of the administration? On this question I am forced to state that the frequent administration of chloral, though it may suggest greater confidence in it on the part of those who take it, increases the danger from an excessive dose. Chloral differs from opium in this respect; opium produces chronic symptoms peculiar to itself, but the dose may be steadily increased without immediate danger from the increase; chloral cannot be used in this cumulative way without danger. — *Dr. Richardson in Med. Times and Gazette.*

Pregnancy. — Dr. Strohl, from observations on nearly 350 women, with special reference to the signs of a previous pregnancy, has arrived at the following conclusions: that there are but two signs, possessing an almost absolute value when they exist, and are well marked, while their absence does not exclude a previous delivery. These are the lacerations of the os uteri, and the *lineæ albicantes* (the silvery streaks) on the abdomen.

Pontine Marshes —The medical profession will watch with great interest the efforts made by the Italian government to drain the Pontine Marshes and the Campagna. If Rome is again to be the capitol of Italy, the malaria must be banished from the Agro-Romano. The Italian government see this clearly, and they have instituted a commission of engineers and men of science, to inquire into the practicability of effecting it. The undertaking is a most interesting one from a medical point of view. Recently it seems that all Rome except the Seven Hills has suffered a flood.

Diabetes. — Dr. J. Seegen, Professor of Medicine in the University of Vienna, has recently issued one of the most exhaustive works ever published on Diabetes Mellitus, based on the observation of one hundred and forty cases of this disease. Foremost in the rank of curative agents he places Carlsbad waters, and secondly Vichy waters.

Carbolized Tow, which is a favorite application to wounds among continental surgeons, is never seen in our own hospitals. We have on more than one occasion alluded to the frequent use of picked oakum in military hospitals. Dr. Calvert sent large quantities of carbolized tow to the seat of war for the ambulance and war hospitals, and a very favorable opinion has been expressed concerning it. This makes an excellent external dressing, absorbing and deodorizing the discharges that escape from the wound. We have received a sample of this tow, and we can indorse the satisfactory opinion entertained of it. — *Lancet.*

Vaccination in Hot Weather. — In India vaccination is only performed during the cold season. All attempts that have been made during the hot and rainy season have completely failed. If the hot season of India so completely nullifies the effects of the vaccine virus, possibly a series of carefully noted cases during the summer months in this country might modify the prevailing view that vaccination is

equally successful and protective, no matter what season of the year performed.

Extraordinary Case of Small-Pox. — A Prussian soldier, direct from the neighborhood of Paris, was admitted to the Alice Hospital at Darmstadt for sciatica, where he was seized with small-pox of an unusual and severe type. The eruption, which was not preceded by any of the usual symptoms, began in the right groin, and had the appearance of a common erythema. It spread upwards over the trunk, and reached the face, which became somewhat swollen. During this time the temperature was about 104°, but the patient suffered no inconvenience. He took food well and slept well. On the fifth day, pustules appeared, which on the body were isolated, but on the face extremely numerous and confluent. They also appeared on the fauces and tonsils. The conjunctiva was not affected. The patient was now unable to swallow, and the lungs became œdematous. Death occurred on the eighth day.

Deaths from Snake-Poisoning in India. — Dr. Fayrer has obtained returns from a number of districts in India relative to the frequency of death from snake-bites in that country. The result is truly appalling. It appears that the mortality from this cause over parts of India, equal to about half the area of Hindostan, amounts annually to 11,416 cases. Dr. Fayrer estimates the entire mortality from snake-poisoning in Hindostan as 20,000 annually. In order of destructiveness, the cobra takes the first place, and the krait, or *Bungarus cœruleus*, the second. — *Med. Times.*

Anæsthesia from the Compression of the Vagus Nerves. — From the *Practitioner* of December, 1870, we learn that the late Dr. Waller, of Geneva, after experimenting, has advised the production of anæsthesia in some surgical operations, such as the reduction of dislocations, the extraction of teeth, &c., by means of *compression of the vagus nerve* on both sides. After moderate pressure, the voluntary muscles are perfectly relaxed; and although, at first sight, from the suddenness and completeness of the effect, it appears a dangerous proceeding, yet the continuance of the heart's pulsations and of the respiration induced the doctor to think that no real danger exists.

Plane Hernia Pad. — Dr. N. Folsom, of New York, has designed a truss, always made double, with pads of wood, somewhat pear-shaped, about 3½ inches long, two inches wide and a half an inch thck, *perfectly flat*, with rounded edge. He says: "The injury most frequently done by injudicious treatment is the weakening of the parts by the pressure of a highly elastic spring on a convex pad, which bores its way into the body, driving the pillars of the ring farther and farther apart, stretching the inter-columnar fibres, and causing wasting of the tissues, — the same process being continued from the outside that was going on before from within by the action of the disease. The use of a convex pad should be abandoned whenever the hernia can be perfectly retained by a flat surface. In obese persons, more or less convexity is usually necessary, but the cushion of fat prevents the boring action to a great extent.

HOMŒOPATHIC DIRECTORY.

BY HENRY M. SMITH, M.D.

NEW YORK.

Historical Sketch.

(*Continued from page 95.*)

In 1829, Dr. Abraham D. Wilson gave in his adherence to the homœopathic law. He was born September 20, 1801, in Columbia College, in this city, where his father held a professorship. He graduated therefrom in 1818, at the age of seventeen. He received his degree of Doctor of Medicine from the College of Physicians and Surgeons in 1821. An intimate friend of Dr. Gray's, he was by him introduced to Dr. Gram. Though no article from his pen has ever appeared in our medical journals, and no results of his large experience have ever been published, yet Dr. Wilson did much by his large and successful practice, and his liberality, to spread a knowledge of homœopathy among the people. The attachment between him and his patients was remarkably strong, and he probably had the largest clientage of any physician in the city. He died January 20, 1864.

Dr. Daniel E. Stearns was born in Hinesburgh, Vt., and came to New York in September, 1827. He graduated the following year, at the University of Vermont, at Burlington. In November, 1828, he became acquainted with Dr. Gram, and the following year adopted the new system. He remained in practice here till 1833, when he removed to Tremont, Westchester Co., where he now resides, retired, I believe, from practice.

Dr. Amos Gerald Hull was the first student of Homœopathy. He was born in New Hartford, Oneida Co., N. Y., in 1810. He graduated at Union College, Schenectady, in 1826, at the age of sixteen. In 1828 he began the study of medicine, and graduated from Rutger's College in 1832. The following year he began to practise homœopathy. He was the first student who underwent the public and recorded examination which had been established by the Medical Society of the County of New York. After practising some years in this city he removed to Newburgh, but returned here and practised a few years before his death which occurred April 25, 1859. In 1834, he edited, with Dr. Gray, the *American Journal of Homœopathia*, and in 1840, under his editorship, the *Homœopathic Examiner* appeared, three volumes of which were published. Dr. Hull edited several editions of Jahr's Manual, and assisted in the Symptomen Codex. He also edited an American edition of Everest's "Popular View of Homœopathy," and several editions of "Laurie's Domestic Homœopathic Practice."

In 1828, Dr. Hull became a member of the New York Medical and Philosophical Society; the next year he was made its Corresponding Secretary, and the following year he was elected President. He was

highly esteemed by his *confrères* as a man of scientific and literary attainments, a skilful physician, and a gentleman of strong social attachments. He was a member of the New York County Medical Society, and in 1835 one of the Censors, and was prominent as an advocate for a public and recorded examination of candidates for membership. At this time the law in New York obliged every physician to be a member of a county medical society.

Dr. William Channing, a gentleman of culture and education, was a member of Gram's party. He was born in Massachusetts near the beginning of this century, graduated at Rutger's College, and became interested in Gram and his teachings. During the cholera season in 1832, he visited the cholera hospitals and was so dissatisfied with the old treatment that he made a public trial of *Camphor*, *Cuprum* and *Veratrum*, with such good results that he published them in the newspapers, and soon after avowed his change in practice.

Dr. Channing differed from the other homœopathic physicians, who believed in the empirical use of some of the remedies of the old school, such as the endermic use of *Mercury* in some forms of syphilis, and *Apocynum* in ascites; he believed, with Hahnemann, that this practice was unjustifiable, and so arose the first difference of views. Dr. Channing accepted homœopathy as a principle, and was satisfied that it was all-sufficient; that a failure to cure a curable case did not disprove the universal applicability of the law, but a want of knowledge on the part of the practitioner.

The accession of Channing marks an era in the history of homœopathy here. Heretofore, the profession had paid little attention to the subject, considering it one of Gram's vagaries; but the success of the treatment in cholera awakened an opposition which was increased as the system gained in public favor, and the loss of their patients affected the pockets of the physicians. Although highly esteemed by all who came in contact with him, and having many friends, he was so reticent that none knew about his family or social affairs. I do not know with certainty when or where he was born, nor the date of his graduation. He died of paralysis, at Harrisburg, Pa., February 11, 1855.

Dr. Louis Folk Van Beuren, was a student of Dr. Gram about the year 1832 or 1833; when or where he graduated, or where he afterward resided, I have been unable to ascertain.

Dr. Joseph Thomas Curtis was the second and a much-esteemed pupil of Dr. Gram. He was born at Danbury, Conn., Jan. 29, 1815. Giving promise of talent at an early age, his parents gave him as thorough an English and classical education as their limited means would permit. He entered Dr. Gram's office (1833) as a student, at the age of eighteen. He passed one of the most brilliant "public and recorded examinations" ever held in this city, and received his license to practice March 23, 1836. He possessed great power of analysis and comparison, and being profoundly versed in anatomy, physiology, and materia medica, it was a great delight, after carefully preparing his record, to select the remedy from the scanty sources at his command. His *confrères* soon learned where to go for assistance

in their daily practice. Regarded as one of the most learned practitioners, much esteemed by his colleagues as well as by his patients, but lacking those arts and blandishments by which many commend themselves to their patients, he never attained to wealth or fame. Valentine Mott said of him, "Dr. Curtis is a medical scholar of rare attainments, and a gentleman of spotless character." Willard Parker attests to his possessing "a superior and highly-cultivated intellect, which he has most ardently devoted to the science of medicine and its collaterals." In 1852, he was elected President of the Hahnemann Academy of Medicine, and delivered an inaugural address on "The Relations of Homœopathy to Chemistry," which was published in pamphlet form. In 1843, he edited, with Dr. James Lillie, "An Epitome of Homœopathic Practice." Never robust, excessive study and toil produced a nervousness, at first general, then local as well. His sight failing, he made a voyage to Europe for its restoration, with but partial success. He visited the West Indies with a view of locating there, but did not. With a hope that some mechanical occupation would benefit him, he applied himself to that, but without success. He partially resumed practice a short time before his death, which was sudden and sad, Nov. 13, 1857.

Dr. JOHN GRANGER, in the early part of 1833, opened an office in Canal street. At that time he was not a graduate. How long he remained there, I do not know. He published a small pamphlet entitled "Homœopathic Treatment for Chronic and Acute Diseases." He afterwards resided in St. Louis, where he had an extensive practice. He now lives in this city, but is not in practice.

Dr. BENJAMIN C. DUTCHER came to this city from Utica, in 1831. In 1834 he studied German to enable him to prosecute the study of Homœopathy. He practised medicine but a few years, however, — five or six, — and entered upon the practice of dentistry. About two years ago he removed to Newark, N. J., where he is again in the practice of medicine.

After 1836, when a translation of the Organon appeared, and Dr. Hering published his American edition of Jahr's Manual, there were many accessions to the homœopathic ranks.

Among the early friends of Dr. Gram, was Dr. STEPHEN R. KIRBY, — having made his acquaintance in the summer of 1830, shortly after Dr. Wilson's adoption of the practice. He frequently met with Wilson and Channing at Gram's office to converse on homœopathy. Not understanding the language in which the books on the system were published, Dr. Kirby was able to practise but little, and hesitated to avow himself a homœopathic physician till after the publication of the Organon and Materia Medica.

As a member of the Medical Society, he was also a member of Gram's party in favor of the public and recorded examinations. He was one of three to organize the first Homœopathic Dispensary in this country. He edited and published seven or eight volumes of the *American Journal of Homœopathy;* and, as President of the Homœopathic Medical Society of the County of New York, he delivered an inaugural address, which was afterward published: "The Introduc-

tion and Progress of Homœopathy in the United States." He has, until within the past five years, been an active member of our homœopathic societies. For many years he was connected with the New York Homœopathic College. He also was Professor of Materia Medica in the Woman's Medical College in this city. He is still in practice here.

Dr. FEDERAL VANDERBERGH was born at Beekman, Dutchess County, N. Y., in 1788. The adoption of the Federal Constitution being the grand political event of the time, Chancellor Kent, then a young lawyer, suggested that the infant Vanderbergh should be named, in commemoration of it, *Federal Constitution Vanderbergh;* but his mother objecting, the "*Constitution*" was omitted. At the age of nineteen (1807), he received his license to practice medicine, and came to New York, attended two full courses of lectures, and began to practise here. His health failing in 1811, he went to Geneva, N. Y., where he practised ten years. He gave up his practice there to Dr. Martyn Paine, then living in Montreal, and returned to New York. His practise was so large here that Dr. Paine was induced to follow. In a letter to me, dated Feb. 1, 1867, Dr. Vanderbergh says: "I was attending Mr. M——, in Pearl street, one of whose toes was set at right angles with his foot by a contraction of its tendon. I advised him to have it divided. 'Not without Mott's approbation,' he replied. The next day Dr. Paine and I met at his house, and he dismissed us both. Thirty days thereafter I met him walking the street with his toe adjusted. I asked him how it was done, and he said that Dr. Gram had given him sugar pellets, of the size of a mustard seed, which straightened the toe. As I had picked up gems from all classes, and having no prejudices to encounter, I straightway introduced myself to Dr. Gram. I found him working a gigantic intellect with the simplicity of a child, and entirely unconscious of its power." I do not know the date of his adoption of the homœopathic practice. He died at Rhinebeck, where he had resided for several years, Jan. 23, 1868. Dr. Vanderbergh was the author of one or two pamphlets on homœopathy, and some ten years since published a work entitled the "Geometry of the Vital Forces."

(*To be Continued.*)

CORRECTION. — In the February number, in referring to the former residence of Dr. John F. Gray, by a mistake of the printer, *Charlton* street was converted into *Chatham*, a change which those acquainted in New York will see is one of no little magnitude, though represented by so few types.

THE

New England Medical Gazette.

No. 4.] BOSTON, APRIL, 1871. [Vol. VI.

CASES OF OVARIOTOMY.

BY JAMES B. BELL, M.D., AUGUSTA, ME.

My first case of Ovariotomy, April 19, 1870, was reported to the American Institute of Homœopathy at its last meeting. The result was an entire recovery; and, at the present time, one year after the operation, the patient enjoys most excellent health.

I will now give two other cases in detail.

Case II.

Mrs. R., aged 32, is of small stature, spare figure, and marked bilious temperament. I visited her, June 15, 1870, and learned the following history of her case: —

She has had four children, the youngest now a little over two years old. Fourteen months ago, or when the child was about one year old, she began to feel a degree of debility without any obvious cause, and then a good deal of cutting pain in right iliac fossa, and some tenderness. The pain also extended somewhat over the abdomen, and was relieved by hot applications and by sitting bent forward. It did not long continue so severe; but in about a month she observed that the abdomen was larger, and in three months the increase was very perceptible. She thinks that at that time, and ever since, the enlargement has been symmetrical, one side being no larger than the other.

The enlargement was now very rapid, but for some reason — probably from want of confidence on the part of her attending physician, who was an allopath — she was left to increase to a very

great size, suffering severe attacks of pain over the whole abdomen, and a degree of pressure upon all the organs which greatly impeded their functions, reduced her strength, and caused a marked posterior curvature of the spine in the lumbar region, and an anterior curvature of the lower ribs.

At length, Nov., 1869, seven months after the appearance of the tumor, she was tapped, and thirty-six quarts of fluid were withdrawn. She was tapped again in January, in March, and in May. After each tapping she would regain her appetite and improve in strength for a time. At the time I saw her, she was beginning again to feel some discomfort from her size.

Examination revealed the following diagnostic points: Palpation-wave transmitted through the whole surface of the abdomen except in the right iliac region; showing that but one sac presented, with a probability of some solid mass in the right portion of the tumor. Abdomen apparently symmetrical; uterus — to touch and to uterine sound — normal, and in position; also normally movable, showing that probably no uterine tumor complicates the case, and that the pedicle is undoubtedly of very good length, otherwise it would draw the uterus upward, and fix it. No projection in either the anterior or posterior *cul-de-sac;* palpation not transmitted from the abdomen to the finger pressed up firmly in these points; this excludes the idea of ascites as either the principal disease or complication. Abdominal walls not much movable over the surface of the tumor; they cannot be raised to any extent by grasping with the hand. Add to these observations the large amount of pain since the beginning of the case, and the long neglect of the first tapping, and we may safely infer extensive and firm adhesion.

The prognosis cannot be regarded as favorable. The tumor is doubtless multilocular, as may be judged from the hard mass in the right side, which has always remained after tapping, and increases in size. The vitality is considerably impaired, as might be expected from the prolonged suffering, and as is shown very clearly by a pulse of one hundred and thirty, and which she assures me is continuous, diminishing to about one hundred after tapping. There had been no appearance of the menses for about two months. The adhesions, however, form the chief barrier to

removal, and give the darkest shade to the prognosis. But there is no other hope of escape. Knowing, of course, all the facts, she decided upon an operation early in September, after the extreme heat of the summer should be over.

She accordingly came to the city September 15th. She had been tapped twice since I saw her, and before arrangements could be completed for her proper care and comfort during her stay, I was obliged to tap her again, drawing off about twenty-four quarts of dark, thick fluid, which did not, however, prove to be albuminous.

This tapping gave an opportunity for confirming the points as given above, and revealed the tumor in the right iliac fossa to be of an uneven, rounded form, of somewhat doughy feel, but quite hard in spots, and of such an extent as to occupy one-third of the normal abdomen. The feeling conveyed an unpleasant suspicion of malignant disease. The sallow complexion and rapid progress of the disease also lent weight to this suspicion. Cases making this rapid progress, by the way, have been classed by some writers as "acute ovarian dropsy," and pronounced unfit for an operation.

Sept. 27, 1.30 P.M. The patient having taken no food for six hours, and having emptied the bladder and rectum, I began to administer Squibb's ether, with Squibb's apparatus. Drs. Hall, Robinson, and Thompson, and Mr. Knowles, student of medicine, were present, and lent their active and valuable assistance throughout the operation.

As soon as the patient was unconscious, the table, instruments, tub, etc., were brought in, the patient placed on the table and the pubes shaved. Etherization was complete in about forty-five minutes, and then an incision two inches long, was made, midway between the umbilicus and pubis, layer by layer, down to the peritoneum. It was a little difficult in this case to be quite sure when the peritoneum was reached, but a little escape of ascitic fluid on opening it, and then the appearance of the sac lying behind, moving with every inspiration, made the matter certain.

No strong adhesions could be reached with the finger except at the points of tapping, which were all within a small space below the umbilicus. These adhesions were very firm and strong. The

sac was tapped, the toothed forceps being used to hold it in its place, and keep it from collapsing. But this tearing out, a forceps with long, narrow blades and square edges was substituted. About twelve quarts of fluid, dark and thick, were withdrawn, and then, no more coming, a stout ligature was thrown around the puncture—from which the canula was withdrawn — and another around the rent.

The incision was now enlarged to four inches; adhesions were found to the left of the umbilicus. In the careful attempt to rupture these the sac was torn and there followed a gush of the fluid, mingled with an abundance of cheesy flocculi. Another and smaller sac, lying deep in the concavity of the abdomen, was also torn. Exercising much care and patient effort, the adhesions were gradually broken up as far as could be reached, and as the tumor could not be taken through the opening with its solid part, the incision was enlarged to six inches. Some adhesions above the umbilicus and attachments to the right short ribs, were then removed. It was ascertained that there were no very firm adhesions in the right iliac region over the solid part of the tumor. The hand, being introduced into the rent in the sac, was now able to tear up and remove quite large masses of the cheesy substance; it was of dark color, looking strikingly like encephaloid; it was bound together by connective tissue, probably walls of small sacs. When no more could be done in this way, the whole was extracted through the opening. We could now feel assured that the disease was not malignant, as it had invaded none of the neighboring parts.

The pedicle was of good length, as had been diagnosticated, and not very large. It had its origin in the left ovary. Storer's clamp was used, but in a modified manner. I desired to dispense with the long handles, which are so much in the way if the urine has to be drawn, and which by their leverage cause tension upon the pedicle in every movement of the patient. The screw, fastening each blade of the clamp to the corresponding blade of the handles, was removed, and instead of it the fastening was made by a small copper wire, put through, looped and twisted. The clamp was applied in the usual manner, and when sufficient pressure was

obtained by the tightening screw, a stout copper wire was firmly twisted around the clamp next the handles, where the shoulder would hold it. A second one was applied for additional security. The handles were then removed by loosening the compression screw and cutting the small wires.

The abdomen was thoroughly cleaned with sponges wrung out of hot water, as hot as the hands could bear. Some small clots of blood were wiped out of the recesses about the womb. The uterus and remaining ovary were healthy. There was very little oozing, and the wound was soon closed by eight deep quilled sutures, and seven hare-lip sutures.

Two broad adhesive straps were applied about five inches from the margin of the wound on each side of it and parallel with it the whole length of the abdomen, and from these, narrow strips crossed the wound. A small dry compress covered the wound. About half a pound of carded cotton was packed evenly over the bowels, and a gored sheeting bandage or swathe was pinned evenly, but tightly, over this.

The whole operation, including dressing, occupied an hour and a half, or a little more. The patient was put to bed and soon awoke, complained of some pain, and took *Arnica*^{200}, in water, every hour. In the evening she was rallying well, pulse 100. Took flour gruel and water.

Sept. 28, A.M. — Had a very good night; slept some; passed urine on cloths. Tongue a little dry, some thirst, pulse 110 .Not much pain. To have gruel freely and the same medicine every two hours. Evening, about the same.

2d day. Did not rest much; feels the confinement in one position. Had her moved a little on the sheets, and this to be done every few hours. Tongue moister. Relishes her gruel, which contains a large proportion of milk. No medicine.

3d and 4th days. But little change. Pulse 100. Quite comfortable.

5th day. Inspected the wound, which has nearly healed by first intention. Withdrew three of the pins. Patient seems to have lost power over the bladder. Urine drawn. *Ars.*^{800} given in water.

6th day. Has passed urine, but cannot now. Used the catheter

again. No movement of the bowels. Tongue dry again. Water tastes badly. Considerable pain in the bowels from moving flatus. Pulse 110. To have Indian gruel and *Arn.*[200]. Took out the remaining pins.

7th and 8th. Little change. More pain; passes urine normally. Pains come quickly and leave quickly. *Bell.*[4000], in water.

9th day. Remaining suture removed, and clamp separated from the dried stump of pedicle and removed. Being nickel-plated the clamp is little discolored or affected by the sloughing pedicle below. A diarrhœa has set in, with increase of pain. Abdomen very tympanitic, tongue dry. Restlessness; thirst for cold milk; discharges often involuntary. *Rhus*[2000], in water. Milk *ad libitum*.

10th and 11th days. Some improvement. No medicine.

12th day. Diarrhœa very frequent again, thirty or forty discharges in twenty-four hours. Pain severe, as of colic; it seems t arise a good deal from moving flatus. Tongue dry. Pulse 130. Restless and discouraged. *Rhus*[20000].

13th and 14th days. No fixed improvement. Patient is getting much reduced. Pulse 140. *Sulph.*[60000].

15th day. Some bett r. *Sac. lac.*

16th day. Worse again. Discharges continue to be very frequent, watery, and mostly involuntary. They stain the cloths a dark buff. The urine passes normally, but she has had for some days a profuse yellowish, offensive leucorrhœa. The wound continues to do well, although there is much tympanitis. A little abscess at the left lower corner of the wound, from burrowing of pus between the fasciæ, has opened near the wound. The stump gradually sloughs away with considerable odor. Have kept it dressed with a solution of permanganate of potash for a few days, greatly lessening the fetor. The pressure of the bandage has been gradually diminished since the sixth day, and is now entirely relaxed.

She has continued to take freely of milk, often two quarts in twenty-four hours. There is considerable weight and pressure in the pelvis, and much loud rumbling in the abdomen. *Aloes*[200].

17th day. Had a very good night, and diarrhœa much better. *Sac. lac.*

18th and 19th days. Diarrhœa remains better, and she seems stronger. Tongue moist. Has considerable pain and distension.

20th day. The pains are severe from incarcerated flatulence. They come in paroxysms, during which the abdomen presents a very peculiar appearance, looking as though the abdominal walls contracted upon the distended colon and other intestines, which are thus made to project in little tympanitic tumors all over the abdomen, but particularly in the line of the colon. Some of them look almost as though they would burst through. On remission of the pain the abdomen again becomes flaccid. These paroxysms occur every three to five minutes, day and night. They have existed since the diarrhœa began, but are now much more severe. The diarrhœa still continues, but is not very troublesome. *Lyc.*[6000].

21st day. No change. *Carbo veg.*[200].

22d day. The pains are no better, and patient looks very badly. She has always asserted that she passed flatus; but, by more exact inquiry to-day, I satisfied myself that the amount has been very small, so this makes the case a characteristic one for *Raphanus sat.:* diarrhœa of yellow brown fluid, *with no passage of flatus by mouth or anus for a long time. Raph.*[1000] in water every two hours.

23d and 24th days. Has passed flatus freely with entire relief, and the diarrhœa has ceased. Appetite and strength returning.

From this time convalescence was rapid and complete. The patient returned to her home November 7, on the forty-second day,— thirty miles by rail. She remains well.

REMARKS: 1. Though the enlargement was apparently symmetrical, and the pain and the solid body were both in the right side, the tumor had its origin from the left ovary.

2. Diagnosis of length of pedicle is often possible, and that of absence of uterine complication generally quite probable.

3. Continuous pulse of 130 or 140 is not necessarily a sign that we must not operate.

4. Squibb's apparatus. In the course of some correspondence with Dr. Squibb relative to obtaining ether directly from him for the sake of its assured genuineness, he mentioned a simple apparatus of his for administering ether which he esteemed of

great advantage, and kindly sent me one. He has not yet published it, but I have his permission to do so. It consists of two parts: first, a tin tube, two inches in diameter and seven inches in length, lined throughout with three layers of patent lint glued in; second, a bag of ordinary firm sheeting, nineteen inches long and seven in diameter, but shaped like an hour-glass, being for a length of five inches in the middle small enough to just receive the tin tube. The upper part of the bag, the part that comes above the tube, is double.

When used, the bag is wrung out of water, the tube is inserted, and about four or six drachms of ether are poured upon the lint which lines it. The mouth of the bag is now gradually applied to the mouth and nose of the patient, and, as soon as it can be borne, is kept closely about them, one side passing under the chin and up over the cheeks, and the rest gathered in folds on the nose. All air is then excluded except that which passes through the bag; this is laden with ether-vapor in just about the right proportion to produce rapid and complete anæsthesia, without any ill effects. The effect is made continuous, so that the patient is not overetherized in the endeavor to induce complete anæsthesia, as is the case when too much or too little air is admitted, or both alternately, as is often the case. At least one half the ether is saved. Turning of the head, and other struggles of the patient, do not easily displace the apparatus. When removed for a few moments, the wet bag is folded together and retains the ether. After using it, the lint should be rinsed clean with cold water, and the bag thoroughly washed, and thus kept always clean and sweet. The tube is cooled rapidly by the evaporation of the ether, and the moisture of the breath is condensed upon the lint; it is well, therefore, to have a relay of tubes for a long operation.*

* Since the above was in type I have received from Dr. Squibb a thirty-page pamphlet on "Anæsthetics," comprising a report made by him to the New York Medical Society. The paper is able and exhaustive, and also very suggestive. It contains a good description of his inhaler (now slightly modified from the one described above), plainly illustrated with cuts. I presume the pamphlet may be obtained through any bookseller, or if more convenient, by enclosing twenty-five cents to EDWARD R SQUIBB, M.D., Brooklyn, N. Y. I have now used his inhaler many times, and am sure no one who has occasion to use ether will regret the trouble of having one made, and of learning to use it.

5. The patient should never know what hurts her. She should be etherized before anything is brought in, and everything should be removed before she awakes. This rule should be followed, as far as is practicable, in all operations.

6. The seven points of tapping were all very close together, in the median line, below the umbilicus. This is bad practice: it produces almost one band of firm adhesions. Repeated tappings should be made at different points, about an inch or more apart in the linea alba or in a line external to the epigastric artery.

7. The escape of the fluid into the abdominal cavity is not necessarily dangerous or even injurious.

8. Storer's clamp is more perfect in its operation than any other, and, as thus applied, it is as convenient; it is therefore probably the best at present. The shank of the clamps next the handles should be long enough to receive another hole, next the clamp, through which a bolt, with a thumbscrew, could confine it when the handles are removed. This, with a device for easily attaching and detaching the handles by a button, like that which unites them together, would make it complete.

9. Hot water well replaces Peaslee's artificial serum.

10. The compression bandage, borrowed from ophthalmic surgery, is, as I believe, of considerable importance, giving support and rest to the parts, and preventing hæmorrhage, congestion, and inflammation.

11. Nickel-plated instruments have great advantage in points of cleanliness and permanent beauty. I have everything thus plated but cutting instruments.

12. We have here the case of another patient who has recovered from a severe operation, without opium, while she would probably have died with it, after enduring as much suffering, or more. It would surely have increased the paralysis of the intestinal muscular coat.

13. But it is quite doubtful whether she would have recovered without *Raphanus*[1000], the effect of which was certainly very marked and positive, confirming an important symptom.

Case III.

Mrs. H., 43 years of age, of spare habit, small stature, nervo-bilious temperament, and pale and earthy complexion. She has been married about fifteen years, but never pregnant. Her menses are regular and normal.

Symptoms. — I first visited her at her home, in Rome, Me., Nov. 14th, 1870. She had been tapped about three weeks before, but was already filled again to the size of a woman at full term. A distinct hard mass, of irregular form, could be felt in the left side of the abdomen, but throughout the remaining part of the tumor fluctuation was very distinct. The sound penetrated the uterus about three inches. The position and mobility of the womb were normal. No part of the tumor could be felt by vaginal examination.

Mrs. H. had first noticed a change in her figure about four years before; she did not give it much attention until about two years ago, when the enlargement began to steadily increase, with a good deal of pain, at times, in the abdomen. She had been tapped four times within the past year. She had also at this time, and since the last tapping, a condition of the right leg much resembling milk-leg. No distinct phlebitis could be discovered, but the leg was swollen, œdematous, and very painful, confining her to her bed.

Diagnosis. — Multilocular ovarian tumor, with a hardened mass in one part. Pedicle probably of good length, and no uterine complications present. Considerable adhesion to be expected from the length of time the tumor has existed, and from the amount of pain which she has had.

Prognosis. — Rather unfavorable.

Puls.^{200}, followed by *Calc. c.* ^{200}, and later by *Rhus* ^{2000}, wholly removed the trouble in the leg in about four weeks, but various circumstances prevented her coming to the city until the middle of January. In the mean time she had been tapped again, and was now nearly refilled.

Operation. — Jan. 19, 1871. There were present, Drs. F. W. Payne, Thompson, Hall, Bolan, Williams, Robinson, and Warren. The incision was made at first one and one-half inches long. The recti muscles were finely developed. On incising the peritoneum,

no ascitic fluid escaped, but the wall of the sac was plainly distinguishable as the abdominal walls moved over it during respiration. On a little pressure from below, some thin straw-colored fluid ran out at the wound. No adhesions could be reached at this time. Inserted the trocar, with rubber tube attached to the canula, and drew off about fifteen pounds of tarry fluid.

The wall of the sac was unusually firm and strong, closing up firmly about the canula. The toothed forceps, which was inserted near the canula to hold the sac from collapsing, also held well, and did not tear out. The canula and forceps being withdrawn, a ligature closed the apertures.

The incision was now enlarged to three inches, and firm adhesions were found to the left and above the wound. Considerable time and force were required to break these up with the finger, and some hæmorrhage resulted. The incision was again enlarged to five inches in length, and the whole hand introduced. The bands of adhesion over the solid part of the tumor, and from these across the abdomen above the umbilicus, were very firm.

A long time was spent in carefully loosing these, and much force was needed, but it was accomplished.

It became necessary to enlarge the incision to six inches in order to remove the hardened mass of the tumor. The whole was now drawn out. The pedicle was of very good length and not very large. The clamp was applied as in the last case.

The tumor had its origin in the right ovary. The left was normal, as was also the uterus, except several very small sub-peritoneal fibroids on the fundus. These were not disturbed.

The oozing of blood from the lacerated surface was troublesome, although no torn vessels could be discovered. Repeated applications of sponges squeezed out of hot water stopped all, after a time, except in that part immediately above the wound for the space of a hand's breadth. This was therefore controlled by the device of Kimball. A long silver wire, double, and with a straight needle at each end, is used as follows: the abdominal wall over the bleeding surface is taken up in a fold or plait lengthwise of the abdomen, including the whole bleeding surface, and then sewed in this position, by saddler's stitches about an inch long. The

opposed surfaces cannot bleed, and are also subject to the pressure of the dressings. About the fourth day these stitches are to be removed, when the plait gradually flattens out. The wound was now closed with the quilled and hare-lip sutures. Several times during this quite prolonged operation, — a little over two hours in all, including etherization, — it had been necessary to suspend the ether on account of irregular breathing and feeble pulse.

She rallied very well, however, and two hours after the operation the pulse was 96, full and soft. *Arnica*[200], in water, was administered every half-hour, and she was free from pain. She felt rather constrained, however, in her position, and was moved a little, which relieved a distress in her hips and back. By her voice and manner one would judge her to be quite strong. She feels faint at the stomach, and wants some gruel. Mouth dry, but no thirst.

Five hours after the operation: Pulse 104. She likes the gruel. Desires to urinate but cannot. Drew half a pint of normal urine.

Jan. 20, 8 A.M. — Patient had slept some. At 2 A.M., eleven hours after the operation, she began to retch on account of mucus in the throat; this was followed by vomiting of sour food, and then of bile; which continues every half-hour. No nausea in the stomach. She thinks if freed from the mucus in the throat and in the posterior nares, she would have no trouble. Gave *Ammon. mur.*[200]. Passes urine. Pulse 100. To take Liebig's extract of beef, which she relishes. No pain in the abdomen, although the vomiting hurts her some. 3 P.M. Four times, in the last six hours, she has vomited almost pure bile. Tongue dark-brown, almost black, but moist. Pulse 128. *Ars.*[200] every hour.

8 P.M. — Vomiting about as frequent, but lighter in color, and more watery. Tongue cleaner; she craves hot drink; weak hot tea seems to set well. Takes the beef well, and it does not come up. Voice strong; she smiles a little. Skin hot. Pulse 136. No complaint of abdomen.

Jan. 21, 9 A.M. — No more vomiting in the last twelve hours, but considerable nausea. Tongue cleaner; moist. Had about two hours of quiet sleep last night. Abdomen feels well. Urination normal. Stomach tympanitic, with a good deal of eructation,

often ineffectual. Considerable thirst. Takes cracker, gruel, and beef extract very well. Pulse 145, but quite soft and full. *Ars.*^{8000} every hour.

3 P.M. — No vomiting or nausea. Much thirst. Has had considerable light sleep through the forenoon. Is not able to urinate. Hands very hot; wants them bathed frequently. Pulse 150.

10 P.M. — Looks bad: face hippocratic, and voice hollow; frequent spitting of almost black fluid; feels feeble but not distressed; pulse 160 Allowed her to take whiskey and water, a teaspoonful frequently, and told her there was no hope of her recovery, as I had informed her friends sometime before. She was fully prepared for either event, and sank peacefully away on the 23d, at 3 P.M, — seventy-two hours after the operation. I learned after her death that she never had any hope of recovery, but only submitted to the operation out of regard for her husband and friends. This, if known, would have rendered the prognosis still more unfavorable, as the mental state is often of great importance. Resignation, though not directly harmful, is negatively so, if not accompanied by hope, courage, and resolution. The action under ether also indicated a want of vital stamina. The death was evidently the result of shock or collapse. The wound was in process of healing, and there was no indication of either hæmorrhage or peritonitis.

Out of regard for the friends, the abdomen was not opened. The tumor was multilocular, there being one cyst of considerable size which was not tapped, and the hardened mass, before alluded to, which consisted of closely aggregated cysts filled with almost solid substance of colloid appearance.

CLINICAL USE OF CHLORAL.

BY J. C. NEILSON, M.D., CHARLESTOWN, MASS.

THIS hypnotic, which was so fully described in the *Gazette* for January, 1870, has, of course, met the fate of every novelty on behalf of which extravagant claims are made; some praise it and others condemn it without stint. From the latter class we have the most awful warnings of the evils it will cause: that its victims

will become so addicted to its use, that their fate will be as hard as that of the opium-eater or the drunkard; that its use will debase both the mind and body, resulting in insanity and death! Sensational articles have appeared from time to time in the newspapers, citing cases where it has produced the most dire results. I have examined a number of these reports carefully, and find most of them are but exaggerated versions of one or two original stories.

Certain it is, that evils will arise from its use, or rather abuse, as they have from that of other drugs, but they can, in great measure, be avoided by proper precautions and care.

The effects of chloral depend upon its purity: when properly prepared and fresh, it is one of the safest and best hypnotics we have; but when impure, it is one of the most dangerous agents that can be employed. The solution should not be used when over three or four days old, though the crystallized hydrate, when kept in well-stoppered and covered bottles, will remain unaltered a long time.

Those who use chloral should be certain that they employ only the pure drug, and this is the more necessary as it seems that impure preparations have been introduced by reckless or incompetent persons. It is from the use of these, probably, that the bad results have arisen. Be certain your chloral is good, and you may feel safe in its use.

The pure crystals of hydrate of chloral are the only form in which this article should be kept; beware of the so-called "Syrups," "Elixirs," "Solutions"; either send a prescription to some reliable druggist, or prepare a solution when you want it.

Dr. J. R. Nichols, of Boston, recommends a simple method by which to detect the common impurities in the hydrate as found in the market: When a fragment of the pure hydrate of chloral is placed in a test-tube or wineglass with a little water, and a few drops of liquor potassæ is allowed to fall upon it, no discoloration takes place, and there is an evolution of pure chloroform, which can be detected by the odor. If the specimen be *impure*, a *dark* or *brown* reaction will result, and the odor evolved will be unpleasant.

Of its use in disease, and the place it will occupy in materia

medica, it is too early, at present, to speak confidently. But here let me speak in anticipation of the objections that may be raised against its use by some who fear to step outside the pale of "pure homœopathy," and who claim that they employ no drug which has not been thoroughly proven on the human system, "masculine and feminine," but who yet will recommend ether, chloroform, nitrous oxide, etc., to their patients, and will for certain purposes take them themselves. Now chloral occupies precisely the same ground as the above-named articles, and I think a physician does not overstep the boundaries of homœopathy when he uses it. If it has not yet been proven on the healthy system, neither have the above-named anæsthetics ever received any thorough and reliable proving. But should that deter one from their use when necessary.

Chloroform produces a sleep almost identical with that from chloral, as I know by personal experience. The only difference I notice is that of a slight confusion of the mind on awakening from a chloroform sleep, which does not follow one from chloral sleep.

Chloral does not possess, I think, any curative properties, save those that depend on profound repose. It is simply a sleep-procurer. It does its office faithfully, and surely, and differs from narcotics in that it leaves the patient better than it found him.

The sleep appears natural, easy, and — for the most part — dreamless; it closely resembles natural repose. The physician who could see his patient tossing night after night on his couch in restless agony, knowing that he has at his command an agent that will relieve that misery without interfering with his remedies, and who could from mistaken conscientiousness withhold that agent, would not, I verily believe, do his whole duty as a physician.

In what class of cases may it be used? I have found it useful in the insomnia arising from over-fatigue, mental or physical, in cephalalgia, nervous irritation, mania, hysteria, mania à potu, epilepsy, rheumatism, neuralgia, in convulsions of children, and in fevers where cephalic symptoms do not contra-indicate its use. I never ventured to give it in meningitis cerebralis, but have used it in enteritis, dysentery, and enteric fever, with good results; it produced an easy sleep and quieted the patient. And I have thought that the system responded all the more readily after its use to the remedies selected.

Something of this will appear from the following cases from practice.

Case 1. A child, aged two years, was taken with convulsions, which had continued over two hours. The symptoms were as usual in such cases, and they gradually grew more and more severe for several hours. Then the breathing became spasmodic, the head was thrown back, and there was constant twitching of every part of the body. The head was hot, the extremities cold; the thumbs were firmly flexed, and the fingers closed over them; the pulse was feeble and so rapid that it could not be counted correctly; flashes of heat passed down over the face every few minutes; deglutition was difficult.

After employing the remedies that seemed indicated, and using external means without effect, until the case seemed hopeless, I resolved to try the chloral. Ten grains of chloral were dissolved in an ounce of water; a teaspoonful was injected through the nares every twenty minutes or half an hour, until it took effect. After the third teaspoonful, the spasms began to abate, the breathing became easier, the muscular tension relaxed; after the fourth dose, at the end of two hours, the child was sleeping quietly. Directions were given not to disturb it, but if the spasms returned to repeat the dose. The child rested well, and although the spasms at intervals threatened to return, a teaspoonful of the solution always checked them, till finally they ceased, and a quiet, natural sleep followed, from which it awoke weak, it is true, but rational, and made a speedy recovery.

Case 2. A strong, healthy, middle-aged man, was suffering from acute rheumatism. He had passed several days and nights without rest, and he had become so exhausted that he begged for something to put him to sleep. Seeing the necessity of rest, I gave him twenty grains of chloral. In ten minutes he was asleep; he slept quietly all night, and he assured me next day that he never slept better in his life. He repeated the dose every night for a week, and at the end of that time, he could rest without it, and recovered rapidly.

Case 3. An acquaintance of mine was called to a man laboring under mania a potu, who was furious, and could with difficulty be

held, — had "the blue devils" completely. I determined to try chloral, and succeeded in getting him to swallow thirty grains in brandy and water. In twenty minutes he was sound asleep, and next day went about his business, a sadder if not a wiser man.

Case 4. Was called to a gentleman suffering from acute mania, induced by severe mental excitement. Found him walking hurriedly up and down the room, talking to himself in an excited manner, and holding conversation with imaginary beings. After some time, succeeded in inducing him to take twenty grains of chloral. In less than ten minutes he was calm; in a few minutes more he was in a profound sleep, from which he woke perfectly rational and composed.

Case 5. A patient of mine, a lady subject to neuralgia, and unable to sleep without artificial means, has taken chloral for some months. She takes about fifteen grains in water, and obtains from six to eight hours of quiet, refreshing rest, and is obviously gaining in health, the result of quiet night sleep.

Case 6. A young woman, suffering from a severe attack of typhoid pneumonia, and unable to sleep from nervous irritation, dyspnœa, and cough, took ten grains of chloral in water, and rested for several hours quietly. The pulse fell some twenty beats, the respiration became slower and fuller. After using it for three nights, improvement of the pneumonic symptoms began, and she soon was well.

Case 7. A girl of eighteen years was taken with a violent hysterical fit. She was lying in a state resembling catalepsy, — indeed I was at first puzzled to diagnose the case, until I learned from her friends that she had had an hysterical attack sometime previous. After some difficulty in inducing her to swallow, I succeeded in giving fifteen grains of chloral, in water. In a few minutes the spasm relaxed, the limbs became flexible, and she passed quietly into a deep slumber, from which she awoke free from the spasm.

I have cited the above cases to show the multiplicity of diseases in which chloral may be used with safety. As a hypnotic, one precaution is requisite, — enough must be given to produce the desired effect: small doses only excite. When I first began to

use it, I gave too small quantities, — from two to five grains, — and was disappointed in the results. In some cases there was no visible effect, and in others, it only excited the patients and made them worse. It was not until I ventured on full doses of from ten to forty grains, that the specific effect of the hypnotic was obtained, and I do not hesitate now to give it in such doses.*

---

* In order to show what enormous doses may be taken with comparative impunity, I quote the following two cases from *The Michigan University Medical Journal*, for March, 1871, p. 58: —

"A correspondent of the 'London Lancet,' who, for years, had courted sleep by aid of morphia, hemp, and bromide, — always with poor success, — found with chloral 'the intense delight of refreshing sleep, waking in the morning with a good appetite and fit for any amount of work.' After some months he had been obliged to increase the dose from twenty grains to a drachm or more. One night, after taking one drachm, being uneasy, partly stupefied, but unable to sleep, he twice took of dissolved chloral — twenty grains to the drachm — a full mouthful, taking in all, between the hours of eleven and two, about seven drachms of the hydrate, as afterward ascertained. After the second mouthful, he went immediately to sleep — was observed to be snoring loudly at six in the morning, and was aroused at ten. On getting out of bed, he found 'to his horror,' that he had no control of his limbs below the knee. With assistance, he dressed, ate a hearty breakfast, and went about his business, — the numbness of the feet and unsteadiness of gait gradually wearing off."

"From the *Medical Times* is given the case of Mrs. B., nurse in hospital at Philadelphia, who drank a quantity of solution of chloral, afterward estimated by the physicians to have contained at least four hundred and sixty grains of hydrate of chloral. This was at five A.M.; the woman started for the bed, but fell to the floor before reaching it, and was found, half an hour later, in a deep sleep; respiration thirty-five per minute; face flushed, extremities cold; pupils not affected, except that the left one alone contracted under the influence of light. Thirty grains of Ipecacuanha were given without producing emesis, and mustard emetic could not be administered. Severe flagellation was pursued for an hour, with but slight indications of consciousness, sinapisms being applied to the extremities. A powerful Faradaic current was now applied, and at nine o'clock some improvement was manifest. Applications of the battery and attempts at walking were continued alternately until eleven A.M., when she had recovered so far as to walk unaided and to converse. A little whiskey was given, and she was allowed to sleep — being awakened at intervals—until the following morning, when she awoke with a slight headache, and feeling of soreness, but otherwise comfortable. There was no nausea, nor subsequent constipation. The patient remembered nothing after drinking the solution until the recovery at eleven o'clock, except an immediate faintness."

It may be given in syrups, or water. Some physicians recommend that the patient eat a piece of bread and butter before taking it, others that they "take a little something" afterwards. I do not think it matters much whether they take anything or not, but generally give a piece of apple, or orange, or anything else they wish, to remove the taste, which certainly is not pleasant.

In regard to its hypodermic use, I have had no experience, but have learned from others who have tried it, that although it acts rapidly and surely, abscesses are apt to form, — a result we might expect from its irritating taste and qualities.

In what manner does this drug act upon the system?

The experiments of Dr. W. A. Hammond on living rabbits seem to show: "That the first effect of the hydrate of chloral is to cause congestion of the cerebral blood-vessels, and that subsequently it induced directly the opposite condition. With a small dose, this latter condition is not reached, congestion only being produced. This action upon the blood-vessels has the effect of first causing dilatation and then contraction of the pupils, which shows that the hydrate of chloral acts with great power on the sympathetic nerve.

"This nerve, as is well known, supplies the radiate fibres of the iris, which by their action cause the pupils to dilate. It is likewise the vaso-moter nerve which endows the blood-vessels with their contractile power. Paralysis of the sympathetic, will therefore be shown by contraction of the pupils, and dilatation of the blood-vessels. The latter of these effects ensues first, and subsequently the pupils which were first dilated through the action of the cerebral pressure, become contracted through the advancing paralysis of the sympathetic, and the predominance of the power of the circular fibres. But a large dose eventually brings the heart under its influence, and likewise paralyzes the cerebral and spinal nerves. Hence there is a less amount of blood propelled to the brain, and the vessels are not duly supplied with blood; the circular fibres likewise become paralyzed, but these being stronger than the radiate fibres, the pupil remains immovably contracted. The general irritability of the whole system is therefore much lessened."

I have never seen a case of poisoning from its use, and do not know of any certain antidote, but as its action resembles that of chloroform, it would be reasonable to try stimulants, friction, Marshall Hall's method in suspended animation, the cold douche to the face, head, and chest, and, if possible, electricity.

In the cases of which I have read, where the patients were treated promptly, friction, electricity, the cold affusion, and stimulants saved them.

TWO TEST CASES.

FROM THE PRACTICE OF DR. WILLIAM WESSELHOEFT.

By W. P. Wesselhoeft, M.D., Boston.

I. OZÆNA. — PULSATILLA.[6]

AN offensive, yellowish-green discharge from the nose, of several years' standing, had been treated allopathically for more than a year, with no benefit. The patient was a fair-haired, blue-eyed girl of eighteen, of sensitive, lachrymose disposition, with tardy and scanty menstruation, ushered in with agonizing abdominal pains.

This was one of the cases selected by the physician, in 1828, as a test for the trial of a homœopathic remedy. From his (then scanty) knowledge of the homœopathic materia medica, it seemed to him so strongly to indicate *Pulsatilla*, that he determined to give it.

Instead, however, of following Hahnemann's recommendation, to give the remedy in the thirtieth potency, particularly in chronic affections, he yielded to his own superior reasoning, and gave the sixth. For in the sixth, — he argued, — an appreciable amount, at least, of the original *Pulsatilla* might possibly still be found. It seemed to him absolute madness to suppose, that a decillionth part of a drop should affect a case of so long standing, when evident ulceration of the mucous membrane of the nose, and probably, of the frontal sinuses, had taken place.

Accordingly, several drops of the sixth attenuation were given in a tumblerful of water, a teaspoonful of the solution to be taken four or five times a day.

Three days after, the doctor called. To his amazement he found the girl in bed, with cloths before her upon which dropped the mucus from her nose. "See," she exclaimed, "what you've done! Ever since I commenced taking that horrid medicine, I have been sitting here unable to attend to anything but my nose — I shall not touch another drop of it."

The doctor, who was by nature an excellent observer, discovered that this must be a homœopathic aggravation. He discontinued all medicine, and in two weeks his patient was not only well of her ozæna, but never had a return of menstrual cramps.

II. HYDROCEPHALUS. — APIS MELLIFICA[30].

In 1857, a boy, four years old, a son of German parents, was given up by the attending allopathic physician, as a case of hopeless hydrocephalus.

When first seen, the child was lying on his back, with eyes wide open, extreme squinting, dilated pupils, rolling of eyeballs without winking. He gave no evidence of seeing, when the finger was thrust towards the eye; when pricked with a pin, no sign of feeling: when water was put into the mouth, no effort at swallowing was made. The left side had been entirely motionless for two days; he moved the right arm and leg occasionally. He had passed no water for forty-eight hours, and the region of the bladder showed very slight distention. Drugs had produced no stool for several days.

At the commencement of his illness he complained of pain in the occiput, with occasional sharp shrieks.

He had been blistered with cantharides from the nape of neck to the lumbar region, two days previous, since which time he had passed no water, and given no evidence of seeing, hearing, or feeling.

The case certainly seemed a hopeless one. Nevertheless, a few pellets of *Apis mellifica*[30] were dissolved in half a tumblerful of water, with directions to give the child a few drops of the solution every two hours, even if it was not swallowed.

Next day the child was in much the same condition, but had passed water several times during the night. The mother thought

he also swallowed once or twice. *Apis* was continued every three hours.

Next day there was a very decided improvement. There was perspiration over the body, and about the head; the eyes were closed; he gave signs of pain when pricked, swallowed quite tolerably. He had taken nearly half a cupful of milk. *Apis*, every four hours.

After five days he had so far recovered, that he sat bolstered up in bed; he moved both sides of the body equally well, and all his senses were restored. No more medicine was given, and had it not been for the brutal blister on his back, which confined him to his bed ten or twelve days longer, the boy would have been about the room in a little more than a week after commencing *Apis*.

CLINICAL CASES.

BY F. W. PAYNE, M.D., BATH, ME.

Reported at Bangor, May, 1868.

Case 1. Mrs. H., aged about twenty-two years, has not been well since her second child was born, in December, 1867. She looks pale and anæmic. Has great pressure in forehead and into root of the nose, with a constant feeling as if blood would gush from it, more particularly when slightly stooping; dull pain in forehead, with a general confused feeling in the head. She has sick headache every three weeks, with vomiting and looseness of bowels. She suffers from noises in the ears at night while lying down, as of drumming or beating; has very unpleasant dreams at night; slight noises keep her awake; sensation of rawness from throat to stomach; stomach almost constantly filled with wind, with much belching; ravenous appetite; faint, sinking, "gone" feeling at stomach, with nausea worse at 11 A.M. and 4 P.M.; leucorrhœa profuse, in lumps; has had no monthly turn since her child was born; nurses the child, which may account for the non-appearance of this secretion; urine thick, dark-colored, containing lumps; general feeling of languor; palpitation of heart; numbness of hands and feet, feeling very large; while walking, a sensation as if the floor was rising and would strike her in the

face, or as if she were walking on an inclined plane; all the stomach symptoms worse at 11 A.M. and 4 P.M., or near meal-times. Gave *Phos. ac.*[200] with great and decided improvement.

Case 2. Mrs. C. aged about forty years, has tuberculous phthisis. She is very hoarse, scarcely able to speak above a whisper; has violent attacks of coughing, with nausea and vomiting; is greatly pressed for breath, with occasional attacks of acute pleurisy. She has chills recurring at about 11 A.M., lasting nearly two hours each day. These are felt only in the back, accompanied with intense thirst, and dry, bitter-tasting mouth. During the fever stage, which follows, the breath feels very hot; she has to be fanned to obtain slight relief, but has no thirst during this stage; the heat is followed by perspiration, during which she is very hungry for a short time, but has no appetite at any other time. The cough is worse at night, produced by a sensation as if something started in the left chest. It is attended with greenish-yellow expectoration, tasting sweet and nasty, with occasional mouthfuls of bright, fresh blood. The menses are scanty, and appear but once in three or four months. She has leucorrhœa. yellow, and stiffening the linen. The palms of the hands are hot and sticky; warm, profuse night sweats; tongue red in middle and darker towards end; sensation as if falling when going to sleep, which makes her spring up and awake frightened. One dose of *Rhus tox.*[200] in a half tumbler of water, a teaspoonful given every three hours, followed by *Sac. lact.*, removed the chills completely. There was no return of bloody expectoration; the appetite was considerably improved; the hoarseness entirely disappeared, and she was feeling decidedly better.

CALENDULA AND TAGETES.

PREPARED FOR THE GAZETTE BY I. F. HOLTON, BOSTON.

UNDER the name *Marigold* are known, unfortunately, two widely different genera of compositæ. Endlicher numbered them 2822 and 2580, putting two hundred and forty-one other genera between these —so unlike were they. Examples of both from our flower gardens are well known to every reader of the *Gazette*. Calendula officinalis,

native of southern Europe, has been in our gardens from the settlement of the country, more common formerly than now, though it is still known under the name of French marigold. It was probably introduced as a medicinal herb, and continued as an ornamental one. Four or more species of Tagetes have been more lately introduced from tropical America, and are much more common. They are known as the double marigold. Their only resemblance to Calendula is in name and hue, — the yellow, or reddish-yellow, of the flowers. Any child can tell them apart, and almost from everything else he would meet with in garden or field. Calendula has its ray florets fertile and the disk sterile. Its large incurved seeds stand in a ring on the outside of the head. He is not likely to find any other composite flower with this peculiarity. Tagetes has large pellucid or colored glands or oil-vessels imbedded in the substance of the leaves, etc., which diffuse a smell generally disagreeable. Calendula is rather hairy; Tagetes is destitute of hairs. They are as unlike as swine and sheep, and in medical properties quite likely to be found as diverse as these two animals are in disposition.

Calendula has had a medicinal reputation from earliest antiquity. Dioscorides, in the second century of the Christian era, recommended it for cancer. Westrung says that it diminishes the pain of cancer and renders the pus less corroding. It is known to have been an ingredient of the Rust cancer-pill.

Dr. Thorer recommends it for "scrofulous and sclerotic [scleriatic] tumors. Gerarde in his Herbal says it "ceaseth the inflammation and taketh away the pains from red and watery eyes." It has enjoyed a reputation for chlorosis, hysteria, epilepsy, jaundice, dropsy, bleeding hæmorrhoids, obstinate vomiting, diseases of the glands, toothache, etc. Its reputation for surgillations, bloody and serous infiltrations in open wounds and ulcers, and in traumatic inflammation of the eyes is better established. Still more unquestionable is its use in fresh wounds, of which it is needless to speak here.

To the homœopathic provings of Calendula we know of no recent additions. Its surgical importance as an external application should have long since prompted an exhaustive study of its effects when taken internally. Unfortunately this has not been the case:

no careful proving has ever been made. We have, therefore, to refer the reader to the standard works, as Jahr's Manual. Fever, muscular pains, exacerbation of wounds, restlessness, nervousness even to delirium, which we there find ascribed to its internal use, are just the symptoms we wish to combat on the very occasions in which it has proved useful, as an external application, from time immemorial. Does there not — by the way — lie in this fact another of those unsought confirmations of homœopathy, which occur when we least look for them? Here is a sufficient ground for new and careful experiments. But, aside from all this, a remedy so valuable as this ought not to remain undeveloped.

Of the medical properties of Tagetes we know — *nothing*. The large African Marigold, of strong offensive smell, and with the stem beneath the flower-heads enlarged and hollowed, has unfortunately been used for *Calendula*. It ought to be carefully proved, not only with hopes for the future, but with reference to the past. Not a few clinical mysteries and disappointments may have their explanation in the discovery of the pathogenetic symptoms of Tagetes. It may be that another brilliant example may here arise of important and valuable discoveries originating in a mistake.

MERCURY IN THE TREATMENT OF SMALL-POX.

BY H. L. H. HOFFENDAHL, M.D., BOSTON.

It is well known that small-pox has been alarmingly prevalent in some parts of Europe during the past year. As we may possibly experience a similar visitation on this continent, it will be prudent to take advantage of the experience gathered by our brothers abroad.

The focus of the disease seems to have been located in Paris, spreading irregularly over various parts of France and adjoining countries. Germany appears to have been spared; at least, no mention is made of any epidemic in recent journals.

Belgium has not escaped. Dr. Bolls, of Aix la Chapelle, editor of the *Popular Homöopathische Zeitschrift*, has just reported his experience. The neighboring town of Verviers was undergoing a

frightful visitation: containing 22,000 inhabitants, one hundred and thirty-four died in one week. In many cases the fatal result was caused by inflammation of the throat, rendering respiration and deglutition impossible. Dr. B. lost one case, a boy three years of age, using the usual internal remedies.

In all subsequent cases he used, with perfect success, a gargle which he has often used in simple catarrhal angina. This gargle consists of *Merc. corr.*, $\frac{1}{10}$ gramme to 120 grammes of water, to be used every four hours. Usually the patient was relieved after the first or second gargling, so that further application was scarcely necessary. Dr. Bolls lays great stress on the importance of using the gargle *very early*, as soon as the throat symptoms begin to appear. He also expresses his determination to use *Mercury* internally, on account of the similarity of its symptoms to those of the variolous disease.

In a subsequent number of the same journal, Dr. Stens, of Bonn, reports that he used *Mercury* with brilliant success during an epidemic raging in his town, sixteen or seventeen years ago. He refers to the physiological proving of the drug. The papules, vesicles, pustules with formation of scabs, the unbearable itching, and the affection of the throat, all furnish a more complete simile to variola than any other drug. Dr. Stens gave *Merc.* in the third dilution (he does not specify which particular preparation) every three or four hours, or mornings and evenings, according to the severity of the case.

The New England Medical Gazette.

BOSTON, APRIL, 1871.

THE AMERICAN INSTITUTE OF HOMŒOPATHY. — The time is close at hand for another meeting of this old association,— this year, in Philadelphia, on TUESDAY, THE SIXTH OF JUNE. There are many reasons for anticipating the largest meeting ever held by the Institute. The wide and increasing interest in this association, the great success of its last annual gatherings, the place of its approaching meeting, — if not in the very cradle of American homœopathy, at least in one of its earliest homes, — the many important subjects which are forced upon us, the large number of reports from the various bureaus and committees, the pleasant season of the year, the most favorable for physicians to leave their patients, — these and many other considerations give us assurance of the reunion of a large number of our physicians from all parts of the country. Our Philadelphia brethren, fully appreciating this, are making preparations for an entertainment creditable alike to themselves and to the cause they represent. And we must bespeak from every member of the profession a hearty response. As many as can should be present: they will be sure to receive more than the sacrifice costs them. And every member, whether present or absent, should do something to contribute to the success of this meeting.

Now that government, yielding to our demands and to those of justice, has dismissed from its service a man who did not disdain to prostitute his office to gratify partisan spite, we may hope for still further concessions to equity, and expect that our friends in the army and navy shall be treated equally well with those who have long regarded the medical posts of the nation as the prescriptive right of their own school.

There seems, by the way, just now, a fever among our opponents to try, by stealthy tricks of legislation, to do everything in their power to fetter the progress of our school. Thus in Maine they came very near securing an enactment which would have compelled every homœopathic physician to apply for a registration to an allopathic board. And in Massachusetts it was proposed to forbid the sale of medicine, except by druggists duly licensed by an allopathic "ring." It is needless to say that both these schemes were at once killed by

exposure of the design. But there is reason to fear that there are similar projects on foot in other States. And through the medium of the Committee on Legislation, the Institute ought to be apprised of all such conspiracies, and measures should be adopted to prevent their success. In this and other measures similar, we may accomplish much; but, first and last, homœopathy demands of every practitioner, the publication of every fact that will make our science more perfect. These are gathered, collated, preserved, and published by the Bureaus of the Institute, and should therefore be promptly communicated to the chairmen of them. The list of these we therefore append: —

MATERIA MEDICA AND PHARMACY: C. Wesselhoeft, M.D., Boston.
CLINICAL MEDICINE: S. M. Cate, M.D., Salem, Mass.
OBSTETRICS: R. Ludlam, M.D., Chicago.
SURGERY: I. T. Talbot, M.D., Boston.
ORGANIZATION, REGISTRATION, AND STATISTICS: H. M. Smith, M.D., New York.
ANATOMY, PHYSIOLOGY, AND HYGIENE: I. S. P. Lord, M.D., Poughkeepsie, New York.
PSYCHOLOGICAL MEDICINE: G. F. Foote, M.D., Middletown, N. Y.
FOREIGN CORRESPONDENCE: C. Dunham, M.D., New York.
FINANCE: H. M. Smith, M.D., New York.
HOMŒOPATHIC DISPENSATORY: C. Dunham, M. D., New York.
LEGISLATION: A. T. Bull, M.D., Buffalo.
NECROLOGIST: S. B. Barlow, M.D., New York.

LEGAL PERSECUTION. — The annoying "tricks of legislation" are not the only means by which our allopathic friends are seeking to sharpen our wits and improve our education and experience. Quite fresh in our memory is the expulsion of Dr. Barrows from the Massachusetts Medical Society, on a most trivial pretext, and the lawsuits which followed; more recently has occurred the prosecution of Dr. Gallupe, of Bangor, and several other suits for malpractice, which originated and were sustained by allopathic prejudice, and which were none the less annoying because the charges proved before an impartial jury to be entirely groundless. Just now have come to our notice two most flagrant cases of this character. Dr. Oscar F. Lund, a homœopathic physician of Jersey City, has recently been placed on trial for manslaughter. It seems he was called upon to prescribe for a patient, suffering severely. He was sent for in the night, saying

that the patient was not relieved, and in order to give him some temporary relief, — with a dereliction of his principles for which we have not the slightest excuse to make, — he resorted to the knowledge gained from his allopathic teachings, and did what thousands of allopathic physicians are doing daily and nightly throughout the country: he administered some powders of morphine. The patient, it seems from subsequent testimony, suffered fearful pain in his stomach after taking the first powder! An allopathic physician was called in, who pronounced it a case of poisoning by morphine, and administered as an antidote *eight grains of belladonna!* The patient died the next day with symptoms of cerebral congestion. The physician pronounced it a case of manslaughter, whereupon a suit was instituted against Dr. Lund, in which the allopathic physician became the principal witness. A sorry figure did this Dr. Wilkinson cut upon the stand; for amid innumerable self-contradictions he seemed to have but ,two parrot-like refrains. The first, in answer to numerous questions, was, "I don't know, sir." The other, "The patient died from the effects of morphine." The judge, in his charge to the jury, said: —

"I cannot understand how it is, that, even when life is at stake, physicians will give expression to animosities against fellow-members of their noble profession; and I am afraid that sometimes from these bickerings the patient has slept the sleep that knows no waking. That is not the general rule. I know, and within the last few years the medical profession has been raised to a standard higher than it has ever before occupied; and I may say that the time is very near when physicians of the different schools will meet each other cordially, recognizing the common object of their study to be the welfare of humanity."

But, notwithstanding all the efforts that could be made on the part of a few allopathic physicians, — for we are unwilling to include the great mass, — Dr. Lund was triumphantly acquitted. It is undoubtedly a severe lesson to him, by which he will profit; at the same time, the community in which he lives regard it as a case of most unjust persecution.

The other case is one of almost unexampled cruelty. It is that of Dr. W. H. H. Neville, of Philadelphia, a young physician of high moral tone and unimpeachable character, who suddenly found himself arrested on the charge of throwing a live infant into a creek, and thus causing its death. For three months he was imprisoned without any opportunity being allowed him to advance simple and conclusive evi-

dence, proving himself innocent of the charge. At his trial, however, it was proved by the most positive and indubitable evidence, that he was not, and could not have been near the spot where the crime was committed, at the time specified, and in the language of the judge "no clearer alibi could possibly be established."

Dr. Neville has our sympathies, and those of the profession, which have been in various ways expressed, and we are sure that those allopathic physicians who have shown such a malignant and vindictive disposition, will harm our cause much less than they will their own.

THE LIFE-INSURANCE ARGUMENT. — *La Homeopatia*, of Bogotá, in its issue for December, 1870, translates from the *N. E. Medical Gazette*, page 143 of Vol. V., Mr. J. W. Talbot's letter on Life Insurance, and then proceeds to comment upon it after this manner: —

"What say you, Señores, allopaths of Colombia, of these insane life-insurance companies! Think you not that these proposals, these calculations, and these brilliant returns are as 'fantastic' and as 'imaginary' as the medical system of 'decillionths of water, and millet-seed confectionery of pure sugar,' on which they are based? There is no doubt that the Hahnemann Life-Insurance Company is going to help you bury homœopathy."

CORRESPONDENCE.

LETTER FROM DR. HELMUTH.

NEW YORK, March, 1871.

Dear Gazette: — Upham in his Mental Philosophy says somewhere, "there is an important law of the mental constitution known as the law of habit. . . . The habit is both bodily and mental, and may become so strong, that it is hardly possible to counteract it for any length of time."

With such authority to back me, I may say that the breaking up of habits and associations fixed for years; moving from one climate to another; looking upon new, instead of the old familiar faces; an entire metamorphosis of my ways of living; contact with strangers, — in short, the total uprooting of methods of life to which I had so long been accustomed, necessarily turned me "topsy-turvy" for a while.

Gradually, however, I have settled down to Gotham life, and the attention and kindness of my professional friends have thus far rendered me very comfortable. As my mind gradually threw off the froth of

excitement and perplexity, the old loves returned; and I have again wandered back to the half-forgotten shrine of Æsculapius, and have again bent my knee at his altar, while Apollo is whistling "The Heathen Chinee," and Juno discourses on ruptured perineum; while Chiron with his magnificent tail sweeps away Spanish flies that draw upon him, and Galen rejoices in his descent to posterity through the arduous labors of Prof. Coxe.

In homœopathy, I conceive that greater strides are now being taken in this city, than in any other in the world (not even "the Hub" excepted). I am not now prepared, for most prudent reasons, to tell your readers "all I know," but when I say that steps are being taken which, we believe, will render our college and hospital facilities equal to those of any institution in this country, I think I do not exaggerate.

Our Commencement was a complete success. Association Hall was well filled, and the exercises were interesting and appropriate. A fine collation at the "Hotel Brunswick," which was enjoyed by graduates, Professors, Trustees, and a few invited guests, sped the evening happily away.

A few days before our Commencement, a notice was posted upon our bulletin board to the effect that a certain professor would deliver a lecture upon "Homœopathy," at the College of Physicians and Surgeons. Of course this incited the curiosity of some of our class, and they, on the evening appointed, presented themselves at the lecture room. The lecture was the same old, worn-out, weary repetition, which we heard twenty years ago. "There is no such law as '*Similia similibus curantur.*'" "Those who profess it, are either knaves or fools." "The prominence given to homœopathy, is due mainly to the attention paid to it by the regular profession" (hear! oh, hear!!) Then followed magnificent mathematical calculations concerning the quantity of water and alcohol necessary to make the potencies, borrowed, no doubt, either from Sir John Forbes, or from Simpson, Holmes, Hooker, Linton, and everybody else who delude themselves into the belief that the method of preparing medicines constitutes the essence of the science. Of course the *argumentum ad hominem*, the *Sarcoptes scabiei*, the great "*Acarus*" with a complete cacoethesis and sulphurous odor, was brought to bear upon the subject, together with a lot of miserable old trash and bare assertions. There was no argument, no refutation of facts, no attempt at logical demonstration; nothing but the old recitations, which are too well known and too thoroughly threadbare to need in this place further allusion. But what was the motive, prompting such a lecture at the termination of an allopathic course of instruction, given to gentlemen of whom the majority never had an opportunity of looking into our science, and the whole tenor of whose instruction had been more or less prejudicial to it? No doubt to prevent the class from looking into homœopathy, and to dismiss it, without further investigation, upon the *ipse dixit* of their professor. But the trap has been set too often; the bait has grown rancid. Experience has taught that it is just such denunciation that increases the ranks of homœopathy.

The sixty-fourth commencement of the College of Physicians and Surgeons took place on the first inst. Professor Delafield conferred the degree of Med. Doc. on eighty-five gentlemen. Professor Dalton awarded the first prize, and made honorable mention of several theses, —among them, one on the "Dynamics of Life." In the address to the graduates, there was a little fling at us, scarcely worth mentioning. "To cure darkness by excluding light, to cure folly by shutting out wisdom, is a shining instance of homœopathic practice"; and what *do* you think followed in the report of this mighty ebullition of wit? Why — "[Laughter]," of course.

The commencement of the Bellevue Hospital Medical College was held in the Academy of Music on March 2. Prof. I. E. Taylor, M.D., conferred the degrees. Prof Austin Flint awarded the Mott and Wood prizes, and Dr. O. W. Holmes pronounced the valedictory. And he said some good things. That is, he "got away" (as they say of the fox) from the staid conventionalities of valedictorians and told wholesome truth, which is always accepted and appreciated by an audience. For instance, he said, "You are now fresh from the lecture room, and can pass an examination in which your seniors in the profession would find it difficult to compete." . . . "There are many things which we can afford to forget, which it is yet well to learn; and the knowledge of to-day finds a soil in the forgotten facts of yesterday." . . . "Your diploma seems very long to night, but it begins to shrink from this hour." . . . "Our training has two stages: In the first, nothing is difficult, everything being as simple as playing on Hamlet's pipe. Then, there is the second stage, when one has to try a thousand times before the thing can be done right." But I have not time to give you more of this; the sayings of the poet were short, pithy, and to the point.

On the 22d of this month there was an adjourned meeting of our County Medical Society, to hear the balance of the report of the Bureau of Clinical Medicine. Our good friend, Dr. H. D. Paine, was to open the discussion, and the subject was "Croup."

The Eighth Annual Commencement of the New York Medical College for Women takes place to-night. Our Prof. Bradford will deliver the Valedictory to the Students. There are six happy females who will receive the degree; four of them in the bonds of matrimony, and two who are not. Whether the ties of Hymen are yet to entangle them too, remains to be seen.

In surgery I have seen many interesting cases. A few days since, I took up the common carotid, and applied to it an instrument known as Speer's Artery Constrictor, which was introduced by Dr. Speer to the profession, at the last meeting of the State Society (Allopathic), held in Albany early in February last, and for which he received the "Merritt H. Cash prize." The case was one of enormous aneurism by anastomosis, measuring five inches in its long diameter and two and a half inches in its transverse. The patient was aged only fifteen months. The tumor arose — at least so say the parents — from a severe bruise on the side of the face, although I am strongly of opinion that it must have been congenital, as are most of this

variety of erectile growths. This large swelling on the left cheek was of a bluish color, and projected behind the ramus of the inferior maxillary bone, forming a tumor in that locality as large as a hen's egg. The case had been in the hands of several distinguished surgeons, and on one occasion the tumor had had red-hot needles passed into it without any perceptible benefit. I have seen quite a number of cases of these large nævi, and have generally treated them either with a subcutaneous ligature, or by passing needles at right angles beneath the tumor, and ligating the entire mass, twisting strong cord around the needles. In the smaller varieties, I have applied twice daily the tincture of iodine, two drachms to the ounce. Some also recommend that lint saturated with liquor plumbi should be fastened over the part, and kept moistened by the solution. Collodion also, used twice a day, has proved serviceable, acting by its contractile power.

Indeed, as far as I may judge, the treatment of these erectile tumors may be divided into three heads: first, that by which an atrophy of the swelling may be produced, either by ligature, astringents, refrigerants, or compression; second, that by which an inflammatory process may be established in the part, either by seton, acupuncture, laceration of the tissue, incision and insertion of sponge or lint, cauterization with potassa fusa or chloride of zinc, injection of stimulating solutions, vaccination, etc.; third, excision of the new growth, either by amputation of the parts affected (lips, prepuce, labia, etc.), or ligating the main vessels of supply.

Dr. George McClellan tied the common carotid for such a tumor without success; but Mott, on two occasions, did the same thing with good results. As other methods had been employed in this case, I resolved to endeavor to cut off the entire supply of blood by arresting its flow in the main vessel.

The patient was placed fully under the influence of chloroform. Having turned the head well to the sound side, I made the usual incision. The thyroid plexus of veins was enormously distended, and it required a little careful dissection to raise them: they were held aside with a blunt hook at the upper end of the wound. The deep fascia was divided upon a director, and the omo-hyoid muscle brought to the lower extremity of the incision. The sheath was then divided and the aneurism needle placed under the artery. I then raised the vessel and the "constrictor" was placed upon it, the screw turned, and held tightly for a moment and then removed. It worked perfectly, the pulsation above the site of its application ceased immediately, and below it the regular beat of the vessel was as plainly distinguishable, as it is when the ligature is placed upon any artery.

The tumor has now diminished about one-half, although, two days after the operation, the child was taken with violent croup, and constant cough, — a condition of things not peculiarly favorable to the endeavor to prevent the blood from entering the distended vessels.

Prof. Bradford, of this city, Dr. Youlin, of Jersey City, and also Dr. Hart, an expert surgeon of New York, were present, and assisted in the operation.

The plan of the constrictor is simply this: a blunt hook moves

upward and downward through a flat canula, by means of a screw. When it is to be applied, the hook is pushed through the upper end of the canula and placed around the vessel; by turning the screw at the opposite extremity, the artery is drawn within the cylinder. By this process the internal and middle coats of the vessel are broken and rolled inward within the outer coat, which remains intact. I had seen this instrument applied by Dr. Hare in a case of amputation of the leg a few days before. It was placed upon the anterior tibial artery, which was in an ossified condition, and it worked admirably. I cannot give you further particulars on this interesting subject without making my letter an essay.

In Buffalo I saw a very curious case of epithelial cancer of the left lower eyelid, which I removed by a V-shaped incision, leaving the lower tarsal cartilage intact. Drs. Wright and Kenyon assisted in the operation. The remarkable part of the case lies here: as soon as the wound had healed, the lady was affected with erythema nodosum of the extremities, which proved very intractable. From last accounts she has not perfectly recovered, although the eyelid was perfectly restored, without even a scar.

Another interesting case was brought to my care by Dr. Hallock, of New York. A gentleman, seventy-two years of age, while alighting from the forward platform of a car at the Harlem depot, did not perceive a second car coming towards him on an adjoining track. He was caught between the two carriages, and received very severe injuries. Five of his ribs were broken, the manubrium of the sternum fractured transversely, and the acromial end of the clavicle dislocated. He states that he distinctly heard the bones snap, one after the other, until exhausted he sank down between the railroad tracks. Considering the age of the patient, the number of fractures, and the severe shock, I formed a rather bad prognosis, but I am happy to say, that he made a good recovery. Dr. Peterson, of this city, assisted me on several occasions, in this case.

In two cases of lacerated perineum, upon which I operated in the past week, and which were both very aggravated, the sphincters and the recto-vaginal septum being torn, I employed the combined operations of Baker Brown, and Agnew. The deep sutures were of cord, and tied over bougie; the more superficial, silver, were held with perforated shot. I did not divide the sphincter ani behind, as advised by Brown. One of these was unsuccessful on account of a fetid discharge from the uterus which appeared on the evening after the operation was performed. The other, thus far, is doing well.

I have made several experiments with the *Hecla lava* in bone diseases, and also with *Sulphur. acid.* in assisting in the separation of diseased bone; but I have already extended this letter to a much greater extent than I had intended.

In the next number I shall endeavor formally to introduce the Department of Surgery to the numerous readers of the *Gazette*, and hope that the increasing numbers of skilful surgeons of our school, will assist in rendering this portion of the journal as readable and practically useful as have ever been its pages, from its very commencement.

Meantime, I am as ever,

Yours very truly WM. TOD HELMUTH.

TEST FOR ALBUMEN.

TARRYTOWN, March 11, 1871.

Dear Gazette: — I was yesterday reviewing the January number of the *Gazette*, and in the "Items and Extracts" found a "New test for Albumen." In No. 110 of the *N. Y. Medical Record*, Dr. Wm. B. Lewis has shown that the proposed new test (carbolic acid) is valueless as a test, in consequence of its causing a precipitate in normal as well as albuminous urine.

Very truly yours,
T. C. FANNING.

REPORTS OF SOCIETIES.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE twentieth Annual Meeting of this Society was held in the hall of the Young Men's Christian Association, Albany, beginning on Tuesday, 14 February, 1871, at 10 A.M., the President, L. B. Wells, M.D:, in the chair. His inaugural address congratulated the Society on its growth, urged diligence and universal co-operation in provings, and the accomplishment of the project for establishing an insane asylum, and recommended an earlier day for the Annual Meeting.

The following Honorary Members were elected: C. Hempel, M.D., St. Petersburg; B. Hirschel, M.D., Dresden; A. C. Pope, M.D., London; M. Roth, M.D., London; Robert J. McClatchey, M.D., Philadelphia.

In the afternoon, Dr. C. G. McKnight, of Providence, made an excellent speech on the ostracism of homœopathic examining surgeons by the Pension Bureau, for which a vote of thanks was tendered him. A series of vigorous resolutions was passed, and a delegation appointed to take them to Washington. Dr. Dunham read a paper on Medical Education, on which the Committee on Education is to report next year.

Dr. Foote, Medical Superintendent of the proposed insane asylum at Middletown, reported that $75,000 had been subscribed, and $10,000 paid in. The land — two hundred acres — had been purchased at $33,000, and of this $8,000 had been paid.

Dr. T. D. Stowe introduced a series of resolutions deprecating the increase of intemperance; these were finally laid over till next year.

The Annual Address, by Robert McMurray, M.D., on Medical Education, was delivered in the Representatives' Hall in the Capitol, in the evening. The Society became the guests of James W. Cox, M.D., for the remainder of the evening.

WEDNESDAY, 9.30 A.M. — The Society re-assembled, Dr. T. F. Smith in the chair. A paper on Biliary Calculi, by Hans Powell, M.D., was read, also several papers on Ophthalmology, by T. F. Allen, M.D.

The election of officers for the ensuing year was then held. It resulted, conformably to the report of the Committee on Nominations, as follows: —

President. — J. F. Gray, M.D.

Vice-Presidents. — T. F. Smith, M.D., J. C. Raymond, M.D., A. W. Holden, M.D.

Recording Secretary. — H. M. Paine, M.D.

Corresponding Secretary. — E. D. Jones, M.D.

Treasurer. — James F. McKown, M.D.

A stringent resolution was adopted against the publication of any paper except after critical examination by the majority of the Publishing Committee. By a change of rule, these were selected from the vicinity of the State Capital. They were Drs. Cox, Jones, and Pratt.

Richfield Springs, in Otsego Co., was selected as the place of the semi-annual meeting, to be held on the 10th August next; Committee of Arrangements, Drs. Munger, Watson, Spencer, and Getman.

A draft for a law relating to the examination of candidates for license and degrees was approved. A draft of a law concerning the practice of physic and surgery, recommended in the Annual Address in 1870 (see *Gazette*, Vol. V., p. 199), was approved. Drs. Cox and Jones, of Albany, were added to the Committee to which it had been referred (*ibid.*, p. 200), and they were directed to secure its enactment if possible.

A letter was received from Dr. A. Welden, accompanying a donation of fifty copies of the Transactions of the Eclectic Medical Society, which was received with thanks.

A very large number of interesting papers was read, mostly by title. Among them were twenty on materia medica, thirty-four on clinical medicine, besides several on diseases of the eye, ear, and skin, five on obstetrics, and twenty-three miscellaneous. There were read necrological notices of J. L. Stoddard, M.D., James Berry, M.D., H. B. Fellows, M.D., Arthur Lutze, M.D., and Josiah Bowers, M.D.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The sixth annual meeting was held in the Capitol at Harrisburg, Wednesday and Thursday, Feb. 1 and 2, 1871. The President of the Society, Marcellin Côté, M. D., of Pittsburg, called the Society to order at 10, A. M. Prayer was offered by Rev. Mr. Snuyder of Harrisburg.

The President, in his opening address, urged the importance of securing the incorporation of the Society. He made a touching allusion to the great loss of the Society and the profession in the

death of WALTER WILLIAMSON. Resolutions on this bereavement were passed the next day.

Reports of an encouraging character were received from the following local societies: Philadelphia, Alleghany County, Chester, Delaware and Montgomery Counties, Cumberland Valley, Berks and Sckuylkill Counties, Dauphin County.

Seventeen candidates were duly elected to membership of the Society. Dr. M. M. Marix, of Colorado, was elected a corresponding member, — also Dr. E. Lovejoy, of Owego, N. Y., who was present.

The recent raid upon homœopathists by the Commissioner of Pensions was discussed, and a delegation was appointed to represent the Society at Washington in connection with a similar delegation from the New York State Society.

The case of Dr. W. H. H. Neville, of Philadelphia, was taken up. He was kept in prison more than three months on a charge of infanticide, when he had it in his power to clearly prove an alibi and demanded immediate trial. A committee was appointed on the case, who subsequently reported the following resolution, which was unanimously adopted: —

Resolved, That we heartily sympathize with our fellow-member, Dr. W. H. H. Neville, in his long and unmerited imprisonment, and congratulate him upon his complete vindication, and that we assure him of our continued and unabated confidence and esteem.

Dr. Thomas Hewitt, of Western Pennsylvania, having been convicted of criminal abortion, was expelled.

The following remedies were discussed: *Phytolacca decandra* for chronic, syphilitic, and varicose ulcers, albuminuria, chronic constipation, ague, rheumatic affections; *China*, chronic arsenical poisoning; *Cantharis*[200], cystitis; Iodide of arsenic (*Arsenicum jodatum*), tumors, filthy ulcers of the leg; *Ruta*, sciatica; *Cimicifuga*, insanity; *Lachesis*, epilepsy; *Indigo*, epilepsy, ascarides; *Lycopodium*, ascarides; *Sulphur*, cephalalgia; Baumscheidt's treatment, chorea; *Actæa racemosa*, as a preventive of tedious parturition; also *Carbolic acid*, *Melilotus officinalis*, *Eriodendron anfractuosum*, and *Calcarea carbonica*. Dr. Haeseler described his use of electricity in preparing medicines. Interesting papers on surgery were read and referred.

In obstetrics, the disuse of the bandage and of the ligature of the funis were discussed.

Dr. W. H. Cook stated that in Cumberland County — a limestone region — a labor rarely detained him more than two or three hours; while in Adams County — free from lime — he usually had upwards of ten hours to remain.

Due regard was had to the approaching meeting of the Institute at Philadelphia, and a committee was appointed to confer with the Committee of Arrangements.

The Annual Address was delivered in the Representatives' Hall, on Wednesday evening, by W. C. Doane, M.D., of Williamsport. His subject was The Medical Profession. The hall was entirely filled.

The following officers were elected for the ensuing year:—

President, J. H. Marsden, M.D., York Sulphur Springs.

Vice-Presidents, H. N. Guernsey, M.D., Philadelphia, and S. T. Charlton, M.D., Harrisburg.

Recording Secretary, Bushrod W. James, M.D., Philadelphia.

Corresponding Secretary, R. J. McClatchey, M.D., Philadelphia.

Treasurer, O. B. Gause, M.D., Philadelphia.

Censors, W. H. Cook, M.D., Carlisle; J. F. Cooper, M.D., Allegheny City, and Mahlon Preston, M.D., Norristown.

Orator, W. James Blakely, M.D., Erie.

Alternate, Thomas Moore, M.D., Germantown.

W. R. Childs, M.D., of Pittsburg, was appointed Necrologist.

NEW YORK HOMŒOPATHIC HOSPITAL.

This institution, which has been in operation for more than a year, in the upper stories of the Northeastern Homœopathic Dispensary, has the prospect of a wider field of usefulness. The Legislature of the State has authorized the Commissioners of the Sinking Fund of New York to grant the Hospital a building-site. It voted also $20,000, on condition that its friends contribute an equal sum. The city has granted $10,000 towards the maintenance of the institution. This corporate munificence is meeting a worthy response from the homœopathic profession and laity in the city. The Medical Director, F. Seeger, M.D., has given liberally, and Mrs. R. B. Conolly has subscribed a twentieth of the required sum; Mayor Hall gives half as much. A Ladies' Society in connection with the Hospital has had some brilliant reunions. A ball, given Jan. 10, proved a most thorough success.

Frank Leslie's Illustrated Newspaper, for Jan. 28, gives a picture of the Dispensary, in East Fifty-fifth street, and commends the success of the Hospital, particularly in cases of insanity. But the whole of its space, present or prospective, if given up to the insane, could do little toward meeting the excess of demand over supply for the comfort or cure of this wretched class, which over-fill every institution in the State — fit and unfit — which is opened to their reception. The homœopaths of the Empire State must not delay to secure the $150,000 voted from its treasury, by raising a similar sum for their State Insane Asylum.

AMERICAN INSTITUTE OF HOMŒOPATHY.

A Circular just received from the Committee of Arrangements announces that the sessions of the Twenty-eighth Anniversary will be held at the Hall of the Mercantile Library Association of Philadelphia, on the west side of Tenth street, north of Chestnut, commencing on Tuesday, June 6, 1871, and continuing four days. The daily session is to be from 10 A. M. to 3 P. M.

On Monday evening the members will be received by Dr. and Mrs. Constantine Hering at their residence, Nos. 112 and 114 North

Twelfth street, north of Arch street. This social meeting or initiatory levee will afford a delightful opportunity of exchanging friendly greetings, making new acquaintances, and renewing old ones.

On TUESDAY evening, at the Academy of Music, S. W. corner of Broad and Locust streets, the Annual Address will be given by T. P. Wilson, M.D., of Cleveland, followed by an original poem by C. H. Haeseler, M.D , of Pottsville, Pa.

On WEDNESDAY evening, at Musical Fund Hall, south side of Locust street, between Eighth and Ninth, a grand dress levee will be given by the Pennsylvania Society to the members of the Institute and their ladies.

On THURSDAY evening, at the Continental Hotel, a banquet will be tendered to the same guests by the physicians of Philadelphia. Various other pleasant entertainments are proposed by the Committee at such times as will not interfere with the sessions of the Institute, among which are a ride through Fairmount Park, and a visit to some of the public institutions. At Independence Hall, the Mayor of Philadelphia will receive the Institute on Wednesday at 9 A. M.

Members and delegates can obtain, from W. M. Williamson, M.D , 29 North Eleventh street, Philadelphia, orders which will entitle them to excursion tickets over the Pennsylvania Central, and Philadelphia and Erie Railroads, and all their connections, at two-thirds the regular fare.

The head-quarters of the Institute will be at the Continental Hotel, S. E. corner of Ninth and Chestnut streets, one square from the Hall, where the Committee of Arrangements will receive their guests on and after Monday afternoon. By writing to the Secretary of the Committee, R. J. McClatchey, M.D., 918 North Tenth street, rooms and board may be secured at this hotel for four dollars per day — fifty cents less than its regular price. The Committee will spare no pains to contribute to the comfort and pleasure of the members during their visit. Without a doubt, this meeting will be a memorable one in the annals of homœopathy.

ALBANY CITY DISPENSARY.

THIS institution, opened December, 1867, had made, up to April, 1871, 20,831 prescriptions. In the last six months it has treated 1,278 different patients by 6,003 prescriptions, involving 1,856 visits.

About one-ninth of these cases were surgical, mostly minor. The want of hospital accommodations prevents many persons in need of severe operations, from obtaining the benefits of the institution. There is now a regular daily clinique, attended with the most gratifying success. Drs. Cromwell and Belan are the resident physicians. We learn that the usefulness of this charity is rapidly increasing. The promptness and skill of the attending physicians have established public confidence; and the kindness of friends who have furnished lint, bandages, and cerates, and who have so well supplied the dispensary with instruments, books, and other apparatus, has aided it in its beneficent work.

OUR MEDICAL COLLEGES.

It is extremely gratifying to find the record of these institutions for the year just closed, so eminently satisfactory. These colleges have not only increased their number of students, but have also advanced their curriculum, so that the graduates are better qualified than ever before. We will, so far as our space permits, give an account of each college, together with the names of those who have severally, *pro meritoejus*, been adorned with the title, rank, and insignia of *Medicinæ Doctor*.

The New York Homœopathic Medical College.

This college has been entirely reconstructed during the past year, and its Faculty is one which commands the respect of the entire profession. The class, although in point of numbers it is somewhat smaller than last year, yet in ability is unsurpassed.

Its list of graduates the present year is as follows: —

Oscar M. Barber, Mystic Bridge, Conn.; Wm. C. Bryant, Brooklyn; Edmund Carleton, jr., New York; Chas. A. Church, Norwich, N. Y.; Geo. M. Dixon, Ripon, Wis.; S. Wardwell Goodrich, Melrose, Mass.; Rollin B. Gay, Brooklyn; John E. Hartranft, Penn's Grove, N. J.; William Lee, Oxford, O; Edwin Lodge, jr., Detroit; Julius L. Monmonier, San Francisco; E. C. Parke, Yates, N. Y.; Charles F. Scudder, Northport, N. Y.; E. Z. Schmucker, Reading, Pa.; A. T. Schuman, Gardiner, Maine; T. Morris Strong, Ithaca, N. Y.; Armin Uebelacker, German Valley, N. J.; Prof. C. G. Raue, Philadelphia, (Honorary); W. W. Rodman, M.D., New Haven, Conn. (Honorary); R. McMurray, M.D., New York (Honorary).

The New York Medical College for Women

Held its eighth commencement at Association Hall on the evening of February 23. Hon. Stewart L. Woodford gave an introductory address, and Mrs. E. S. Stanton, one of the Trustees, made an address on delivering the diplomas. The valedictory address from the faculty was by Prof. F. S. Bradford, M.D.; that from the students was by Mrs. P. I. B. Wait. The graduates were: —

Mrs. Charlotte C. Drummond, New York; Mrs. Fannie B. Holden, South Norwalk, Conn.; Mrs. Helène S. Lassen, New York; Mrs. Josephine Smith, New York.; Mrs. P. I. B. Wait, New York; Miss Fannie E. White, Kalamazoo, Mich.

The Hahnemann College of Philadelphia

Held its Commencement March 10. The Valedictory address was by Prof. Richard Koch, M.D., and the exercises were mingled with the performances of a fine band. The banquet of course followed, and was, as always, a pleasant one.

The graduates, fifty-four in number, were as follows:—

Rev. Amos Abbott, Bombay, India; James M. Armstrong, Northfield, O.; Wm. E. Barrows, Providence, R. I.; Chas. L. Bonnell, Brooklyn; Thos. B. J. Burd, Flemington, N. J.; Wm. H. Bigler, A.

M., Philadelphia; Chas. F. Bingaman, Lionville, Pa.; Chas. D. Crank, Pittsburg; Eugene Bonaparte Cushing, Lynn, Mass.; Wm. H. Corwin, A. M, Lebanon, O.; Saml. Dreibelbis, Reading, Pa.; Albert J. Evans, Lockport, N. Y.; Walter F. Edmundson, Pittsburg; Jas. A. Fechtig, Hagerstown, Md.; Albert Le Roy Fisher, Canandaigua, N. Y.; Merrill W. Hill, Barre, Vt.; Jas. B. Hall, Mansfield, O.; Albert Hammond, Hagerstown, Md.; Geo. Horsfield, jr., Philadelphia; Francis E. Harpel, Shamokin, Pa.; Geo. H. Hacket, Belmont, N. H.; Levi Hooper, Toughkenamon, Pa.; Wm. H. Keim, Philadelphia; Geo. J. W. Kirk, Hatborough, Pa.; John W. Klein, Louisville, Ky.; Henry S. Keller, Hetricks, Pa.; Jas. C. Kennedy, Pittsburg; Wm. K. Knowles, Augusta, Me.; Chas. Lawton, Newport, R. I.; Taylor Lansing, New York; Madison B. Morris, Philadelphia; Geo. E. Morgan, Rochester, N. Y.; Thos. Mathison, Franklin, La.; Geo. H. McLin, Buchanan, Mich.; Perry Marshall, Mt. Holly, Vt.; Allan G. Peckham, Easton, N. Y.; Edgar J. Pusey, Philadelphia; Joseph R. Pollock, Galesburg, Ill.; Fredk. H. Packer, Brattleboro', Vt.; Rufus Reed, Camden, N. J.; Wm. H. Romig, M. D., Allentown, Pa; Elijah P. Rogers, Pendleton, Ind.; John T. Sutphen, Middletown, O.; David R. Stouffer, Chambersburg, Pa.; Edmond H. Stilson, Galesburg, Ill.; Emanuel M. Scheurer, Hanover, Pa.; Chas. Steddom, Lebanon, O.; José Antonio Terry, Cienfuegos, Cuba; Frank Wm. Thomas, Providence, R. I; Chas. M. Thomas, Philadelphia; Jesse W. Thatcher, Howellville, Pa.; Lewis Woodward, Newport, Del.; Wm. K. Williams, Phœnixville, Pa.; Caleb B. Walrad, Three-mile Bay, New York.

The Homœopathic Hospital College of Cleveland

Held its Commencement Feb. 15. There were four addresses: by Rev. T. B. Forbush, Prof. T. P. Wilson, Prof. N. B. Wilson, and Prof. J. C. Sanders. This was a slight introduction to the principal performance,— an evening banquet with about a hundred guests, toasts, speeches, a gay time in the parlor while the tables were being removed, and after that "dancing for several hours."

Its graduates were: —

Mrs. J. A. Dunning, N. Y.; Mrs Julia A. Ford, Wis.; Miss Anna A. Sowles, N. Y.; Miss Mary E. Hughes, Cleveland, Iw.; F. H. Barr, N. Y.; J. H. Wilson, Kenton, O.; L. D. Eaton, N. Y.; N. R. Gilbert, Ont.; A. J. Kreihbiel, Cincinnati; J. Schneider, Berea, O.; Geo. A. Slack, Clarksville, O.; H. W. Osborne, Wis.; E. M. Hall, Cardington, O.; O. P. Sook, Newark, O.; A. W. Blakeslee, Cleveland; O. S. Runnels, Columbus, O.; S. S. Mills, Cardington, O.; C. W. Hayes, Ill.; W. H. Wise, Mansfield, O.; L. L. Leggett, Zanesville, O.; S. Hoag, N. Y.; I. C. Ellsworth, Dayton, O.; B. H. Dawson, Mich.; A. Baldwin, jr., Cleveland; C. W. Hamisfar, St. Mary's, O.; A. Colvin, N. Y.; J. H. McLellan, Ont.; J. Q. Smith, Springboro', O.; M. B. Garver, Pa.; S. P. Town, Mich.; E. Ulrich, Cincinnati; Geo. Wright, Pa.; R. S. Gee, Wis.; (Honorary;) J. W. Healy, D.D. LL D., New Orleans, (Honorary.)

THE HOMŒOPATHIC MEDICAL COLLEGE OF CHICAGO

Held its Commencement on Feb. 22, — making a large day's work of it. Prof. J. S. Mitchell performed a series of vivisections on a dog, two pigeons, and a frog, before the alumni in the morning. In the afternoon a most interesting report of the Dean — R. Ludlam, M.D. — was read, the degrees conferred, a valedictory to the graduates was delivered by Prof. R. N. Foster, and a valedictory of the graduates by A. E. Ingersoll.

The list of graduates is as follows: —

Jas. B. Bennett, Kan.; Francis H. Berrick, Mich.; Mrs. M. B. Camm, Wis.; Levi W. Carter, Ill.; L. J. Clark, Wis.; Wilbur R. Condell, Ill.; Edward F. Dann, Wis.; Edward T. Craft, Ill.; Geo. E. Cowell, Ill.; J. E. Gilman, Ill.; Joseph W. Haines, O.; Mrs. Rachel H. Harris, Iw.; Alex. W. Hendrick, Ill.; Jos. Hensley, Kan.; R. L. Howard, Ill.; A. E. Higbee, Min.; A. E. Ingersoll, Mon.; A. H. Kalbfleisch, Ill.; J. W. Marelius, Sweden; Matthew McCullom, N. Y.; W. R. McLaren, Ont.; E. P. Miller, Ill.; J. W. Noble, Wis.; W. H. Parsons, Ill.; R. H. Pratt, Ill.; Stephen Porter, Cal.; C. W. Prindell, Mich.; F. B. Righter, Wis.; S J. Ricker, Ill.: G. T. Rand, Mich.; G. M. Saunders, Min.; W. G. Uhland, Ill.; M. R. Waggoner, Iw.; E. H. Wilson, Ill.; W. W. Wilson, Ill.; T. D. Williams, Ill.; S. P. Yeomans, Iw.

THE ST. LOUIS COLL. OF HOM. PHYSICIANS AND SURGEONS

Had its Commencement, March 2, on a cold and stormy evening. Four prizes were awarded, of which John I. Kane, of St. Louis, was so fortunate as to take three: the Luyties Materia Medical prize (a medical case), the Comstock Obstetric Medal, and the Mayer Marix Chemical Medal; Emanuel A. Grivaud, of St. Louis, received the Pattison Surgical Medal. To these peculiar attractions of this college the addition of a new one was announced: fifty dollars in gold annually to the best student among the beneficiaries of the college, from J. N. Eckles, M.D., of San Francisco, who also gives the college a valuable collection of books. The conclusion was at "a table liberally supplied with *materia alimentaria*, where mastication, deglutition, digestion [?], hilarity, mirth, music and speechification ended the second session of the college."

Its graduates were:—

Wm. H. Boardman, Pittsburg; Thomas Bradford, M.D., St. Louis; Wm. F. Dill, Pittsburg; Emanuel A. Grivaud, St. Louis; John I. Crane, St. Louis; John N. McCorkle, A. M., Naples, Ill.; Henry C. Miller, Pittsburg; Barton W. Welson, Clinton, Mo.; Christian J. Wendt, New Brighton, Pa.; Peter H. Wessel, Davenport, Iw.; M. M. Marix, M.D., Denver City, Col. (Honorary); J. Kafka, M.D., Prague, Bohemia (Honorary).

THE HOMŒOPATHIC COLLEGE OF MISSOURI

Held its Commencement on Feb. 21. The most noteworthy feature of the occasion was its close. "A sumptuous supper," we are told,

"enlivened by generous wines,"— which we are glad to say, are a quite unusual accompaniment of homœopathic banquets, — closed the evening's performances. The graduates, of whose Christian names we are sorry not to know even the initials, except in one case, were Mrs. M. E. Munsey of Virden, Ill. — the first lady to take a medical degree from a college west of the Mississippi,— and Messrs. Baker, of St. Louis; Brown, of Virden, Ill.; Carrier, of St. Louis; Gapp, of Strassburg, Germany; Knox, of Iowa; Landpoldt, of Illinois; Lemon, of Jacksonville, Ill., McMahon of St. Louis; Williams, of Chenowa, Ill., and Venable, of Paducah, Ky.

REVIEWS AND NOTICES OF BOOKS.

LAURIE'S HOMŒOPATHIC DOMESTIC MEDICINE. — Edited from the Twenty-first English edition, by R. J. McClatchey, M.D. Philadelphia: F. E. Boericke; New York and San Francisco: Boericke & Tafel.

The twentieth English edition of this well-known work contained a mass of important additions to the previous ones. In the next edition Dr. Laurie made still further additions. Those of the American editor bring the work up to our time and our longitude. The re-publication was begun about two years since, in the *Homœopathic Sun*. On the discontinuance of that work, it seemed desirable to complete the publication in a permanent form, and, accordingly, we have it here in a large and very handsome volume of 1034 pages. The volume is divided into six parts, to which is added a copious index. The first of these parts is occupied with the general principles of diagnosis, hygiene and medication, 90 pages. Part 2, the main body of the work, describing diseases and their treatment, is unchanged in its general aspect from the well-known Hull's Laurie, and includes 590 pages. Part 3, on the treatment of women and their diseases, contains 61 pages. Part 4, the treatment of infants and children, has 126 pages. Part 5, characteristic effects and indications of the medicines prescribed in the work, is given in 119 pages of finer, but not close, print. Part 6 is a repertory of all the symptoms of the preceding part, in 75 pages more, making exactly a thousand pages aside from the preface, list of the eighty-five medicines, and the full index. The medicines are all enumerated in the Institute's "Nomenclature," except Kali bichromicum; "China" (Peruvian bark) is substituted for "Cinchona" while Chinium sulphuricum is not included. The names of acids and a few others are slightly changed.

Of the usefulness of this work in cases where no educated homœopathic physician is in reach, there can be no question. For its abuse, as a bolster to ignorant practitioners, and as a cheap substitute for a good physician in serious cases, the authors of this work are in no way responsible. We knew a wealthy farmer to plunge a jacknife into his aneurism rather than pay a doctor for diagnosis, but it was no fault of the man who sold him the knife. There is no doubt that domestic homœopathy has done much to make the science known;

it has also saved life in emergencies. That practice has never before been so well presented to the public as in this excellent volume.

OUR EYES, AND HOW TO TAKE CARE OF THEM. — By H. W. Williams, M.D., Boston: J. R. Osgood & Co., pp. 103; 16mo.

This work first appeared as a series of papers in the *Atlantic Monthly*, and was prepared for the benefit of "all who have occasion to use their eyes." The most superficial observation of any middle-aged person will satisfy him that eye diseases — and especially myopia — have vastly increased within one generation, and the attention of parents and teachers is called to the care of the eyes of children as never before.

There are books with titles like this put forth by quacks to lure in their victims or to sell spectacles; against such imposition in this case we have the double guaranty of the character of the author and the publishers. Furthermore the diffusion of this book would greatly diminish not only the gains of these charlatans, but also the need of the services of the oculist. One great merit of the work, which, as may be inferred, is for non-professional readers, is the exceeding small compass in which so much valuable truth is so clearly expressed. It ought to be found on the desk of every teacher, and in the house of every School Committee,— not to say of every careful parent.

ITEMS AND EXTRACTS.

A DOCTOR'S MOTTO is supposed to be "patients and long suffering."

CURE FOR SPIRITUALISM. — Dr. Hammond says, spiritualism is a disease which can be cured by iron and strychnine. The latter, we should think, would be sufficient. — *Appleton's.*

COFFEE AND SUGAR. — The United States consumes five times as much coffee per capita as England, and twice as much as France. England consumes about one-half of all the sugar that is made in the world.

ROYAL TROUBLES. — The three empresses of Russia, Germany, and Austria, and the queen of Denmark, are suffering from consumption. The ex-empress Carlotta has recovered her physical health, and there are said to be some hopes that she will recover her reason.

POSTHUMOUS PHILANTHROPY. — A society already counting more than one hundred members, has been formed in Paris, pledging themselves not to be buried after death, but to bequeath their bodies for dissection, so as to aid the science of anatomy as much as possible. They also hope thus ultimately to eradicate the prejudice against dissection. The good they do will not be "interred with their bones;" — though it is possible that this will be the first benefaction of some of them to mankind.

DISINFECTION OF WOUNDS. — Professor Böttger recommends gun-cotton, saturated with a solution of permanganate of potash, put up in the form of a poultice, and held over an open wound by a bandage, as the best disinfectant for bad odors that can conveniently be applied The strength of the solution of permanganate best adapted for the purpose, is one part by weight of dry salt in one hundred parts of water. Ordinary cotton cannot be taken, as it readily decomposes; but gun cotton is permanent, and not liable to explosion when moist.

HOMŒOPATHIC DIRECTORY.

BY HENRY M. SMITH, M.D.

NEW YORK.

HISTORICAL SKETCH.

(*Continued from page* 144.)

Dr. ALONZO S. BALL was born at Keene, N. H. When he was two years old his parents removed to Lowville, N. Y. Having a fondness for public speaking he studied law, and was preparing to enter Hamilton College, when the death of his mother caused a change in his plans. In 1821, he became a student of Dr. Sylvester Miller, of Lowville. In 1824, he attended lectures at Fairfield college, and the following year came to New York to attend lectures at the college of Physicians and Surgeons, and graduate. A sickness of six weeks with pneumonia made such inroads in his funds, which were just sufficient to pay his board and college fees, and so much of the term had expired, that with the advice of his preceptors and physicians, Drs. Kearney Rogers and Thomas Cock, he attended a partial course only and went back to Syracuse, expecting to return the following year and obtain his degree. He had spent much of his time in the New York Hospital and Eye Infirmary; he afterward received a license from the Lewis County Medical Society. He returned to New York in 1838, and was introduced by his pas or, the Rev. Dr. Patton, to his family physician, Dr. Vanderberg, with whose views, however, he was not favorably impressed.

Shortly after, his former preceptor, Dr. Thomas Cock, an old school physician of high standing, gave him a work on homœopathy to read, with which he was much pleased. Having a case of laryngitis, he called on Dr. J. T. Curtis, who had been spoken of by Dr. Cock as an intelligent physician. He called by night, not wishing to be seen entering the office of a homœopath. Under Curtis's prescriptions the patient got well, and Dr. Ball was induced to experiment further. He resolved to try the homœopathic treatment six months; he has continued the trial up to the present.

Dr. Ball visited Albany with a view of taking Dr. Rosenstein's practice, but concluding not to change his residence, he induced Dr. Ward to open an office there. Dr. Ball was likewise the means of converting Drs. Palmer and Kinsley. He is still in active practice in this city, and takes a lively interest in everything pertaining to our school.

Dr. ALFRED FREEMAN was born at Salem, Washington County, N.Y., Nov. 6, 1793. He came to New York in 1834, and received his license from the New York County Medical Society. After practising the old system five or six years, he was induced by Dr. Ball to investigate the claims of homœopathy, and he adopted the new method. He was a very successful practitioner, and by his large practice he did much to make homœopathy popular among the people. He contributed nothing to the literature of the school, and never took any prominent part in societies. He died here March 8, 1861.

Dr. ZINA HARRIS came from Vermont, and about 1840, was practising homœopathy in this city. He was a very zealous advocate of the system, a successful practitioner, a great thinker and close reasoner. He was very eccentric and reticent, and I have been unable to gather any data concerning his birth, graduation, adoption of homœopathy, or death.

Dr. BENJAMIN FRANKLIN BOWERS was born in Billerica, Mass., Sept. 30, 1796. He graduated at Yale College in 1819, and settled in Huntington, Long Island. He came to this city in 1837, and formed a copartnership with Dr. B. F. Joslin. He was appointed Physician to the New York Dispensary; but in 1839, he was turned out because he was investigating homœopathy. He had set himself about it, believing that he would do the State a service by proving the fallacy of the doctrine. The fallacy of the old school was demonstrated to Dr. Bowers, however, and he soon became a convert to homœopathy, and as such, avowed his new faith. His partner believed that "homœopathy would die out in ten years and it would be very much against the reputation of any physician to have had anything to do with it." Of course the partnership was dissolved. Dr. Bowers has been very prominent in the profession, has taken an active part in the societies and dispensaries, has been President of the Hahnemann Academy of Medicine, and of the New York County Homœopathic Medical Society. To our literature he has contributed articles in the various journals, and several pamphlets have also appeared from his pen. He is still in practice here.

Dr. HENRY GALE DUNNELL was born in Albany, Sept. 17, 1804. He came to this city about the year 1817. He graduated from the College of Physicians and Surgeons, in this city, in 1826, in the same class with Drs. Gray, Hallock, Joslin, and Palmer. He was on friendly terms with the homœopathic physicians, and in the Medical Society voted with them in favor of a public and recorded examination, but was strongly opposed to their medical dogmas. In the early part of 1840, being called away from the city, he left one of his patients under the care of Dr. Freeman, by whom, to his great astonishment, she was cured. On inquiring the method, he was assured it was by homœopathic remedies. He began to inquire into the subject; but not caring to consult with Dr. Gray, whom he had so strongly opposed, he borrowed books, and got what information he wanted from Dr. Freeman. He soon avowed himself a homœopathist. He was interested in the early homœopathic societies, but, for the last ten or fifteen years, did not associate with the profession. He was

President of the New York Homœopathic Physicians' Society, and delivered an inaugural address, which was published in pamphlet form. He contributed to the first series of the *Homœopathic Examiner*. He died in this city September 4, 1868.

Dr. RICHARD M. BOLLES was born at Hudson, Columbia Co., N. Y., September 16, 1797. He was a graduate of Williams College. After practising five years in Columbia and Delaware counties, in this State, he came to this city in 1824.

Some time prior to the year 1840, he made the acquaintance of Dr. Wm. Channing, to whom he soon became much attached. A personal observation of Channing's successful treatment of many remarkable cases led him to experiment with homœopathic medicines. The result was such that he soon adopted its practice, not, however, without the loss of much of his practice. He became a warm advocate of the new school, and was connected with the homœopathic dispensaries and the Half-Orphan Asylum. He was much interested in society affairs, and was elected to the Presidency of the Hahnemann Academy of Medicine. In 1843 he prepared a "Synoptical Index to Vol. II. of Jahr's New Manual," and at the time of his death was engaged in the completion of two homœopathic works upon which his leisure had been devoted for some time. He was a ripe scholar in both English and German, and a persistent student, familiar with many departments of science and letters. He was possessed of great mechanical skill and great ingenuity, and numerous valuable inventions attest to the extent and diversity of his studies. He died in this city, August 9, 1865.

Dr. WALTER C. PALMER was born in the State of New Jersey, February 9, 1804. When he was three months old his parents removed to this city. In 1826 he graduated at the College of Physicians and Surgeons in this city in the class with Drs. Gray, Dunnell, and Joslin.

Soon after Dr. A. S. Ball's conversion to homœopathy, he met Dr. Palmer at a religious meeting held at the house of the latter. After the meeting they were introduced, when Dr. Ball broached the subject of homœopathy, to which Dr. Palmer was strongly opposed and declared that when he adopted such a system his friends might consider him a fit subject for the lunatic asylum.

In 1840, Dr. Palmer had a case of hip disease that had baffled the skill of many distinguished allopathic physicians, and which was not improving under his care. He remembered that Dr. Ball had mentioned cases cured by homœopathic remedies and called on him for a prescription for his patient. He was surprised and disappointed with the result of the first dose, as the child began to improve at once. Hoping that the administration of the remedy and the effect of previous medication were simply coincident, he determined to prescribe a homœopathic remedy in a case of diarrhœa, and thereby expected to prove the fallacy of homœopathy. Much to his regret, his patient was cured, and he was forced to acknowledge the superiority of the new system over the old, which he consequently abandoned. After prac-

tising homœopathy eighteen years he retired from practice in 1853. He is still living in this city.

Dr. SAMUEL BANCROFT BARLOW was born at Granville, Mass., April 19, 1798. He began the study of medicine in 1819, with Dr. Vincent Holcomb, at Granville. In 1821 he was the student of Dr. Joseph F. Jewell, of Granby, Conn. He graduated at Yale College in March, 1822, and practised in East Granville till 1834, when he removed to Florida, Orange County, New York. Three years afterward he adopted the homœopathic system, and in 1841 removed to this city, where he has since resided. He has always taken a prominent part in everything pertaining to homœopathy,— the dispensaries, societies, and college. For several years he held the professorship of Materia Medica in the college. He edited an American edition of Dr. Chepmell's "Domestic Work," and has contributed various articles to our periodicals. He is still in practice.

Dr. JOHN A. MCVICKAR graduated at the College of Physicians and Surgeons in this city, in 1833. He came here from Schenectady. He was induced to investigate homœopathy by Dr. Zina Harris, and, in 1841, acknowledged it as "a principle in medicine, but not an exclusive system"; — so reads the title of a pamphlet, addressed to Dr. Alban Goldsmith, which he published in 1841. He does not practise homœopathy exclusively. He was a member of the Hahnemann Academy of Medicine, and, in 1853, as its President, delivered an inaugural address on the Social Position of Medicine; this was published as a pamphlet. He continues in practice in this city.

(*To be continued.*)

PERSONAL.

REMOVALS. — C. WESSELHOEFT, M.D., from 103 Chauncy street, to 302 Columbus avenue, Boston.

E. B. HOLT, M.D., from Lowell, to Chelsea, Mass., where he is associated in practice with D. A. JOHNSON, M.D. Dr. Johnson resumes his office at 20 Worcester street, Boston.

C. HORACE EVANS, M.D., from Sycamore, Ill., to 926 W. Lake st., Chicago.

T. H. MANN, M.D., from N. Wrentham, Mass., to Willimantic, Conn.

J. HYDE, M.D., has resumed practice at Mattoon, Ill.

BUSHROD W. JAMES, M.D., of Philadelphia, has, since his return from California, whither he went for both health and pleasure, been giving the Philadelphians some account of what he heard and saw in El Dorado. From a report in the daily papers, it seems that this proved very interesting and acceptable to his audience. We wish he would give our readers some of the medical and hygienic points developed in his journey.

MARRIED. — At Auburn, N. Y., 23d March, Dr. FRANCIS H. BROWN, of Boston, to Mary S., daughter of Charles P. Wood, of Auburn.

Thus has the talented editor of the *Boston Medical and Surgical Journal* "doubled his estate." The junior editor gallantly suggests that the new part is the best half; and if it proves as valuable an addition to the editorial corps as did the present editor, the *Journal* will soon become one of our most valued exchanges.

DIED. — JOHN WHEELER, M.D., one of the most prominent homœopathists in Ohio, died at Cleveland, Feb. 12, 1871, of paralysis aged 78 years

THE

New England Medical Gazette.

Nos. 5 & 6.] BOSTON, MAY AND JUNE, 1871. [VOL. VI.

PUERPERAL ECLAMPSIA.

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

Extract from a lecture in the Hospital Course, delivered in Boston the past winter.

ONE of the most alarming and serious of the disorders of parturition is eclampsia, or puerperal convulsions. The convulsions of parturition may be divided into two classes. The one class results from the apprehension and fear of nervous and timid women, and in this same class may also be placed attacks which occur in plethoric, full-blooded women as the result of simple cerebral congestion, and which, if not arrested, pass in some cases into apoplexy. These cases, if promptly met, are generally amenable to treatment, and a few doses of *Ignatia* for the nervous, or of *Acon.* and *Bell.* for the plethoric, with the application of cold to the head, may avert the threatened development of actual convulsions; or, if these have already occurred, they will be sufficient, with perhaps the assistance of *Hyos.* or *Stram.*, even to control them, and bring the case to a successful issue.

The second class of cases of convulsions, includes such as arise from the abnormal character of the blood itself. This may be due to one or more causes: Deficient oxidation, arising from the hinderance to respiration by the encroachment of the abdomen upon the thorax; 2. A certain pravity of the blood which corresponds to albuminuria; 3. A true toxæmia, or poisonous state of the blood, arising from its surcharge of duty while eliminating the debris of the fœtal, as well as of the maternal system; 4. Some

form of toxæmia depending upon those conditions which interfere with the proper depuration of the blood, such as constipation or insufficient secretion from the bowels, the effect of mechanical pressure of the gravid uterus upon the intestines; 5. Cholæmia, from insufficient action of the liver; 6. Uræmia, arising from affections of the kidneys.

The treatment of these varied conditions must obviously be a varied one, and is rendered more difficult, when we add to all these existing causes, the various excentric ones, such as emotion, irritation of the uterus, and of its os and cervix; gastric irritation, etc. In forming our conclusions as to the best mode of treatment in any given case of puerperal convulsions, we must carefully ascertain the pathological conditions, and their relations to the convulsions as causes. When there is reason to believe in the absence of all other sources of irritation, and that the fœtus in the uterus is the exciting cause of eclampsia, *delivery* by the speediest method, or by the one which is least likely to add to the existing irritation, is the manifest indication. But the propriety of this course must depend entirely upon the peculiar circumstances of each case. If the convulsions depend upon causes evidently independent of direct uterine irritation, delivery will usually have little or no effect upon the course of the disease; and I have frequently seen the paroxysms continue with unabated or even increased vigor for many hours after delivery has been effected. If, in any given case, it is decided to attempt delivery, the rule must be to adopt the means least liable to increase the irritation of the uterus. Whenever its application is practicable, I unhesitatingly recommend the forceps; the introduction of the blades through the vagina, or even, if necessary, within the os uteri, is far less likely to produce irritation than the introduction of the hand and arm in the operation of turning, or in the more complicated manual operations involved in craniotomy. Whenever the forceps can be applied, its use need not be, in skilful hands, more dangerous than any other mode of artificial delivery; and in the circumstances under consideration I believe it would be safer. I always feel in these cases that one important source of irritation is removed when the uterus has been carefully relieved of its contents.

I cannot accept the opinion held by many, that uræmia is the sole cause of puerperal convulsions. It is, no doubt, a very common cause, but I do not think it is the sole or universal one. For eclampsia dependent upon uræmia I would recommend the prompt administration of *Gelseminum sempervirens*. It will, in many cases, be found of much service in lessening the violence of the convulsions, as well as in rendering no small service by its diuretic powers, depurating the blood of a portion of the urea and carbonate of ammonia, upon which the primary morbid action depends. In my hands it has, in several cases, rendered most acceptable service.

Another remedy which in its action somewhat resembles the last-named is *Bromide of potassium*. Administered in doses of from one to three, or even five grains, it will in many cases promptly control the convulsions, even after they have continued for many hours. A case in point came under my notice some three years since. The lady had reached the eighth month of her first pregnancy. She was enormously anasarcous, and passed but very little urine, which almost entirely coagulated upon the application of heat or nitric acid. She had complained for many days of a violent, pressing, frontal headache, which at length grew rapidly worse, and resulted in a most terrific convulsion. Her physician, an allopath, was at once summoned. He administered ether, but it failed to subdue the convulsions, even for the time being. They followed each other in rapid succession during more than forty-eight hours. As the ether failed to control the convulsions, bleeding, blisters, and various antispasmodics were ineffectually tried, until the physician announced his entire willingness to relinquish the case to any one whom the friends might select, — as he deemed the case a hopeless one. A homœopathist was then called, and for twelve hours administered *Bell.*, *Stram.*, *Cicuta*, and perhaps some other medicines which seemed somewhat to diminish the violence of the convulsions, although they recurred with their former frequency. I then saw the patient in consultation, and it was decided to try the *Bromide of potassium*, in three-grain doses at intervals of a quarter of an hour. She had one convulsion shortly after the first dose, but no more; although she remained unconscious for more than two days, but steadily improved

under the use of *Gelsem.* and *Bell.*, which were substituted for the *Bromide* after the danger of convulsions was past. The secretion of urine, however, remained very scanty. After the more violent symptoms of cerebral congestion were relieved, *Eupatorium purpureum* was substituted for the former remedies, and soon exerted its specific influence upon the kidneys, as was manifested by the increased quantity of urine excreted. A few days subsequently, however, as the headache still continued, and the ascites rather increased than lessened notwithstanding the increased action of the kidneys, I decided to induce labor, which I did by rupturing the membranes and allowing the discharge of the liquor amnii. The pains came on three hours afterward, and the patient, after a moderately severe labor, gave birth to a living male child. The ascites still persisting, *Apocynum cannabinum* was substituted for the *Eupatorium*, and a marked improvement was soon noticed. The quantity of urine was greatly increased, the dropsical symptoms disappeared, and the patient made a perfect, though rather slow recovery.

Two or three points in the treatment of this case are worthy of a moment's notice. First, the utter failure of the ether to control the convulsions, though its successful use in many cases of eclampsia is beyond question. But these successful cases will be found, I think, very largely comprised in the class of convulsions uncomplicated with albuminuria — the emotional class, as one writer terms them. A second noticeable point is the fact, which I have frequently verified both in this affection and in epilepsy, that the *Bromide of potassium*, although it controlled the convulsions, failed to produce any further salutary effect upon the existing pathological condition. And not until the *Gelseminum* and *Bell.* were substituted for it, was the congestion subdued, as indicated by returning consciousness. An unusual circumstance, in this case, was the birth of a living child; the life of the fœtus is usually destroyed by the convulsions, where they continue so long before delivery as in this instance.

Another remedy of great value when the convulsions continue after delivery is *Cicuta virosa*, as I can testify by some most satisfactory experience. Post-partum convulsions complicated with albuminuria show a large per cent of mortality.

A single hint with regard to the administration of remedies in this disease; it is this: that, owing to the general condition of toxæmia which prevails throughout the system in albuminuria, it will be found necessary to administer our remedies in somewhat larger doses than usual, in order to obtain the same effect which we would expect in ordinary cases.

GONORRHŒAL OPHTHALMIA.

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

In its severe form, this is one of the gravest diseases which the surgeon is called to treat. Upon this point all authorities agree. Diphtheritic conjunctivitis, alone, is more uniformly destructive, or more rapid in its course. The danger lies wholly in the fatal tendency of the inflammation to spread to the cornea; this becoming opaque and softened, or, still more frequently, becoming the seat of rapid and destructive ulceration, its transparency is lost. The eye, even if it escape total destruction, is rendered blind. Fortunately a part of the cornea, even in the severest cases, is often saved in a more or less normal condition, and partial sight is retained; and often the ulcerative process is happily checked before it has eaten its way through the entire thickness of the cornea. Stellwag (1) says of this purulent gonorrhœal inflammation transmitted to the cornea, that it is one of the most dangerous of all corneal affections. Lawrence (2) says that this disease is the severest form of purulent ophthalmia, and often ends in destruction of the cornea, and total loss of vision. Desmarres (3) says it often results in softening of the cornea, and the escape of the lens and a portion of the vitreous humor. In other cases hernia of the iris and staphyloma anterior ensue. Wecker (4) quotes from Lawrence fourteen cases under the care of the latter, nine of one eye only, five of both eyes; of the first, six were lost and three recovered, one of the

(1.) Stellwag, Lehrbuch der Augenheilkunde, p. 363.
(2.) Handy Book of Ophthalmic Surgery, Lawrence & Moore, p. 56.
(3.) Desmarres, Maladies des Yeux, vol. 1, p. 213.
(4.) Wecker, Maladies des Yeux, vol. 1, p. 69.

three with a synechia anterior and another with a leucoma. Of the five double cases, four lost one eye each, and the fifth became totally blind. Dixon (5) says, under the head of Gonorrhœal Ophthalmia, that the disease presents all the phenomena of purulent ophthalmia, but in a more severe and rapidly destructive form; and he relates a case in detail, in which one eye was lost and the other saved. Raue (6) considers the disease of so dangerous a character that he warns his readers of the fact that it may entirely destroy the eye in twenty-four hours. A score of authors might be quoted to the same effect.

The question as to the diagnosis of so terrible an affection as this, is one of great import. Fortunately the task is not a difficult one. The severity of all the symptoms betrays its nature directly. In the very beginning it presents a picture of an ordinary catarrhal conjunctivitis, or perhaps of a simple acute conjunctivitis; the disorder, however, presents this mild character but a short time; in the course of twenty-four or forty-eight hours the lids, or the upper lid, begins to swell, and is soon so enormously distended, that it becomes a painful and difficult manipulation to raise it sufficiently to permit the least view of the eye itself. Usually there is some considerable pain as well as fever, and one may be quite sure that he has for treatment either a conjunctivitis gonorrhœica or diphtheritica. Whether the former or latter, the treatment, at this stage, is the same. Ice-water compresses are to be faithfully applied day and night until the external heat and swelling subsides. They are to be changed as often as they become warm, which will be, in severe cases, once in every minute or two.

It is of the utmost importance that the severe inflammatory symptoms which mark this stage of the disease should be subdued as quickly as possible. Energetic treatment for twenty-four or forty-eight hours may save the cornea from ulceration, and is worth more now than weeks of the best attention later. And the remedial agent, beyond all others, serviceable for the end in view, is cold. *Contraria contrariis curantur*, however faulty or dangerous

(5.) Dixon on Diseases of the Eye, p. 58.
(6.) Raue's Pathology and Diagnostics, p. 45.

a principle of cure in some cases, is here the best principle, because it best enables the physician to fulfil his mission and cure his patient. This application of cold through ice or ice water is indicated, as I have said, only in acute affections of the eye and its appendages where the inflammatory symptoms are very marked and severe. The subjective sensations, as described by the patient, will indicate the persistency with which the treatment should be pursued, and mark as well the limit beyond which it should not be pushed. The moment that the application of cold becomes disagreeable it should be dropped. In most chronic diseases of the eye, cold water is not indicated, is not agreeable to the patient, and is productive of no good. Internally, *Aconite* is to be administered every hour or two.

Twenty-four hours of this treatment will reduce the swollen lids to such an extent that the eye can be conveniently examined. If we find now, on raising the lid, that it seems stiffened, the conjunctiva rather pale, the discharge thin, serous and mixed with fibrinous shreds, and the suffering of the patient very great, we have a diphtheritis. If the discharge is thicker and pus-like, the lid soft, the conjunctiva red, puffed, and velvety in appearance, and the pain not very severe, we may be confident that the case has not a diphtheritic origin, and that our chance of saving the cornea, though by no means a certain one, is nevertheless rather encouraging. The observance of these symptoms, which mark the differential diagnosis between these two affections, and which mark also to a limited extent the line between a severe and mild type of gonorrhœal ophthalmia, is useful in cases where the history of the disease is not easily determined, as in female and occasionally in male patients.

The cause of the disease is, probably, always a contagion. Possibly, in very mild attacks, it may be an extension of the virus through the system. Raue and many of the older writers affirm that it may and generally does appear as a consequence of the suppression or cessation of the urethral discharge; but this view is unsupported by sufficient facts. The urethral discharge generally continues during the ophthalmia, and if one eye only is affected in the beginning, the other may be saved from attack by binding it

up securely. It occurs oftenest in the right eye, and usually first in this when both are attacked. The reason of this is plain. The right hand would naturally carry the contagion. It is impossible, of course, always to trace the disorder in this way directly to the specific discharge, and it is very easy, and perhaps natural enough, to think and talk of metastasis. But we know that the gonorrhœal matter is highly contagious, and that in a vast majority of instances, the patient, suffering from an ophthalmic gonorrhœa, is himself either the subject of a urethral discharge, or the associate of those subject to such discharge, or to a like affection of the eye. To support the theory of metastasis we have simply the fact that with the ophthalmic attack the urethral discharge has been known to cease; such an occurrence is, however, quite rare, and it is a well-known fact that a discharge from the urethra may cease spontaneously. It is known, moreover, that a discharge so old as to be at the point of cessation may still be sufficiently poisonous to successfully inoculate a conjunctiva. The fact that gonorrhœal ophthalmia is of infrequent occurrence, notwithstanding the infectious nature of the secretion, is to be explained by the circumstance that gonorrhœal matter, diluted with water to fifty or a hundred times its volume, or when exposed upon the clothing to the air for thirty-six or forty-eight hours, loses its virulence, and its power of inoculation through contact is gone. The theory of metastasis of this affection from the penis to the eye is apparently pure hypothesis, based on a few isolated observations; and isolated facts are as unsafe bases upon which to build theories of disease, as isolated clinical observations are to determine the exact value of remedies in the treatment of disease.

I propose to relate briefly the main features and treatment of a mild case of gonorrhœal conjunctivitis. I have elsewhere* related somewhat in detail the course and treatment of a very severe form of the affection, to which I beg to direct the attention of the readers of this article.

I was called, April 25, 1870, in consultation, to see a case of "inflammation of the eyes." I found the patient, a young man of

* Diseases of the Eye, pp. 92 *et seq.*

twenty-five, sitting in an easy-chair with cold compresses over the eyes, pale, nervous, and complaining of heat and pain in the lids, with photophobia. The right eye, in which the disease had first shown itself, twenty-four hours previously, was much the worse. Externally the upper lid was considerably swollen and reddened, the conjunctiva sclerotic æ very red and deeply injected, and the lachrymation was profuse.

The characteristic commencement and the rapid progress of the inflammation, led me to suspect its origin; but the father, mother, and sister of the patient being present, it was difficult to verify my suspicions. Finally, taking a powder-paper, I wrote upon it the familiar synonym of the word gonorrhœa, and, handing it to the attending physician, asked him if his patient had taken that medicine. He was uncertain about it, but on showing the paper to the patient, the latter was quite certain that he *had* taken it; so the nature of the disease was quietly determined on the spot.

Aconite was given internally, and the external use of the cold compresses was continued. The next day, the external inflammation and swelling of lids having considerably subsided, and the discharge having grown more purulent in appearance, I painted the conjunctiva of the upper lids with a solution of *Argentum nitricum*, four grains to the ounce of water, washing it off immediately afterwards. *Aconite* and *Argen. nitr.* were given internally. I learned from the patient that he had contracted a gonorrhœa more than a month previously, that he had been treating it with capsules of copaiva and cubebs, and that the discharge was now very much diminished. In answer to the anxious inquiries of his relatives as to how soon he would probably be able to resume his business, I fortunately mentioned the penchant which this affection has for attacking the knees.

April 27, the third day, the patient is better. He feels better, and his eyes are better. Applied the *Arg. nit.* again. It causes no pain, and the patient is just as certain as I am that it is doing his eyes good. Medicine continued.

April 28. — The eyes are decidedly improved. The lids are less thickened, the discharge is less abundant by one-half. Continued treatment with the exception of the *Aconite*, for which *Merc. bin.* was substituted.

April 29. — Great improvement. Discharge is moderate in quantity; the injection of the ocular conjunctiva is fast disappearing. I have now no apprehension whatever for the safety of the cornea. I now use, instead of the solution of *Arg. nit.*, a collyrium of the same, of the strength of one grain to the ounce of water, to be dropped into the eyes twice a day. *Arg. nit.* and *Merc. bin.* in alternation, as before.

April 30. — Eyes improving. The right knee is painful and somewhat swollen. Neither the patient nor family surprised, as they had been forewarned of this tendency of the disease. Applied cold to the knee, and administered *Bry.* and *Macrotin* internally every two hours. The patient looks pale, feeble, and worn. Ordered a nutritious diet of rare beef, supplemented by beef tea. The next day the knee was more swollen, but the pain, fever, and heat were less.

May 2, my last visit. Eyes almost well; knee much better; the left knee remains unaffected. A week later I was summoned to see him again, his eyes being bad once more. I found that during the day previous, Sunday, he had sat in the bay window several hours, entertaining himself by gazing out into the glaring sunlight at the people moving to and fro in the street. His eyes were not strong enough for so severe an ordeal, and I found him suffering from sensitiveness of the ciliary nerves, photophobia, and lachrymation. I feared that this might be the precursor of an attack of iritis, but it was not so. He received *Bell.* internally, and *Atropine* —one grain to the ounce of water — as a collyrium to be used twice a day. This treatment relieved him, and restored the use of his eyes in a few days.

May 16. The patient called on me, his eyes quite well, but not yet strong enough to use continuously. His knee was not quite well, but nearly so.

Monday, May 23d. He came to me for a feeling of irritation and weakness in the eyes. He had been using them too closely in his business. I gave him *Plumb. ac.* internally, and the same as a fomentation over his closed lids, of the strength of two grains to the ounce of water, to be used every evening. His knee was entirely well. Some two months ago he informed me that his health was perfect in every respect. His eyes looked well and strong.

THE CLIMATE OF THE UNITED STATES, AND ITS EFFECTS ON HABITS OF LIFE AND MORAL QUALITIES.

BY M. E. DESOR, OF NEUFCHATEL.

[No apology is needed from us for, contrary to our custom, reprinting the following translation, from the *Boston Medical and Surgical Journal*. The influence of climate on disease is a very important subject, and one which demands the careful study of physicians.]

When a German or Swiss emigrant lands at New York, he does not perceive that the climate is on the whole very different from that of his own country. Nevertheless, after a while, and when he has established himself permanently, he begins to recognize differences which soon oblige him to modify some of his habits, and, at the end of a certain time, compel him to adopt, whether he will or no, those of the Americans, which had been, at first, the subject of his most bitter criticisms.

This experience, which the greater number of Europeans undergo, does not cease to astonish them after they have reflected upon it. They know that the Northern States are within about the same parallels of latitude as Central Europe. The well-educated remember, besides, to have been taught at school that the isothermal lines, or zones of equal temperature, correspond in a still more striking manner. They have, besides, found by experience that winter in the vicinity of New York or Boston is nearly as cold as that of the environs of Frankfort, Basle, and Zurich, and the summer at least as warm. Nevertheless, the two climates have effects altogether different, for which he cannot account. Hence it was, that when, a few years since, the *élite* of the German population of Boston organized themselves into a lyceum to establish courses of lectures after the custom of the Americans, the principal, if not the only question of general physics upon which they manifested an earnest desire to be enlightened, was precisely that of climate.

How was it, they asked, that they were all obliged to modify, after a certain time, their habits of life, and even their modes of proceeding in the different arts and trades?

Having been invited to give some lectures on the comparative climatology of the continents of Europe and America, I was led to investigate in a special manner the nature of those climatic influences, and the extent of the modifications which they bring with them.

The phenomena of which we treat are of two kinds: those which

relate to common life and which everybody can appreciate, and those which are noticed in the exercise of certain professions.*

To the first category belong the following phenomena:—

1st. German women are all astonished at the facility with which linen dries, even in the depth of winter, so that washing takes in general less than half the time it does in Europe, which makes the custom so general in the United States of washing every week.

2d. On the other hand, those same housekeepers, especially those who live in the country, are in despair at finding how rapidly their bread dries up. Habituated in their native country to making a supply of bread for several weeks, they are in consternation at seeing that their bread, although prepared in the same manner, hardens and becomes uneatable in the course of a few days; they impute it to the quality of the flour, or of the water; they lose their temper, they bemoan themselves, and after a while they end in adopting the American custom of making bread every day, or at least every other day.

3d. This inconvenience, which is no imaginary one, is compensated in a certain degree by some advantages which we at home do not enjoy. Thus, mouldiness is much less to be feared in the United States than with us. It is rare that provisions suffer from it in winter. The cellars, in particular, unless they are in damp and low places, are excellent, whence it is that every kind of food, fruits, and vegetables are preserved much longer and more surely than with us.

4th. The same absence of moisture is observed in a still more striking manner in winter, when the windows of apartments show less moisture upon them than with us. Thus Germans, who are accustomed to see at home the window-panes covered with arborizations during a great part of the winter, and can hardly conceive of Christmas without frost-flowers, are disappointed at not seeing them more frequently in America; and yet the weather there is as cold at Christmas as it is at Hamburg or Munich.

5th. There are, besides these subjects of common observation, others which bear upon hygiene, and which every one can make in his own person. I will give here but one example: the influence which a residence in the United States has upon the hair, which, at the end of a certain period, loses its moisture to a considerable degree. Thence comes the greater need of oil and pomatum, and consequently the greater number of hair-dressers. Many a young man who in Switzerland or Germany would recoil from the idea

* In speaking of the United States in comparison with Europe, we have especially in view the Northern States of the Union, and not Texas or California, where the climatic conditions are altogether different.

of using pomade or Macassar oil, from the fear of seeming effeminate, finds his steps taking more and more frequently the path to the hair-dresser's, after having lived for some time in the United States.

The experience undergone in the exercise of the different arts and trades is not less significant. Here are a few examples, which I have received from persons of intelligence and reliability.

1st. Builders do not find themselves under any necessity of leaving their houses to dry for a season before surrendering them for occupation. The mason has hardly left, when the occupant enters without any fear of rheumatism or any of those infirmities which are so liable to be incurred among us in new houses.

2d. House-painters can apply much sooner than with us a second coat of varnish or distemper without their work suffering from it.

3d. On the other hand, cabinet-makers, and above all makers of musical instruments, are obliged to be very careful in the selection of the wood which they work up. Wood which in Europe would be thought abundantly dry, could not be made use of in the cabinet-makers' shops of Boston or New York, where it would crack in a very short time. Inlaid floors, especially, require extreme care, so that they are rarely seen, even in the houses of the most opulent. It is to the same cause that we must attribute the great success of American pianos, while those of Paris and Vienna, perfect as they may be for Europe, deteriorate in America very soon.

4th. Carpenters are obliged to make use of a much stronger glue than in Europe.

5th. The tanners, also, have remarked that their skins dry more easily there, which enables them to carry on their operations farther in a given time. They are particularly astonished at the rapidity with which the desiccation goes on in winter.

6th. Finally, I can cite a fact taken from my own experience as a naturalist. You know what care we have to take in Europe to protect our collections of natural history against dampness; it is only by placing lime or other absorbents in our galleries that we can succeed in protecting them from moisture, especially in new buildings. At Boston, I have seen collections of birds and mammiferous animals deposited in apartments which the plasterer had scarcely left, without any thought of placing absorbents in them. When I remarked upon this to the curator, expressing my solicitude for so many precious objects, which I thought exposed to the risk of being spoilt, "You forget," he replied, "that we are in New England, and not in Europe."

All these different phenomena are referable to one and the same cause, which you have already divined — the greater dryness of the

air of the United States. It might even appear idle to dwell as much as I have done upon this peculiarity of the American climate, if this result was not apparently in opposition to the meteorological data which we possess relating to that country.

"You assert," it has been often objected to us, "that the climate of the United States is dryer than that of Europe, nevertheless we know that it does not rain there any less, nor less often, than with us."

In fact, the quantity of water which falls in the United States, under the form of rain or snow, not only is not less, but it equals and even surpasses that which falls in Europe. Thus, according to the most recent data that we possess, there falls annually —

In Boston, 38 inches of water.
" Phila., 45 " "
" St. Louis, 32 " "

while in Europe, the annual quantity of water which falls at a given point is —

In England, 32 inches.
" France, 25 "
" the centre of Germany, 20 inches.
" Hamburg, 17 inches.

The number of rainy days in the United States is also not less than in Europe, with the exception, perhaps, of the British Islands and Norway. On the other hand, it appears to be greater than in Eastern Europe.

Do I need to point out that the contradiction which seems to result from these data is only apparent, and that notwithstanding the greater quantity of water that falls, the climate is, nevertheless, on the whole, drier in the United States than in Europe? The reason of this is very simple: it is that during clear weather the air is less charged with humidity than with us. The atmosphere does not, as in England and the west of Europe, continue in a state nearly that of saturation, but the moment the rain ceases, and a change of wind brings back fine weather, the hygrometer falls immediately, and the dew-point keeps sensibly below the temperature of the surrounding air. There is in this respect a similarity between the climate of the United States and that of the Alps. Our mountains, as you know, have furnished results in appearance not less contradictory. Relying on the fact that it rains oftener there than on the plains, the conclusion has been too hastily drawn that the air in the mountainous region was less dry. Thus we see that in the older meteorological manuals, and even in recent works, the climate of the Alps figures among the moist climates, while in reality the air there is much more dry, a fact which

any one may verify on a fine clear day. It is to this very circumstance that we must in great part attribute the fact that we are less fatigued in traversing the mountains than the plains.

The cause of the greater dryness of the American climate it is easy to apprehend. In America, as in Europe, the predominant winds are from the west. On our European coasts, those winds come charged with the moisture with which they have become saturated by their contact with the ocean; hence it is that they generally bring with them rain. In the United States it is the reverse. The western winds do not reach the Atlantic coast until after having swept over an entire continent, and during that passage they have lost a great part of their moisture. For that reason they are seldom accompanied with rain. They act the same part that the east winds do with us, which, for the very reason that they come to us from over the continent, are dry and greedy of moisture. We all know how much more rapidly our roads and our fields dry under the influence of the north wind than that of the south wind [from the Lake].*

To what degree do atmospheric conditions so diverse, influence the conditions of animal and vegetable life? Buffon, long since, in comparing the animals and plants of the new continent with those of the old, had pointed out a double contrast. He had remarked that the animal species of the American continent† were in general smaller than their congeners of the old continent, while nearly the reverse was true of plants. He concluded from this that the new continent was more favorable to the vegetable kingdom, while the old was more so to the animal kingdom.

The history of the United States does not extend over a sufficiently long period to furnish us with conclusive data upon the modifications which the different races of animals imported from Europe may have undergone through the influence of climate. It is man himself who will furnish us with the most instructive facts upon this point.

It is now nearly two hundred and fifty years since the first colonists established themselves on the shores of New England. They were, as is well known, Dissenters, who expatriated themselves because they wanted a larger share of religious liberty than the English Church was disposed to allow them. They were in

*By a natural consequence of the contrast which I am enunciating, these same east and northeast winds, which with us are generally dry and cold, are, in the United States, invariably accompanied with rain. All who have lived in New York nd New England know but too well the northeasterly storms (les bourrasques du nord-est) which are so frequent in spring.

† It will suffice to compare the lion with the panther, the rhinoceros with the tapir, the camel with the lama.

every respect true Englishmen, having all the physical and moral characteristics of the Anglo-Saxon race. At the present day, after but little more than two centuries, the inhabitant of the United States is no longer simply an Englishman. He has traits which are peculiar to himself, and which cannot be mistaken, any more than the English physiognomy could be confounded with the German. He has, in a word, developed a Yankee or American type. But as this type cannot be the result of a crossing of races, since it is the most marked in the Eastern States, precisely where the race is less mixed, it must be the consequence of external influences, among which we must place in the first rank those of climate.

One of the physiological characteristics of the American is the absence of *embonpoint*. Pass through the streets of New York, Boston, or Philadelphia, and you will hardly meet one, out of a hundred individuals who elbow you, who is corpulent, and that one will most generally be found to be a foreigner or of foreign descent.

What particularly strikes us in the Americans is the length of the neck; not, let it be understood, that they have the neck absolutely longer than ours, but that being more slender it appears longer. In turn, the American easily recognizes Europeans by opposite characters. It has happened to me more than once that in forming conjectures with friends upon the nationality of individuals whom we have met on a public promenade, I had doubts as to their origin, while the Americans decided upon the point without hesitation. "But look," said they, "at the neck. No American has a neck like that."

The same remark applies, and with more strength, to the fair sex; and what will perhaps astonish us is that, far from complaining of it, they appear to felicitate themselves on this peculiarity. In fact, it is from this that the delicate and ethereal expression arises which is so much vaunted in the American women. But while we may recognize what there may be of attraction in this type, which, with or without reason, the poets characterize as angelic, I think I do not deceive myself in supposing that our European women, in being more robust and plump, have not any less claims on our admiration.

The difference which I have just pointed out between the Americans and the Europeans, is not merely the result of a less development of the muscular system; it depends as much, if not more, on the reduction of the glandular system; and in this regard it merits serious attention on the part of the physiologist as involving directly the future of the American race. It is this that the most

intelligent have foreseen; they have felt that there must be a limit to this excessive delicacy of forms, and it is for this reason that, notwithstanding their instinctive aversion to the Irish (who furnish the largest contingent of emigration), they are far from being opposed to the immigration of that race, who, by the fullness of their forms and the richness of their glandular system, appear made to resist with better effect the influences of the American climate. The, remark has in fact, often been made, that the handsomest women are those born of European parents.

More than this, these influences of climate are observed to operate not only on a new generation, but are seen in many instances in individuals when they change their residence from the Eastern to the Western continent. Thus it is that few Europeans grow fat in the United States; while Americans who live for a short time in Europe acquire an air of health and well-being which is very remarkable. It is sometimes the same with Europeans who return to Europe after a prolonged residence in the United States. In the person of him who addresses you, nothing would be easier than to furnish a proof of this.

When it is demonstrated that the greater dryness of the air can occasion, under similar latitudes, differences so remarkable as those we have pointed out, why should we refuse to recognize an influence from this cause in a more complex domain, but not less dependent on external circumstance? This leads us to say a word upon the differences which are to be recognized, in a moral point of view, between the Americans and the Europeans.

There is no European who, in landing at New York, Boston, or Baltimore, has not been struck with the feverish activity which prevails on all sides. Everybody is in a hurry. Persons on the wharves and on the sidewalks are running rather than walking. If two friends meet in the street, they content themselves with a shake of the hand, but they have, as a general thing, no time for conversation. It is true that something like this can be seen in the seaport and large towns of England; only the activity of the English appears to me more intentional, while that of the Yankee is more instinctive, — the result of habit and a natural impatience, rather than of necessity. Hence it is that it betrays itself on occasions when it is absolutely unseasonable. The Americans have been reproached, and justly too, for not allowing time enough for dinner. On the part of persons under the pressure of business, it could be accounted for on that ground, were it not that the habit is so general as to seem in a certain degree endemic. This is so true, that I have more than once seen passengers on shipboard, who had absolutely nothing to do, who were not the less in a hurry

to leave the table. It is only with effort that this impatience has been kept under restraint at the watering-places; but that has been only accomplished by a recourse to what is the most powerful of levers — by stigmatizing this precipitation as unfashionable [*de mauvais ton*].

An impatience so general must necessarily have its source in some general cause. Although we possess as yet no precise data to explain the manner in which a greater or less degree of humidity of the air acts on the nervous system, we think we do not deceive ourselves in attributing this greater nervous irritability of the inhabitants of the United States to the dryness of the American climate. May we not cite in support of this opinion the less durable yet not less constant effect which the northeast wind has upon us? The northeast wind, as we have already remarked, corresponds in its effects to the northwest wind in America. It is the wind blowing over the continent, and we can all confirm its desiccating act on. But the influence of our northeast wind, you are aware, does not end here; it is more general. The inhabitants of the Jura know but too well that it acts also upon the nervous system, and even upon the disposition of the mind, to such a degree that when the northeast wind, especially a sharp wind [*la bise noire*] blows for a length of time, they feel a kind of disquietude, of irritation, which even degenerates sometimes into ill-humor; and it is not perhaps without reason that it is said in some localities that the northeast wind makes the women out of temper. It is then, too, that we have the least need of stimulants, and I have heard a shrewd observer make the remark that one should never invite friends to dinner during a northeast wind.

But if a dry wind produces such marked effects in our own country, where, nevertheless, it blows only exceptionally, we may conceive that its influence must be very much greater in a country where it is the dominant wind, as is the case along the Atlantic coast of the United States. From this cause there is also there less need in general of stimulants. Shall we err in assuming that it is to the climate that we must refer the much more pernicious effect of fermented liquors in the United States than elsewhere? It is a well-recognized fact that Europeans, and especially the English, who are in the habit of drinking wine and spirituous liquors at home without being harmed by them, are obliged, if not to renounce them, at least to restrict themselves in the use of them, from the moment that they settle in the United States. It is owing to this experience, that temperance societies have been able to exert so preponderating an influence there, and to dictate legislative measures, which, if they were enacted with us, might

well transform into revolutionists some of our most determined conservatives.

So, also, the Americans, notwithstanding their apparent coldness, are constitutionally more irritable than Europeans. Their susceptibility is proverbial. Can it be said that on this account they are more violently irritable than we are? *

According to this theory, they should be so, and they would perhaps be so, if they had not provided in season against the ill effects of this greater nervous irritability by carefully repressing, more than we do, all movements of impatience. Those who have lived in the United States know what care is there taken in the early instruction of children to inculcate the habit of self-government. Hence it results that a people the most irritable on the face of the earth is found to be at the same time the best disciplined.

Liberty, especially, is only possible in the large measure in which it exists there, because each individual has been early accustomed to restrain his impulses. To keep himself in this path the American has no need of a police. Public opinion, besides, is sufficient to recall him within the limits of decorum when he has strayed away from them. It is in the lowest taste for a man who makes any claim to the title of a gentleman to allow himself to get angry, and still more to resort to acts of violence. Thus the Americans take satisfaction in saying, what is but too true, that when two individuals fall to fighting in the street, it may be taken for granted that they are either Irishmen or Germans.

God forbid, nevertheless, that we should assume that the disposition, the prosperity, and the liberty of a country are the consequences of its climate! The example of England, with its climate directly the reverse of that of America, would confute us if we were to hazard such a paradox. But we think, on the other hand, that the greatness of a nation does not depend so exclusively on its institutions as some eminent authors have thought. The climate of the United States, in inducing the adoption of certain principles of education, has perhaps in that way even facilitated the extraordinary development of the American people, under conditions which, otherwise, might have proved fatal to their prosperity, and above all to their liberty.

* We should here distinguish between vivacity, the dominant trait of the inhabitants of warm countries, which is the effect of temperature, and the irritability which is caused by the dryness of the air.

THE ACTION OF MEDICINES, — AND THE DOSE.

BY C. WESSELHOEFT, M.D., BOSTON.

From the Hospital Course of Lectures.

. . WHAT you desire to know is the rationale of this effect of medicines, — an explanation of it. Here we come to theory, very plainly. There are a number of these explanations, by different authors; first let me give you Hahnemann's own, the first that was ever offered. He says: —

"Since every disease is based upon some particular morbid disturbance of the vital force, then, in case of a homœopathic cure by administering a drug potency, chosen exactly in accordance with the similitude of symptoms, a somewhat stronger but similar and artificial morbid affection will have been implanted upon the vital power, which is disturbed by the natural disease. The artificial disease is substituted, as it were, in the place of the weaker, natural disease, against which the instinctive vital force now needs only to direct an increase of energy, whereupon the artificial effect of the drug potency will soon be overcome by the vital force; which, liberated at first from the natural disease, and finally from the substituted artificial disease, now again becomes capable of continuing the life of the organism in health."*

This is summed up in a preceding paragraph in these words:—

"A weaker dynamic affection is permanently extinguished in the living organism by a stronger one, if the latter (*deviating in kind*) is very similar in its manifestation to the former."†

This is purely theoretical, and being of very little importance in practice, this portion of the subject is dismissed by Hahnemann in the following brief words: —

"Since the natural law of cure has been verified to the world by all pure experiments and genuine experiences, and since it has become an established fact, a scientific explanation of its mode of action is of little importance, and I value an attempt at explanation but slightly."‡

This is all that Hahnemann says about his theory. If we should stop to explain the reason of every phenomenon of disease or of medicine, we should make little progress in healing, as the history of medicine amply attests. We are perfectly justified in making use of practical, empirical facts.

---

* § 29 of the Organon. † § 26, *ibid.* ‡ § 28, *ibid.*

While we see these facts verified before our eyes every day in our practice, many of us are not at all satisfied with their explanation; other theories have been proposed next to those of Hahnemann.

Dr. von Grauvogl* rejects the assumption of a "dynamic disturbance of vitality" and "healing power of medicines" as illusory and arbitrary. "The healing power," says he, "is present with life in general, and is no special part of it." . . . In homœopathy we can recognize only "the law of equality of action and counteraction;" by producing this counteraction, medicines are capable of restoring the altered or diseased power of resistance.

Whatever explanation is given by different writers, the power of the living organism to react, is always recognized, not only by avowed homœopathists, but often by others.

Thus Dr. Pidoux, as quoted by Grauvogl, expresses himself thus: † "It is not the medicament by itself, but the organism modified by the medicament, that effects the cure; and it is necessary that the prejudices of laymen and the errors of physicians, should be eradicated when they believe that a medicine is capable of actizing directly on a disease, and even on a morbid product, neutralizing the same in the manner of an antidote." . . . "The action of the medicine is best illustrated by the thermal waters, long after the use of which a curative reaction takes place, entirely opposite to the primary effect of these waters."

This proves conclusively that the medicine does not act therapeutically by virtue of its chemical properties, but that it develops in a vital manner a vital effect through the special powers of the organism.

This is what *Paracelsus* taught three hundred years ago, but it was forgotten or left unheeded.

The question, How medicines act in curing disease, is not only to be answered when asked by physicians; we are in duty bound to have a reasonable answer for laymen also; and you may rest assured that a science does not lose in value or in popular estimation by being intelligible to everybody.

---

* Die Grundgesetze in Physiol., Pathol., und homœop. Therapie; and Text-book of Homœopathy, p. 87, 88, 123, etc.

† Text-book p. 183, etc. (German edition).

We have to begin by defining medicines. What are they? In the first place they are drugs, the names and description of which are contained in our pharmacopœias and dispensatories. They form the groundwork of the Materia Medica; but, as just remarked, they are mere Materia before they are Materia Medica.

So we ask again: what is this *Materia*, — what are these drugs? how shall we define them? I answer, we define them by their qualities, their properties, and their relation to the living organism; this is what we have in mind when we speak of drugs, but we have no reference to the other uses to which they may be put. What then is their relation to the living organism, and to the human organism in particular? They are substances which, if introduced into the healthy human organism, cause this organism to become sick; — that is one idea of a drug. This sickness may vary from a transient discomfort, to a painful or rapidly fatal disease. Each drug does its work in a specific manner, peculiar to itself; hence drugs are also called poisons; for not every substance which causes illness or death by being taken into the body, is a poison.

That drugs cause sickness is shown by the most common experience; you are all aware of that, and there can be no dispute about the matter. Neither will you deny that those substances which we call drugs, have, time out of mind, cured diseases; or else, why do we read the history of medicine? Does it not all tend to exhibit the confidence men had in the use of drugs in disease, and that the object of the science of medicine, in the past three thousand years, has been to learn the proper use of drugs? There never existed the slightest doubt that drugs could cure disease, and had often cured disease, — the only question was: *how to make them do it again;* there was the difficulty!

How, now, are we going to harmonize the apparent paradox, that drugs, which possess the unquestionable power of producing sickness in the healthy, do also cure disease when they are administered to the sick?

Hold fast to this fact, for it is a part of experience; impress it upon your memory; do not try to evade it, or reason yourselves out of it; it will be in vain; for you will have to return to it, sooner or later.

In answer to the question, how can drugs, or poisons, which cause disease, ever be used to cure disease? we set aside all theories, and hold just only plain facts like thes: Drugs or poisons cause disease by their pathogenetic power, as shown by the most common experience; but this same experience shows that they can, and do, cure disease. Hence, we can only infer that, as a rule, they cause recovery by means of the same power, or specific quality, by which they cause sickness; their *pathogenetic* power under certain conditions becomes their *therapeutic* power.

That which, under certain circumstances, acts as a deadly poison, may, if skilfully and reasonably employed, become an agreeable, mild, and beneficent medicine. Arsenic, for instance, may cause death by a painful and lingering disorganization of the digestive organs, with extreme prostration; and on the other hand it may, in proper dose, and with proper repetition, save patients from such lingering forms of disease. The same may be said of phosphorus, veratrum, bella onna, aconite; all known as extremely virulent substances, and yet thousands of lives have been saved by them. I say this may all be done under certain conditions; I have already alluded to the principal condition, namely, that of discovering the right remedy for a given case. We know of no better rule or law than that pronounced by Hahnemann: "Cure diseases with drugs producing a most similar affection upon the healthy."

You have seen that drugs will cure disease; this is the rule by which the drug related to a given case of disease may be discovered. There are unquestionably other rules referring to other means of restoring health. But let it be understood once for all, that the rule of similars applies only to drugs—and when a thorough radical and "constitutional" * medicine is needed—and to nothing else. We do not deny, on the other hand, that, exceptionally, drugs may be applied according to other rules; as ether may be employed to produce insensibility to pain in surgery; an emetic or purgative may be employed to remove another poison from the system. While the rule of similars holds good, particularly with regard to *Opium*, this drug may be given to lessen the anguish of

† Grauvogl, *loc. cit.*

the dying, when there is no hope of restoration. In short, a palliative use of drugs is perfectly admissible; as long as we do not lose sight of our highest aim and object: to cure, radically, permanently, and gently.

The condition next to finding the right remedy is to find the right dose. In this, as in other matters, we will consult the experience of the past. In speaking of the curative power of drugs, we have found that this depends on some specific quality. One drug affects particularly one organ in a peculiar manner; another drug bears a peculiar pathogenetic — and, consequently also, a therapeutic — relation to an otherorgan or region of the body, and so on. I have pointed out to you that these peculiarities are owing to certain *qualities* of the drug, which distinguish it from other drugs. Now, experience teaches that qualities are not necessarily governed by quantities; in other words, the degree of thoroughness or the intensity of effect will often be found to stand in an inverse ratio to the quantity of the drug administered. Thus large doses of arsenic are ejected from the stomach, and the patient may not suffer much; large doses of calomel have merely a laxative effect; while much smaller doses of these drugs, repeated at intervals, will soon produce grave constitutional effects, exhibiting, by means of a great variety of phenomena, the peculiar pathogenetic quality of these drugs. Most of the actively poisonous drugs either cause vomiting, or they kill quickly; to obtain their general constitutional effects, they must be given in smaller doses. This is a rule with few exceptions, and is undisputed.

But the pathogenetic quality of the drug is not the only factor to be considered. The human body is not merely a machine, nor the mere subject of chemical reagents. As we have seen before, it possesses a power of reaction peculiar to living organisms only. And this power of reaction is known to vary greatly in disease and health. As a general rule, much less of a drug is required to affect a diseased organism than a healthy one; for sensitiveness, or susceptibility, is greater in disease, while reaction, or the power to regain equilibrium, is greater in health.

Guided by these experiences, we hope in future to have some exact rule to regulate the dose in disease; as it is, we must feel our way.

Our course of reasoning is about as follows: In a given case of disease which we are called upon to cure, we begin by selecting a drug according to the rule of similars. We next bear in mind that this drug, so selected, bears a certain specific relation to the disease; we hope by means of the medicine to arouse just enough reaction in the organism to re-establish equilibrium and harmony, — that is, health. For this purpose, we must not give too much nor too little. Now we know by experience what would be a poisonous dose; we reject that. We further know by experience how much can be tolerated in health; we want much less than that, so we reduce it. We know, furthermore, by experience, that the diseased body endures much less than the healthy, and so we give only as much medicine as the diseased body will bear without feeling the least discomfort therefrom. A tenth of a grain of arsenic would often be too much; we therefore reduce the quantity till we find that it is so small as not to give the least discomfort to our patient, and is yet sufficient to cure him; this the medicine does by virtue of its quality and not through quantity. Time will not allow me here to develop this subject as it deserves. Several hours might profitably be devoted to the explanation of our posology. I can can only allude to certain points. It is incredible how far this division may be carried with advantage. You have undoubtedly often heard that we use not only hundredths but millionths and decillionths of grains. We do not ask you to believe in them, our school does not demand such faith. We claim for ourselves perfect liberty, and accord it to others. Having abandoned the traditional dose of the older school, we have — within certain limits — no normal dose. Some of us use hundredths of grains or drops, others prefer decillionths, others again give minute portions of crude drugs. No one is prepared to deny the efficacy of any of these grades of subdivision.

The method of preparing these drugs for therapeutic purposes is so simple and so well known that you are undoubtedly all familiar with it. I will not dwell upon it at present, except to guard against a certain popular misunderstanding. Our medicines are called "infinitesimals," both in good faith and reproachfully. I wish to enter a protest against this. The method may be called "infinitesimal," because we may count into all eternity; but it does not fol-

low that we must continue to do so; we stop far short of that; hence, *our medicines are not infinitesimals*, and the term is a misnomer. When you have repeated the process of dilution three times, producing the third dilution, that is not an endless dilution, for it stops at the third. The same argument applies to any figure at which you may arrive; for instance the thirtieth; is that an endless dilution? By no means; for, though you might, if you chose, go on indefinitely, you do not; you stop at any point you choose to. So, we do not use "infinitesimal" dilutions — for that would be nonsense.

INFLUENCE OF DISEASES ON THE SECRETION OF SEMEN.

Condensed from the Union Médicale.

BY S. LILIENTHAL, M.D., NEW YORK.

Dr. Liegeois arrives at the following conclusions: —

(1.) Every healthy male, youth, adult, or aged, who has no malformation and no traces of former affections of the sexual organs, has in his semen the material basis for impregnation.

(2.) Acute, chronic, or constitutional diseases in adults are without influence on the seminal secretions, i. e. they do not occasion the loss of the spermatozoa; but this is frequently the case in aged people.

(3.) The syphilitic inflammation of the epididymis (the most frequent among the affections attacking the internal sexual organs) prevents, nearly always and forever, the secretion of spermatozoa, when on both sides; it is thus the cause of sterility. If it affects one testis only, it affects the other sympathetically, lessens its activity, diminishes the quantity of spermatozoa from it, and thus produces a deleterious influence on the fructifying quality of the semen. Far different is the epididymitis not caused by gonorrhœa; it has not such an injurious influence.

(4.) Diseases which attack the parenchyma of the testicles, always threaten sterility, whether one or both testicles be affected. Chronic syphilitic orchitis is curable, as the sterility caused by it sometimes passes off under an anti-syphilitic treatment.

(5.) Traumatic lesions in the neighborhood of the testicle, epididymis, and vasa deferentia are not of so much influence on the secretion and excretion of the seminal fluid, with the exception of varicocele, which, in advanced stages, produces atrophy of the testicles and consequent loss of spermatozoa.

(6.) In most cases, spermatorrhœa does not modify the seminal secretion, but in some persons the loss of spermatozoa sets in, even before the patients suffer from marasmus.

CASES FROM PRACTICE.

BY G. N. BRIGHAM, M.D., MONTPELIER, VT.

AUGUST 21, 1870. — Called to see Mrs. B., a light blonde, aged twenty-six. She was delivered six days since. Found her in an ecstasy, singing, clapping her hands, and breaking out into boisterous expressions, such as, "O how happy I am," etc. She would seize every one by the hand, showing great pleasure on meeting; would talk about going to Heaven,— of being dead and laid out in black. Says she is the handsomest corpse that ever was; refuses to nurse her child, saying it, too, is dead. Accuses her husband of infidelity, and all women around her of being guilty of criminal conduct, yet speaks lightly of it, and accuses herself of previous wantonness. Find some tenderness above pubes; thirst, and accelerated pulse.

Gave *Stramonium.*[200] Found her convalescent the next day.

July 28, 1870. — Mrs. P. called to consult me. She was of a nervo-bilious temperament; æt. 35. Menses have continued six weeks. Face yellowish, pale; lips dry, cracked; no thirst. Has sore throat at the beginning of her menstruation. Menses dark, thick, washed out with great difficulty. No pain during menstruation. Craves vegetables. Gave *Magnesia carb.*[200].

August 6, the flow had ceased.

At her next menstruation had no trouble.

June 28. — Was called to see Mr. M., suffering with hydrothorax. Had the following symptoms: urine high-colored and scanty; thirstlessness; oppression of chest; great soreness at the pit of the stomach and under the ribs, aggravated by lying

down, ameliorated by sitting up, — Gave *Apis*^{200}, which did him some good. The next time I gave *Apis*^{30}.

He did not improve much from this. The next time I found an even more marked inability to lie down; stammering at every attempt to speak; severe spasms of throat on attempting to swallow liquids, though able to swallow solids much better. He has had two suffocating attacks, and has not lain on the right side — the side affected — for five weeks. Gave *Lachesis*^{200}. This remedy, with *Apis*, completed the cure.

ASCARIS VERMICULARIS.

BY C. S. MIDDLETON, M.D., PHILADELPHIA.

In the *Gazette*, February, 1871. is a short article on Ascarides, and a treatment recommended, to which I beg leave to take exception, particularly as I think there are better and safer ways of getting free from these pests.

As children — and small ones too — are most frequently troubled with ascarides, it seems rather hazardous to throw one-third of a grain of corrosive sublimate in solution into the bowel, to be repeated in "twelve or twenty-four hours," if thought necessary.

As I have taken exception to the above proceeding, I hope to recommend something better. When my little patients suffer from these intolerable tenants, I direct an injection of *salt water*, which almost invariably puts a quietus to their operations at once. If one injection does not answer, give another in a short time.

A weak solution of carbolic acid would be still more effectual, but this needs to be used with much care; still there is less risk than with the *Mercurius corrosivus*.

The salt water, however, has never failed for me. In addition, I prescribe *Sulphur* most frequently, in repeated doses, mostly in the mother tincture, but where relief is not so urgently demanded, in higher attenuations. This medicine has given me great satisfaction in treating for ascarides, and has often relieved in a very short time.

Washing the anus and adjacent parts with Castile soap, and afterwards greasing with lard is also beneficial. This, I think, has been already recommended in the *Gazette*.

Surgical Department.

WM. TOD HELMUTH, M. D., NEW YORK, EDITOR.

CLEFT PALATE AND STAPHYLORRAPHY.

BY WM. TOD HELMUTH, M.D.

A lecture reported and condensed by Ambrose S. Everett, M.D.

CLEFT palate is an arrest of development in the osseous structures of the roof of the mouth, accompanied with a deficiency in the corresponding soft parts. It is, therefore, a fissure in the hard and soft structures of the roof of the mouth. It may exist either with or without harelip, but the two generally are found together.

It may also co-exist with deformities of the posterior nares.

The palate, in common parlance, means the whole of the roof of the mouth, from the superior alveolar arch to the pharynx, and includes the velum palati. The surgeon divides it into two parts, the hard and soft palates. The hard palate extends from the internal surface of the upper teeth to the velum. It is formed by the horizontal plates of the palate and superior maxillæ, a fibrous structure, and the mucous membrane. It is supplied with arteries, veins, and nerves. The bony portion forms the roof of the mouth by its inferior surface, and its superior surface is the floor of the nares.

The horizontal plates of the superior maxillæ form the anterior three-fourths of this osseous lamella, the remaining fourth belonging to the horizontal plates of the palate bones. The inferior surface of the palate processes of the superior maxillary bones are joined together by a harmonia suture, giving rise to the palatal ridge, which terminates anteriorly in the nasal spine, and posteriorly is continuous with a similar, though less defined, raphe in the palate bones.

The soft palate or velum pendulum palati is the movable fold of mucous membrane, enclosing muscular fibres, aponeurosis, vessels, nerves, and mucous glands; it is suspended from the posterior bor-

der of the hard palate, like a curtain, and forms an incomplete septum between the mouth and pharynx.

The arched structure of the mouth with the curtain that divides the oral cavity from the pharynx behind, exerts the most powerful influence on articulation, moulding the sounds which are created in the larynx and giving them scope and reverberation. In its normal state it is that which gives smoothness and sweetness to the varied tones of which human language is composed. But in the cleft state, which we propose to consider, every agreeable quality of tone is lost, and the nasal, guttural, and half-suffocative sounds that are produced by those who suffer from the deformity, hinder even the ordinary intercourse of man with man, and frequently cause the sufferer to avoid society, and, from the seclusion which naturally follows, to become unhappy and misanthropic. Many of the simplest elementary sounds of our language are unutterable by those who are afflicted with cleft palate. The hard sound of "g," for instance, is made by pressing the roots of the tongue against the uvula in order to close the throat, as in beginning to articulate the word "go" without the "o."

Now, it is almost an impossible thing for a person afflicted with the deformity we are considering to make any such sound, and the greater the effort, the wider will the fissure become by the action of the elevators and tensors of the palate. I have questioned persons afflicted with cleft palate, and have seen them endeavor to utter the consonant in question, but never have known them to succeed.

Again, the sound of "l," which is a vocal lingual-dental sound, and is made by pressing the tongue against the upper gums, hard palate, or roof of the mouth, is rendered very imperfect, and plainly indicates the deformity of the parts. So also with "w, u, v," and many other letters. If, therefore, these elementary sounds are wholly wanting, or even imperfect, it may well be imagined how defective the utterance will be.

In order to a full and complete understanding of the question before us, I shall have to call your attention for a few moments more minutely to the anatomical structure of the parts. Those who are familiar with the anatomy of the base of the skull, must

bear in mind the relative position of the pterygoid processes of the sphenoid with the horizontal plates of the palate bones, for it is to these that the muscular portions of the velum are attached.

These muscles are nine in number; four on each side, and a central strip of muscular fibres — the azygos uvulæ. They may be divided into elevators and depressors. The elevators are the levator palati and the tensor palati or circumflexus palati. The depressors are the palato-glossus and palato-pharyngeus. The levator palati has its origin from the inferior surface of the apex of the petrous portion of the temporal bone and from the under and internal portion of the cartilage of the Eustachian tube. The fibres descend and enter into the pharynx above the superior constrictor muscle, and then expand to assist in the construction of the soft palate; thus, with its fellow of the opposite side, it forms a stratum of muscular fibres, which is also in conjunction with the two planes of the palato-pharyngeus muscle.

The circumflexus palati, or tensor palati, as it is often called, is a small and narrow band of muscular fibres, partly tendinous, between the pterygoid muscle and the internal pterygoid plate of the sphenoid bone. It is attached to the scaphoid fossa, at the base of the pterygoid process, and also to the Eustachian tube. Besides these there are some smaller fasciculi which have their points of origin from the vaginal process of the temporal bone, and extend to the spinous process of the sphenoid. The fibres at the lower part of the muscle end in a tendon which winds around the trochlea or hamular process of the internal pterygoid plate of the sphenoid bone, and is inserted into the posterior border of the palate.

Of the depressors of the palate, the palato-pharyngeus is the largest, and assists in the formation of the posterior pillar of the fauces. The muscle arises from the posterior border of the thyroid cartilage, and, ascending behind the tonsil, enters the side of the palate, where it separates into two fasciculi; the anterior, which is deeper and much the stronger of the two, enters the substance of the palate between the levator and tensor, and joins also at the middle line a corresponding portion of the opposite muscle. In the palate the muscle encloses the levator palati and azygos uvulæ between its fibres.

The palato-glossus assists in the formation of the anterior pillar of the fauces, and extends to the sides of the posterior surfaces of the tongue; or it may be said to arise from this point, and then, passing a little upward and backward, in front of the tonsil, it completes the triangular space for the lodgment of the tonsil, and is inserted into its fellow of the opposite side.

The azygos uvulæ muscle arises from the posterior nasal spine, situated at the posterior junction of the processes of the palate bone. This muscle forms the substance of the uvula, and has no insertion, the tip of the muscle hanging free in the fauces. A small band of the palato-pharyngeus separates the posterior surface of this muscle from the mucous membrane, by which it is enveloped.

These muscles are covered with mucous membrane; and, it will be seen, are more or less blended or interlaced at their points of is insertion, and act upon the soft palate as follows: —

The levator palati elevates the velum. The tensor palati muscles, by their contraction and the arrangement of the tendons around the hamular process of the pterygoid plate, draw each side of the palate outwards. The palato pharyngeus acts downward and backward. The palato-glossus downward and forwards. It is very important to consider the normal action of these muscular fibres for the proper understanding of the surgical anatomy of cleft palate.

It is necessary here to bring to your notice another muscle, or at least a portion of muscular fibres known as the superior constrictor of the pharynx. As usually studied, the points of origin of this muscle are situated anteriorly, but where one of these parts is in a state of division, its origin should be considered as the median raphé on the posterior wall of the pharynx, together with the aponeuroses of the same. The fibres then pass around on either side of the pharynx and are inserted into the inner surface of the internal pterygoid plate particularly along the lower third, and the hamular process, with the posterior part of the mylo-hyoid ridge of the lower jaw, and with the mucous membrane of the mouth, and of the sides of the tongue. Particular attention, however, should be given to the upper border, which consists of arched fibres, with which the levator and tensor palati muscles are connected.

Having now well in mind the elevators and depressors of the velum, let us give Mr. Ferguson's idea on the subject. He tells us that the extreme mobility of two portions of the cleft palate have long been noticed, but that not much attention has been given to the moving powers. If a person with cleft palate be desired to swallow a little water slowly and with the mouth partially open, the back parts of the fissure may be seen to approach each other; and it is this approximation which was formerly supposed to render the case favorable for a remedial operation. The cause of this movement had escaped the notice of the physiologist for two hundred years, and even so close an observer as Malgaigne had allowed it to pass his observation. "The semi-circle," says Mr. Ferguson, "which these muscles form on the back and sides of the pharynx, is, during deglutition, drawn almost into a straight line; the fibres come forward, inward and downward, so that the soft structures immediately in front — being the two portions of the split palate— are pushed in similar directions, and thus the posterior part of the fissure is made to close." It was from a careful study of these words that I thought it preferable, when speaking of the origin and insertion of the superior constrictor, to reverse the usual manner of describing the muscle, because it is easier to understand how, by the superior arched border of the muscle in question, the margins of the cleft are pushed together. In other essays on the same subject, he speaks of three conditions in which the flaps of a cleft palate are noticed to be operated upon by the action of the muscles in question.

First. When the parts are not irritated, and are in a perfectly quiescent condition, the lateral flaps are quite distinct, the posterior nares and the upper part of the pharynx being observed above and behind.

Second. If the flaps are touched or irritated, they are pressed upward by a motion that appears to commence at the middle of each.

Third. If the parts be still further irritated by pressing the finger against them in the fissure, each flap is forcibly drawn upward and outward, and can scarcely be distinguished from the rest of the parts which enter into the formation of the sides of nostrils and

throat. These peculiar actions will be all readily understood after a careful study of the preceding anatomical details.

The next point to be remembered is the position of the Eustachian tubes, which open on each side of the upper part of the pharynx, at the back part of the inferior meatus; just below and in front of these openings we have parts of the muscles which it is necessary to divide for the successful termination of staphylorraphy. The arteries here are the posterior and inferior palatine, one being given off from the internal maxillary and the other from the facial. These vessels may be divided in forming the flaps, and it may be well to recollect, in connection with this, what has been said about performing a part only of the operation at once.

By the term *staphylorraphy* is understood the operation for the closure of a cleft in the palate. Synonymous with this word are the terms *cionorrhaphy, uraniscorrhaphy, kionorrhaphy,* and *velosynthesis.*

For the most part, surgeons nowadays agree that the division of the palatine muscles is a very essential step in the operation. It is not easy to imagine a more tedious proceeding than a carefully conducted operation for cleft palate, and the following are the most important considerations in the matter.

First. Preparation of the patient. For some time before the operation is to be performed, the patient should accustom the parts to the presence of foreign bodies, by introducing substances into the mouth, and while touching the sides of the cleft, endeavor to control the muscles, and thus avoid their being pressed aside or spasmodically contracted. The operation should never be attempted until the child has arrived at an age to appreciate the difficulties of the operation, and to be willing to bear a little pain for the benefits to be derived from surgical interference.

Second. A favorable condition of the weather is a great desideratum, and the operation should not be performed unless the day be bright and clear. A room facing the sun should, if possible, be chosen, and the curtain blinds removed from the windows to allow a full supply of light.

Third. The patient should sit in an arm-chair, facing the window, with his feet upon a stool fixed firmly to the floor, with his

head supported on the breast of an assistant. The jaws should be separated with a piece of wood set firmly between the molar teeth.

Fourth. No anæsthetic should be used. In the first place, during the whole period of an operation, the patient, if not under the influence of an anæsthetic, assists the operator very materially by depressing or holding forward the tongue, and keeping the teeth firmly set upon the foreign substance introduced within the mouth. Secondly, the whole operation may be entirely lost by the vomiting or retching of the patient at the very moment when a suture is being introduced, a needle is being passed through a flap, or when it is about to be seized by an assistant.

Fifth. There should be at least three assistants, — one to support the head, a second to assist the operator, and a third to throw light into the mouth by means of a good-sized mirror. This last precaution is of very great importance, though not generally mentioned by writers on the subject.

Sixth. The instruments are: a long forceps with bent handles, and the jaws armed with fine teeth, whereby the flaps can be held. Several knives with long handles and shanks, but with a short cutting edge; also two knives at least, each with a double edge, and the blade at right angles with the handle, to separate the flaps from the hard palate; several small curved needles not more than an inch in length, with a double edge, and a needle to carry a silver wire; a needle-holder, a dressing forceps, slightly curved at the jaws to seize the needles after they have been passed into the flaps; a pair of long curved scissors; two lead or silver plates with perforations to correspond with the proposed sutures. Several perforated buck-shot; an instrument to forcibly compress the shot; also one shaped somewhat like an ordinary fork, which may be affixed to the end of forceps, or set in a handle for passing the shot up to the cleft, before it is closed; several spring probangs, to cleanse the blood from the throat, and also to remove the mucus which often accumulates about the parts; iced water to arrest the hæmorrhage and rinse the throat; and wine, and drinking water, wherewith from time to time to refresh the patient through the tedious proceeding.

Seventh. The surgeon should sit in front of the patient with a

steady assistant on his left, with forceps or hook. The lower portion of the margin of the left side of the fissure is seized and put gradually on the stretch. The surgeon is then ready to commence.

Eighth. If the fissure is large, it is better not to attempt to close it all at one operation, on account of the danger which may arise if both palatine arteries be divided in one operation, when the thin flaps would be imperfectly nourished, and thereby sloughing might ensue. By allowing some weeks to pass between the first and second operation, the collateral circulation becomes established, and this danger is avoided.

Ninth. The assistant having put the flaps on a stretch by the forceps, the edges may be pared from below upward, if it be designed to close the soft parts first. If, on the contrary, it is deemed requisite to unite the parts of the hard palate, the knife is entered at the anterior margin of the cleft, and the edges refreshed to as great an extent as it is deemed advisable. In paring the edges care must be taken on the one hand not to take off too much, and thus widen the gap, but, on the other hand, a sufficient amount of tissue must be removed to allow a fair chance to the healing process.

Tenth. The dissection of the soft structures must be effected with one of the double-edged knives with the cutting surface bent at right angles with the shank. The pointed edge of the knife is introduced close to the bone, and by a lateral motion the flap is, as gently as possible, separated. Great care must be taken not to bruise the flaps.

Eleventh. The next step in the operation is the division of the palatine muscles, which should be done with care, and by means of a sharp-pointed, double-edged, and long-handled knife, after the flaps have been put upon the stretch.

Twelfth. The next step is the introduction of the sutures. All things considered, silver wire, well annealed, forms the best suture. The needles should not be more than three-quarters of an inch in length. They are to be armed with wire, and inserted into the needle-holder at any angle which may be most convenient. Beginning at the lower margin of the fissure which it is desirable to

close, a needle should be passed through the flaps. So soon as the point is seen in the cleft, the needle-holder is opened, and the needle drawn out into the cavity of the mouth by means of an ordinary forceps held by an assistant. The needle is then again inserted into the holder, and introduced at a point directly opposite, on the other margin of the cleft, and again drawn out into the mouth. It is well, as the wires are drawn without the buccal cavity, to mark them, in order that when the sutures are to be tightened, the operator may not become confused, or lose time in disentangling them. A very good plan is to tie a single knot on the end of the first wire, two knots in the second, three knots in the third, and four knots for the fourth. Three, four, or even more sutures may be required.

Thirteenth. We are now ready to close the fissure. This is easily effected thus: Take one set of the wires which are outside of the mouth, untie the knots which have been made for marking them; and pass the ends through a thin plate of lead or silver which has been perforated at points to correspond to the sutures. Do this with all the wires on both sides, then slide the plates up to their places on each side of the fissure. Then slip a perforated buckshot on each wire, and taking hold of it with the jaws of the compressor, slide it simply to its place, and press it firmly into the hole in the plate. The wires are cut off quite near to the shot, and their ends bent over them, to prevent injury to the tongue, and to hold the parts together.

Fourteenth. After treatment. The patient should sit up in bed for several nights, or at all events lie with his shoulders well elevated in order to prevent any discharge from irritating or tickling the fauces, and thus avoid the risk of coughing, sneezing, or hawking.

He must not be allowed to talk; let him make his wants known, or answer any necessary questions by writing. All hawking or actions with the throat must be avoided. No solid food is to be allowed; the diet being soups, gruel, milk, or other liquid substances.

The sutures may be taken away between the fifth and the ninth day, according to the circumstances of the case; but it is far prefer-

able not to be in a hurry for their removal if the parts are doing well. To remove them it is necessary to hold the shot with forceps and with the curved scissors, clip the wire between the plate and the shot.

The above is a description of the operation as I have performed it. As will be observed, it embraces nearly all the suggestions of all authorities on the subject.

THREE CASES OF FRACTURE.

Reported for the Gazette.

I. Colles' Fracture with Dislocation of the Ulna.

Oct. 12, 1870, Melrose L——, six years of age, fell into a cellar, producing Colles' fracture of the left radius, with dislocation of the ulna. On examination found no other injury. Reduced the luxation, adjusted fragments of radius, and applied a well-padded, pistol-shaped splint to the dorsal surface of the fore-arm, and softened leather to the palmar. *Aconite* was given to control inflammatory action; the dressings were not removed for two weeks; then they were re-applied, and only removed when the case was dismissed at the end of four weeks from date of injury. Six months have elapsed, and now no indications remain that there ever had been a fracture, except a slight enlargement from the presence of provisional callus. Such a happy issue from the harassing doubts that invariably present themselves to the mind of a surgeon while treating a case of this fracture cannot always be anticipated.

II. Fracture of the Humerus at the Base of the Condyles.

In June, 1870, Charley K——, aged five years, fell from a tree, a very short distance only, striking with his elbow a pile of wood, and fracturing the humerus at the base of the condyles. The fracture was oblique; the upper portion was driven downwards and forwards, the sharp point resting on the ulna and radius; the lower portion was drawn backward and upward, the humerus was shortened, and the deformity was very great: crepitus was distinct. The reduction in this case was difficult, and it was impossible to keep

the fragments in direct apposition without firm dressings. I therefore applied heavy leather splints, padded and carefully moulded to the parts by first softening them in warm water. The arm was placed at a right angle, midway between pronation and supination. I saw this case twice a day for some time, and, as the swelling increased, loosened the dressings; as it subsided, I tightened them from day to day. On the tenth day, slight motion at the elbow was induced to prevent anchylosis, which is the great danger to be apprehended from this fracture. There is less danger of producing a false joint by such a proceeding than there would be in case of a fracture farther up, near the nutritious foramen. Fortunately, however, in that case there would be less danger of anchylosis.

Passive motion was kept up at short intervals for four weeks, when the dressings were removed. The arm could not be entirely extended, nor can it yet, though there is gradual improvement; otherwise the action is not impeded in the least. There was no sloughing or that loss of function, which is so frequent an attendant on fractures when the soft parts and important vessels are so much involved. The result was quite satisfactory when compared with the statistics of injuries of like character.

III. Fracture of the Femur.

Harry C——, aged twenty-four, on Nov. 19, 1870, dropped from a car through a bridge, a distance of twenty or thirty feet, causing an oblique fracture of left femur at the upper portion of the middle third, with no other injuries except slight abrasions.

He was first attended by an allopathic physician, but the case was placed in my hands — contrary to the usual custom of homœopathists in reference to surgery — within a few hours after the accident. Reduction was accomplished with difficulty; splints were applied over the seat of injury, and secured by the common roller. Extension and counter-extension were maintained according to the plan of Dr. Gurdon C. Buck, by use of perineal band, weight and pulley, the sides of the leg being supported by well-padded cushions. But the presence of the perineal band proved very irksome to the patient, and made him exceedingly restless. The least move-

ment of the body caused a slight displacement in the inclination of the leg, so that five days afterward it was found necessary to substitute Gross' fracture-box, modified by a foot-piece with the screw extension of Day's long side-splint, which admits of a more natural position, and prevents any motion. At the same time it gives ease and comfort to the patient, and insures as perfect a recovery as any appliance devised for a fracture at that portion of the bone.

Dec. 25. Removed the dressings and found that union had taken place; flexed the knee, and put the leg on a double-inclined plane. The case was dismissed Jan. 7, 1871, and now, five months from date of accident, no indication of deformity or noticeable difference in length exists.

During the inflammatory stage gave *Aconite*, which markedly controlled the inflammation and concomitant symptoms.

The severe pain of the first few days was relieved by chloral, which left no unpleasant effect. Though the patient was at no time unconscious, yet he had no remembrance of the tortures usually experienced by those who are so unfortunate as to meet with such a serious accident.

The young practitioner, when hurriedly called, is often at a loss which one of the many appliances so highly lauded for their superior merits, will be the best adapted to his individual case. Now, as many of them are very complicated, and possess but little to recommend them, besides being quite expensive and difficult to construct, we would advise use of the one above described, feeling confident that it will meet the requirements for all fractures of the middle third of the femur full as well as any other, if not better. This once properly applied, there need be no fear of the result. The patient may be left without the dread of displacement except by undue violence. The limb can be examined at all times; and, if the fracture is compound, dressings can be used with great facility, without relieving the extension. The case can be managed on a common hard mattrass without much inconvenience.

When the fracture occurs in the upper or lower third, a different plan of treatment may be more appropriate; a description of this I will leave for a future paper. R.

A CASE OF EMBOLISM, GANGRENE, AND HEMIPLEGIA,

BY E. HASBROUCK, M.D., BROOKLYN, N. Y.

On January 16th, 1871, I was requested to visit Mrs. P., aged 54 years, and found that she had had on the day previous a severe chill, followed by fever, oppression of breathing, with rusty-colored expectoration. She could lie only on her back. After the usual examination by percussion and auscultation, I diagnosed double pneumonia. The ordinary remedies were prescribed, and appeared to control the symptoms satisfactorily until January, 22d when there seemed to be marked indications of valvular disease, accompanied by very great prostration. Careful inquiry revealed that she had had an attack of "heart disease" seventeen years previously, but it had not been of much annoyance to her since. The case at this time looked bad; so that Dr. Moffat was asked to see her in consultation. After this she rallied, and on the 29th was apparently out of danger; she expressed herself as "well enough to be up." But on the afternoon of this day she was seized with a sudden and severe pain near the right wrist. I saw her twenty minutes after, and found the circulation very slight in the hand, which was very much discolored and cold. This condition spread during the night, and by the next morning the whole hand and arm was "dead" to within two inches of the elbow, at which point the gangrene was arrested. The fingers were perfectly black, and the skin dry and hard, resembling that of the mummies of antiquity. There was comparatively little fœtor, the gangrene being of the dry variety. The forearm presented a dry, brown and crisp appearance; it was perfectly destitute of warmth and sensibility; and the whole extremity, with its shrivelled and dry integument, its partially flexed fingers, and nails long and thickened though dead, resembled rather the claw of some large bird, than any portion of the human organism. Such being the case, and the line of demarcation being formed, I consulted Prof. Helmuth in regard to the propriety of amputation. He appointed the following day at noon for the performance of the operation. On my arrival at home, I found that she had been struck with complete hemiple-

gia of the left side. In this state she lingered until the morning of the tenth instant, when she "passed beyond."

This case presented to me many marks of interest. First, there was the rapid recovery from a double pneumonia without unpleasant symptoms. Next we have the re-appearance of heart symptoms which had been latent for years. Then comes the embolism, — the clot forming in the radial artery and rapidly causing gangrene. Lastly, as nature was arresting the onward march of the destroyer, paralysis steps in and claims the mastery. It was a most fortunate circumstance that no operation was performed; the patient, already suffering with valvular disease, would probably have been unable to inhale any anæsthetic; and the paralysis, then no doubt threatening, might have terminated the patient's life on the operating table.

FUNGUS OF THE TESTICLE. CASTRATION — CURE.

BY WM. TOD HELMUTH, M.D.

GROWTHS from the testicle after chronic orchitis are by no means uncommon, but are ofttimes very troublesome to manage. They are of two varieties, the benign and malignant. This distinction, however, was unknown to the older writers, who believed that every growth presenting the well-known objective symptoms of fungoid growths, was certainly of malignant character. Later researches have proven that there are these two distinct species of fungus, called the benign and the malignant growths. The benign has also received the names of *hernia testis*, and *granular swelling*. The symptoms which render the diagnosis more certain in such cases are these: In the malignant disease there is frequent hæmorrhage, and liability to bleed upon slight irritation. This condition is very rarely noticed in the benign growth. In the latter the protruding mass presents a granulating appearance, while in the former it is soft and spongy. In the benign variety, the color is paler than in themalignant, the growth is much more consistent, and pressure on the tumor causes that peculiar sickening sensation, which attends the compression of the healthy testicle; while in the other variety no such sensation is experienced.

The following case may illustrate the course and history of a fungus, when proceeding, as it very often does, from chronic orchitis. The patient was a young man, who was conductor on a sleeping car. He fell astride a large iron bar, causing a most severe contusion of the right testicle. The pain was severe, the swelling enormous, the testicle very hard and extremely sensitive; there was weight and dragging in the loins; the spermatic cord was tumefied; and all the symptoms of severe acute orchitis followed. The patient was treated by an allopathic physician, and after a considerable period, a sensation of fluctuation being apparent, the scrotum was lanced. In a short time a fungoid-looking substance, presenting an ashy or yellowish-white appearance, protruded from the opening, which continued to grow for some time.

He then came into the hands of my friend Dr. J. J. Youlin of Jersey City, who sent for me to see the case. We found the following conditions: The whole tissue of the scrotum was very much thickened and greatly indurated; on the right side, the rugæ were undefined, and the color of the integument was dark purple. The wall of the scrotum was destroyed by ulceration, for the space of about three inches in circumference, through which the granular fungus had grown to a considerable size. The epididymis was pushed upward toward the external abdominal ring, and the cord, enormously thickened, could only be felt just below Poupart's ligament. After considerable thought on the case we concluded that the safer and better method would be the entire removal of the gland. I arrived at this decision, first, on account of the large size which the growth had attained; second, from the great amount of surface of the scrotum which had been destroyed; and, third, because of the enormous thickening of the parts. All of these conditions forbade the more modern operation of dissecting out the tumor from the scrotum, pressing it within the cavity and stitching the edges of the scrotum over the growth, thus creating a certain amount of pressure. This operation was proposed by Mr. Syme, of Dublin, in 1845, and he states that "the surface of the fungus, being coated by granulations, unites with the surface of the integument, as soon as it becomes encrusted with effused lymph; and in order to facilitate the heal-

ing process, the hard ring of skin, through which the fungus protrudes, must also be removed." Such an operation was not justifiable in this case, because, as I have before stated, there was not room sufficient within the scrotum to contain the diseased mass; the thickened condition of the tunics would not permit much elasticity; there was not sufficient surface to procure the requisite flaps which would furthermore be much more difficult to find, if "the hard ring of skin," as mentioned by Mr. Syme, had also to be removed. The use also of escharotics to such a mass, I regarded as both uncertain, tedious, and painful, and therefore decided immediately upon the complete removal of the gland.

The operation was performed in Jersey City, April 11, in the presence of Dr. Youlin, of Jersey City; Dr. Lewis of Bergen; Dr. Mandeville, of Newark; Dr. Jernigen, of New York, and Dr. Mason.

The old-fashioned method of castration is a most simple and very easy affair; and if nothing more be desired than to cut out the testicle, and apply a stout ligature to the entire cord, the operation may be completed in a few moments. Where, however, there is but a very small portion of the cord to be found; where there may be tedious dissection required to separate the diseased tissues from the healthy, and where the walls of the scrotum are very much distended, then the dangers are much more apparent, and an operation which, under most circumstances, is exceedingly simple, becomes one which may not only prove embarrassing to the operators but fatal to the patient. For instance, where the cord is very short, and has (as in this case) to be divided close to the ring, a retraction may take place, which at once renders the condition alarming. "In a case which came under the observation of Sir A. Cooper," says Mr. Curling, "the bleeding from the vessels of the retracted cord was so profuse, that the operator was convinced that he had wounded the iliac artery, and unfortunately proceeded to place a ligature on that vessel. The patient died the day after the separation of the ligature. The iliac artery, though not wounded, had been tied securely enough; but the vessels of the cord, the source of the hæmorrhage, had been neglected." The same author records two instances which came under the observation of Mr. Benjamin Bell, in which two patients died from

hæmorrhage from retraction of the cord, before the vessels could be secured. Secondary hæmorrhage is another serious complication which is very likely to occur after the operation, and chiefly from the vessels of the scrotum.

Taking all these circumstances into consideration, I determined to put into practice a method of operation which I have not seen anywhere recorded, and which I believe may be recommended to the profession for the ease with which it may be performed, and the safety of its results. Having placed the patient under the influence of chloroform, I took the cord between the thumb and finger of the left hand, just at its exit from the external abdominal ring, and having rendered the integument tense by firm pressure, I entered an acupressure pin at right angles with the cord, and having depressed the head, brought out the point on the opposite side. To make the matter still more safe, another pin was placed about half an inch below; over these, to keep them in position, I drew two slight rings of india-rubber. I then made the incision upon the tumor, dissected out the gland, and to be certain as regarded the efficacy of the pins to prevent retraction, I gave the cord in charge of Dr. Lewis, who held it with forceps. I then divided it with a single stroke of the knife; the forceps was opened, *and neither did a drop of blood exude, nor a particle of retraction take place.* Thus, by pins properly applied, two most serious difficulties of the operation are removed. The acupressure prevents the hæmorrhage from all the vessels of this cord and does not allow it to retract. Having an operation to perform that day at Newark, I left the patient in charge of Dr. Jernigen; when I returned, in about five hours, I found that no bleeding had supervened. The wound was closed by silver sutures, and the pins removed in three and four days. There was some slight suppuration below where the acupressure was used, but I feel confident that if, on another occasion, a single pin be applied, and removed in thirty-six or forty-eight hours, the result would be satisfactory. The fungoid mass, when placed under the microscope, proved to consist of convolutions of the tubuli seminiferi, with gland tissue and granulations.

Surgical Editorial.

Operator and Assistants. — The fault which is generally pre-eminent in most of our works upon operative surgery, is the lack of explicit directions for the performance of operations. This oversight is readily explained by the fact that, as these treatises are prepared by those who have had considerable experience, and who occupy high position as surgeons, they are rather prone to forget that they are writing for the beginner as well as for those more advanced in the profession, and that directions which might be considered even unnecessarily minute by the latter, are really what are eagerly sought by the former. Some authors, also, have a better faculty of explaining and particularizing their knowledge than others; and therefore it necessarily happens that some of our surgical works are much more satisfactory in this respect, and more readily understood, than others treating of the same subjects.

It is not by any means an easy matter to describe operations, — the anatomy of parts, the duties of assistants, the direction of the line of incision, and other essential particulars; and we speak for ourselves, as well, no doubt, as for others. when we say, that these directions in many text-books are unsatisfactory and incomplete. Too often they are so carelessly worded, as to give but half an idea of the meaning they intend to convey.

In a work purporting to be a text-book on surgery, before the actual operation is described, the "wherewithal" to perform it should be carefully mentioned, and the number and duties of assistants accurately described. That this imperfection in surgical literature has been noticed, is evident from the fact, that separate treatises on these very subjects have been published and have found ready sale. Among the best of these, is that entitled: "Ready Rules for Operations in Surgery," — prefaced by Allan Webb, M.D., F. R. C. S. L., and published by Churchill of London. This work is an operative surgery in itself, embracing forty-nine of the capital operations.

It is so bound that it opens and remains square before you. On the one page are printed in red letters the directions for the assistants; on the opposite, in black letters, the duties of the operator. We propose to open this book at its first page, and as a sample — and at the same time as a point of instruction — to give the directions for the first described operation. *Ecce!*

Ligature of the Common Carotid.

(Below the Omo-hyoid.)

ASSISTANTS.

Arrange instruments over a folded towel; as follows: —

1. Handkerchief and chloroform. 2. Straight-pointed bistoury. 3. Scalpel. 4. Director, grooved. 5. Steel blunt-hooks in handles. 6. Small pointed sponges. 7. Helix aneurismal needle. 8. Waxed ligature. 9. Scissors. 10. Strapping. 11. Compress of lint. 12 Bandage. 13. Water. 14. Fine dissecting forceps. 15. Ligatures, fine. 16. Tenaculum.

1st Assistant. — Administers chloroform, leaning over the top of the head.

2d Assistant. — Standing on the sound side, waits till the skin and cervical fascia be divided; then, if any small vessels bleed and obscure the parts he secures them by ligature. He then, with a steel blunt-hook in each hand, separates and keeps depressed the edges of the wound. If the sterno-mastoid be rigid, and prevent his depressing, he obviates this by raising the patient's head with a pillow to relax it. He never pulls upon one hook at the expense of the other, but keeps the line of incision always in the middle, unless otherwise ordered.

3d Assistant. — With small pointed sponges keeps clean the incision.

2d Assistant. — Applies the forceps or hook by which the edge of the slit in the arterial sheath is steadied, and the sheath prevented from rolling or doubling before the point of the needle, and so hindering the exit of the point at the opening already made.

3d Assistant. — Seeing the needle-point fairly free, passes the ligature. If a shred of membrane obstruct the eye of the needle, he frees it.

Assistants. — Unite and dress the wound by long strips of soap plaster brought over long narrow compresses laid parallel to the edges of the wound; and then a light bandage, laying the patient's head down, with the sterno-cleido-mastoid muscle relaxed.

OPERATOR

Places the patient supine, with the neck in the usual position for dissection of that region; *i. e.*, the chest raised with pillows, the head somewhat depressed, face toward the opposite shoulder, and angle of jaw turned upwards. Sees that the light is so managed that the artery, when exposed, will not be in the shade. Feels that compression of the trunk of the carotid makes void the aneurismal tumor.

1. Enters the knife over the anterior edge of the sterno-mastoid muscle a little above the sternum, and cuts upward along this edge of the muscle three inches, dividing only the skin and platysma.

2. Cuts the cervical fascia to the same extent, or up to the omo-hyoid muscle, which it encloses. If not room enough, on a director divides a few fibres of the omo-hyoid muscle.

3. Carefully and cautiously feels with the tip of his fore finger at what point the pulsation of carotid is most plainly perceived, — there it is least covered. Over that point he touches lightly, or scratches with the point of the bistoury, till the true coat of the artery is exposed.

4. The helix-needle point is now entered, a circular worming-like movement given to the handle; the point comes out at the opening made in the sheath, and nothing but the artery can be included. If any obstruction occur from the doubling of the sheath, the point is gradually *unwound* a little, and then again pushed onwards. To facilitate its gliding equally, no ligature is yet in it.

5. The needle threaded, he feels by pressing the artery between the ligature and his finger, that the aneurismal tumor shrinks. He then firmly and steadily ties the ligature with a double knot, cuts off one end and leaves the other hanging out.

No one who has performed operations, even of the simpler order, can read over such explicit rules as are above laid down, without seeing their absolute value; and no one who has had any experience in surgery, can deny the great importance of having all the preparations perfect, each assistant understanding his duties, and the required instruments at hand before commencing operations.

The perfection and nicety of an operation in a measure consists (as does a well-regulated play upon the boards of a theatre) in not only peparin g for the performance, but for the contingencies which may occur during the proceeding, and in having the co-operation of such only as understand their own parts, and know what to do, and when.

Another very important matter in connection with this subject is this, that each assistant, having his duty assigned him, should confine himself exclusively to that portion of the operation, and thus there will be no confusion or disorder. It would be quite an addition to many of our text-books on surgery, if there were prefixed at the heading of each chapter treating of the graver operations, such directions as those of which our readers have herewith a sample; they should be carefully studied both by operator and assistants.

Signs of the Times. — Notwithstanding the strenuous efforts made by the medical press (old school) throughout the country; notwithstanding the combined action and influence which were brought to bear upon the Executive; notwithstanding the personal allopathic persuasion which has been wielded upon the occasion; notwithstanding the eulogiums delivered and editorially printed upon the superior fitness of Dr. Van Aernam for the position which he occupied; notwithstanding the old school is supposed to embody in its august corporosity "the combined wisdom and learning of all time"; notwithstanding the demoralizing and horribly disastrous effect which, it is averred, would be produced in the bureaus of the army of the United States, if homœopathists (no matter what erudition they might possess, or what degree of skill they might exhibit) were appointed to occupy any responsible position, — notwithstanding all these things, Dr. Van Aernam *has been removed* from the high place which he occupied as Commissioner of Pensions, because — *because*, in his wisdom, he supposed he could decapitate, and consign to everlasting oblivion, physicians who embraced and acknowledged the theory of Hahnemann.

How the public regards such action can be seen by the following extract from the New York *Evening Post* of Saturday, April 15th: —

"A Mischievous Meddler Removed. — It is reported from Washington that the President has removed Dr. Van Aernam from the place of Commissioner of Pensions, which he has used to insult and persecute homœopathic physicians and surgeons. Dr. Van Aernam illustrated a kind of bigotry which is becoming rare among men of culture in any profession, and made himself and his office ridiculous and odious by the most gratuitous insults to gentlemen of education and approved scientific skill. Mr. James H. Baker, of Minnesota, is, as we reported in yesterday's *Evening Post*, the new Commissioner of Pensions."

How such proceeding is looked upon in the Capital, is evinced by the action taken.

The removal of Dr. Van Aernam; the damages lately awarded to a physician of our school, who had impertinently been pronounced a quack by an opposing medical man; the large amounts of money which are appropriated by the Legislature of New York for strictly homœopathic purposes; the satisfaction evinced by the Board of Directors of the New York Ophthalmic Hospital, since it has been taken from the old and delivered to the new school; the magnificent reception lately given to our National Institute by the city dignitaries in Boston; the evident increase in friendly feeling which begins to grow up between the *educated* members of the two schools; the effort which is being made to do away with the bigotry and charlatanism which characterizes the "quacks" of both persuasions, — these are "*the signs of the times*"; these are the gilded letters that point us to a happy future, — one that will allow us to enjoy, in our own way, our own system of therapeutics, and teach us that, while we reserve to ourselves the privilege of selecting a method of practice, we have no right whatsoever to interfere with exactly the same prerogative in others. The eleventh commandment is a happy addition to the Decalogue, and should be styled "*The Doctor's Own.*"

Death of Dr. E. A. Clark, of St. Louis. — It is with sincere regret that we announce the death of Dr. E. A. Clark, Professor of the Principles and Practice of Surgery in the Missouri Medical College, which position he had but lately assumed. From our friendly relations and professional intercourse with Dr. Clark, we are enabled to state that he was among the rising surgeons in this country. He held the position of Surgeon General of the army during the Rebel-

lion, and afterward was connected for four years with the St. Louis City Hospital. In the latter capacity he was enabled to give greater scope to his abilities; and during his residence in the institution he introduced many additions to the armamentarium of the surgeon.

His modification of Hodge's apparatus for treating fractures of the thigh; his "railway splint" for fractures of the leg; his peculiar method of dressing for fracture of the olecranon; his valuable interdental splint; his operation for the radical cure of hernia and varicocele, — these have been given to the profession through the various medical periodicals. Dr. Clark was chairman of the Surgical Committee of the St. Louis Medical Society, and co-editor, with Dr. Whitehill, of *The Medical Archives*. His last treatise, or at least the last that we are aware of, is that "Upon Increased Atmospheric Pressure upon the Human Body," a most excellent production, evincing both thought and ingenuity; it was based upon observations made upon the cases of the "Bridge disease," so called, which were developed in the workmen of the St. Louis Bridge, while they labored in the caisson beneath the river, in an atmosphere of over fifty pounds pressure to the square inch.

Dr. Clark possessed none of those illiberal feelings which sometimes exist between the members of different schools; he was courteous and kind, and an enthusiast in his profession. He was about to start on an extended European tour, when death came suddenly upon him. In the very beginning of his prosperity and success, on the high road to a brilliant reputation, and with the happiest prospects, he has been removed from the scene of his labors. His works, however, still live among us, and will perpetuate his memory in years to come.

GAZETTE FOR MAY AND JUNE. — We present our readers with a double number in order to make up the delay which has unavoidably occurred in the issue. This number lacks a few pages of the full complement; but this deficit will be fully made up in the course of the volume. The valuable and interesting matter herein contained will, we are sure, be fully appreciated by our readers.

In future all communications pertaining to surgery should be sent to Wm. Tod Helmuth, M.D., 12 W. 37th St., New York.

The New England Medical Gazette.

BOSTON, MAY AND JUNE, 1871.

THE AMERICAN MEDICAL ASSOCIATION. — There is a pleasant little pastime known among the Spanish as the *Fiesta de Toros*, in which, under the gaze of the multitude assembled to witness the performance, the waving of red flags so infuriates the quiet and dull animal that he rushes on to his own destruction.

The great AMERICAN MEDICAL ASSOCIATION, so the newspapers tell us, met in solemn conclave in the city of San Francisco, on May 2, 1871. By good right we should expect that so distinguished a body of men, men who had put the width of a continent between themselves and their sacred charge, owning the superior claims of the holy science to those of anxious mothers, *in esse*, *et in posse*, — that these philanthropists would be able to do something toward lengthening human life and lessening human woes. The society stands — at least in name — the self-constituted representative of sixty thousand doctors, and assembled in behalf of millions suffering from disease. What a grand — what a noble convocation! How many a heart beat high in anticipation of the great results which must follow this gathering! How hoary age and vigorous manhood and even aspiring youth all came together to contribute their mite to the common welfare of suffering humanity. Calmly they assembled, with a deep sense of the great responsibility resting upon them, when suddenly some dastardly villains flaunted in their noble faces the three scarlet flags, on which were severally inscribed COLORED DOCTORS! WOMEN DOCTORS! HOMŒOPATHIC DOCTORS! How worse than the taurine tribe do these doctors now foam and rage! Where now are the noble thoughts of these men; where the self-sacrificing contributions to science; and what now is the prospect for lengthened lives and diminished woes?

Most of our readers probably know how profitably these men spent their time last year, in Washington, in striving to resurrect the negro question, which giants, beside whom they were pigmies, had already deeply buried beneath slaughtered hecatombs of human beings. Homœopathy, that *b te noir*, also required fierce handling; and as they could find none of their members who dared avow any belief in this infamous fantasy, upon whom to wreak their vengeance, they then and there turned upon the Massachusetts Medical Society, in whose

folds securely rested some of these dangerous fanatics. The result of this onslaught was recorded in this journal. The Society was excommunicated, and the guillotine, which thus, literally in this case, separated head from trunk, left the trunk a headless, floundering mass. In this condition San Francisco received it. Some decapitated animals, it is said, still exhibit for a time their fiercest passions. So this association, more furious than ever, gropes about aud cries out, "Fe, fi, fo, fath, I smell the blood of a Homœopath; dead or alive, I'll have a quaff." It thinks it has caught the victim in one Dr. Henry A. Martin, who, we venture to say, is now engaged in a work ten thousand times more valuable to the present and coming generations than all that the American Medical Association ever has accomplished or ever will. He has devoted his life to the only known means of preventing small-pox — the most fearful scourge which afflicts humanity — by procuring and disseminating the purest and most efficient vaccine virus in place of that which has become deteriorated or inefficient. By a life-long study he has made himself thoroughly acquainted with the whole subject from its earliest history till now. He has imported at various times the most reliable virus, and has lately obtained some of the original cow-pox virus, precisely such as Jenner first used, and which was accidentally discovered at Beaugency, France, in 1866. This, at no inconsiderable expense, he is transmitting from heifer to heifer, keeping always a supply of pure cow-pox virus, which has proved to be far more active and efficient than any we have ever before used. That thousands of lives will be saved, and hundreds of thousands of cases of varioloid be prevented by the efforts of this man, we firmly believe.

Such is the man whom the Association must pounce upon. But what has been the crime of Dr. Martin, for which he has been ignominiously deposed from his place? — has been threatened with summary expulsion from the Association without trial? — has been professionally insulted as far as the Association had it in its power to insult? — on whom it would gladly have inflicted the "*peine forte et dure*," decapitation and subsequent quartering of the body, and ignominious exhibition of the criminal's remains? What has he done which would give even a pretence for their maledictions? Has he shown any defect in his medical education? No. Has he injured anybody? No. Has he treated any physician improperly? No. Has he broken any clause of the Code of Ethics? No. Has he insulted the Association by any such expression as "old fogies," "grannies," "ninnies"? No. Has he been guilty of consulting with *homœopaths!* No, no, no! Well, what has he done? Why, he wrote an

article on Vaccination, which was published in a homœopathic journal, — in this very *New England Medical Gazette;* and in it he said "There are some few matters in which we all agree. Vaccination is one of these." Oh! the wretch! Oh! the scamp! Oh! the villain! That he should even throw a bone to such charlatans, much less aid and abet them in their efforts to gain any knowledge by which to benefit mankind! We do not know what Dr. Martin will do. We do not know what the Massachusetts Medical Society will do, now that they have been so fiercely dealt with. Perhaps they will yet get down on their knees and beg pardon, and promise never to do so any more. But this we do know; that, whatever course Dr. Martin or the Massachussetts Society may take, the Association has sunk to a state of degradation for which the public and the profession in general feel only the most profound contempt.

The following editorial from the San Francisco *Evening Bulletin*, one of the most respectable papers of that city, shows how the press regard the session of the Association just closed.

"A Medical Botheration. — The allopathic souls of that highly respectable and conservative Medical Convention now sitting in this city, have been perplexed and bothered with divers questions of ethics and progress. It is not settled yet what shall be done with the recusant doctor, who, at the head of the Committee on Vaccination, sent a treatise on that subject over to his homœopathic brethren, for publication in one of their representative journals. 'That is enough,' cried one after another of the accusing brethren. Whereupon the medical stool was suddenly taken from under the heretic doctor, and he was let down with a spasmodic jerk. And yet, if the offending doctor had a good thing on vaccination, where was the harm in showing it to another school of the healing fraternity? The danger is not that doctors will know too much. But there is danger in this nineteenth century that many of them will know too little. The healing art has not come to be an exact science, but is, in a large degree, speculative. The public care less than ever about schools, and are disposed to trust the men who can grapple most effectually with human maladies, without inquiry as to what particular school they owe allegiance. The gravamen of Dr. Martin's offence is somewhat obscure. Does it consist in sending a treatise on vaccination to to a homœopathic journal? Or having sent it, did the good allopathic doctrine therein suddenly curdle and turn sour? Or, what is worse, did this member of the National Committee on Vaccination hold views substantially like those heretic doctors, and so went over and fraternized with them in spirit at least? Of the fifty theories of vaccination we do not know which one Dr. Martin selected. But he sent over to the enemy's camp a paper full of medical treason — that is, if anybody over there indorses his views. No wonder the accusing brethren shout, 'That is enough.'

There are various ways of disciplining this refractory member. If he were to be bled, blistered and physicked, after the approved practice which obtained in his own school twenty-five years ago, he might never err again. In fact, he would never have the least disposition to go astray. He would ever after be as gentle and unresisting as a lamb. It is possible that the offence of this wayward doctor consists in having travelled faster than some of his brethren; in having acquired more liberal ideas, and especially in a clearer perception of the fact that the healing art is not confined to one school. But that the relative influence of the oldest school of medical practice is materially affected by other schools, which are increasing rapidly in numbers and power. *Let Dr. Martin mildly vaccinate all his brethren. It will do them no hurt. It may do them a world of good.* Can any homœopathist lay his hand on his heart and say that Dr. Martin has attempted to keep down the plague to no purpose? Try it, good Doctor, on these accusing brethren."

The *San Francisco News Letter*, of world-wide reputation for its sound judgment, and the forcible and incisive expression of its opinions, says:—

"THE GREAT MEDICAL HUMBUG.—We seriously doubt if there ever was so arrant a pseudo-scientific humbug as 'The American Medical Association,' which has, during the past week, honored San Francisco by its presence. Such a nerveless, spineless, inefficient organization as this, can proudly claim to be without a prototype or parallel, on this, or any other continent. Long ago, the leading minds in the medical profession in the United States, arrived at the conclusion that 'The American Medical Association' was a gross, ludicrous and preposterous failure. More than a year since, this was the verdict of the prominent medical men of the East. What has now brought the concern to California? Does it come to these Hesperian shores to admit the negro practitioner, or to exclude the Chinaman? Or, is Sambo to be ruled out, and Li Po Tai to be welcomed as a man and a brother? This organization has long since become a common by-word and a subject of derisive cachinnation in the East. Now it comes a junketing to California, and is welcomed to these shores 'where the Occident and Orient meet,' by such bright, particular stars in the medical profession, as old 'Pop Harris,' little fussy, fidgety Stout, cold-water Quaker Gibbons, *et id genus omne*. By way of contrast, please note the style of professional men who have let the concern severely alone, and have refused to be in any way identified with it. Here are a few of the names: Dr. Bennett, Dr. Bertody, Dr. Blake, Dr. Bluxome, Dr. Bruner, Dr. Buckley, Dr. Crook, Dr. Davies, Dr. Douglas, Dr. Gerry, Dr. Hammond, Dr. Hitchcock, Dr. Holman, Dr. Holland, Dr. Hubbard, Dr. Letterman, Dr. Mackintosh, Dr. Maxwell, Dr. McMillan, Dr. McNulty, Dr. McNutt, Dr. Mouser, Dr. Murray, Dr. Precht, Dr. Sawyer, Dr. Shorb, Dr. Stillman, Dr. Trenkle. *In short, the leading men in the profession in San Francisco, would have nothing to do with the preposterous pow-wow of this so-called 'American Medical Association,'* which has utterly forfeited the respect and confidence of the

more enlightened members of the profession throughout the United States, by its disposition to abandon the field of medical science to meddle with vexed questions in politics and sociology. It is true that the gentlemen whose names we have enumerated did not hesitate to contribute toward defraying the expenses of the pow-wow; but they did this through an excess of professional courtesy, and for the credit of the State, in the devout hope that the junketers would go home after the conclusion of their outrageous farce, dissolve the 'American Medical Association,' and bury it so deep that the unlovely corpse might ne'er again revisit the glimpses of moon to make night hideous, and us fools of nature."

DUTCH COURAGE. — One of the ludicrous incidents of the meeting of the American Medical Association, at San Francisco, was the introduction of comparative statistics as to the number of homœopathic and allopathic physicians in the United States. We cannot speak from personal knowledge, but it would seem as though this valiant body had been somewhat frightened at the turn affairs have recently taken in Washington, in the summary dismissal of their minion, Dr. Van Aernam, and that they were desirous of finding the relative numerical strength of the two schools. In the report of the proceedings of the meeting, as published, we find the following:—

"The number of licensed physicians in the United States has been ascertained by Dr. J. M. Toner, after considerable labor — according to the statement of Dr. McArthur, of Illinois. There are some sixty thousand physicians; only three thousand of them are homœopaths. In view of the importance of these statistics, it was moved that they be referred to the committee on publication."

Who's afeared, says the brave Dr. Toner; there's only three thousand of the wretches, and we are 57,000 strong! We can lick 'em, sure! Pause a moment, before bragging too much of numerical strength, and bear in mind that in 1825, within the memory of many of your number, there was but one poor homœopath in the whole country, while the number of physicians was at that time about twenty thousand. Since then this one physician has multiplied three thousand fold, while your class has not trebled. Calculate for yourselves, the proportion in the future! We will just drop the hint that *two* meetings a year such as the one recently held, would reverse the numbers with astonishing rapidity.

GRADUATES IN MEDICINE FOR 1870. — The following statement of the comparative number of graduates in the allopathic and homœopathic colleges last year, while it is interesting to us, may be slightly suggestive to our opponents. We draw the statistics of the allopathic colleges from one of their own journals, in which, if there be any error, we are not responsible :—

Jefferson Medical College, Philadelphia,	163
University of Pennsylvania, Philadelphia,	113
Bellevue Hospital Medical College, New York City,	140
College of Physicians and Surgeons, New York,	70
University Medical College, New York,	62
Toland Medical College, San Francisco,	9
Rush Medical College, Chicago,	69
Buffalo Medical College,	41
Washington University, Baltimore,	48
Massachusetts Medical College, Boston,	39
Albany Medical College, Albany,	28
Miami Medical College, Cincinnati,	37
Nashville Medical College,	58
University of Louisville,	92
Starling Medical College, Columbus,	24
Chicago Medical College,	20
Total,	1013

We are sure that we state less than the actual number when we say that at least twenty per cent, or two hundred of these, intend to practise homœopathy.

From homœopathic colleges, in the same time, the graduates have been as follows : —

New York Homœopathic College,	42
Hahnemann College of Philadelphia,	52
Cleveland Homœopathic Hospital College,	36
Hahnemann Medical College, Chicago,	19
St. Louis College of Homœopathic Physicians and Surgeons,	7
Homœopathic Medical College of Missouri,	11
Total,	167

The two female homœopathic colleges graduated 13, making in all 180 graduates of homœopathic colleges, and 380 homœopathic graduates, out of a total of less than 1200, or about one third. If this proportion should continue to increase as rapidly as it has lately, we would suggest to our allopathic friends the immediate adoption of most violent and desperate measures, lest, too late, they find the balance of power slipping from their grasp.

CORRESPONDENCE.

LETTER FROM VIENNA — THE SKODA OVATION.

ALLGEMEINES KRANKENHAUS, VIENNA, MARCH 17, 1871.

Some months since, Professor Skoda announced that, owing to ill health, — repeated and severe attacks of gout, — his duties as professor in the University would cease at the end of this term. And on the evening of the 14th of March two thousand torches dripped their glowing pitch upon the enthusiastic students who bore them, with the sweat rolling from their blackened faces, along Ringstrasse through Alserenstadt to the illuminated residence of the Professor. Walls, house-tops, ladders, extempore market-tables, standing-stools — every available spot was thronged by the ever-accumulating crowd which was in waiting two hours before the long procession made its way with fire and smoke through it.

It seemed as if accidents must occur to those who fled from the torches, as well as to those who bore them; but with the exception of burned hats, scorched overcoats, hands and faces bespattered with blisters, there were no calamities chronicled.

With hurrahs, waving of hats, and the cry, as of one voice, for Skoda, he appeared upon the balcony, and briefly returned thanks for the honor shown him.

A deputation of students presented him with an address, most elegantly done up in Russia leather and blue velvet, bearing the signatures of two thousand five hundred students.

They spoke of the sorrow that touched the heart of each student in losing the instruction of one so honored and beloved, the pride of the Vienna *alma mater;* — of his great service in helping to remove the empiricism that darkened the science of medicine, and in placing it upon a logical and physiological basis. Not only his own disciples, but the whole scientific world bowed itself before the name of Skoda.

"As students," they added, "we have to render thanks especially for your benevolence to us. The number is numerous of those whose efforts to qualify themselves for the medical profession are paralyzed by poverty, but who, through the humane help of the Medical Association, which has been so richly aided by you, have been enabled to complete their studies. What you have done for science, the world knows; what you have done for us, so unpretending, we only know; and so long as we live, so long shall we bless your name."

To which the Professor replied that he hoped to leave to the Association a lasting token of his love and consideration, — which he is amply able to do in a munificent donation, being a bachelor, with a large fortune which he has made for himself. He is the son of a poor unknown lock-maker, and was born in Pilsen, Bohemia, in 1805. In 1831 he graduated at the University in Vienna, and was immediately called to Bohemia, where during a visitation of the cholera he was given a certain district to preside over. In 1833 he became second assistant in this hospital in Vienna, and here, in connection with Rokitansky and Gutbrod, he first began to make practical use of

the stethoscope, and to make percussion and auscultation handmaids in the diagnosis of disease. He grounded his investigations of living subjects upon a knowledge of pathological anatomy, and thus became really the father and founder of practical auscultation and percussion. Many were the jokes and jeers that were heaped upon the little diligent M.D., who applied his ear and finger to the patient with such skill and devotion. His works, though written many years since, are still standard; and his diagnostic skill is not considered second to that of any European practitioner.

He ignores entirely the benefits attributed by the brotherhood in general to the use of medicine, and in this respect has done much to modify the heroic treatment formerly so much in vogue. In noting the prescriptions written upon the tablet at the bed of each patient, one sees *Acid. phosphor.*, for fever cases, *Tartar emeticus* in pneumonia — but more frequently aqua laurocerasi, and decoctio althææ. Cold water, in the shape of baths and packs, is much used by him in all forms of fevers. His wards are models of neatness and, occupying a detached building situated in one of the courts, they are not stinted in light and sunshine, and are properly ventilated. His clinical lectures are much better ordered than in other apartments of the hospital. Chairs are ranged about the bedside of a patient, and he occupies the hour in speaking of the case before him, and then makes the visit, followed by the students.

By Skoda's withdrawal from the professional corps, Opolzer stands at the head of the rank as veteran in the service; and he will, in future, officiate in the wards vacated by Professor Skoda. Professor Duchek of the Joseph Academie, Vienna, recently closed, has been appointed to the place of Professor Skoda. Professor Niemeyer, of Tübingen, whose work upon *Pathologie* and *Therapie* is so well known, was spoken of as his successor, but the sad tidings came only a few days since of his death. It will doubtless interest you to know that, despite long and continued opposition, Dr. Haussemann has been appointed Professor of Homœopathy in the University of Pesth.

Truly Yours, MARY SAFFORD.

REPORTS OF SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Reported by E. U. Jones, M. D., Recording Secretary.

THIS Society held its Annual Meeting on Wednesday, April 12, 1871, in Fraternity Hall, Boston.

MORNING SESSION.

In the absence of the President and Vice-President the meeting was called to order by the Secretary, and on motion, David Thayer, M.D., was elected chairman, *pro tem.*

The records of the last meeting of the Society, and those of the last two meetings of the Executive Committee were read and approved.

The address of the President having been postponed, the Society proceeded to the election of new members, which resulted in admitting to membership the following physicians: —

THOMAS CONANT, M.D., of Gloucester.
FERDINAND GUSTAVE OEHME, M.D., of Plymouth.
HORATIO M. HUNTER, M.D., of Lowell.
J. U. WOODS, M.D., of Holyoke.
HENRY R. BROWN, M.D., of Leominster.
CHARLES STURTEVANT, M.D., of Hyde Park.
R. E. JAMESON, M D , of Abington.
HERBERT C. CLAPP, M.D., of Boston.

TREASURER'S REPORT.

The Treasurer, T. S. Scales, M. D., submitted the following Report which was adopted: —

" At the commencement of the last year there was in the Treasury $468 50
Assessments paid since 565 00

Total. $1033 50

" There has been paid out, under the direction of the Executive Committee: —

To the Publication Committee . . .	$400 00	
Use of Halls for Meetings	50 00	
Expenses of Secretary	73 00	
Printing Diplomas	25 00	
Expenses of Treasurer	20 00	
To various Committees	25 00	
" Hospital Committee	11 62	
" Advertising meetings	15 00	
" Library Expenses	4 00	
Total	623 62	
Leaving a balance of		$409 88

" The expenses of this Society for the last six years have averaged $550 yearly, of which $1,735 have been paid for publications, leaving about $275, as the annual current expense.

" During these six years we have raised by contributions $563; and while we wish gratefully to appreciate the kindness and generosity of those who have so freely given to us, we ought, perhaps, to place ourselves in the future above the necessity for such continued favors, and equally share the burdens of the Society. And how can we do this better than by increasing our annual assessments to five dollars? We shall thus place ourselves in a position to publish our valuable papers each year, till the progress of education shall elevate our State Legislature sufficiently to do it for us.

" In addition to the $563 contributed by less than half of our number we raised, by extra assessments, three hundred dollars, making in all $863."

Change of By-Laws.

The Committee, to whom was referred the alteration of article XXIII. of the By-Laws, reported, through Dr. T. S. Scales, strongly in favor of the alteration. The report was adopted by an unanimous vote, so that the By-Law now reads, "Every member shall be annually assessed *five* dollars," etc.

The Library.

The Librarian, S. Whitney, M.D., reported the Library to be in the same condition as at the last report.

The Committee on Library, Wm. F. Jackson, M.D., reported: — That no books had been added to, or lost from the Library during the past year; that but few had availed themselves of its privileges, as most physicians had in their private libraries nearly the same books; urging additions of new books from time to time; and suggesting "that a suitable room be procured for the use of the Library, and for the meetings of the Executive, and other committees of the Society." Accepted, and referred.

Committee on Clinical Medicine.

The report was read by the Secretary, and accepted. Dr. A. M. Cushing reported a case of soft cataract, in a woman aged eighty-three, now six weeks under treatment by *Sulphur*. The disease has been very much relieved, and a perfect cure seems possible.

Dr. W. P. Gambell reported a case which seemed to indicate that "cramp-like pain in the region of the sigmoid flexure of the colon, extending to the back, with vomiting," would be a characteristic of *Dioscorein*.

Dr. D. A. Johnson reported several cases of diphtheria, which yielded rapidly, and completely to the action of *Ferri persulphas*, after the failure of other remedies.

Dr. Wm. B. Chamberlain reported the cure of five cases of complete seminal impotence with the tincture and first dilution of *Staphysagria;* and one case of menorrhagia, with "aching in the right side," cured immediately with *Ustilago maidis*.

Dr. T. S. Scales reported 1,436 cases of sickness treated the past year, with only six deaths: two of old age, two of malformation of heart, one from tubercular phthisis, and one from meningitis.

The Committee on Surgery

Reported through its chairman, Dr. G. M. Pease. The report mentioned a case of fractured olecranon, and one of congenital malformation of ear, communicated by Dr. J. W. Hayward, two cases of tracheotomy in croup, one of amputation below the knee joint, one of excision of eyeball for glaucoma, four operations for strabismus, two of excision of scirrhous submaxillary gland, two of necrosis, treated, one by amputation, and the other very successfully by the use of *Phytolacca*, and the application of carbolic acid to the denuded surface; and several minor cases by Dr. Wm. C. Cutler; one case of coxarthrocace, pronounced incurable by eminent authority, but en-

tirely cured by *Calcarea*[200], by Dr. G. W. Gunter; a case of fracture of femur in a boy, treated successfully, without shortening, by the perineal band and counter-extension from the ankle, etc., by Dr. C. Wesselhoeft; an interesting paper on the treatment of felons by *Nitric acid*, externally and internally, and applying carrot poultices; and one successful Cæsarean operation, and three cases of fistula in ano, by Dr. C. L. Spencer.

In the discussion which succeeded, Dr. de Gersdorff presented the following: "*Reso'ved*, that the reports of surgical cases in future should be only of such cases as those in which homœopathic treatment has superseded, or limited an actual mechanical operation."

Dr. Holt thought that the report of all good surgical cases would be of importance to us. The real scientific treatment of many cases would be without mechanical appliances of any sort, and these are perhaps the most valuable to us. But others, in which pure mechanics must come into play, are not without their value, and should be reported.

Dr. C. Wesselhoeft seconded the resolution, in order that those cases only might be reported which were limited by homœopathy, and in which medical treatment could be made to supersede the use of the knife. In the old school, surgeons usurp everything; they would even claim that typhoid fever lay in their province if they could find the slightest reason for putting in the knife. Felons, boils, spinal irritation, syphilis, etc., etc., are classed as surgical diseases, but really are not so.

It is our duty to lessen the class of surgical diseases, by removing from it such as can be cured by homœopathy. Why should fistula in ano be classed as a surgical disease? — it has been so many times cured by medical treatment. By treating these cases as physicians, and not as surgeons we shall have greater success, and a better reputation.

Dr. Gregg: We desire to be considered both physicians and surgeons. There are surgical operations to be performed by some one. It is true that such cases should be reported as can be limited by our means, but to have it understood that it is only necessary to give a few pellets to set a broken leg is absurd, yet there is danger of such an impression, if we refuse to admit to our reports cases of operative surgery. Such should be reported, and even cases of felons, for there are many cases of this disease which cannot be successfully treated without an operation. Superficial whitlows can be cured by *Nitric acid* but the deeper seated forms can be better cured by an operation.

Dr. Wesselhoeft did not mean to say that a broken leg could be cured by a few pellets, but that the homœopathic treatment, after the adjustment of the fracture, would greatly limit the amount of suffering, and greatly aid in a rapid and permanent cure.

Dr. G. M. Pease: Should this resolution prevail, we should shut out of our reports many very valuable cases, — cases which would give us standing among all surgeons. Under such a rule what report should we have had of that wonderful operation by Dr. Beebe?

Dr. de Gersdorff would have all such cases, and only such, reported,

as would further the interests of homœopathy. The surgeon does a great deal of good, but his work does not strictly belong to the scope of a homœopathic society.

Dr. Packard hoped the resolution would not pass. He has received circulars from the several committees, although they report no cases received in answer from him. To-day we have had a good surgical report, but if this resolution should pass, we should soon have nothing to report. If we reject everything not strictly homœopathic, we shall lose much that is very interesting.

Dr. Swazey thought that the resolution stood in the way of our advancement, and hoped it would not pass. It must not be forgotten that we are a society of homœopathic physicians, rather than a homœopathic society.

The motion being put, the resolution was lost.

Committee on Obstetrics.

Dr. Chamberlain, Chairman of the Committee, reported from Edward Worcester, M.D., of Waltham, a case of double placenta. Dr. W. was called in consultation in the case, the child having been born twenty-six hours previously. He found a severe hour-glass contraction. On the first introduction of his hand he brought away "a small, well formed, perfect placenta, together with a portion of another placenta." Upon the second attempt, he found the remainder of the second placenta firmly adherent to the fundus, but easily succeeded in breaking down the adhesions, and bringing away the mass, securing firm and normal condensation of the uterus. On inquiry in regard to the case, he learned that, when two months pregnant, the lady supposed that she miscarried, but continued to increase in size, and was delivered at the full period of nine months. His theory is, that the patient was pregnant with twins, that she miscarried with one, that the placenta was not thrown off, but that the necessity for it having ceased, it ceased to grow, and was finally delivered at the expiration of nine months, without having undergone much change.

Dr. N. R. Morse reported several cases of the vomiting of pregnancy, in two of which he had obtained perfect success by the administration of *Acidum lacticum*, giving one powder of the two-hundredth potency, followed in forty-eight hours by a powder of the one thousandth. The symptoms were constant nausea, faintness, pyrosis, and vomiting. In another case, in which the vomiting was very severe, and the pyrosis amounted to two quarts daily, the *Acid. lact.* failed to give more than temporary relief. After resisting *Nux* $^{3dec.}$, *Oxalate of cerium*, etc., it was perfectly cured by one dose of *Nux* ^{200}. And a more recent case, only temporarily relieved by the *Acid. lact.*, was cured by *Nux* ^{200}. All the cases presented nearly the same array of symptoms.

Use of Pessaries.

The question of the use of pessaries coming up in connection with this report, Dr. Swazey, being called upon to give his idea of a pessary, said: It was not every kind of pessary that could be well borne, and

he had oftentimes experienced a great deal of difficulty in obtaining just what he needed at the time. In one such case he manufactured one to suit, and since then he had not been dependent on the shops for this appliance. He took a gutta-percha [hard rubber?] worsted knitting needle, about twelve inches in length, heated it by steam, and bent one extremity of it into a ring; that ring he bent at right angles with the remaining portion, or stem of the needle. This stem was bent so as to fit the natural curvatures, tapes were attached to it, and to a bandage, passing around the body, and the pessary was complete. It was a modification of the stem pessary; was light, cleanly, easily worn, and could be modified to suit any case. He had decided objections to the Hoffman pessary, and though he had many times tried to use it, it never had satisfied him.

Contagion.

Dr. Chamberlain, in speaking of the retentive activity of virus, mentioned the case of a lady who was suddenly taken down with variola, when she had been exposed to no known contagion. The only explanation of the attack that could be given was that she had been reading a Bible which her father used to carry in his sea-chest, twenty years previously, and which had not been opened since, and had been last used by a small-pox patient.*

Dr. Swazey thought we ought to be very careful about reporting such cases, for we are constantly exposed to contagions, which exist in the air. He had no disposition to criticise the case of Dr. Chamberlain, but he had been in practice for thirty-five years, and he did not believe that he had ever carried contagion. Other physicians can say the same.

Dr. Chamberlain has been less fortunate. In 1861 he had the misfortune to have a patient come from Boston, sick with small-pox. At the same time he was treating some cases of dysentery, and, at the end of fourteen days, these patients came down with the small-pox. The most reasonable supposition was that he had communicated the disease. He would like to ask if puerperal fever can be thus communicated?

Dr. Swazey does not believe it can. Why could it not be sporadic at one time as well as at another? Neither can we know that patients so taken have not had, at some recent time, communication with persons infected with the disease. There is constant exposure, everywhere, in the cars, public assemblies, etc. This question cannot be settled by isolated cases, but only by long observation.

Dr. Gregg does not recollect that he has ever communicated disease in a practice of forty-six years, although he has had small-pox cases mixed in with his usual practice. Neither does he believe that measles or scarlet fever can be carried in the clothes.

Dr. Thayer: Does Dr. Gregg believe that patients can come down with scarlet fever as quickly as five days after infection?

Dr. Gregg: Cases are reported upon very reliable authority, ranging from two days to six weeks after the supposed infection, and there

* See Vol. I, Society's Publications, page 211, for an analogous case.

is no reason to doubt them; but I do not believe the disease can be carried, and communicated to a third person.

After the reception of delegates, — Dr. MORRILL, of N. H., Dr. CURRIER of Vermont, and Dr. KNIGHT of Conn.,— and a hearty invitation for them to join in our proceedings, the Society adjourned for one hour for refreshment in the hall above.

AFTERNOON SESSION.

PRESIDENT'S ADDRESS.

The Society was called to order at 2 P.M., to listen to the Address of the President, H. B. Clarke, M. D.

Dr. Clarke spoke of the death of Dr. W. Williamson, and of the loss which the profession, and we as a Society, had sustained, he having been a corresponding member since 1864; of the action of Dr. Van Aernam, Commissioner of Pensions, in removing well-qualified homœopathic surgeons from office, on the ground that "they do not belong to the school of medicine recognized by this bureau"; of the scheme for a National University, condemning the appropriation of public property for purposes foreign to the legitimate demands of government; and of the intolerant spirit manifested by the allopathic school against us, thus limiting the advance of true medical science.

The address was referred to a committee, consisting of Drs. Underwood, Talbot and Wesselhoeft.

THE ANNUAL ADDRESS

Was then delivered by J. H. Woodbury, M. D., on *Homœopathy and some of the Conditions of its Future Progress.*

After congratulating the Society upon the wonderful and rapid advancement of homœopathy during the last few years, and paying an elegant tribute to the power and industry of Hahnemann, he proceeded to speak of some of the necessities laid upon physicians of the present day. However excellent a practitioner a physician may be, and however successful in his private sphere, his whole duty was by no means thus limited. He owes a duty to the whole profession; and not merely to that of the present day, but to that of the future. As we are enjoying the fruits of the labors of those before us, so must those who succeed us find that our labors have prepared the way for their benefit, and for the still more glorious advancement of homœopathy. While we are disowned by our allopathic brethren, it becomes us to advance ourselves in all those specialties which they now claim. The public will never trust its amputations and cataracts to general practitioners, while skilful allopathic specialists can be obtained. Nor must any one think that the rank of general practice is lowered as the rank of the specialist rises, for the glory of the one is the glory of the whole. Do we not all feel pride in the wonderful operation of Dr. Beebe, and point to it, as done by one of our school?

Notwithstanding all the great and unprecedented work which has been done in the department of materia medica by Hahnemann and his more immediate followers, much yet remains to be done. The

materia medica is not perfect, as some would consider it, nor is it the mass of inaccuracies which others have deemed it; but the truth rather lies between the two extremes. We cannot do without our materia medica, and he who, by thorough study or re-proving, can present us with a perfect picture of one remedy, does a great work.

"*In dubiis charitas*," and "The dose is not essential to homœopathy," have been accepted mottoes of our school from its foundation, and yet the question of dose is the rock on which we seem likely to split, if we split at all. Brilliant cures have been achieved with both high and low attenuations, both by Hahnemann himself, and by his followers. I question whether a more brilliant, or more perfectly homœopathic cure was ever effected, than that made by Hahnemann, with four-grain doses of *Nux vomica* given twice daily. Nor is the claim for a greater homœopathicity of the high dilutions well founded. It is questionable if the drug action is ever identical with the disease; and although it is true, that the closer the resemblance, the more prompt and satisfactory the result, who can tell how far in the opposite direction we may go before the law becomes inoperative? Since, then, neither the limitations of the law of cure, nor the most appropriate dose are settled questions, let us exercise the largest measure of charity and forbearance toward each other. Let us not permit ourselves to divide into little factions, carrying on a guerilla warfare with each other; but if perfect unity is impossible, if we must divide at all, let us rather constitute ourselves the right wing and the left wing of the great army of homœopathy, moving together against the common enemy.

The address was warmly received, and referred to the Committee on Publication.

Eastern Institute.

The report of the Committee on an Eastern Institute was read by Dr. Swazey. It recommended the ultimate establishment of such a body, but advised that no immediate steps be taken. Laid upon the table.

Miscellaneous Papers.

A valuable and suggestive paper was read by Dr. Wm. B. Chamberlain, of Worcester, on the various forms of Food for Infants, with directions adapted to various cases. It was referred to the Committee on Publication.

This was followed by a well-digested paper by Dr. D. G. Woodvine, of Boston, on the Treatment of Bright's Disease of the Kidneys. Referred.

Dr. Thayer would recommend *China*, in a low potency, for many forms of the disease, as he is confident that he has seen most excellent results in undoubted cases. It stands with him next to *Arsenicum*.

Officers for Ensuing Year.

The following officers were elected for the ensuing year:—

President, Conrad Wesselhoeft, M.D., of Boston.
First Vice-President, E. B. de Gersdorff, M.D., of Boston.
Second Vice-President, Wm. P. Wesselhoeft, M.D., of Boston.
Corresponding Secretary, J. H. Woodbury, M.D., of Boston.
Recording Secretary, E. U. Jones, M.D., of Taunton.
Treasurer, T. S. Scales, M.D., of Woburn.
Librarian, D. G. Woodvine, M.D., of Boston.
Censors, W. P. Gambell, M.D., of Boston; A. F. Squier, M.D., of Boston; J. T. Harris, M.D., of Boston; L. Whiting, M.D., of Danvers; A. M. Cushing, M.D., of Lynn.

Epilepsy.

A paper was read by Dr. A. F. Squier, of Boston, on Epilepsy and its treatment

Dr. E. P. Scales had cured one case of epilepsy by *Lycopodium*.

Two cases were reported by Dr. Thayer, cured by *Nux vomica*[200]. One was that of an Irishman, superintendent of baggage on the Boston and Albany Railroad, who has suffered for many years. He would suddenly become sleepy and fall to the floor. The sleep would last him for one or two minutes, when he would arise, and go about his work. The *Nux* so completely relieved him that he has had no attack for a year and a half. The other case was that of a young lady, fourteen or fifteen years of age, who would have a thousand convulsions in a month, often sixty a day, attacking her mostly on just falling asleep. She has had the attendance of one of the best physicans in Boston, but without avail. The first prescription did no good, but at the second visit she was in a convulsion, and the resemblance of the symptoms was so strong to those of a dog poisoned by strychnine, that the *Nux* was at once prescribed. It has very much relieved her, so that now she has but one or two daily attacks.

Dr. Cate cured one case in a young woman of eighteen, who had had the disease from early childhood, with the *Bromide of potassium*. It has been now more than six years since she had a return of the attacks.

Dr. Wesselhoeft gave several cases. One was that of a child, nearly three years old, with only one tooth, a large head, could neither walk nor talk, had small feeble limbs, but was energetic. The attacks came two or three times daily. He would fall backward, stiffen his hands, roll up his eyes, remain thus for a few minutes, and then wholly recover. He had had various kinds of treatment. Gave *Calcarea*[200]. Improvement immediately set in, and in three or four days the attacks ceased entirely. The second case occurred in a child ten years of age. It would fall down, screaming, with the thumbs turned in. The attacks came once or twice weekly, and were cured by *Sulphur*, of a high attenuation. A third case was that of a young man, who had been addicted to the vice of onanism, but had completely abandoned it. Epilepsy, however, came on, and he had constant nocturnal emissions. Gave *Sulphur*. He had no attack for two months, and though he was not thoroughly cured, he was greatly relieved. The fourth case was that of an old and imbecile

lady; the attacks occurred only while she was asleep. Gave *Silicea*, with considerable benefit, but she removed, and he lost sight of the case.

Dr. H. B. Clarke had had many cases, but thinks it is one of those diseases with which the mind has something to do. It seemed almost impossible to cure a case. The new doctor, or the new medicine, always relieves for a time, but a cure does not always follow. Sometimes a little shock, affecting the nervous system, cures. A young lady who had very severe attacks, having thirty to forty convulsions daily, received a severe mental shock from the sudden death of a friend, and it entirely cured her. A woman who had neuralgia of the face, with epileptic symptoms, was supposed to be cured by *Arsenicum* 3. But she had a return of the spasms, was shocked by the sudden fall of a jar upon her head, and has had no epilepsy since. The *Bromide of potassium* seemed to be only a temporary relief.

Dr. C. Wesselhoeft thought that *Bromide of Potassium* was more especially indicated in epilepsy and other cerebral affections, when there were symptoms of softening of the brain in its incipient stage, such as loss of memory, delusions, melancholy, despondency, etc.; for these indications, as for many others, in which *Bromide of potassium* is useful, we are indebted to Dr. E. M. Hale. His collation of the statements of old-school practitioners will be of great value in furnishing us with useful indications in the use of this remedy.

Dr. Palmer mentioned a case of nocturnal epilepsy which had been under his care for some time, and seemed to improve, but passed into other hands, and underwent a great variety of treatment, but finally ended in a spontaneous cure, after the patient passed her climacteric.

Dr. Chase stated that while he was proving *Cyanide of potassium*, four or five months ago, he often found himself losing his consciousness, whether riding or walking. He would throw this out as a hint which might be useful to some one.

The paper was referred.

Eastern Institute.

The report on an Eastern Institute was taken from the table.

Dr. Thayer said that as the Western Institute had given up its organization, and merged itself in the American Institute, we should not now seek to form a new society.

Dr. Swazey could not see but that the Western Institute answered all the purposes for which it was formed, and was a great help to the societies of the West, during the time when the meetings of the American Institute were interrupted. Now that our societies are becoming so large, and their business so burdensome, we shall need another Institute. The West will need its Institute again in a short time. The American Institute will become a delegated society entirely, and there will then be a regular gradation of societies, from the smallest up to the largest society in the country.

Dr. Gregg could hardly see the necessity of another society.

Dr. Holt presented a resolution: "that it is inexpedient, at this time, to take any action in regard to the formation of an Eastern Institute."

Dr. Swazey: The report itself provides for discussion of this topic, and that has now been attained. He would much prefer that it should not be acted upon at this time, and would therefore move that the report lie on the table.

Dr. Talbot preferred that the resolution should pass. It would not look well to have it known that our Society was engaged in discussing an Eastern Institute, even if there was not any expectation that such a body would be formed.

Dr. Swazey offered his motion as an amendment to Dr. Holt's resolution, and, the question being taken, the amendment was adopted, and the resolution, as amended, laid upon the table.

Report on the President's Address.

The Chairman of the Special Committee on the President's address, Dr. F. H. Underwood, made his report. The several subjects embodied in the report were taken up separately.

Dr. Walter Williamson.

The resolutions concerning Dr. Walter Williamson were unanimously adopted, and are as follows: —

Resolved, That in the death of Walter Williamson, M.D., a member has been removed from our Society, who was tenderly bound to us by professional, social, and fraternal ties; one who, by long, arduous, and faithful attention to his professional duties, had gained that highest reward of the physician, the deep and lasting gratitude and affection of a large circle, who trusted their lives in his hands; one who, by his enthusiastic love of his profession, and his devotion to it, ever seeking its improvement, and willing to sacrifice comfort, health, and even life therefor, has merited and received the warm plaudits of his associates; one whose purity of life, generosity of conduct, and noblenes of character, remain a living example, worthy of our imitation;

Resolved, That we tender our sympathies to his family and friends, for the deep affliction which death has thus laid so heavily upon them;

Resolved, That the Secretary be directed to furnish a copy of these resolutions to the family of the deceased.

Commissioner of Pensions.

That part of the report which related to the action of the Pension Commissioner,* was spiritedly discussed. The resolution presented by the Committee, was, —

Resolved, That this Society, in its corporate capacity, acting in behalf of its members, and of the thousands of homœopathic physicians throughout the United States, and their millions of adherents, most respectfully, but most firmly and decidedly, asks, that Dr. H. Van Aernam, Commissioner of the Pension Bureau, be speedily removed from office, for these reasons, viz, —

*Dr. Van Aernam has since resigned his office, his resignation to take effect May 31st.

That he has removed from the office of Examining Surgeon, Dr. Stillman Spooner and Dr. A. T. Bull, of New York, and Dr Courtlandt Hoppin, of Rhode Island,— surgeons of the homœopathic profession, and graduates of legally chartered institutions, — for the avowed reason "that they did not belong to the school of medicine recognized by this Bureau";

That he has, by this act, publicly avowed and promulgated the anti-American, proscriptive, and pernicious doctrine, that an individual is ineligible to office under the national government, unless a member of a particular sect;

That he has prostituted the power of his office in order to subserve the interests of his particular medical sect, and has thereby committed an illegal and unjustifiable act against our school.

Resolved, That this Society further ask that Drs. Stillman Spooner, Courtlandt Hoppin, A. T. Bull, and others, be re-instated in the position from which they were, for the above-mentioned cause, so unjustly removed.

Dr. Thayer felt very strongly the removal of these men from office on the ground alleged, for there was not even the semblance of justice in it. The gentlemen removed were all able and well-educated men, possessing diplomas from allopathic medical colleges, and every way capable of fulfilling the duties of their office. We now demand justice. Thousands of petitions have been sent to Congress, large delegations have visited the President, and he has referred them to the Secretary of the Interior. More than three months have passed, and nothing has been heard from them. These resolutions are not strong enough. We ought to send a delegation to Washington, who will insist on the removal of the man who has done this thing; it is necessary for our self-defence. If a man had been removed because he was a Methodist, what a cry it would have raised from that denomination! We never shall have another like opportunity. A bill was introduced into the Massachusetts House of Representatives this winter, aimed at the homœ pathists, which fined a man ten dollars who dispensed his own medicines. It had got into the Senate, and would soon have become a law. But when the attention of Senators was called to its real meaning, it was at once dropped.

Dr. Swazey would like to add his word in opposition to the powers which have assailed us. But he believed that there was a more potent way of gaining our end. How? By manufacturing public opinion. State the cases simply and fairly through the press, and we shall raise a power in our behalf, greater than that which has assailed us. We can reach the public through the press more easily and more quickly than by any other means.

Dr. Thayer: Some action must be taken now. Other State societies will soon be holding their annual meetings, the American Institute will act in the matter, and our action will be a precedent for theirs.

Dr. Woodvine had been listening with interest to the remarks which had been made, especially with reference to the relation of the national government to us. But he would counsel patience, and would advise

to wait a few months till the meeting of the American Institute, our national body.

The discussion was earnestly continued for some time, and was participated in by Drs. Burpee, Holt, Talbot, and others, and ended by the adoption of the following substitute, offered by Dr. Talbot: —

Resolved, That the Massachusetts Homœopathic Medical Society regard the action of Dr. Van Aernam in removing certain homœopathic physicians from the office of examining surgeons of the Pension Bureau, as an outrage on our rights as physicians, and as an indignity to every American citizen.

Resolved, That a committee be appointed to act in concert with the American Institute in adopting such measures as may prevent similar occurrences in the future.*

NATIONAL UNIVERSITY.

The last portion of the report of the Committee on the President's address referring to a National University, and presenting the following resolution, was adopted, and, together with the preceding resolution, was referred to the Executive Committee.

Resolved, That in establishing a school of medicine, which shall form part of a National University to be supported by the government, it is the duty of that government to adopt such measures as shall prevent the exclusion of any particular sect in medicine from a fair representation therein.

On motion of Dr. Underwood, it was unanimously —

Resolved, That the thanks of this Society be tendered to Dr. David Thayer for his prompt and efficient action in appearing before the Legislature of this State, and exposing a preconcerted movement, designed by its originators as a blow against homœopathy.

On motion of Dr. Talbot it was —

Resolved, That the Executive Committee be authorized to reserve one hundred copies of Volume I of the Society's Publications, for the future use of members, and that the remainder be distributed in such manner as they may deem for the benefit of the Society.

THE WORCESTER CO. HOM. MED. SOCIETY.

Reported by D. B. Whittier, M.D., Fitchburg, Secretary.

THIS Society held its Quarterly Session in Worcester, May 10, 1871. Dr. Hunt, from the Committee on Clinical Medicine, reported as follows: —

"DOUBLE HYDROCELE. — I have lately had a rather rare case, — a double hydrocele. The patient had a collection of twenty-six ounces of water about the left testis, and six ounces about the right. As he would not spare time for a radical operation, I merely tapped it, hoping it might suffice. I mention this case principally to draw attention to an application of electricity that was made about one year ago, by

* At the annual meeting of the Executive Committee, held April 19th, David Thayer, M.D., was appointed that Committee.

a Dr. Flynn, who administered electricity for all complaints. His application was crude and on "general principles," but was attended by a steady diminution in the size of the hydrocele; and at that time the patient thought he had a sure cure; but the doctor left town, and failure was the result. I think the primary current, passed through about ten or fifteen minutes daily, might be of considerable advantage in cases where there is some obstacle to the performance of the radical operation.

"RECTAL STRICTURE. — Mrs. H., aged 22, at the age of twelve had a large lump in the groin, which followed an exposure to wet; it did not suppurate. Since then she has not been well, but cannot describe her sickness for the ensuing three or four years. Then she had what appeared to be a rheumatic fever, which lasted, with its sequelæ, five months. Since then the least cold has affected her, and at present her right arm measures an inch more over the middle of biceps than its fellow. At the age of 17 or 18 she first noticed a purulent discharge from the bowels. The account of this is so confused that I cannot trace its history, except that one physician treated her for diarrhœa, two for fistula in ano, and one made a faint attempt at dilatation of a stricture. My first examination showed a rectal stricture that would scarce admit the passage of a common lead pencil. I discontinued the uterine cauterizations of her previous attendant, and put her upon the use of rectal bougies twice a week, sometimes oftener. This taught me the practical lesson of the influence of fæcal accumulations on a diseased uterus; for all uterine trouble subsided when the stricture had become so dilated as to permit the emptying of the bowels. *Ars.*[3] *Lach.*[8] and *Hydrastin*[1] were the remedies that seemed to help the patient. I used other remedies, but saw no progress that I could not ascribe to the mechanical treatment, except while using the above remedies. She gained flesh and strength, and assumed her avocation as laundress. She made good improvement until six weeks after discontinuing treatment, when she returned with general health as bad as ever, though the stricture remained better. This has renewed my fears that the stricture is the result of cancerous disease.

TRACHEOTOMY. — I was called, Feb. 4th, to see a child aged five years, and found her suffering from membranous croup. I used slaking lime in the room — sending a vapor spray into the throat, vapors of *Bromine*, and other remedies, of which only *Spongia*, *Iodine*, and *Kali bich.* seemed of any service. The hot spray and slaking lime relieved for the time, but I should not use them as freely in another case. From the 4th to the 9th the child was manifestly growing worse. I mentioned tracheotomy on the 9th, and directed the mother to send for me at the first indication of a change for the worse. The child grew rapidly worse in afternoon and evening. My orders to be called were disregarded. At 10.30 P. M., found the child very low, and the mother wildly imploring aid for her little one in one breath, and calculating the chances of the operation in the next. With the assistance of Dr. Chamberlain I operated, hoping for one of those almost miraculous recoveries that were said to follow it. The insertion of the tube enabled the child to breathe as easily as ever, but death

ensued in half an hour. No more than half a teaspoonful of blood was lost during the operation. I should hesitate very much to trust the apparatus suggested by Dr. Bell, of Augusta, Me., which consists of a couple of spoon handles, bent at their extremities so as to form retractors; the edges of the wound are separated with these, and retained by means of a tape fastened to the other extremities and tied behind the neck. Choking by pieces of membrane would be quite a serious affair in such a case. And the drainage into the trachea would be considerable in case of hæmorrhage, although blood cannot have so bad an influence upon the bronchial mucous membrane as was once feared in this operation. Tracheotomy has but little reputation in this county. It has been very unsuccessful. The lack of success, however, in this case, does no discredit to the operation. I cannot look on this case without regret, for I perceive a time when there was good hope of success. After a thorough trial of remedies, the first moment should be improved by operating. In such a course we could hope for cases like those of Dr. Talbot, of Boston, where five cases out of fifteen recovered."

In discussion on membranous croup, Dr. Hunt stated he thought it a mistake to keep the air of the room so moist. He thought more attention should be given to constitutional treatment, as he considered more children die of paralysis than from suffocation by membrane.

Dr. Chamberlain spoke of a case in which, remedies having failed, the patient was reduced to exhaustion by pouring cold water on the spine, and made good recovery. He thought the application of ice to the spine worthy of trial.

In the discussion of obstetrics, Dr. Nichols thought that neglect to tie the funis would be dangerous and damaging to the reputation of the physician. He has seen a number of fatal cases from imperfect tying, and should expect the danger to be much increased from its entire omission. He would not fail to apply the bandage to the mother.

Dr. Chamberlain thinks colic does not, more generally, follow the retention of blood in the cord; considers it as much the consequence of washing and handling by the nurse. Has seen some of the worst cases of colic where there was no ligation of the funis. Members had seen fatal cases from imperfect ligature. Dr. Whittier thinks the funis should be allowed moderately to bleed until venous blood has ceased to flow before ligation Thinks this would very greatly diminish the liability to jaundice; considers a good bandage a comfort, but a poor one worse than none.

Dr. Slocomb related a case of typhoid fever in a patient aged seventy-eight, who desired death and refused all means for his restoration or comfort. In the first of this sickness he took about half a pint of wine and a little cider; after which he would take nothing but cold water. He lived eight weeks; had no movement of the bowels for fifty-seven days.

He had an extremely putrid breath, which defied all means of purification until carbolic acid, five drops of Nichols' solution in a tumbler of water, stopped it at once, and on its recurrence, about a week after, again stopped it immediately.

Dr. H. A. Clark reported the following:—

Sept. 17th, 1870. — Was called to Mrs. D., aged seventy-four; found her suffering considerable pain, which she described as just like pain she had experienced in labor. These pains had continued for several days. I first saw the patient Dec. 15th; found her about the house, comfortably well, but troubled with vaginal fetid discharge, of a yellow color in the main, but it would become darker at times. This discharge had existed since about Sept. 20th, when there passed per vaginam a substance which the physician in attendance pronounced a polypus in a decayed condition. After this there passed smaller fragments of dark, decayed substance for several weeks. Ever afterwards the patient was confined to her bed. She had very little pain except such as resulted from general prostration, — none that could be referred to the uterus. Whenever the vaginal discharge ceased for a time there would immediately follow cough and profuse expectoration — also at such times the urine would become yellow and very offensive, showing clearly that absorption was taking place.

She gradually declined till May 1, when she died.

The autopsy revealed the uterus ten or twelve inches in length and proportionally large; section disclosed a loose mass, resembling the fragments that had been passed during life. This had undoubtedly been a polypoid tumor, now detached and decayed. The internal walls of the uterus were black, disintegrated, and, in places, nearly ulcerated through. The whole constituted a large malignant mass. The other organs were in a normal condition. I consider the disease to have been encephaloid.

Dr. Brown reported a case of pterygium, which disappeared during the use of *Tellurium*. The following clinical observations were reported: Pain on right side of head and over right eye removed by *Chelidonium*; headache on vertex, cured by *Helleborus; Viscum album* beneficial in heart disease and sciatica; and *Tart. emet.*[3] in lumbago.

Dr. Hunt was appointed delegate to the American Institute of Homœopathy, for 1871. Drs. Nichols and Slocomb were appointed to present resolutions on the death of Dr. J. C. Freeland of Fitchburg. These were as follows:—

Whereas, Since the last meeting of our Society it has pleased an Allwise Providence to remove by death our valued friend and co-laborer, James C. Freeland, M.D., therefore, —

Resolved, That while we would not repine at the doings of an inscrutable Providence in removing from us one of our number, we cherish the memory and mourn the loss of one who had won the confidence and esteem of a large circle of friends and patrons, and had become endeared to them by his many acts of devotion in hours of affliction and trial;

Resolved, That in his death homœopathy loses a zealous advocate, and his patrons a tried and skilful physican;

Resolved, That we tender to the extended circle of friends and patrons of our deceased brother in their hours of affliction, our heart-felt sympathy;

REVIEWS AND NOTICES OF BOOKS.

MEDICINE AS AN ART AND AS A SCIENCE: An Address before the Mass. Hom. Med. Soc., by Daniel Holt, M. D., of Lowell.

This address, delivered in 1858, is reprinted from the first volume of the publications of the Society. In its long sleep it has lost none of its tone or vigor, although many an annual orator has gone over the same ground since. It is pleasant to look back to the spot from which we have advanced so far in thirteen years; may the Doctor live to see a still greater change in the next thirteen years.

THE MARCH OF MEDICAL SCIENCE, past, present and future. — By Drs. J. Hooper and C. S. Eldridge, of Bay City, Mich. Cleveland: L. H. Witte; pp. 40; 8vo.

An elaborate argument for homœopathy, tracing the history of medicine down from Homer's day to ours, anticipating the inevitable and now speedy triumph of the true science of healing.

NELUMBIUM LUTEUM; its value as an ornamental plant to the parks of Chicago. — By E. M. Hale, M.D., Chicago, pp. 16; with plate.

This congener of the lotus of the Nile and of Hindoo tanks, where other species are the staff of life, was probably naturalized at Big Sodus Bay on Lake Ontario and at Lynn, Ct. It has long defied the gardener's skill near Boston, though it covers patches of a thousand acres in the Illinois River. In size this flower, though a dwarf beside the Victoria regia, exceeds any other, cultivated or native, in the United States. Dr. Hale has done well in calling public attention to this beautiful and ornamental plant.

CINCHONA OFFICINALIS, and its alkaloid, the Sulphate of Quinine. — By W. H. Burt, M.D., Lincoln, Ill. St. Louis: John W. Munson.

A somewhat elaborate summing up of whatever the author found recorded of the pathognomonic effects — not of the alkaloid, but of its sulphate. Some of the conclusions are rather hastily drawn. The author is well located for the trial of the prophylactic effects of high attenuations, untried as yet, he says, although he is certain of their efficacy. We await his trial of them.

PAPERS ON THE THERAPEUTIC VALUE OF LOCALIZED MOVEMENTS. Philadelphia: J. B. Lippincott & Co.

This brochure consists of two papers. The first was read before the New York Medical Association, May 20, 1870, by C. F. Taylor, M.D., and published in the *New York Medical Record*, for August. The other, by W. R. Fisher, M.D., is here reprinted from the *Medical Times* of December and January last. The first paper relates chiefly to the psychological effects of the "movement-cure" on ladies of delicate organization, and especially in case of nervous diseases. The second supplements this with cases of local disease, still seeming to have a mental or nervous origin, in which this system of practice seemed to have resulted in benefit. We do not doubt the value of

muscular motion as an adjuvant to treatment; but how much of the real good effected, has been produced through the influence of the imagination?

CHEMISTRY, GENERAL, MEDICAL AND PHARMACEUTICAL. — By John Attfield, Ph. D., F. C. S. Revised by the author from the second and enlarged English edition. Philadelphia: H. C. Lea, pp. 552; 12mo. For sale by A. Williams & Co., Boston.

The appearance of an entirely new work on Chemistry is an event of some importance. If it possess any advantage that no predecessor had, it is a blessing; if none, a nuisance. The book before us has for its central idea the pharmaceutical student's labratory. It is there probably the best book of its size that we have. Great pains have been taken to extend its use to the class-room and the closet. As a book of reference it cannot in any way compete with Fownes, of nearly twice its size, nor is it quite so readable. But for the study of officinal preparations — *official*, Professor Attfield calls them — it is perhaps quite as complete. In the names that replace those which prevailed only a few years since, the two books nearly coincide, while other new books differ widely from these and from each other. What the book seems to us to lack is classification. The substances are treated as individuals, and the facts are isolated. We see no intimation, for instance, of the resemblances of Arsenic to Phosphorus and Nitrogen, nor even of its relations with Antimony, close as they are. Quantivalence is explained, but it is not made a basis of classification: even the radical distinction of all elements into artiads and perissads is not mentioned, nor are the terms themselves introduced. The chief value of the book will therefore be found in its aid in experimental chemistry, particularly for students of medicine or pharmacy.

ITEMS AND EXTRACTS.

TOOTH POWDER. — Sugar of milk forms one of the best tooth powders for the use of persons under homœopathic treatment.

SMALL-POX.— This disease, which has prevailed so extensively and so fatally in Paris, sinks into utter insignificance in the midst of the *demence furieuse*, which threatens to destroy the whole city with its million and a half of inhabitants.

TRISMUS NEONATORUM. — Dr. Keber affirms his observation, made several years ago, that trismus neonatorum will be frequently produced by the application of very hot baths. — *Klinik.*

DILUTE VACCINE VIRUS. — Dr. Depaul remarked at the meeting of the Académie de Médicine, Sept. 20, 1870, as follows: Vaccine virus is difficult to procure in Paris, but the quantity of the virus can be multiplied without diminishing its efficiency by diluting the vaccine matter with a certain quantity of water. I had arranged for the vaccination of a large number of persons when I found that several

physicians had forestalled me by taking lymph from the infant at the nursery; the little I could obtain from the child, I diluted with water, and vaccinated the whole crowd, expecting to do it over again under better circumstances; but a few days afterwards I found, to my surprise and pleasure, that most of the re-vaccinations had taken. Afterwards I repeated this procedure several times, and always with the same success. It retains its power as long as the pure article. Several of my friends have found it to act well even after fifty days." — *Bulletin de l'Académie de Médicine, Sept.* 1870.

Diagnosis of Measles. — Ginard considers the spotted redness on the velum palati, appearing from five to six days before the eruption, and disappearing from three to four days after the eruption, an important symptom in the incipient stage of measles. Bonnichon constantly observed this symptom in the epidemic of 1868, and Schwarz verified it as a valuable symptom for differential diagnosis. — *Wien. Med. Press.*

La Couvade.—Sir John Lubbock, in his recent work on the Origin of Civilization, speaks of a curious custom very widely spread among savages of all regions, by which, on the birth of a baby, the father, and not the mother, is put to bed and nursed like a sick person for several weeks. This custom was almost universal among the Indians of South America. Dobritzhoffer, the old Jesuit missionary to Paraguay, tells us that "No sooner do you hear that a woman has borne a child than you see the husband lying in bed, huddled up with mats and skins, lest some rude breath of air should touch him, fasting, kept in private, and for a number of days abstaining religiously from certain viands; you would swear it was he who had had the child. I had read about this in old times, and laughed at it, never thinking I could believe such madness, and I used to suspect that this barbarian custom was related more in jest than in earnest; but at last I saw it with my own eyes among the Abipones."

Brett, in his account of the Indian tribes of Guiana, says he saw a man, whose wife had lately been delivered, lying in a hammock, wrapped up as if he were sick, though really in the most robust health, and carefully nursed by women, while the mother of the new-born infant was engaged in cooking and other work about the hut.

Traces of this custom are found in Greenland, where, after a woman is confined, the husband must forbear working for some weeks; and in Kamskatka, where for some time before the birth of a baby the husband must do no hard work. Similar notions are found among the Chinese, among the Dyaks of Borneo, and what is still stranger is that they exist to this day in Corsica, in the north of Spain, and in the south of France, where the custom is called *faire la couvade.* Max Muller, in his "Chips from a German Workshop," tries to account for it thus: "It is clear that the poor husband was at first tyrannized over by his female relations, and afterwards frightened into superstition. He then began to make a martyr of himself till he made him-

self really ill, or took to his bed in self-defence. Strange and absurd as the *couvade* appears at first sight, there is something in it with which, we believe, most mothers-in-law can sympathize." Sir John Lubbock, however, prefers to accept the Carib and Abipone explanation, which is that they believe the infant would be injured in some way if the father engaged in any rough work or was careless of his diet.

Homœopathy in Michigan University.— The following, from an intelligent correspondent of the *Boston Transcript*, shows what outsiders think; and from that standpoint it may be interesting to our readers: —

"The Legislature of Michigan has not yet adjourned, though it has disposed of most of its business. The homœopathic claim to be represented in the Medical School of the University has been dismissed for the session, and is probably adjourned for two years longer. A bill passed the lower house, appointing two homœopathic professors in the Medical School, but it was killed in the Senate, after a warm discussion. Another bill, to establish a special homœopathic school, with a full corps of professors, is pending in the Senate; but if this shall pass, it will no doubt be killed in the House, as it calls for an appropriation of more money. Every one allows that as an act of justice the system of homœopathy ought to be presented by its own men, and to have an equal chance with other systems in an institution belonging to the State. But there is reason in the plea that confusion and vexation would come in the mingling of hostile systems, and that the result would be the waning, if not the destruction, of the regular medical school. The regular faculty claim, moreover, that they do not teach — "*pathy*" of any kind, and are not advocates of a system, but only expound what is known of medical science. It is a troublesome dilemma, the escape from which does not show itself. In the meantime the Medical School flourishes, in spite of its lack of clinique, and its boldness in allowing women to come as students, and a young woman to graduate "with all the honors" as a "Doctor of Medicine," on its Commencement day. Homœopathic students come to it and keep their allegiance to their system in spite of the unfavorable influences around them. They have a society which nourishes that heresy, and honors Hahnemann along with Galen and Hippocrates. Medical orthodoxy cannot be kept, more than theological orthodoxy, in an institution so broad and free as the University of Michigan.

Passage of Musket Balls Through the Human Body.— A number of curious cases of the progress of musket balls from the place where they are first lodged have been observed by military surgeons. We have heard of a remarkable case where the musket ball struck the forehead above the nose; and having divided into two halves, one half went round beneath the skin on the right side, and the other on the left, advancing in contact with the skull. We do not ask our readers to believe the poetical edition of this fact, that the two half bullets met again behind, after having performed the circuit of the head in

opposite directions, and advancing with a slightly diminished force, united and killed an unfortunate man who stood in their way; but the fact of the splitting of the bullet, and the advance of each half in opposite directions, is unquestionable. The singular progress of a musket bullet from the forehead to the throat has been recorded by Dr. Fielding. At the first battle of Newbury, 1643, in the time of the Cromwellian civil war, a medical gentleman was shot near the right eye. The skull was fractured at the place; but though the surgeon could see the pulsation of the brain beneath the wound, yet the bullet had turned on one side and could not be discovered. Various bones were discharged from the wound, the mouth and the nostrils. At the time of the second battle of Newbury the wound healed and could not be kept open; but about twelve years afterward, when the doctor was riding in a cold dark night, he felt a pain about the "almonds of the ear," which occasioned a partial deafness. Having stopped his ear with wool, he was surprised one day in March, 1670, by a sudden pull or crack in his ear, when all that side of his cheek hung loose as if it had been paralytic, and a hard knot was felt under the ear. Various tumors now appeared about the throat, and in August, 1672, the bullet was taken out of the throat, near the *pomum Adami*. — *Frazer's Magazine.*

Dr. O. W Holmes's Latest on Homœopathy.—In the Valedictory Address before the Bellevue Hospital College, March 2d, he says: —

"Some of you will probably be more or less troubled by the pretensions of that parody of mediæval theology which finds its dogma of hereditary depravity in the doctrine of psora, its miracle of transubstantiation in the mystery of its triturations and dilutions, its church in the people who have mistaken their century, and its priests in those who have mistaken their calling. You can do little with persons who are disposed to accept these curious medical superstitions. The saturation point of individual minds with reference to evidence, and especially medical evidence, differs, and must always continue to differ very widely. There are those whose minds are satisfied with the decillionth dilution of a scientific proof. No wonder they believe in the efficacy of a similar attenuation of *Bryony* or *Pulsatilla*. You have no fulcrum you can rest upon to lift an error out of such minds as these, often highly endowed with knowledge and talent, sometimes with genius, but commonly richer in the imaginative than the observing and reasoning faculties."

Poor Dr. Holmes! What an unsuccess he has had in the last twenty years in trying to lift the public out of the delusion of Homœopathy.

Anæsthetics. — Dr. E. R. Squibb has a very interesting paper on Anæsthetics in the N. Y. Medical Journal, in which he maintains that ether ought to be used in six-tenths of the cases where anæsthesia is necessary, nitrous oxide in three-tenths, and chloroform in one-tenth. He commends chloroform in obstetrics.

He says that he has neither read of nor heard of a single instance of death, or grave symptoms, from the use of chloroform when used

in obstetrical practice for mitigating the pains of labor, nor of any death from its use in controlling puerperal convulsions; but he knows of one death where it was given preparatory to the operation of turning, where a midwife had mismanaged her patient in a protracted case of shoulder presentation. In obstetrical practice, it is comparatively rarely given to anæsthesia, but only to intoxication, and this often in the judicious, safe way of smelling the vapor from a bottle held in the hand of the attendant or nurse. And in a large proportion of cases, it is only given during the expulsive pains and after dilatation, in small quantities, frequently repeated, largely diluted, and given by careful hands. Prolonged experience, however, seems to indicate that some unknown condition in the parturient female renders chloroform less dangerous in obstetrical practice than in general anæsthesia, while its promptness of action renders it peculiarly applicable to the suddenness of these pains. It is also the only agent that can be effectively used in puerperal eclampsia, and in this affection has doubtless saved many valuable lives.

PERSONAL.

G. D. BEEBE, M.D., of Chicago, has recently published, in the *American Journal of Medical Sciences*, a valuable article on the "Treatment of the Pedicle in Ovariotomy without Clamp or Ligature." The arteries are closed by torsion, and in the six cases reported, all the wounds healed by first intention, and four were complete recoveries. We congratulate Dr. Beebe on his remarkable success, and only wish that this report had been given to the profession by the *Gazette*, which first published the report of his famous case of removal of nearly five feet of intestine with subsequent recovery.

CHARLES D. CRANK, M.D., a recent graduate of the Hahnemann College of Philadelphia, in which he received the valedictory honors, has settled at Knoxville, Tenn., where he finds many friends of homœopathy. He is a brother of J. F. Crank, Esq., of Cleveland.

REMOVALS. HENRY C. HOUGHTON, M.D., from 8 East 33d street, to 50 West 33d street, New York.

F. HILLER, M.D., from Virginia City, Nevada, to 226 Post street, San Francisco, Cal. We are under many obligations to Dr. Hiller, for papers containing reports of the late meeting of the American Medical Association. He informs us that a State Society, consisting of twenty-five members, has been organized, and that a County Society will soon be in operation. Homœopathy is rapidly increasing in California, and a Session of the American Institute would be warmly welcomed there, both by the profession and laity. We trust they will ere long have an opportunity of showing their hospitality.

LEVI PIERCE, M.D., formerly of Charlestown, Mass., to Everett, Mass.

W. E. PAYNE, M.D., of Bath, Maine, and JOSEPH P. PAINE, M.D., of Boston Highlands, have both gone for a little trip to Europe. They intend to return in the fall.

BOOKS AND PUBLICATIONS RECEIVED.

The following Regular Exchanges:—

North American Journal of Homœopathy; United States Medical and Surgical Journal; Medical Investigator; American Homœopathic Observer; Hahnemannian Monthly; American Journal of Materia Medica; Ohio Medical and Surgical Reporter; The Family Medical Investigator; The Hahnemannian; British Journal of Homœopathy; Monthly Homœopathic Review; The Homœopathic World; Allgemeine Homöopatische Zietung; El Criterio Médico; Rivista Omiopatica; La Homœopatia, Bogota; Boston Medical and Surgical Journal; Journal of the Gynæcological Society; Boston Journal of Chemistry; Guardian of Health; The Medical Gazette; The Medical Record; Half-Yearly Abstract; The Nashville Medical Journal; The Physician and Pharmaceutist; Michigan University Medical Journal; Buffalo Medical and Surgical Journal; American Eclectic Medical Review; Philadelphia University Journal of Medicine and Surgery; The Medical Independent; Canada Journal of Dental Science; Dental Cosmos; Every Saturday; The Living Age; Atlantic Monthly; The Nursery; Christian Register; Real Estate Journal; Good Health; Little Wanderer's Advocate; Woman's Journal; American Sentinel; The Nation; Phrenological Journal; American Agriculturist; The Star; Die Modenwelt; Harper's Bazar; The Household; Cincinnati Weekly Times; Wisconsin Journal of Education; Our Dumb Animals; American Newspaper Reporter; Chicago Foundlings' Record.

Also the following:—

Sixteenth Annual Report of the Bond Street Homœopathic Dispensary.

Nineteenth Annual Report of the Directors of the New York Ophthalmic Hospital.

Valedictory Address delivered at the Annual Commencement of the Hahnemann Medical College.

Annual Commencement of the Hahnemann Medical College of Philadelphia.

Proceedings of the Homœopathic Medical Society of Ohio.

An Address before the Massachusetts Homœopathic Medical Society, by D. Holt, M.D.

The March of Medical Science, by Jos. Hooper, M.D., and C. S. Eldridge, M.D.

Cinchona Officinalis and its Alkaloid, the Sulphate of Quinine, by W. H. Burt, M.D.

The Nelumbium Luteum, or Great American Water Lily, by E. M. Hale, M.D.

Papers on the Therapeutic Value of Localized Movements, by Charles F. Taylor, M.D., and W. R. Fisher, M.D.

Record of New Remedies and their Therapeutical Effects. Iodoform, by W. R. Warner & Co., Philadelphia.

Diseases of the Womb, by H. E. Gantillon, M.D. Boston: James Campbell.

Materia Medica Cards, by T. S. Hoyne, M.D., Chicago.

Acute Diseases, by J. P. Dake, M.D. Nashville: Gamble & Co.

Our Eyes, and How to Take care of Them, by H. W. Williams, M.D. Boston: J. R. Osgood & Co.

Chemistry, General, Medical and Pharmaceutical, by J. Attfield, Ph. D., F. C. S. Philadelphia: H. C. Lea.

Galvano Therapeutics, by W. B. Neftel, M.D. New York: D. Appleton & Co.

Wasting Diseases of Children, by Eustace Smith, M.D. Philadelphia: H. C. Lee.

The Trial of Dr. Oscar F. Lund upon an indictment for Manslaughter.

Report on the Bequest of George Ticknor to the Public Library of Boston.

Second Annual Report of the State Board of Health of Massachusetts.

Mechanism in Thought and Morals, by O. W. Holmes. Boston: J. R. Osgood & Co.

THE

New England Medical Gazette.

No. 7.] BOSTON, JULY, 1871. [Vol. VI.

ATTENUATED MEDICINES: HOW THEY ACT.

BY C. WESSELHOEFT, M.D., BOSTON.

From a Lecture in the Homœopathic Hospital Course.

I HAVE said that the homœopathic dose is one so small as not to give the least discomfort to a patient, and yet sufficient to cure him; and that the dose used by most of us is so small a fractional portion of a drop or grain as to become necessarily inappreciable by our senses; and that this diminution of the dose follows from the law of similars. I owe you at least an attempt at an explanation *why we use attenuated doses, and why and how these small doses of attenuated medicines act.*

In refuting certain assertions of Baron Liebig, Dr. Grauvogl * quotes from Liebig's Chemical Letters (vol. II. p. 273) a passage, which I condense somewhat, as follows: "Many aquatic plants, whose roots do not reach the bottom, must obtain their nutriment, like the plants growing in the sea, from the surrounding medium. The analysis of the duckweed (*Lemna trisulca*) exhibits remarkable peculiarities in this respect. The plant floats on the water, and its roots do not touch the bottom. A quantity of these plants was calcined, and the ashes analyzed; also 10 to 15 liters of the water in which they grew were filtered, evaporated, and the residue likewise analyzed. This disclosed the most remarkable quantitative relation between the ingredients of the water and those of

* Textbook, II. 68.

the plant. In 100 parts of the ashes and the residuum were found respectively as follows: —

	ASHES.	RESIDUUM.
Chloride of potassium - -	1.45	none.
Potash - - - -	18.16	3.97
Oxide of iron, and argillaceous earth	7.35	0.721
Phosporic acid - - -	8.730	2.629
Silicic acid - - -	12.35	3.24

"Of five other substances the plant contained less in proportion than the water. The quantity of these mineral ingredients of the plants as well as of the water, may well excite wonder in others as it did in the first observer," continues Liebig. "This plant exceeds all the land plants in regard to its mineral ingredients; but the most remarkable fact is, that a *selection* occurred. The plant contained all but one of the mineral substances of the water, but in very different proportions. The residuum of the water contained 45 per cent of lime and magnesia; the ashes of the plant only 21 per cent. The residuum contained 0.72 per cent of oxide of iron, while the ashes contained ten times that amount. The most remarkable disproportion existed between the potash and silica of the plant and that in the water."

"Organic bodies, therefore," remarks Grauvogl, "do not act according to the laws of chemistry merely, but have their own laws, by which they not only acquire what they need to support them in health, but they also appropriate that which is requisite to restore them to health when they are diseased."

Liebig's non-discovery of the above facts not only controverts his arguments against homœopathy, but reaches much farther in its applications: it opens an entirely new and unexplored realm of science to us, so vast that we hardly dare to enter upon it.

We have an entirely new law, namely, *that organic bodies have the power of assimilating those elements which they require, in larger proportions than they are contained in food, water, soil, etc.*

The example just quoted, of the proportion of potash and silica in the duckweed as compared with that contained in the water, is by no means a solitary instance, nor is it the most wonderful

It is a well-known fact that iodine is contained in sea-weeds;

these are burned, and their ashes contain a 224th part of iodine.* This is apparently a small proportion, yet large enough to make iodine a very abundant and common article in the market, where it may be obtained in unlimited quantity.

Those plants from which iodine is obtained grow in the ocean, and obtain their nourishment exclusively from the sea-water, especially when they grow upon hard rocks. And yet the sea-water contains so minute a proportion of iodine, that it only appears in some analyses as a trace, and in others not at all. Such, at least, was the case in six analyses. In four tests of the water of the North Sea by Marcet and Link, only one gave a trace of bromine, and none of iodine. In two analyses of the water of the Mediterranean, there were mere traces of iodine and bromine.†

Though chemical tests may not have sufficed to determine the quantity of iodine, and I may say of bromine, in sea-water, they prove that it is there, in a state of solution or combined with sodium. An extremely minute quantity of iodine is dissolved in an immense mass of water, and yet those marine plants appropriate from this solution such measurable quantities of it! *That which is contained in the least proportion in the water is found in a large proportion in the plant.* Let us remember that, and store it up for use.

The coral polyp builds up continents of lime-rock, which it appropriates — whence? We know of no other source than the ocean in which these radiata exist. And yet, lime is contained in the sea-water in very minute proportion; though more abundant than iodine and bromine, it is present in less proportion than other constituents; varying from several grains in the pound of water from the North Sea, to a fraction of a grain in the same quantity from the Mediterranean. The latter contains only a thousandth of it; and yet corals grow in the Mediterranean, where there is least of lime, and none grow in the North Sea, where it is abundant.

We could enumerate such examples *ad infinitum*. They meet us everywhere, — everywhere the law holds good. Let me allude to but one more phenomenon, that of the nutrition of the animal body.

---

* U. S. Dispensatory. † Buchner, Arzneibereitung, p. 353.

The elements entering into its composition are familiar to you; let me remind you only of the most conspicuous ones, such as iron, lime, and phosphorus. Perhaps you will readily account for these in the human body, because you can detect them in appreciable quantities in certain kinds of food we eat. But you cannot account in the same manner for their presence in the graminivora, for instance, when you compare the constituents of their food with those of their bodies.

Take for example the ox, or — still better — the bison or American buffalo. All the food the latter ever obtains, after the milk of the dam, is grass. In the first place, grasses, though containing, according to Liebig, much lime, next to the alkalies,* do not grow best upon highly calcareous soil.† Here we see an illustration of this law of specification. But, though fertile soil contains oxides of iron in very appreciable quantity (varying from 2 to 5 per cent,)‡ the grasses, especially, contain iron only in quite an inappreciable quantity, — a mere trace. White clover and lucerne contain about a third or a half of one per cent. Oats contain about one per cent, and straw contains none. Now the ox or the bison lives upon grasses, and yet the ashes of his blood contain about nine per cent of iron.‖

The proportion of phosphate of iron in the milk of a cow is seven-thousandths of one per cent. The blood of the calf contains probably as much iron as that of the parent.

Thus we might go on multiplying these examples at pleasure, always establishing the following facts: —

1. That organic bodies have the power of assimilating the elements which they require, in much larger proportions than are contained in their food, or in the medium inhabited by them.

2. That it does not follow that, when either the food of any organism, or the medium inhabited by it, contains a certain element or constituent in abundance, such element will be largely assimilated by the organism, however indispensable to its existence.

---

* See also another analysis in Johnston's Agricultural Chemistry.

† Liebig's Agricultural Chemistry, 1843, P. 97.

‡ Johnston's Agricultural Chemistry, p. 283.

‖ Carpenter's Physiology, p. 188.

Much more might be said — and much better — in elucidation of this highly important subject; yet these scanty remarks must serve for the present to illustrate by analogy an important point of our medical theory, namely, the action of medicines, not only in small doses, but their action in minute portions of highly attenuated form.

We prepare medicines by what are termed fluid and dry dilutions. To a hundred drops of alcohol, for instance, we add a tincture of a medicine in proportion of ten drops, or of one drop, as the decimal or centesimal scale may be preferred; one or ten drops of this dilution or attenuation are again added to a hundred drops of alcohol, and so on, as many times as you please.

Dry attenuations are prepared on the same principle by triturating ten grains or one grain of an insoluble substance with a hundred grains of sugar of milk; a like quantity of this first trituration is then triturated again with a hundred grains of sugar of milk, and so on as many times as you choose.

Now in most cases the finest chemical tests, and even the spectroscope, cease to show the presence of a metal after the third or sixth attenuation. Some people would say that it had ceased to be present at all; that it had gone, vanished, been annihilated; that, in fact, it was an "empty nothing." Some minds may be satisfied with such arguments, but they will not stand one moment before the least effort at reflection.

Chemical analysis has failed to discover even a trace of iodine in the sea-water which sustains acres of kelp charged abundantly with that element.

Chemical analysis has failed to exhibit the presence of iron in many grasses; nevertheless, the blood of graminivora contains a quantity which would be a large proportion compared to an infinitesimal. And yet our despised "nothings" are nought else than artificial imitations of quantities as represented by the actual proportion of the constituents of our food.

We are justified, furthermore, in drawing the conclusion, that an organism will assimilate the elements necessary for its support, only when these are contained in the food in a highly diluted form. How much sea-water contains a grain of iodine? How many pounds of

grass would be required to furnish a grain of iron? Neither are the proportions of lime and phosphorus in food or soil so enormous as to make it readily intelligible why they enter so largely into the composition of organic bodies. It is a well-known axiom among practical agriculturalists, that the abundant supply of lime alone does not increase the growth of a crop, — it must first become diluted.

We know that small doses, or better, that attenuated medicines are sufficient to cure any disease capable of being cured. I say an attenuated medicine, because a mere fraction, say $\frac{1}{100}$ of a grain of solid phosphorus would have little or no effect, while that one hundredth, made to assume the space of one half cubic foot, would have an effect; in short, such attenuations have, under certain conditions, a curative effect.

Here we have the empirical fact. From it I deem it safe to draw the following deduction: As the healthy organism craves, and has the power to assimilate from food the elements necessary for its nutrition and maintenance, in like manner the sick organism possesses the power of appropriating those elements which are capable of restoring it to health, provided those elements are offered in an acceptable form; that is, it possesses the power of appropriating medicines, when these are offered in a highly diluted — or, better, attenuated — state, resembling the proportions in which the elements of food are offered by nature.

I have one more observation to offer in connection with the laws of specific appropriation, or *specification*, as Grauvogl has called it, namely, that elements most extensively diffused throughout inorganic nature, are most essential elements for the nutrition of organic nature. I need only mention lime, iron, sulphur, silica, potassium, sodium, phosphorus, etc. In some form or combination, these elements pervade the entire earth and everything upon it.

And it is the most remarkable fact, that there are many others, which though they enter largely into the composition of the animal organism, are at the same time the most indispensable, useful, and powerful remedies in diseases of that organism.*

---

* "Nutritions-mittel" (nutrition-remedies) of v. *Grauvgol.*

Hence the designations *poison*, *medicine*, and *food* are to be regarded only as relative terms, each relating to a different condition under which it may present itself to the animal organism.

These reflections lead us to the third condition in the administration of medicines in disease. Supposing we had determined the proper specific, or homœopathic remedy, and that we also had solved the question of the dose, it would yet require decision, *how often that dose should be repeated*. And since the proportions of the dose depend upon the susceptibility or sensibility of the organism, the repetition of the dose must be governed still more by that condition. But since this is rather a question of pathology than of materia medica, I will not encroach upon it, except to say that this condition may be determined in most instances by carefully studying the habits and peculiarities of our patients.

This "law of specification," you see, is no theory; it is based on experience; we are able to establish it, as I have endeavored to do, by deduction from the relation borne by the entire class of drugs or poisons to disease.

A drug cures when it stands in a certain specific relation to disease; that is, when the diseased body expresses, as it were, a demand for that drug. But it also demands that that drug should be offered, at most, in the proportion in which it would be contained in ordinary food, though in order to exercise its sole, peculiar, and specific medicinal effect, the medicine is demanded singly in its elementary form, — not combined or mixed with others, as it is in food.

Where this specific relation exists between disease and medicine, and the latter is chosen in a safe, that is, in an attenuated proportion, the effect will — *ceteris paribus* — become apparent.

Where this relation does not exist, and the medicine is given in an attenuated, or, at least, in a non-poisonous dose, there will be no effect from it; as in the case of healthy children who eat up several vials of pellets, medicated with attenuated medicines, there can be no very visible effect, in the absence of any specific relation borne by the medicine to the healthy body.

CLINICAL CASES.

BY WILLIAM GALLUPE, M.D., BANGOR, ME.

Reported to the Maine Homœopathic Medical Society.

Case I.

January 1, 1868, 7 P. M. — Was called to visit W. H., jr., aged nine and one-half years. Found him suffering from severe paroxysms of pain. They would first attack the head quite severely, affecting the forehead and passing through the whole head; they would increase for ten or fifteen minutes until they became agonizing. They were attended with heat, flush, and rush of blood to the part, with redness and suffusion of the eyes. The patient would walk the room in agony, holding his head with both hands, crying out with anguish. After ten or fifteen minutes the pain would begin to diminish, and he would become quiet in the course of ten or fifteen minutes more. Then would follow a comparatively quiet state, with only a restless feeling, for ten or fifteen minutes, with a desire to frequently change the position, sitting, standing, or walking the room. Then pains would commence about the small of the back and loins, and go through with nearly the same character of paroxysm as before occurred in the head. These were followed by the same remission. Then another series would commence in the groins and thighs, and pass through with about the same course. A fourth series would commence in the ankles and the feet, but with rather more severity here.

After this there would be an intermission of three-fourths of an hour, or an hour; the patient would either sleep, or would sit quietly, but with a feeling of languor and exhaustion, before another attack in the head.

It was in this condition that I found him when I entered the room. His mother gave me some account of his paroxysms. She said that she and her daughter had been working over him much of the time since seven in the morning, constantly rubbing him when in pain with the dry hand, with wet cloths, or with stimulating liniments. He appeared to prefer the dry hand, with quick and hard rubbing. Warm applications during the pain were intolerable; so was everything stimulating which they had used.

He had been affected in this way for about a week. At first the pains would come on about 8 or 9 A. M., and cease by 4 or 5 P. M., and be followed by a comparatively quiet night, without much pain, if any. Each day the pains would commence a little earlier and continue later, until for two days they had commenced about 7 A. M., and continued up to 8 or 9 P. M. While relating his case he had another return of paroxysms, during which I sat and watched him in all his movements and attacks of pain.

A more general account of the case was given me at a subsequent visit. It seems that in June, 1865, two and a half years before, after getting much fatigued and overheated, the pains commenced about the lower third of the right humerus, and increased so as to become quite severe; finally an abscess was formed, which was opened by an allopath. It discharged freely, and continued open three or four months, when another was formed on the inside of the arm about one and a half inches higher up, and on the opposite side. This was also opened by the same physician, and salves were applied to heal it up. Pieces of bone were discharged from the openings at different times during the winter. The boy's general health appeared usually good. During the following spring, a larger piece of bone, one and a half inches long, was taken out. After this the sore healed over; but, not long after, another gathering commenced about three inches higher up, and on the same side of the arm as the first one. After discharging awhile the edges of the opening rolled outward, and looked red and irritated. It continued to discharge more or less for about eighteen months, when another allopath made use of local applications of salves and washes to heal it over. He succeeded, in the course of four or five weeks, in getting it covered with a very thin cuticle. This was during the September and October preceding my first visit.

It was stated that a severe itching humor had been in the family, and that this boy had had it very badly during the winter before this sore was healed. Sulphur ointment was used without any benefit. But after applying mercurial ointment, — composed of a large proportion of red precipitate, — the eruption subsided in a great degree, and would only appear occasionally in small, itching

spots, and as a fine rash over the surface. Small sores would occasionally come out around the sore on the arm. Otherwise the boy appeared in usual health.

During the latter part of November, 1867, the sore on the arm having just healed superficially, he began to complain of pains about the back and hips. Soon after this, pains came on by spells in different parts of the system; he described them as dull, aching, migrating pains, which would last but a short time, and then would be felt in other parts. After about two weeks, he began to complain of his head. Aching pains would extend through the temples to the jaws, coming on in paroxysms and at all hours; but he thinks they were rather more severe during the night. He had used various medicines under the advice of the physicians, — blisters, cathartic mixtures, etc., — but without any relief. The pains increased gradually, still migratory in character. His face became bloated, but his body and limbs were emaciated. An eruption came out about the back in small ulcerated spots, but mostly about the nape of the neck. At times the pains would be felt in the necrosed part of the arm. These pains continued to increase in severity and frequency of paroxysms until I was called to visit him, as before stated, January 1, 1868. From the character of the pains, recurring in paroxysms and increasing to an intense point of severity, and then decreasing to a complete cessation, I was impressed with the similarity of symptoms to those of *Pulsatilla* more than of any other remedy. I therefore prepared a solution of eight or ten pellets of *Puls* ^{30} in half a tumbler of water, and gave a spoonful at half-past seven P. M., soon after the cessation of the paroxysm at the ankles. After the next course of paroxysms had subsided, notwithstanding they were thought to have been rather lighter than the preceding, I repeated the dose. The next came on at about the usual time, but it appeared to be shorter and rather less severe.

Jan. 2. — The patient had rested rather better than for two or three nights previous, but he had had some aching pains in the limbs and a restlessness for a while during the middle of the night, though he soon became quiet. This morning the pains began between seven and eight, — about half an hour later than for the three

mornings previous. They were not so severe, and were shorter in duration at each local point than on the three previous mornings. A third dose of a spoonful was given after this first course of paroxysms, during my absence. The pains were sensibly moderated during the day, and gradually ceased at 4 P. M.

Jan. 3. — The patient had rested better than on the preceding night, but had some aching pains about the ankles. This day no medicine was given. The paroxysms moderated, and were of shorter duration.

Jan. 4. — The patient had slept tolerably well; felt some pains with restlessness during the night. Repeated the dose at 10 A. M. The pains diminished perceptibly during the afternoon, and stopped at 4 P. M.

Jan. 5. — During the night, there had continued in the ankles an aching pain more or less, — a dull, aching sensation. The pains affected mostly the ankles during the day, with but slight pains in any other parts.

Jan. 6. — He had rested considerably during the night. During the day there were some attacks of pain, but of short duration and with longer and more irregular intervals. His appetite was improved, and his bowels more regular than for some weeks.

There was a gradual and daily improvement up to January 8. There were some pains in different parts, but quite irregular and comparatively slight. A dull aching was felt, mostly about the ankles. There were now prescribed four pellets of *Rhus tox.*[30] in twelve spoonfuls of water, in doses of a spoonful. He rested more quietly and with less pain about the ankles. The next day and night he kept improving generally.

Jan. 11. — Pains but slight about head and ankles.

Jan 22. — Reports that he has taken four doses of *Rhus,* and is improving generally. He has had a small glandular swelling about the nape of the neck; it has nearly subsided. He feels weak and languid. He stated that after taking the third dose of *Rhus* he felt some return of pains about the head and ankles for a while, but it passed off; he was more restless during that night, but has had only slight pains since. A small boil has formed on the neck, which is discharging. He still has spells of restlessness during

the forepart of the night. I prescribed nine pellets of *Sulphur*^{30} to be taken in six doses night and morning. Three days were to intervene between the second dose and the third, and from three to five days between the fourth and fifth.

April 9. — He reports that he had a more quiet night after the first powder of *Sulph.* The sore soon healed on the neck, and he improved rapidly. He felt a peculiar sensation about the back and hips, after the pains subsided, with a desire to extend and stretch out the legs frequently and for some time. After the second powder, some itching rash came out about the hands and at the bend of the elbow, but this has all passed off, and he feels quite well. Five months after, he reported that he had been well and in robust health; had felt no return of any trouble about the arm or system.

CASE II.

Mrs. B., a widow, aged about 47, who never has had any children, reports August 18, 1866, that she had noticed some enlargement of her right breast for four or five months past; perhaps there may have been some for a longer time. She had felt no tenderness or sensitiveness in it, but for the last two months the breast has been growing tender, with more or less pain about it from the pressure of the dress; she was obliged to wear it much looser than formerly. Using the arm in sewing may have affected the breast somewhat. so that she has tried to favor that arm as much as she conveniently could. After a few weeks she found the breast increasing in size, and becoming more painful and tender to any pressure from her dress. She has occasionally felt sharp twinging and grasping pains through the tumor, and lately has been awakened from sleep during the night by the sharp pains, especially if she had used the arm, even but a little, in sewing during the day. By the advice of a friend she had been daily taking an infusion of Pipsissiwa (*Chimaphila umbellata*) for about three weeks, hoping that the tumor would subside. But there has been a gradual increase in its size with pains and sensitiveness from it. Recollecting that her mother died from a cancer of the right breast, in eleven months after it had been cut out by an allopathic physician, she tried as much as possible to avoid irritating it by any

motion or even by thinking about it, hoping it might subside. But the frequent pains in and about it of late, its sensitiveness to the pressure of her dress, and its increase in size and hardness, had induced her to come to me for advice.

On careful examination I found a hard, uneven, nodulated tumor, mostly below and under the nipple. It appeared confined to the mammary gland, and was, as nearly as I could describe it, about the size of a full-grown butternut, but flattened out at the edges. It was tender to the touch, even on careful examination, with twinging, shooting pains, extending to the fold of the pectoral muscle, and, at times, even to the axilla. I had no hesitation in pronouncing it a scirrhous tumor, which would, at no distant period, develop into an open cancer. There was weakness of the arm, and she had felt more or less of the grasping, or twinging, shooting pains about it daily for three weeks or more before calling on me.

Aug. 27. — I prescribed *Carbo anim.*[30], eight powders, — each of three or four pellets, — to be taken by dissolving a powder in four or five spoonfuls of water, and taking a part at night and the remainder the next morning. She was to repeat the doses twice a week, and to avoid all irritation of the tumor as much as possible.

Oct. 6.— She reports the pains to be but little felt about the tumor; she can adjust her dress much better without irritating it, and use the arm more freely. It appeared rather more soft and pliable about the edges; she could move it more freely over the pectoral muscle, without the uneasiness and tenderness there was before; she had not felt any of the twinging pains for a week or more. Prescription repeated.

Nov. 10. — She reports but slight pains since her last visit; she can use the arm quite freely, without affecting the breast, and has not felt any inconvenience from the pressure of her dress. I find more yielding of the edges, and less prominence about the centre. It is softening somewhat, and slowly diminishing in bulk. Prescribed three powders of *Con. mac.*[30], marked 1, 2, and, 4, and three of the two-hundredth dilution of the same remedy, marked 3, 5, and 6, to be taken in numerical order, morning and night as before, the doses to be repeated in five to seven days.

Jan. 12. — She reports but very little pain since her last call. Noticed a softening of the tumor generally; it was more pliable, and the edges were less defined. Prescribed *Coni.*, as before, once a week.

Feb. 12. — She reports gradual improvement, slow diminution of tumor, and no uneasiness from dress, or tenderness from careful examination. She has felt some restlessness in the forepart of the night. Prescribed *Sulphur*^{30}, four powders, to be taken as before, and repeated once a week.

March 10. — She reports no uneasiness about the tumor after the first two powders. There is a slight diminution of the tumor, and less hardness of the central portion. She has had some trouble about her stomach, a constipated state of the bowels for a week or more, with knotty stools. This condition has been coming on for some weeks. Prescribed *Magn. mur.*, three powders of the 30th dilution, marked 1, 2, and 3, and two of the 200th, marked 4 and 5, to be taken as formerly.

May 12. — She reports a good effect from the medicine generally. The stomach and bowels are regulated, and she feels much better. The tumor is steadily diminishing, and is more pliable. She has felt the good effect from each powder taken. She has some catching pains about the left side of the chest, which have affected the left thigh for a week past. The hardness of the breast is nearly all gone, and is but slightly felt. Prescribed *Carb. an.*, two powders of the 30th and three powders of the 200th dilution, to be taken in their order, dry on the tongue, at night, at intervals of from three to five days.

July 14. — She reports that she feels no trouble about the breast; can use her arms freely, and feels well. The tumor in the breast is all gone; there is no vestige of it to be felt.

Case III.

The following indicates a curative symptom of *Apis mellifica*, which I do not recollect to have seen in any of the pathogenetic symptoms reported.

A lady, otherwise in usual health, had been troubled with sudden, circumscribed, sharp pains, as from the sting of a bee, in one place only at a time. For two years or more these attacks have

been gradually increasing in frequency. They were felt mostly in the joints and ligamentous structures, or in the attachment of muscles, suddenly migrating from one part or extremity to another. At times they may be felt in the muscles of the arm, thigh, or hip, or through the lower joint of a little finger, next perhaps in a joint of the thumb; perhaps in a few minutes more, through a joint of the other foot, and so on, in rapid succession in different parts, with but a minute between. The pains are felt at all times of the day or evening, or soon after retiring. They were seldom felt during the night, so far as can be recollected.

The pains so strikingly resembled that of the sting of the bee that I resolved to try *Apis*, not recollecting any symptom of any other remedy so similar. *Apis mel.*[30], one dose of three pellets, dry on the tongue, cured her entirely. The pains recurred two or three times within the first forty-eight hours, and have not been felt since, now some three months.

Since writing the above, she has felt some return of the stinging pains as before. *Apis m.*[30], one dose of three pellets, dry on the tongue, has controlled them entirely. She felt only two or three slight pains during the thirty-six hours after taking the dose; some six days having since elapsed.

TREATMENT OF HABITUAL CONSTIPATION IN THE LONDON HOSPITALS.

BY S. LILIENTHAL, M.D., NEW YORK.

Condensed from Foreign Journals.

Dr. Habershon (Guy's Hospital) protests against the use of irritating remedies; and recommends patience, moderate bodily exercise, and simple, mild laxatives. The regulation of the diet is of especial importance. The use of fruit is beneficial; also green vegetables, brown bread, a glass or two of fresh water every morning, Kissingen or Pullna mineral water, purgatives of rhubarb and carbonate of soda or dandelion; aloes with extract of nux vomica or small doses of strychnine, should be taken before or during meals. Jalap, colocynth, etc., and should be used only exceptionally.

Dr. Ramskill (London Hospital) leads our attention to the state of the intestinal canal and to the constitution of the patient. In anæmic patients he prefers aloes with extract of nux vomica and

iron; in plethoric persons, aloes and soap and antimony; in fat, pale persons, with protruding abdomens, belladonna with quinine and rhubarb. A purgative ought never to produce fluid or semi-fluid stools. There should be a stool every day; one every two or three days suffices for old people. Green vegetables, especially spinach, aid the cure, also the frequent kneading of the abdomen, especially during stool.

Dr. Kelly (King's College Hospital) insists on the regulation of the diet, and recommends the use of brown bread, baked apples, figs, a drachm or two of Epsom salts once or twice a week in the morning; for children, equal parts of powdered rhubarb and carbonate of soda in five-grain doses.

Dr. Duckworth (St. Bartholomew's) recommends the use of brown bread, theriaca, oatmeal gruel, a moderate amount of fat food, stewed fruit, and abstinence from tea. The patient should accustom himself to have a passage regularly every day, but he need not become over-anxious about it. A very good purgative is precipitated sulphur, — a scruple to a drachm, to be taken in the morning in a cup of milk. In atonic dyspepsia and flatulency, rhubarb or aloes with quinine or nux vomica once or twice daily before meals. When the patient is troubled with colic or hæmorrhoids, give three-fourths of a grain or a grain of belladonna daily, and the prescriber may soon convince himself of its excellent effects.

Dr. Hyde Salter (Charing Cross Hospital) recommends also the habit of evacuating the bowels daily at a regular hour; and adds, a pipe of tobacco, smoked after breakfast, has cured many an obstinate constipation. For flabbiness and torpidity of the bowels, the continued use of nux vomica is recommended; for anæmia, iron.

Dr. Liveing (Middlesex Hospital) distinguishes three forms of chronic constipation: 1. That of aged people, benefited by one or two grains of extract of aloes at 6 A. M. 2. That of anæmic and hysteric women, requiring a mixture of asafœtida, extract of nux vomica, extract of aloes, once or twice daily with iron, the douche, and galvanizing the abdomen. 3. That of persons of sedentary habits, for which he prescribes exercise in fresh air, and strychnine. In all three forms he urges regular meals with green vegetables and brown bread, and evacuation of the bowels at a regular hour. Accidental chronic constipation may be removed by small doses of Epsom salts

a dose every half hour, till the bowels are moved. Injections of soapsuds will aid us.

Dr. Fuller (St. George's) does not consider it sufficient to send the patient daily to the water-closet, but we must tell him to remain there from five to ten minutes, and to put his whole attention to the accomplishment of his labor.

Every case must be strictly individualized; when the tongue is clear and not strikingly red, without any disturbance of digestion, take an injection once a week, the pills of extract of aloes and nux vomica twice daily before meals, brown bread; when the stools are too much or too little colored (hepatic disturbance), add to the pills a very small quantity of podophyllin, or give pills of two grains of calomel and a grain of colchicum; when the tongue is red, fissured (a symptom of congestion of the intestinal mucous membrane), use Pullna water before breakfast, and a wet compress over the abdomen; when the tongue is pale-coated, take pills of iron, rhubarb, aloes, and nux vomica; where colic and flatulence are present, also small doses of belladonna. In many cases of constipation a torpid liver is the cause of it, showing itself by a heavily-coated tongue, icteric conjunctiva, tendency to headache and nausea; active exercise and regulation of diet must be ordered, with abstinence from fatty and saccharine matter; the use of spirits must be greatly diminished, and fruits and green vegetables used instead; and now and then also, a Turkish bath. For medicines one might take rhubarb, colocynth scammony, podophyllin in combination with croton-oil, or calomel. In complete obstruction he prescribes two pills of equal parts scammony, calomel, and colocynth, with one milligramme of croton-oil; and, after two hours, a hot bath and warm injection, or an injection of an ounce each of castor oil and spirits of turpentine.

Dr. Johnson (King's college) recommends opium in all cases which show distended and sensitive abdomen. Purgatives are here decidedly injurious.

Dr. Russell Reynolds (University College Hospital) forced a passage in a case of most obstinate obstruction, with fæcal vomiting, by copious injections of warm water, after putting the patient fully under the influence of chloroform.

Surgical Department.

WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

PARACENTESIS OF THE MEMBRANA TYMPANI.

BY HENRY C. HOUGHTON, M. D., AURAL SURGEON TO THE NEW YORK OPHTHALMIC HOSPITAL.

THE following case serves to show the advantage of surgical interference in simple acute otitis media, or acute aural catarrh. Von Troltsch called attention to the recommendation of Schwartze, to perform paracentesis in collections of mucus in the cavity of the tympanum. Schwartze considered it preferable to the use of the eustachian catheter, the object being to relieve the cavity of the tympanum from the pressure of the accumulated secretion. The operation is not of recent date. Wilde commended it in tinnitus; and Sir Astley Cooper and others performed paracentesis in cases of chronic otitis media. After the early part of this century it fell into disuse, till revived in Germany about ten years ago. Since then the operation has been largely employed in otitis media, either simple or purulent, with good results.

In the "Archives of Ophthalmology and Otology," published in this city by Prof. Knapp, are full details of seven cases of serous exudation in the cavity of the tympanum, treated by Prof. Moos. Paracentesis was performed with good results in six cases; the final result of the other was not ascertained. Cases of serous exudation are rare; only one has come under my own observation. Of the cases reported by Prof. Moos, relapse occurred in four of the seven; my own belief is, that with the proper remedy used internally we may guard against relapse, and reach even better results.

March 21, 1871, George E., aged 29, an active young Irishman, presented himself at the Hospital, giving the following history: Soon after his arrival in this country, his friends took him out in

the evening to some place of amusement, where he became much heated. After this he took ice-cream, and drank freely of ice-water, retired late, and woke soon after midnight with severe pain in left ear, which he described as a fearful beating, "as if bealing" (suppurating). Four days had passed and the pain was not as severe as in the first few hours, but it was terrible at night. Hearing of a watch by the right ear, normal, — by the left, deficient. The right meatus externus normal; right membrana tympani normal. Left meatus externus, reddened at the inner extremity near membrana tympani, which was convex, reddened over the whole extent, and all trace of lines of malleus lost. The membrane was punctured at the most prominent point, after which Politzer's method of inflating the middle ear was used with negative results, but the hearing rose to one inch. Gave *Hepar*^{30}, knowing its power in accumulations in the anterior chamber, connected with inflammation of the cornea.

March 23. — After last visit blood and water came from the ear in less than an hour, and, later, "matter," as the patient termed it; he has had no pain. He hears a watch placed on the auricle; the membrana tympani is covered with a white watery secretion, not fetid. The methods of Valsalva and Politzer yield positive results; also catheter causes water, pus, and mucus to escape into meatus externus through the perforation. No gain by Politzer's method. Gave *Sulphur*^{30}.

March 29. — "Getting on well"; no complaint except as regards hearing. Hears the watch just off the auricle. Valsalva's method forces out the membrana tympani, which is red over its whole extent and looks like a mucous surface. Politzer's method yields positive results, and we have by it a slight gain in hearing of the watch. Gave *Hydrastis*^{3}, for the excessive naso-pharyngeal catarrh.

March 31. — Perforation healed. Valsalva's method yields positive results, and the membrana tympani is forced outward by it. Punctured the membrana tympani, after which Valsalva's method forced out a slight amount of fluid into the meatus externus. Politzer's method yielded positive results, and hearing rose to four inches. *Hydrastis*^{3}.

April 3. — He had more pain for two nights, and to-day the membrana tympani is imperforate; punctured it lower down, and by Valsalva's process a small clot was forced from the cavity of the tympanum. Politzer's method yielded positive results; he hears the watch one inch. *Merc.*[30].

April 4. — Patient has had no pain, hears three inches; for last hour has had a slight crampy sensation in the ear as if pain would set in. The membrana tympani is healed; punctured it, and Politzer's method drove out a little bloody fluid, when the hearing rose to twelve inches. Gave *Merc.*[30].

April 5. — More ease than for any twenty-four hours since the attack. He heard the perforation whistle by Valsalva's process till late last night; has not heard it to-day. Hears eight inches. Both methods of inflation yield positive results. The membrana tympani is pushed forward; the perforation is healed. Punctured the membrane, and bloody fluid came from the cavity. Then Politzer's method gave the whistle again, but the hearing fell to four inches. The patient says that he hears well till 10 A. M., then grows worse. Is thirsty and averse to motion. Gave *Natrum mur.*[30].

April 6. — No pain, still hears best in the mornings, but not specially worse after 10 A. M. Return to *Merc.*[30].

April 7. — Hears, after Politzer's method, eleven inches. The membrane is moved outward by Valsalva's operation; it is dry and red; no trace of the malleus is seen; great itching in membrane. *Sulph.*[30].

April 10. — He has improved. Hears thirteen inches. All sounds are more natural. The membrane is of a dull red, thick, free from secretion, dry, and moves freely under action of Siegel's speculum. The inflations yield positive results. Hears, after Politzer's method, 13½ inches. The patient leaves town to-day, as he is anxious to go to his business. Gave him *Merc.*[30], in case of relapse with nightly pains, perspiration, etc.

April 27. — Returns to-day, according to directions, "return card when cured." With many thanks, he says he can hear as well with the left ear as the right. The membrane is lustreless above, but with a light spot below; it has regained nearly its normal extent and translucency. Valsalva's method yields positive results; the

membrane is reddened all over the upper portion and along manubrium. Hears with either ear over six feet.

In view of the above result, it may be well to ask how would the case have terminated if left to nature? Probably in one of two ways; either the inflammatory action would have taken a suppurative form, ending in spontaneous perforation of membrane, with a long history of purulent discharge, periostitis, necrosis, etc.; or, if by absorption of the secretion it should leave the mucous surfaces in contact, there would be adhesions between the membrana tympani and promontory, and the ossicula would be bound by adhesion or anchylosis. This condition would prevent, to a greater or less degree, the conduction of sound-waves, and leave the patient with very limited power of hearing.

Note by Surgical Editor. — It gives us great pleasure to lay before the readers of the *Gazette* the above interesting article on aural surgery. The scantiness of information in this department, the unsatisfactory nature of much of the old-fashioned treatment of ear diseases, the recent discoveries and the appliances which have been lately introduced, together with the light that advanced pathological knowledge is throwing upon the subject render any contribution to its literature of great value. We are enabled to state also that the study and experience of Prof. Houghton will be given to our readers from time to time in the pages of the *Gazette*. We believe that in these contributions will be found subjects for thought and study, and, above all, practical hints on aural therapeutics which, up to the present time, have not appeared elsewhere in our literature.

Surgical Editorial.

THE SURGERY OF THE INSTITUTE IN 1871.— In Philadelphia, on June 13 and 14, 1849, the Sixth Annual Meeting of the American Institute of Homœopathy was held at the "Homœopathic College." Dr. S. Gregg, of Boston, was elected Chairman; Dr. B. F. Joslin delivered the Annual Address, an fifty members were present. Dr. Jeanes made the report of the "Central Bureau"; Dr. Flagg offered a paper on Anatomical Nomenclature; a Committee on Cholera handed in its essay, and other business was transacted, but an allusion to Surgery cannot be found in the recorded transactions of that body.* Eleven years after, on June 6, 1860, the convention met in the same good city of brotherly love. Our lamented Dr. Witherill, of Cincinnati, was Chairman. Dr. Paine presented the report of the great organ of those times; viz., "The Central Bureau"; and, among other committees, Dr. Dake, from that on "scientific subjects," suggested eighteen topics for discussion. Among them there is *not one having any relation to surgery.*† From these facts alone, it may be seen that at those times surgery did not hold a high position in the Institute, and that the very common remarks that "homœopathists are no surgeons," or "homœopathists never even profess surgery," had their origin from actual facts and occurrences belonging to the earlier days of our science,— and that in reality there is much foundation for such report. We are all aware that in the homœopathic medical societies and assemblages of the olden time, the "*symptom*" was placed far above the "*knife.*" The discussions in those time-honored bodies were upon the "arrangement," the "grouping," and "relation of drugs"; their "spheres of action," and their "therapeutical uses." A man who, in such assemblies, held forward his scalpel, or narrated a successful operation for ovariotomy, was considered little better than a brute, certainly "not much of a homœopathist." A splint was an abomination, and the globule lorded it over the catlin, to the entire satisfaction of all concerned.

Such a condition, however, if not inevitable, was certainly in a degree to be expected, when we carefully consider the matter. Homœopathy was a new science. Its pioneers were homœopaths indeed; they loved nothing else in medicine; they thought of nothing else; they lived by it through the day, and thought of it by night; it was

* The Quarterly Homœopathic Journal, vol. 1, 1849, page 386.

† Transactions of 15th Annual Meeting.

their very being. Their object was to prove the truth of the law, — their aim was to satisfy themselves of the verity of the theory. They were enthusiasts, and well it is for us that they were so. These were the dark ages of surgery among the homœopathists. If a surgical case were presented to those old Nestors, cared they for that? Oh! no. It was a nuisance; it was burdensome; they sent it to the nearest surgeon, the nearest doctor, the nearest anybody, for treatment. But if, on the other hand, two patients should happen to have prosopalgia, the symptoms of one being aggravated in the morning, while those of the other were increased at night; one having the pain shoot up, and the other shoot down the malar bones, one being relieved by heat, the other ameliorated by cold; then would be called a grave council,— then would the few, well-thumbed, and smoke-darkened volumes of Materia Medica be gotten from the shelves; then would the manuals and repertories be put in requisition; and far into the small hours of the night would those grim philosophers discuss the shades of difference and relative virtues (these times were before the key-note period) of the proper medicaments for the cases in point.

This era has passed. Homœopathy, thanks to the enthusiasm of those whose lot was cast in an early day, HAS her appropriate place among the sciences of this earth, and at the present the collateral branches have received their position in our colleges and societies; and it is therefore a matter for self-gratulation among us of the present, that we have entered the field after the "burthen and heat of the day," and that we find in all our societies, and all our colleges, and all our hospitals, that surgery receives a fair share of attention, and that the surgery of our schools is making direct and rapid strides in the proper direction. So soon as this latter department has been cultivated as assiduously as its importance demands, then will a new era dawn upon surgery, and the treatment "medically" of surgical diseases will be a triumph of homœopathy, and a boon to the afflicted.

But we must return from our digression. Again, in 1871, the Institute met in Philadelphia. The session held four days; viz., the 6th, 7th, 8th, and 9th of June. There was not time enough to transact its business. Over three hundred members were present, from nearly all the States and territories of our great country, and the Bureau of Surgery, from having *absolutely nothing* at the two former meetings in that good city, presented nineteen papers on most interesting and important subjects. This was the advance of a single decade, and the march has been rapid indeed.

The following are the titles of the essays: —

1. General Report of the Bureau; I T. Talbot, M. D., Boston.
2. Ovarian Tumors; I. T. Talbot, M. D., Boston.
3. Ovariotomy; J. B. Bell, M. D., Augusta, Me.
4. Ovariotomy; G. D. Beebe, M. D., Chicago.
5. Operation for Abdominal Tumor; C. H. von Tagen, M. D., Harrisburg.
6. Hernia; G. D. Beebe, M. D., Chicago.
7. Resection of Joints; E. C. Franklin, M. D., St. Louis.
8. Recent Surgical Improvements; Bushrod W. James, M. D., Philadelphia.
9. Polypus Conjunctivæ; T. F. Allen, M. D., New York.
10. Hemeralopia; T. F. Allen, M. D., New York.
11. Fractures; N. Schneider, M. D., Cleveland.
12. Means and Instruments for Arresting Hæmorrhage; W. Tod Helmuth, M. D., New York.
13. Diseases of the Lachrymal Organs; C. T. Liebold, M. D., New York.
14. Clinical Surgery; M. Macfarlan, M. D., Philadelphia.
15. Strabismus; J. B. Bell, M. D., Augusta.
16. Mechanical Obstruction of the Bowels, with Clinical Cases; A. R. Thomas, M. D., Philadelphia.
17. Intestinal Calculi; C. H. von Tagen, M. D., Philadelphia.
18. Clinical Aural Surgery; Henry C. Houghton, M. D., New York.
19. Exsection of Knee Joint, and Use of Wire Sutures; S. R. Beckwith, M. D., Cincinnati.

While we write the names of the above papers, and cast our eye (the mind's eye, Horatio) over our meetings ten years since, an honest pride at our progress, a feeling of encouragement to press forward in the good work, and a sense of satisfaction that our many and distinguished surgeons have wiped away from our escutcheon the blot that has once stained its field, force themselves upon our convictions, and we thank the good old "American Institute" for assisting in the undertaking, and for furnishing us the opportunities whereby our surgeons may show to us and to the world the progress of our ENTIRE science. These papers — be it understood — were not a few hasty lines scribbled on half-sheets of paper. Some of them are very voluminous; the combined numbers of pages are upward of three hundred, making an average of over eighteen pages to each paper. Some of these were read, some were condensed and a synopsis given by their authors, some were read by title and referred. But we regret to

say that so much valuable time was consumed by wrangling and discussion of subjects of minor import, that on the morning of the fourth day, the business of the second day had not been completed, and there was no time for discussion and interchange of thought or experience on these papers On that same Friday morning the report of the "Bureau of Anatomy, Physiology and Hygiene," that of "Organization, Registration and Statistics," that of "Psychological Medicine," the report of the "Committee on Foreign Correspondence," that of the "Committee on Conference with Professors of Medical Colleges," and that on the "Homœopathic Dispensatory," — besides all other unfinished business, selection of the time and place of next meeting, the announcement of Bureaus, and the election of officers for the ensuing year, — all these things, we say, had to be crammed into one session. Some of the members were absent, very many had returned home, others were making their preparations to depart; and necessarily therefore everything was hurried and unsatisfactory. There should be some change in this management. There is too much *caucusing*, if we may be permitted to use the word. A good deal of this political intriguing would be stopped, if the election for officers were to take place on the second evening; in other words, upon that night which has heretofore been given to the Annual Oration. This would save a great deal of extra talk, a great amount of extra feeling, and an enormous amount of extra time, besides giving all the members a better opportunity of voting.

Again let us go back to the surgery of the Institute in 1871. Dr. J. B. Bell, of Augusta, read his paper on Strabismus, and took up the discoveries of Donders of Utrecht; and, in order that we might the more thoroughly understand the subject, he gave us definitions of certain terms, the proper understanding of which is absolutely indispensable to precise knowledge of strabismus. Of these, "accommodation," "macula lutea," "lines of vision," "hypermetropia," "myopia," and "strabismus," were fully explained. He then considered "apparent strabismus" and "true strabismus," and announced the fact, as discovered by the indefatigable Donders, that true strabismus convergens is caused chiefly by hypermetropia, while the divergent variety is, as a rule, the result of myopia.

He then called attention to the effort of hypermetropics to establish binocular vision, and also to the causes which produce strabismus. The paper was listened to with great attention. Dr. Beebe's essay on Ovariotomy was not read, but the author gave a resumé of it, his point being to establish the truth of a position to which on former occasions

he had alluded, viz., the importance and safety of "torsion," in arresting the hæmorrhage both from the pedicle and from vessels which bleed during the operation. He has had opportunities of testing the method in ten cases, with most gratifying results; and he appears more convinced of the efficacy of the method than before. He also mentioned a procedure — and a very ingenious one, too — for the radical cure of hernia. Both these reports were excellent, and the members of the Institute have already discovered that Dr. Beebe — even if he opposes, on parlimentary ruling, the admission of the fair sex — has certainly had opportunity for advancing the surgery of his profession.

Dr. Allen, of New York, then gave a resumé of two first-class and practical papers. One on Hemeralopia, — "a functional disturbance of vision dependent upon positive structural change in the optic nerve and retina,"— with cases cured by *Lycopodium*, — and the other on Polypus of the Conjunctiva, illustrated by two colored plates.

In speaking of the latter, the Doctor said, after alluding to the rarity of the growth, that such were very intractable, and that Arlt, of Vienna, had operated repeatedly in one case until the whole conjunctiva had been destroyed and the eye seriously impaired. The tumor which came under Dr. Allen's observation had its origin by a broad base just above the caruncula lachrymalis, at the point of reflection, and extended over the corner nearly to the pupillary margin; it moved freely over the ball, to which it was not connected, and could be elevated by a spatula passed beneath it; it bled internally at the slightest touch, though the outer layer of the tumor was quite firm. The patient was placed under medical treatment by Dr. Allen, and when last seen, the growth had lessened one-half, and the general condition was, in every way, improved. She took *Lycopodium* and *Calcarea* at long intervals and in high potencies, the result being very satisfactory.

Dr. Liebold made a short report on his subject, and stated that he had his paper in a forward state of preparation, but that he was awaiting the results of cases then under treatment, and of some new ideas upon the subject which he was developing.

Prof. Thomas read a paper on Intestinal Obstructions, which presented some interesting features, and is very well worthy of careful attention. The other papers were read by title and referred, the whole reflecting great credit upon the Institute. Among other items of interest, were some curiosities. One, for instance, was brought by Dr. Lungren from Toledo. It was a medium-sized, partially-broken tumbler, which had remained in the vagina of a young woman for the

space of two years, cutting into the bladder in front and into the rectum behind. The concavity of the tumbler at its base (which was inward) was filled with calcareous deposit. The inner surface of the tumbler had of course become nearly filled with vaginal tissue, and after ineffectual efforts to "deliver" it with a vectis, the long forceps was applied with success. Similar cases are upon record, but they are very few and far between. In Paul F. Eve's Surgical Cases, a very like narration can be found, with the exception of the presence of calcareous deposit. Dr. von Tagen also showed us an enormous intestinal calculus, which looked like a huge, smooth, round piece of iron ore; the case will be published.

Dr. Bushrod W. James presented all the new surgical contrivances, — specula, forceps, trocars, and a host of new instruments, — some of which were very good, and some of which were not, in our estimation, worth anything. It is very easy to observe the manipulation of one accustomed to the handling of "tools" and of one who is not; and the manner in which Dr. James turned and adjusted his varied apparatus, was sufficient to show him to be a dexterous surgeon. We hope such a subject will be given to him every year; and we trust sincerely that we may have more time given us at our next meeting for inspection and discussion. We desired to hear Dr. Beckwith's paper on exsection of the knee joint, a subject just now attracting much attention among surgeons.

We close our editorial to-day with a feeling of pride and encouragement at the advance that surgery has made in our school during the past ten years; and when we reflect that the number of subjects treated by that bureau alone, was in advance of the entire number of "scientific subjects" presented for the discussion of the whole Institute eleven years ago in the same city, we can readily perceive the strides that we are making in the proper direction.

THE NEW YORK OPHTHALMIC HOSPITAL. — We have received the Nineteenth Annual Report of the above institution, and it reflects great credit upon all concerned. It is very satisfactory to visit this charity during prescribing hours, and to observe the system and precision with which the clinics are conducted.

There are from sixty to one hundred patients daily prescribed for, and we have had ocular demonstration of the skill and delicacy with which the operations are performed. There is no half-way business in the New York Ophthalmic Hospital. The surgeons, every one of them, are thoroughly conversant with the business in hand, and the

results show the truth of the remark. In aural surgery, hitherto a barren wilderness to the homœopath, Dr. Houghton is achieving marked success, and we hope to have from him, from time to time, his experience in this department. We give here a portion of the Surgeon's report, in reference to the tables appearing in the end of the pamphlet.

"The tabulated statement presents a list of cases of diseases of the Eye and Ear treated, and of all operations made. Regarding the eye cases, we are glad to add testimony to that already given, as to the superiority of the plan of treatment followed for the past three years: the duration of acute cases is short, the liability to serious lesion less, and in scarcely an instance has a chronic type ensued. The improvement in chronic cases has exceeded our most sanguine expectations. Some patients who were subjected to local treatment at other institutions, upon being advised to submit to operations, came here, received the indicated treatment, and by a continued watchfulness the vision has been restored to a degree even beyond that promised by an operation. Again, as a preventive and guard after operations, we notice the comfort given and dangers avoided by the use of internal remedies carefully selected. As regards the ear cases, the clinic has increased steadily since the surgeon has given daily service, and this hitherto neglected field of homœopathic practice is being cultivated with good promise of equally valuable fruitage.

"The clinical lectures have been given daily, as usual, and the students have had unrestricted opportunity to enjoy and profit, to hear and to see the results of our treatment in the wide sphere of observation presented in the institution. As we enter upon the last year of our occupancy of this building, we look forward with pleasing anticipation for the fullest and most complete success possible to follow our persistent efforts to secure a larger building; we need one affording ample room for out-door patients, now daily crowded into these small rooms to such a degree that the staff is embarrassed and unable to do justice to those who come. Again, our upper rooms are entirely inadequate to the demands made upon us, and we are obliged to refuse patients on this account, even the operating-room being occupied by beds for the in-door patients.

"At this juncture in our history, we return thanks to the profession for the interest manifested by them in this hospital, and we ask from them and from the homœopathic community in the city, State, and nation, hearty sympathy and material aid. The necessity is now laid upon our Board of Directors, and we ask for them the best efforts of our friends, both professional and lay."

The following is a recapitulation of the cases treated: —

EYE.		EAR.	
I. Orbita,	5	Otitis exter. ac.	6
II. Palpebræ,	159	" " chron.,	1
III. Conjunctiva,	256	" med. ac.,	18
IV. Ictera,	7	" " chron.,	99
V. Cornea,	319	" int. ac.,	1
VI. Iris,	61	" " chron.,	3
VII. Corpus cil. etchor.	69	" traumat.,	1
VIII. N. optic et retina,	64	" syphilit.,	1
IX. Lens,	50	Agglut. cerum.,	12
X. Corpus vitreum,	5	Polypus auri,	2
XI. Bulbus,	21	Tinnitus aurium,	4
XII. Refract. et accom.,	84	Atrophia tympani,	1
XIII. Musculi et nervi,	36	Eczema auri,	1
XIV. Organa lacrym.,	26	Corpus alienum,	1
		Necrosis proc. mast.,	1
Total, eye,	1162		
		Total, Ear,	154
		Eye,	1162
			1316

. The following is a list of the operations performed: —

No. of Operations.	No. of Eyes.	EYE.	Male.	Female.	Total.
13	10	Iridectomy	6	3	9
4	4	Cataracta dura (Graefe's operation)	3	1	4
3	2	Cataracta mollis (discission)	..	2	2
2	2	Cataracta secundaria (discission)	2	..	2
2	2	Staphyloma (Kuechler's operation)	1	..	1
6	2	Paracentesis cam. ant.	2	..	2
1	1	Symblepharon (plastic operation)	1	..	1
15	15	Strabismus convergens (Liebreich's operation)	6	6	12
1	1	" " (advancement m. rect. ext.)	1	..	1
5	4	" divergens	2	1	3
9	9	Enucleatio bulbi	6	3	9
18	14	Strictura duct. lac. (Stilling's operation)	4	7	11
1	1	Palpebrum sup. (plastic operation)	1	..	1
4	4	Extirpatio tum. palp.	2	2	4
3	3	Pterygium	1	1	2
1	1	Canthoplastic operation	..	1	1
5	4	Entropium	2	1	3
1	1	Ectropium	1	..	1
19	19	Extraction and removal of foreign bodies (light cases excluded)	17	2	19
113	99	Total	58	30	88
	Ear.	EAR.			
1	1	Polypus auri	..	1	1
1	1	Extraction of foreign bodies	1	..	1
2	2	Total	1	1	2
115	..		59	31	90

These are most gratifying statistics, and we believe we may state that the change of treatment in the New York Ophthalmic Hospital has both directly and indirectly influenced for good, a large portion of the community. It would be impossible for us here to enter into the various ways in which its success has benefited our school, but the facts are patent, and cannot be gainsaid.

Ecce Signum. — The following quotation, heading and all, we clip from the New York *Herald* of the 15th of June last. It is a short paragraph, but will make its mark wherever the *Herald* circulates; and it goes to many people and to many countries.

"THE QUARREL AMONG THE DOCTORS — THE HOMŒOPATHS VICTORIOUS.

"The Commissioner of Pensions has addressed the following letter to the medical referee of the Pension Bureau in reference to the recent removal of a homœopathic physician from the position of Examining Pension Surgeon: —

"Sir — In the matter of the removal of Dr. Stilman Spooner, of Oneida, Madison county, N. Y., it appears that he is a regular graduate of the particular school in which he claims to practice; that he is possessed of capacity, fitness, and an honorable record in his profession. It not having been alleged that he is wanting in any of these requisites, and there being no charge against him, other than that he is a practitioner in a particular school of medicine, he is hereby restored to his position as Examining Surgeon.

"This action has the concurrence of the honorable Secretary of the Interior. Very respectfully,

"James H. Baker, *Commissioner.*"

The removal above referred to was made by Commissioner Van Aernam, and this act of the new Commissioner will meet the approval of every lover of justice, as well as of every friend of homœopathy. We trust he will continue the good work, until he has restored to his former position every examining surgeon, who, without cause, was so unjustly removed.

The New England Medical Gazette.

BOSTON, JULY, 1871.

THE TWENTY-EIGHTH ANNIVERSARY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. — We give in this number an abstract of the proceedings of the first two days of the session, and next month the remainder will appear, together with reports of some of the accompanying meetings. Without question, this has been, in many ways, the most interesting and valuable session ever held by the Institute. In numbers it equalled, if it did not excel, any previous meeting; and the locality was favorable for the attendance of many of our ablest, as well as our oldest members. The Meeting of the Veterans, as it was called, the men who founded the Institute more than a quarter of a century ago, was one of the most interesting features, and the reminiscences of the early struggles of this band of patriarchs must indeed be noteworthy. The third session of the Editorial Association was marked by increase in numbers, and by a genial, pleasant spirit, which augurs well for the future combined efforts of its members for the improvement of homœopathic literature.

The social entertainments were extensive, and conducted with so much method and success, that every participant must remember them with unalloyed pleasure. And here we must say one word in regard to this feature of the Institute. As a general rule, homœopathic physicians are peculiarly social in their nature. They do not require extensive preparations to satisfy them, but when they come together with so many interests and sympathies in common, they always manage to have a very enjoyable time. It is this social element which has done so much to strengthen us in the past, and it promises no less in the future. The reunion of brother-physicians from all parts of the country, the grasp of the hand, the interchanged assurances of progress and prosperity, strengthen us and give us a feeling of the unity and the mutual interest of the homœopaths of the whole continent. It is not merely the professional knowledge, but also the deeper vital power which is imparted, that gives so great importance to these meetings. It is, however, not requisite that these social entertainments should be of an expensive character; the mere coming together in a hall, with a simple glass of lemonade and a cracker for

each, with the existing sympathy and friendly feeling, would be a more royal entertainment than the most lavish feast accompanied by formality and coldness. Our Philadelphia friends succeeded most admirably in combining pleasure with luxuriance in all their social undertakings, but those of us who have been through the ordeal can imagine how much of effort it cost them. Let us advise our Washington friends to so arrange it next year that the expense will not fall too heavily upon a few. A steamboat excursion or picnic to Mount Vernon, for which, perhaps, government would readily furnish a conveyance, and a banquet arranged in an economical manner, would prove in the highest degree satisfactory. Even these arrangements for so large a number will require careful forethought and effort.

But the great work of the Institute, its contributions to medical science, must not be interfered with by any side issues, even though they be "royal entertainments." The system of Bureaus for the different departments, has thus far proved very efficient. Each Bureau is composed of members particularly qualified for its work, and each member selects his own special subject, and can draw from the whole Institute, or from any other source, valuable assistance in his labor. Thus each Bureau, and each member of it, is left independent and free to work the whole year through, and the result has been that, instead of the non-reporting of a large number of committees, we have had from fifty to one hundred important papers presented at the session. With this system, there is no reason why the work may not be very largely increased, with the increase of the funds and number of members, until each Bureau may publish a yearly volume. There has been in some quarters an expression of sensitiveness in regard to the chairmanship of these Bureaus. This certainly is greatly to be deplored, for as each of the members of the Bureau occupies an equally responsible position, his work cannot be interfered with by the chairman or any other member. The duties of the chairman are, to a great extent, clerical. He serves as a means of inter-communication between the members, and he presents to the Institute a report of what has been accomplished during the year. It is true, he may and should urge each member of the Bureau to the faithful performance of his duty, and endeavor to draw into the yearly transactions as much of valuable material as possible.

As there are few good secretaries, so there will be few good chairmen of Bureaus, and when one is found he should be impressed into the work, so long as he is ready and willing to serve. The meeting will be held next year in Washington, and it is of special importance

that we should present then a large array of numbers, and render the session one of unquestioned value to the science of medicine. We have only a few months for preparation, and let there be a general emulation among the members to accomplish the most for the reputation of the Institute and the good of the profession.

Two Platforms — On Wednesday, the seventh day of June, in the year of our Lord 1871, two medical bodies assembled in two cities of this country, and each adopted resolutions which might be called platforms. The one convened at Boston was the old Massachuset's Medical Society, which dates back in its origin to the last century. Certainly it is old enough to have gained wisdom, if age can give wisdom; it has seen enough of illiberality and bigotry to know that they seldom accomplish what they aim at; and, as it is composed of members of a liberal profession, inhabiting a State noted for its freedom of ideas and liberality of sentiment, it ought to have indorsed only the most liberal ideas. The other met at Philadelphia. Though the oldest national medical association in this country, it has yet scarcely seen three decades. It represents advanced and progressive medicine throughout the whole country; it belongs to a school which, while it has clear and positive ideas of its own, allows freedom of thought and of professional action to all its associates and contemporaries. The platforms, or resolutions, are as follows: —

Adopted by the Massachusetts Medical Society, June 7, 1871.

Whereas, The Massachusetts Medical Society has always endeavored to make, as its charter emphatically enjoins, "*a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine*," while at the same time it has ever acted in accordance with the "liberal principles" of its foundation, and shown itself ready to examine and adopt every suggestion, from whatever source, promising improvement in the knowledge and treatment of disease, —

And whereas, It is alleged that some of its Fellows, in opposition to the

Adopted by the American Institute of Homœopathy, June 7, 1871.

Resolved, That the interests of the cause of truth, and the interests of humanity, rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines when these higher interests can be subserved thereby.

Resolved, That the exclusion of medical men from positions of honor and trust in the public institutions of the country, or in the Government service, on account of medical opinions, is an abuse of power, and ought no longer to be tolerated.

Resolved, That the censure and ostracism with which some medical organizations are pursuing the more

spirit and intent of its organization, consort, in other societies or elsewhere, with those whose acts tend "to disorganize or to destroy" the Society, — Therefore —

Resolved, That if any Fellow of the Massachusetts Medical Society shall be, or shall become a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as for example, those specified in Art. I. of the By-Laws of this Society), or himself shall practise, or profess to practise, or shall aid or abet any person or persons practising or professing to practise according to any such theory or dogma, he shall be deemed to have violated the By-Laws of the Massachusetts Medical Society by "conduct unbecoming and unworthy an honorable physician and member of this Society." — By-Laws, Art. VII.

Resolved, In case the Society concurs with the Counsellors, in the preceding resolution, that the President of the Society shall appoint a committee of five Fellows, to hold office one year and until others are appointed, to bring before a board of trial any Fellow who, three months from this date or after, shall be found chargeable with the offence set forth in the foregoing resolution.

Resolved, That, after concurrence by the Society, the foregoing preamble and resolutions shall be printed, and a copy sent to every Fellow of the Massachusetts Medical Society.

Resolved, That a committee of three be appointed by the Chair to report the action of the Counsellors on the foregoing preamble and resolutions to the Society to-morrow for concurrence.

liberal-minded of their members, is an invasion of the rights of American citizens, subversive of the freedom of thought and action which should characterize all scientific bodies.

These platforms speak for themselves; and, knowing the past and looking to the future of medicine, we ask any physician, whatever may be his creed, upon which of these platforms he prefers to stand.

STATISTICS OF THE MEDICAL PROFESSION IN THE UNITED STATES.— Dr. Toner, of Washington, has, by the aid of the Internal Revenue Department, completed a list of all the physicians in the United States who pay the annual tax of ten dollars requisite to enable them lawfully to practise the profession.

These he classifies as follows: —

" Whole number of physicians of all classes,	49,798
" " " regular physicians,	39,070
" " " homœopathic physicians,	2,961
" " " hydropathic "	133
" " " eclectic "	2,860
Miscellaneous and unknown	4,774"

Dr. Toner goes on to say, "This gives a ratio of 16.8 physicians to one homœopath in the whole number, and 13.1 regular physicians to one homœopath. Estimating the population of the United States in round numbers at 39,000,000 we have one regular physician to every one thousand of the population. The proportion of homœopathic physicians to the whole population would be about one in every 13,000."

This is certainly a very encouraging view for our side, when we consider what was the relative position of the two schools only a few years ago. We remember when we were but one to a million of the population and but one to five thousand of the "regulars." John Jacob Astor said that his first thousand dollars cost him more time and effort than all the succeeding millions. We congratulate ourselves on our growth and our prospects, even on Dr. Toner's showing.

But there is still another view to be taken of this matter. The proportion of physicians of our school who apply for license as *homœopathic* physicians is very small, and if nearly three thousand have done so, it is safe to assume that at least three times that number have not. This would increase the homœopaths to 12,000, and diminish the so called "regulars" to 30,000. This proportion is larger than we had supposed to exist; for, from carefully drawn statistics, our number is thought to be about 6,000, which would leave about 36,000 allopaths, or 1 to 6.

Pour out a few more anathemas from Boston, San Francisco, and Washington, and the majority will soon come to our side. Go on, philanthropic sons of Æsculapius! bravely sacrifice yourselves upon the altar of professional prejudice and bigotry, that you may give place to worthier successors!

CORRESPONDENCE.

Boston, June 5, 1871.

Dear Gazette, — In your February No. it was stated, on the authority of *La Santé*, that "to apply to corns twice a day a tincture of Rhus toxicodendron, prepared by macerating in acetic acid for eight or ten days the tender leaves of the plant," is an effectual remedy against these troublesome excrescences. I happened just then to be greatly annoyed in that way, and resolved on trying the means suggested. But finding it impossible to obtain the tender leaves, or any leaves at all, I mixed two-thirds of the common tincture and one-third of pure acetic acid, and applied the mixture so as to retain it on the corns a whole day. That proved enough to entirely remove them; and, as they did not return, I take the liberty of informing you of the fact for the benefit of my corn-suffering fellow-men.

I am, with the greatest consideration,

Ever yours,

J. B. Torricelli.

REPORTS OF SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY

Held its Twenty-fourth Session, — its twenty-eighth anniversary, — in the Hall of Mercantile Library in Philadelphia, from Tuesday morning, June 6, to Friday afternoon, June 9, 1871.

Initiatory Levee.

The meeting was preceded by a reception at the house of Dr. Constantine Hering, on Monday evening, at which several hundred gentlemen and ladies were present. This has usually been known as the preliminary meeting, but of late years it has assumed more the form of a social gathering, and our Philadelphia friends have this year given it the very appropriate name of Initiatory Levee. The occasion was interesting, and one of the most picturesque conceivable. The venerable form of the host was of course the central object. His long gray beard and his flowing, silvered hair; his eyes, rendered even brighter than their wont by the hosts of friends by whom he was surrounded; his warm-hearted, earnest, friendly greetings; his language, now that of his native land and anon that of his adopted; his conversation, sparkling with wit, and yet not wanting in deep thought and erudition; his manners at once unique and original, yet urbane and cordial, all went to make the unmistakable patriarch, — one of the founders of a great medical system in the New World.

The spacious gardens, filled with rich and rare flowers, — such as Dr. Hering, so accomplished a naturalist, could eloquently discourse upon, — were illuminated by hundreds of Chinese lanterns. Over the elegant entertainment within the house presided the accomplished hostess, assisted by a coterie of charming attendants; the refreshments in the gardens, peculiarly German in character, were left per-

fectly free to all. The music of the Männer-chör was delightful, while the touching and laudatory tribute to Dr. Hering in his native tongue, from the band of which he has long been an honored member, showed how highly he was esteemed by them. Altogether it was a quaint and memorable scene; and the throng who were privileged to enjoy it will always remember it with pleasure. This meeting proved a pleasant and fitting introduction to perhaps the most delightful as well as the most profitable meeting which the Institute has ever yet held.

FIRST DAY.

Tuesday, June 6, 1871.

At 10 A. M., the President, D. H. Beckwith, M.D., of Cleveland, called the Institute to order. The Hall was completely filled.

Address of Welcome.

The Chairman of the Committee of Arrangements, H. N. Guernsey, M.D., of Philadelphia, in a brief address, greeted the members in the name of the homœopathic physicians of Philadelphia and of Pennsylvania. Aside from the great object of the Institute, the advancement and improvement of medical science, he cordially welcomed them to the pleasant social entertainments which had been prepared for them. He spoke of the great progress our country had made in wealth, prosperity, and happiness, while with this progress our own science had kept equal pace. He referred in touching terms to the loss of the Chairman of the Committee of Arrangements, Walter Williamson, M.D., who, though departed, had left to us his bright example of cheerfulness, energy, faithfulness, and prudence, which should inspire us to greater efforts in the good cause he loved so well.

The President's Address.

Began with an allusion to the "fearless men who vouchsafed to our country its liberties, and to a glorious nation its existence." Philadelphia . . . . . "has not alone the honor of originating the first medical college on this side of the Atlantic, but it has the still higher honor of establishing the first medical college in the world where the pure and true science of the healing art of homœopathy was taught; and in all the arts and sciences she has been second to none." When we left here last, we little "thought that an intestine strife was about to take place among our heretofore united people; that rivers of blood would flow, and that thousands upon thousands of human lives were soon to be sacrificed, and that untold treasures were to be spent to save our national unity, and to preserve unharmed the tree of liberty, originally planted on this very soil."

"A little more than a quarter-century ago, a few pioneers, less in number than the Institute is years old, met in the city of New York, and originated what is now the largest medical body in the world, and the oldest of national extent in this country, 'The American Institute of Homœopathy.' Many of the respected founders of this Institute have gone to a better land. They died with their armor on,

working in full faith of the immortal science discovered by the illustrious Hahnemann. May their memory never depart from us, and may their noble example of self-sacrifice and devotion to the cause of homœopathy be imitated by us, and may we measure them by that standard so truly theirs,—'The good alone are great.'"

The growth of the school next claimed attention; we have nearly ten thousand physicians in the United States and Canada, with "seven colleges,—in which the curriculum is not surpassed by any, and where the requirements for graduation are now becoming more rigid than those of any other school of medicine,"—and numerous hospitals and dispensaries which, unaided by taxation, have grown to be the pride of our profession.

The opposition to homœopathy has not been limited to the influence of allopathic bodies and individuals; the patronage of the government has been enlisted against us. To this we submitted in the hour of national peril; and surgeons who ought to have been at the operating table, fought in the ranks,—common soldiers with uncommon acquirements. But submission to the invasion of our rights as citizens is no more our duty, and we are in a fair way to gain them. It needs but that strength which is found in union.

"Our literature has reached a high standard in books and periodicals. The latter require for their maintenance our unanimous support. We should not withhold from the profession or the public our observations and experience when they are useful."

The President particularly recommended "selecting young men of education, whose abilities would make them good practitioners, and adopting them as students in our offices; young men of such moral character and sterling worth as will make them prominent citizens and leading physicians. I know many of you do not wish a student in your office, and you refuse every applicant who comes before you. And those young men who are anxious to obtain a medical education seek it surrounded by influences which prejudice their minds against the teachings and doctrines of homœopathy. If every practitioner of our school in the United States would secure one or two students, and prepare them for our colleges, it would accomplish more each year for the good and prosperity of homœopathy than all other measures combined. Did you ever realize what an army you could prepare in a short time by bringing properly qualified recruits to fill the ranks in our profession?"

The failure of the bill for two homœopathic professorships in the Michigan University arose from dissension among ourselves, after it had passed the House by a vote of 61 to 25. The battle must be fought to victory there, and in a national university yet to be established.

Until recently, ophthalmic and aural surgery have been entirely in allopathic hands; a proper regard for our interests requires a specific Bureau of the Institute to take charge of this department.

It was suggested that members of Bureaus should pay to the Chairman some specified sum, to be expended in prizes.

The address concluded with a well-deserved tribute to WALTER

WILLIAMSON, closing in these words: "Well do I remember his last words as he bade us farewell in the city of Chicago, 'We hope to have a glorious meeting in Philadelphia next year.' I know those words embody the sentiments of every member of the American Institute of Homœopathy."

COMMITTEES.

The following committees were then appointed: —

On the President's Address. — Drs. T. P. Wilson, J. C. Burgher, I. T. Talbot.

Credentials. — Drs. Henry M. Smith, William E. Freeman, J. J. Youlin, Horace M. Paine, and J. E. James.

Auditing. — Drs. L. E. Ober, I. T. Talbot, R. F. Baker, H. M. Paine, S. R. Beckwith.

FINANCE.

The Treasurer, Dr. E. M. Kellogg, of New York, reported as follows: —

Receipts.

Dues from members	$2,097 00
Balance from Western Institute	73 59
	$2,170 59
Balance due Treasurer June 6, 1871	635 28
Total	$2,805 87

Expenditures.

Balance due Treasurer June 10, 1870	$223 15
Bill of Secretary	582 86
Bill of Treasurer, printing, etc.	111 71
Bill for printing 1,000 copies of Proceedings	1,888 15
Total	$2,805 87

In order to meet the deficiencies, the by-laws were afterwards amended so as to make the annual dues five dollars.

LIMIT TO DEBATE.

It was voted to confine discussion to ten minutes at a time, and no member to speak more than twice on any one subject.

CLINICAL MEDICINE.

Dr. S. M. Cate, of Salem, Mass., Chairman of the Bureau, announced the following papers, which were read by title and referred: By Dr. F. B. Mandeville, of Newark, N. J., Shall we Vaccinate? by Dr. J. C. Burgher, of Pittsburg, On Diarrhœa; by Dr. D. H. Beckwith, of Cleveland, The Prevalent Diseases of Ohio, from June, 1870, to June, 1871; by Dr. H. T. Miller, of Syracuse, N. Y., On Medical Maxims; by Dr. E. C. Beckwith, of Zanesville, Ohio, On a new kind of Parasite.

A paper on Scrofulosis was read by the Chairman, Dr. S. M. Cate, of Salem.

A paper, by Dr. O. P. Baer, of Richmond, Ind., on Catarrhal Fever, was partly read and referred.

COMMITTEE ON LEGISLATION.

Dr. T. S. Verdi, of Washington, Chairman, read an able paper relating to the efforts made by the homœopaths of the National Capital to overcome the illiberality of the allopathic school, and offered the following resolutions: —

Resolved, That the American Institute of Homœopathy recognizes in the attempt of allopathic physicians to debar homœopathic physicians from offices of trust under the United States Government, and in the action of the American Medical Association and that of the Medical Association of Washington in ostracizing Dr. C. C. Cox for associating with a homœopathic physician in the Board of Health of the district of Columbia, a conspiracy against the rights and the freedom of American citizens.

Resolved, That secret sessions are held by persons and associations belonging to a class known as allopathic physicians, in which men are denounced for holding political and professional views different from their own, for which causes they undertake to, and do punish the offender by ostracism, by defamation, and by precluding him from the right of consultation, which properly belongs to all medical men.

Resolved, That in so doing they cause great injury to honorable and scientific men and to the people who, in their greatest need, are, by this unwarrantable and malicious interference, deprived of the benefit from consultation with physicians.

Dr. F. R. McManus, of Baltimore: We have so many difficulties to encounter as homœopaths, that I see no utility in debating these resolutions. We denounce allopathic opposition, and allopaths charge us with denouncing *them*, and that amounts to a mutual interchange of abuse. I think the resolutions ought to be laid upon the table.

Dr. G. D. Beebe, of Chicago: We must defend ourselves and also the liberal-minded of the other school. Allopathic associations have been fighting us for a long time. We ought to raise our voices in protest against this illiberality on their part. Many of these men who have been ostracized by the allopaths are the best and most liberal men of the country, and they ought to be supported. I hope the resolutions will pass unanimously.

Dr. D. Holt, of Lowell: Dr. Verdi has done excellent service; he ought to have the thanks of the Institute. I was in Washington last winter, and had some conference with gentlemen in Congress, especially with Hon. Mr. Garfield, who said that he would make a speech, or do anything in his power in aid of homœopathy. He told me that the proper thing for us to do was to memorialize and to petition, no matter how much. The members of Congress look to their constituents for direction in what they are doing, and they act accordingly. This resolution should pass unanimously.

Dr. G. W. Swazey, of Springfield, Mass.: I consider the report of

Dr. Verdi a complete and finished thing without the resolutions. For this he has my hearty thanks.

The fight has been well done. He won in his appointment as a member of the Board of Health, and he is fully recognized. It was only fair that there should be an allopathic physician and a homœopathic physician associated in that board. Now, if the allopaths have ostracized a man of liberal sentiments because he was not unwilling to associate with a homœopath, what have we to do about it? They have been treating their refractory members in that way for twenty-five years. We ought not to pass any resolutions about it: let them attend to their own fights, and let us stand entirely aloof. We have won; is not that sufficient? Why need we meddle with their dirty work? I think we would stand better to leave the report a finished thing as it is, and pass no resolutions

Dr. Verdi: Gentlemen, I tell you that the fight is in the beginning. We have to take hold of this conspiracy — for this is nothing more nor less. As we would denounce thieves, so must we denounce the conspirators They sit with closed doors; they will allow no member of the press to hear what they say in their secret conclaves. There are actual crimes in the manner in which they attack us, and they vilify us in every possible manner.

Dr. W. H. Watson, of Utica: I agree with my friend, Dr. Swazey, as to the finished character of the report. But it seems to me that we owe a debt in this matter to those allopathic gentlemen, who, by taking a manly and courageous step, have placed themselves in an unpleasant relation to their own school. We ought to have a decisive vote upon this matter. I hope also we shall make an effort to obtain legislation in Congress in relation to it.

Dr McManus: If it be true that the blood of the martyrs is the seed of the church, opposition must be the life of homœopathy. I do not suppose there is one person in this room — or, perhaps, in this country,—who has been benefited more than Dr. Verdi himself. Now, the Doctor is here opposing the opposition. It seems to me like flowers rejecting the dews from heaven. Take off the opposition to the man, and you lessen his status in the community. Long before Dr. Verdi was born, homœopathy sustained itself with ten thousand times the opposition it has now. This system must vindicate itself. I hope the resolutions will not pass. I think Dr. Verdi is acting very much against himself, as the more opposition he has the more will be his success.

Dr. Thomas F. Smith, of New York, hoped the resolutions would pass.

Dr. H. N. Martin, of Philadelphia: I think in the main these resolutions are right, but ought this body to come out and say that another distinctive body of physicians are conspirators?

Dr. A. S. Ball, of New York: I doubt the propriety and the wisdom of using the term conspirator, or conspiracy. Soft words, gentlemen.

Dr S. Lilienthal, of New York: I think it is best to call everything by its own name, and not mince matters. If they have robbed us, let

the world know it. Let us say that we have been wronged; the stronger the resolutions the better.

Dr. Watson: By the passage of these resolutions we should very much confirm and strengthen a large number of gentlemen of the old school who are disposed to be very liberal. A very significant thing occurred in the city of Albany, just before the removal of the head of the Pension Bureau. Resolutions were passed in the County Medical Society sustaining him. Dr. Paine published some four columns in reply to them, containing extracts from some eighteen or twenty leading newspapers of the United States, showing public sentiment entirely adverse to the Albany resolutions. During the last week, Dr. Robinson, a very eminent member of the Society, who drafted the resolutions before referred to, used these words: "We have made a mistake, gentlemen, in this constant opposition which we have made to them [meaning us]. I think we ought to change our tactics. We ought to meet them now on equal grounds, and follow the plan of hugging them to death." The editor says this proposition was received with great favor by most of the gentlemen present. The old school practitioners in many instances would be glad if well-qualified homœopathic physicians would join their ranks, still retaining their former medical opinions if they choose; and that is the state of things which would have existed if the old school had never driven us out. There would never have been two schools.

Dr. Horace Bowen, of Jersey City: I am not a very old man, but I do not believe what this aged gentleman [Dr. Ball] has said. I say fight should be our policy also. The best men in the allopathic ranks are not narrow-minded, bigoted men. The allopath who, with all the prejudice that there is against us, comes over to homœopathy, is the man that we want to save. Therefore, this resolution seems to me just the thing that we want.

Dr. N. R. Morse, of Salem: I wish to simplify this matter. I therefore move that these resolutions be referred to a committee to report to-morrow morning. Carried.

The Chair then appointed as the committee, Drs. Talbot, H. M. Smith, Thayer, Beebe, and Verdi. Adjourned.

Excursion on the Delaware — Visit to Fort Mifflin.

At four P. M., by the courtesy of Commodore Emmons, the members of the Institute, with their friends, were received on board the United States steamer Pinta, for a trip down the Delaware. Passing numerous points of historical interest, the party made an interesting and instructive visit to Fort Mifflin, six miles down the river, at the mouth of the Schuylkill. Returning past the iron-clad fleet at League Island, they reached the city and landed at the foot of Chestnut street, after a delightful trip of three hours.

The Annual Address,

By T. P. Wilson, M.D., of Cleveland, was delivered at the Academy of Music in the evening. Music was furnished by Carl Sentz's Parlor Orchestra. The hall was well filled.

The subject was, *The True Relation of Man to Nature.* It aimed to solve three questions: —

"*First* — As to Man's Origin — whence comes he? *Second* — As to Man's Character — what is he? *Third* — As to Man's Destiny — where goes he?"

We do not propose to give even an abstract of this address, which, it is easy to see, must have been in the highest degree speculative. But when we consider that the finest hall in the city had been secured, and great pains had been taken to bring together a large audience of the most cultured minds of Philadelphia, to listen to an address on *Homœopathy* before the American Institute, composed of the leading members of this school, we cannot much wonder that, at its close, when homœopathy had not been touched upon, and instead, metaphysical and religious views obnoxious to many of the members had been advanced, resolutions were unanimously adopted denouncing the use of the platform of the Institute for the promulgation of any peculiar religious opinions or sentiments.

Subsequently it was voted not to publish this address, and in future not to have any public address.

A Poem, by C. H. Haeseler, M.D., of Philadelpeia, followed the Annual Address. Its title was *A Dream that was not all a Dream.* It took as a text the following sentiment, which is quite familiar in this latitude: —

"If a' the drugs and medicines
Which doctors aften gie,
Were thrown remorsely unto
The bottom o' the sea,
'Twould a' the better for mankind,
And waur for fishes be."

It was a very happy reminder to "Old Physic," of the state of things now rapidly passing away, and its sallies of wit were received with laughter and applause.

SECOND DAY.

Wednesday, June 7th.

A Visit to Independence Hall

Took place at 9 A. M. The Mayor of Philadelphia had arranged to meet the members there, but important engagements elsewhere prevented him.

The business session commenced at ten.

Legislation.

Dr. T. S. Verdi, from the Special Committee, presented the following resolutions in lieu of those offered yesterday: —

Resolved, That the interests of the cause of truth, and the interests of humanity, rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines when these higher interests can be subserved thereby.

Resolved, That the exclusion of medical men from positions of

honor and trust in the public institutions of the country, or in the government service, on account of medical opinions, is an abuse of power, and ought no longer to be tolerated.

Resolved, That the censure and ostracism with which some medical organizations are pursuing the more liberal-minded of their members, are an invasion of the rights of American citizens, subversive of the freedom of thought and action which should characterize all scientific bodies.

The resolutions were adopted unanimously.

Materia Medica.

Dr. Conrad Wesselhoeft, of Boston, Chairman of the Bureau of Materia Medica, Pharmacy, and Provings, presented the following papers: On a College of Provers, by Dr. J. P. Dake, of Nashville; on Provings of Ustilago Maidis, by Dr. C. Wesselhoeft, of Boston; on Provings of Skimmed Milk, by Dr. Samuel Swan, of New York; on Cimicifuga racemosa, by Dr. T. Bacmeister, of Toulon, Ill.; also papers by Drs. T. S. Hoyne, of Chicago, Carroll Dunham, of New York, T. G Gilchrist, of Minnesota, and J. S. Mitchell, of Newburgh They were accepted and referred.

The paper on a College of Provers was read.

Dr. Verdi, of Washington: I do not exactly know what Dr. Dake means by a college of provers. A college of four or five or six gentlemen, at a certain place, would not be feasible. I would propose a Society of Provers. Let its members receive from the president certain medicines without the names, simply marked with the directions how they should be taken; and each one should make his report to the president, who by a comparison of the symptoms given, should make an index or synopsis of the symptoms. If the organization would be of use it should be very thorough.

Dr. Swan's paper on Skimmed Milk was next read.

Dr. S. Lilienthal, of New York, confirmed Dr. Swan's observations. He had suffered for the last five years from sunstroke, which caused severe paroxysmal headaches of the left side of the head. He was relieved by a dose, and has not had any trouble since.

Dr. N. R. Morse, of Salem: It would seem that the provings of Dr. Swan are incredible, but I used some of his medicine in a case that troubled me very much. I used about the two hundredth and the one thousandth potencies. The patient was entirely relieved.

Dr. George F. Foote, of Middletown, N. Y.: I will add my testimony to the effect of the *Sugar of milk*. I had a patient that was excessively troubled with nausea, without vomiting. I gave the two hundredth potency at first; one single dose entirely relieved the vomiting in about five minutes. After a while it seemed not to have the least efficacy; the symptons returned. I then gave the one thousandth potency. It gave relief again for about three months, then the symptoms returned moderately, when I repeated the medicine without any effect.

Dr. I. S. P. Lord, of Poughkeepsie, said that milk contains from eleven to fourteen compound substances, and yet we talk about the single remedy. Then too in milk the ingredients are not uniform, but

depend on the food of the cow. His remarks were mixed with so much fun about "cream," "bonny-clapper," and "buttermilk," that it is not clear how much of earnest there was in them. At any rate, the Institute never goes to sleep when Dr. Lord speaks.

Dr. Bacmeister's paper on Cimicifuga racemosa was then read and discussed.

Dr. Richard Koch, of Philadelphia: This has been a very happy remedy in my hands in puerperal fever, or as a preventive to that disease. I have used it in sinking conditions. I have three cases on record where the patients were restored by the administration of that remedy in the second dilution, within a few hours, and I believe, saved from an attack of puerperal fever. A marked and frequently repeated characteristic symptom of this drug is a peculiar mental condition. The patient "does not feel like herself." This state and condition is connected with blueish face. I have also found *Cimicifuga* good in rheumatism, especially in an acute paroxysm, which it generally allays in a very short time.

Dr. J. C. Morgan, of Philadelphia, indorsed the remarks of Dr. Koch. He had seen satisfactory results from *Cimicifuga* in heart-disease

The subject was further discussed by Drs. Thayer, Dudley, Ball, Koch, Gregg, Baer, Bowen, and Smedley.

Dr. David Thayer presented the following: —

Resolved, That the Committee on Publication be instructed to have papers of the Bureau on Materia Medica and Provings published at once in the type and style of the Annual Proceedings of the American Institute, and sent to each member. This was carried, but afterwards reconsidered.

Admission of Members.

The Board of Censors reported the names of ninety-nine physicians for admission to membership. Objections were made to that of Alonzo Parker Bowie, who had received the degree of M.D. from the "University of Philadelphia." The report was laid over without action.

Obstetrics.

Dr. H. N. Guernsey, of Philadelphia, Chairman of the Bureau, read a paper on Puerperal Convulsions.

Dr. J. H. Woodbury, of Boston, commenced to read a paper on Topical Application in Uterine Diseases. Before its conclusion it was moved to adjourn, the heat being intense, and the session having lasted four hours.

Drive through Fairmount Park.

At four o'clock the members, with their ladies and friends, took carriages from the Continental for a drive through the famous Fairmount Park. Nearly one hundred barouches and clarences had been provided for the company, which must have exceeded four hundred in number. On the way through the city many objects of interest were pointed out. But what shall we say of the beauty and extent of the Park itself? For twelve miles it reaches along both banks of the

winding and beautiful Schuylkill. The constantly changing views are often of rare beauty, and one might drive here for days without exhausting its resources. The Park was originally purchased in order to protect the water of the Schuylkill from impurities, which otherwise might accumulate upon its banks, or in its immediate neighborhood. This was owned by the city and could not be used for building purposes, so that, when the excellent fashion came for large cities to have large parks, Philadelphia already had one embracing many thousands of acres, which only required walks, drives, and ornamentation. Already an immense amount has been accomplished in this direction, and in a few years we may safely predict that it will be one of the finest parks in the world. The company alighted at George's Hill, which commands a superb panoramic view of Philadelphia. They afterwards visited Belmont, Chamouni, and other beautiful points, and returned to the hotel just in time to escape a severe thunder-shower.

A Grand Dress Levee,

At the Musical Fund Hall, in the evening, was tendered by the Homœopathic Medical Society of Pennsylvania to the American Institute of Homœopathy and its friends; but a small part only of the "friends of the Institute" could be contained in the immense hall, which was crowded by this scant delegation. Carl Sentz's Orchestra again discoursed sweet music; and, when the hall was filled, Dr. J. C. Burgher, of Pittsburg, in fitting terms extended a cordial welcome from the State Society to the Institute and the assembled company. In the absence of the President, this was briefly and pleasantly responded to by Dr. Holt of Lowell. The formalities over, music invited to the mazy dance, and while the young participated in it joyously, the elders looked on with pleasant reminiscences of bygone days. The immense and beautiful hall, the exquisite music, the rapidly gliding figures, the quiet promenaders, the pleasant hum of voices, the pleasure-speaking faces, all combined, formed a scene of unusual brilliancy. An abundant supply of refreshments in the supper-room left little to be desired, and held the company till the "wee sma' hours ayont the twal." The recipients of so great bounty will not soon forget the liberality of the Homœopathic Medical Society of Pennsylvania.

[*To be continued.*]

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The Annual Meeting of the Executive Committee

Was held April 19, 1871, at 14 Burroughs place, Boston. It was called to order at 6 1-4 P. M., by the President, C. Wesselhoeft, M.D. Present, Drs. C. Wesselhoeft, Gambell, Scales, Woodvine, Harris, de Gersdorff, Woodbury, Wm. P. Wesselhoeft, Squier, and Jones. O. S. Sanders, M. D., of Boston, was elected Orator for the ensuing year, with L. Macfarland, M. D., of Boston, as substitute.

The following committees were appointed: —

On Materia Medica: J. H. Smith, M.D., of Melrose; Lewis Whiting, M.D., of Danvers; G. F. Matthes, M D., of New Bedford.

On Clinical Medicine: F. G. Oehme, M.D., of Plymouth; David Hunt, M.D., of Worcester, A. F. Squier, M.D., of Boston.

On Publication: The President and Secretary, *ex off.*, H. C. Angell, M.D., of Boston.

On Arrangements: The President and Secretary, *ex off.*, D. G. Woodvine, M.D., of Boston.

On Library: Wm. P. Wesselhoeft, M.D., of Boston.

On Obstetrics: Wm. B. Chamberlain, M.D., of Worcester; W. P. Gambell, M. D., of Boston; J. H. Woodbury, M. D., of Boston.

On Surgery: G. M. Pease, M.D., of Boston; J. W. Hayward, M.D., of Taunton; H. B. Clarke, M.D., of New Bedford.

It was voted to proceed at once with the preparation of Vol. III. of the Publications of the Society, to include the Proceedings of the Society to April, 1871.

The resolutions on the case of Van Aernam, which were referred to the Committee by the Society, were discussed at full length. A communication was made to the Committee by Dr. David Thayer, stating that the remonstrance and action of homœopathic physicians of the United States had had its effect, and that Dr. Van Aernam had been removed from the office of Commissioner of Pensions. But it seeming needful that action should still be kept up, Dr. Thayer was appointed a committee on the part of the Society, to co-operate with a committee of the American Institute of Homœopathy, in such action as they may see fit to take.

The following bills were approved, and ordered to be paid: —

C. A. Hack & Son, — Publishing first volume of the Society's publications,	$1015 50
C. A. Hack & Son, — printing notices, circulars, etc.	33 50
Harvey Blunt, — refreshments,	50 00
C. J. Peters & Son, — electrotype of seal,	1 00
" " furnishing seals for diplomas,	6 25
Secretary and Publication Committee,	41 10
Treasurer,	19 06

It having been suggested in the report of the Committee on Library that it would be well to obtain a room somewhere in a convenient location, in which our library could be placed, and which at the same time could be made available for the use of the Executive Committee, and for the two city societies, and the matter having been referred to Dr. D. G. Woodvine, he reported: —

That the hall of the Wesleyan Association, on Bromfield street, which would comfortably seat 300 persons, could be obtained for fifteen dollars a day. With it are connected a dining-room, separated from the hall by folding doors, and a dressing-room, with all the needed conveniences. Upon the floor above is a room, 38 x 22 feet, which can be had for $600 a year. It would make a fine room for our meetings, as proposed. It can probably be rented for day use at $400,

leaving $200 as the amount of rent the socicties would be obliged to pay.

The matter was fully discussed and referred to a committee, consisting of Dr. D. G. Woodvine and Dr. F. H. Underwood, to act in conjunction with committees from the other societies.

The Treasurer reported the names of several physicians as being largely in debt to the Society, some of whom had refused to pay any arrearages, and on motion, their expulsion by the Society was recommended, unless some satisfactory settlement be made before the next meeting of the society. The Secretary was directed to notify them of this action.

It was unanimously voted to recommend the expulsion of Wm. H. Lewis, M.D., for non-payment of arrearages, bad reputation, and immoral character.

The Committee then proceeded to nominate delegates to the various societies, and the following gentlemen were unanimously elected:

To the American Institute.— Drs. Samuel Gregg, Geo. Russell, C. Wesselhoeft, J. H. Woodbury, C. H. Walker, W. P. Gambell, I. T. Talbot, David Thayer, S. M. Cate.

To the Maine Hom. Med. Soc. — Drs. C. A. Farnsworth, A. F. Squier.

To the New Hampshire Hom. Med. Soc. — Drs. W. P. Gambell, T. S. Scales.

To the Vermont Hom. Med. Soc. — Dr. D. B. Whittier, C. A. Brooks.

To the ConnecticutHom. Med. Soc. — Drs. H. A. Collins, Samuel Alvord.

To the Hom. Med. Soc. of the State of New York. — Drs. H. C. Angell, I. T. Talbot.

To the Hom. Med. Soc. of Pennsylvania. — Drs. Wm. P. Wesselhoeft, J. H. Woodbury.

On motion, the various delegations were empowered to fill their own vacancies.

Dr. W. P. Gambell, chairman of the Board of Censors, reported the names of John K. Warren, M.D., of Palmer, and C. W. Scott, M D , of Lawrence, as having been approved, and on motion, they were recommended to the Society for election.

E. U. Jones, *Recording Secretary.*

PITTSBURGH HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Through the kindness of J. C. Burgher, M.D., we have before us a report of the fifth anniversary of this very successful institution, which was held on Tuesday afternoon, 11th of April, 1871. This has been its most successful year. The annual number of patients treated in the five years successively have been 99, 163, 167, 236, and 304. The free prescriptions to out-patients have increased from 1,700 the first year, to 4,500 in the fifth. The rich and poor are treated with equal

care, though pay-patients may obtain some extra comforts. The payment of $1,000 secures a free bed, including the food, nursing, and medical attendance of the patient. Of the 203 medical cases this year, seven were fatal; while last year, of 150 cases, there were ten lost. Of 76 surgical cases this year and 70 last, there were three lost each year. Twelve children were born in the hospital the past year; one of these died, making a total mortality of eleven. Two of these deaths were from consumption, one of a paralytic considered incurable on admission, and three were too aged to be treated for recovery, leaving only five deaths where there could have been hope of recovery, including three cases of severe accident. The total expenses of the year were $9,460.55, money most wisely expended in charity, surely.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

In a recent visit to New York, there was nothing which impressed us so forcibly as the rapid progress of the New York Homœopathic Medical College. For the first few years it had a struggle for existence; and, whether justly or otherwise, the sympathies and assistance of some of the best physicians of our school were withheld. Since its reorganization, however, affairs have materially changed. The best physicians are now its warmest friends, and its present position and prospects may be judged by the fact, that $140,000 have been raised for the erection of a new and superb building, which is now in progress at the corner of Twenty-third street and Third avenue. It is intended to complete this in season for the next course of lectures. Connected with the college is the New York Ophthalmic Hospital, in which a special course of lectures will be given, free to all the students. There will also be in the same building a dispensary, and a general hospital, for medical and surgical cases, with forty beds. When the present plans are carried out, the clinics of this college will be unsurpassed, and every department will be rendered as complete and thorough as possible. Let the profession appreciate, by assisting in these efforts to make it a first-class college.

There should be at least one hundred students next session, and this number should be doubled in 1872. This can easily be done, and that too without diminishing in the least the classes in any of our other colleges, if our physicians will but send those students there who would otherwise go to allopathic colleges, where the course of instruction is far less valuable, and where homœopaths are treated with discourtesy, if not with contempt.

Let each physician do his duty in this matter!

REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE TWENTY-THIRD SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, HELD IN CHICAGO, JUNE 7, 8, 9, and 10, 1870. Chicago: printed at the Lakeside Press. Octavo, pp. 620.

Like the accustomed face of an old friend, or like some well-known landscape, with its beauties and defects alike familiar to us, comes this volume of Transactions. We take it up with an almost instinctive feeling that we have spent many weary hours upon it in deciphering its manuscripts, — which, with doctors as well as lawyers, are not always too clear, — in rectifying those grammatical inaccuracies which slip from the pens of men who are more intent on what they teach than how, and in correcting the errors of the compositor. But all this is dispelled when we open the volume and turn over page after page of new, fresh, and hitherto unread composition.

The general style of the volume corresponds with its annual predecessors of the New Series, and the different sections may take their place in the binder's hands. Though not as thick as the Transactions for 1869, the number of pages is greater than of that or of any other year. Those for 1867 were 444; for 1868, 596; for 1869, 552, and for 1870, 620. Moreover, as the type for 1870 is somewhat closer, the amount of matter must be considerably greater.

The Proceedings for the four years extend to exactly 700 pages, — an error in numbering at page 469 carries the number up to 704, — sufficient, with an index, to make Volume I. of Section 1. The several years have contributed 160, 128, 174, and 238 pages. The reports of the meetings occupied 83, 70, 66, and 96 pages. Our indefatigable necrologist contributed to the proceedings of 1870 forty-three pages, besides biographical sketches of a large number of physicians who were not members of the Institute, for which the already extended record of this year could afford no room.

The Materia Medica section has reached page 382 by successive annual growths of 98, 160, 54, and 60 pages. Dr. Payne furnishes ten new provings of *Lilium tigrinum* by women; provings of the *Bromides of potassium* and *ammonium* by Drs. Hale and Cushing, of *Sanguinaria canadensis* by Dr. Tinker, and of *Chloral* by Dr. Eggert, are further contributions to positive knowledge.

Section 3, on Clinical Medicine, has occupied 50, 94, 46, and 82 pages, 272 in all. We can not here pause to characterize the eight articles contributed at Chicago; they are all well worthy of persual.

Section 4, on Obstetrics, has occupied in successive years, 30 pages, 34, 54, and 52; it contains in the present volume eight articles, including those on Cholera Infantum and Ovariotomy, which might perhaps with propriety have been referred to other sections.

Section 5, on Surgery, reaches its 212th page by successive steps of 40, 40, 68, and 64 pages. Dr. Beebe's unparalled hernia case, and one by Dr. Franklin, on injuries of the scalp and cranial arch, are the leading papers.

By some mistake, section 6 — the Report of the Bureau of Organization, Registration, and Statistics — is omitted. The three previous years had extended it to 218 pages. To the homœopathic editor, who often needs to know the past as well as the present status of some institution, or perhaps merely its exact name, this report has proved a frequent convenience. It is important that we should more diligently collect and more carefully preserve the reports of the various homœopathic institutions. The report of the Committee on Credentials at the close of the volume, supplies, however, the names of most of our institutions.

Section 7, on Anatomy, Physiology, and Hygiene, dates only from 1868. It contained 80 pages that year, 60 the next, and 30 in 1870. The three papers presented at Chicago all are noteworthy. Optical Hygiene, by Prof. Wilson, "the science of minding your eye," relates to a matter in which the ignorance of the world is generally culpable. Elective Affinity, by Dr. Frost, is an earnest endeavor to throw some light on the philosophy of the operation of medicines. Dr. Pearson, in his article on Alcohol, seeks to show that this potent and too common substance, when used internally either as a medicine or as a stimulant, works "only evil, and that continually." "Never," says he, "in a single instance, have I seen it administered internally, either as a remedy in disease or as a stimulant in debility, whether for mechanical injuries, hæmorrhage, or other cause, with any permanent benefit." He does not object to its high attenuations, never having tried them.

That the volume has some errors will be readily believed by those best qualified to judge; but the Institute and the profession generally are under great obligations to the Secretary, Dr. Ludlam, — such as those only can realize who have themselves performed the task, — for the great amount of labor and care which he has bestowed.

The meetings of the Institute are full of social intercourse and professional relations, which are of great value to those who participate in them. But this volume is a record of the work of a whole year on the part of the Institute, valuable alike to those who are present at its meetings and to the less fortunate ones who are obliged to forego this pleasure. Let this volume continue to grow from year to year, and no earnest physician will then grudge the little sum which the Institute annually costs him.

The late appearance of the volume is a grief to the Secretary, as it has been in years past to his predecessor, and as it has been, is, and will be, to all the Institute. But Dr. Ludlam's remedy is beyond the reach of man. The papers never will "be furnished in a completed condition during the annual sessions of the Institute." A considerable proportion of valuable ones will continue to come in at the latest possible moment, whatever that moment shall be. It is a pity to have humored procrastinators so much as to publish their papers out of the proper order, or to force the volume through the press "at the rate of fifty pages daily." The various Bureaus will never "report none but completed papers" so long as the very best are presented in rough draft only. The Institute may vote in vain to abbreviate the term of gestation of the Transactions to seven months. *Natura, si furca expellas, cito revertit.*

LECTURES, CLINCAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. Ludlam, M.D. Part 3, pp. 209–304. Chicago: C. S. Halsey.

The continuation of *Ludlam's Novel*, as it has been pleasantly called, comes to us with a most hearty welcome. Its clear, clean pages, with indented side-heads which at a glance tell us what we shall find in its text, are even more attractive than when, in the first part, we made their acquaintance. If the test of a good novel is that the reader shall so forget himself while devouring its contents as to become unconscious of time and place, then the term *novel* is no misnomer. For in taking up this brochure to read a few of its paragraphs, we became so oblivious of the lapse of time and of our other duties as to be recalled only by turning the last leaf. This part far surpasses either of the others, both in the interesting character of its subjects and in the handling of them.

Stomatitis materna, is the subject of Lecture 12, — the first of this part. The severity and persistence of this frequently-recurring affection give it a more than local character. Dr. Ludlam regards it as of scorbutic origin, and views the sore mouth as but a symptom, and not even an invariable one. If the patient be exposed to malaria, he would remove her at once, and, in addition to topical applications, rely in the first place on the acids, nitric and sulphuric. Beyond this, the remedies mentioned are very few; but among them comes one reported to the American Institute several years since, by Dr. N. F. Prentice, *Veronica beccabunga*, which does not seem to have attracted any general attention from the profession. Lectures 13, 14, and 15, treat of *Puerperal convulsions*, and are, perhaps, the most satisfactory of anything thus far published on this terrible affection. They are filled with careful observations, drawn from the author's personal experience and from the best writers on obstetric medicine. Every page teems with suggestions which the experience of the practical physician will confirm, and brings to mind facts which have before been only hinted at. Dr. Ludlam maintains that eclampsia is quite distinct from epilepsy, hysteria, and apoplexy, although not unfrequently complicated with them. And, while he characterizes cases as epileptiform, hysterical, and apoplectic, he dwells on the importance of individualizing each case, and, on pages 344–5, gives the following excellent advice: —

"You will be obliged to exercise great tact in adapting yourself to their several peculiarities. For it will not do to treat all alike. You can amuse one, while you must threaten another. You will have to be decided, emphatic, and sometimes even peremptory. The more emotional they are, the greater the need of their attention being diverted from themselves. Keep them busy with *you*. Do not let them brood over contingencies. They must be kept saying something or hearing something cheerful. If there are long-faced attendants, you had better banish them. One good, trusty nurse is sufficient.

"So, also, of your manner and conduct in her presence. If you are fussy or frightened, lacking in self-reliance and resource, the worst possible consequences may come of it. While, on the other hand, if you are calm and self-possessed, if you show yourself thoroughly con-

versant with this state of convulsibility and all that concerns it, you may, and frequently will succeed in averting the danger. Under these circumstances, it is of the highest importance to recognize the different shades of mental constitution in your patients, and to adapt yourself to them."

Lecture 16 treats of *Menstrual headache*, — so common and yet so frequently unrecognized; *Prolapsus uteri*, with right latero-version; and *Acute cervical metritis*.

Hysteria, that Protean malady, occupies Lectures 17 and 18. Its various relations with, and simulation of, other diseases, often so perplexing to the practitioner, are described in a manner which shows that Dr. Ludlam has had his full share of experience in treating this affection. And no one can rise from the perusal of these two lectures without feeling that light has been thrown upon some troublesome cases.

The illustrative cases, throughout the part, are of the most interesting character. As a specimen we select the following, from page 259 :—

"On the 24th of March, 1868, at seven P. M., my friend, Dr. E. Kneipcke, of this city, was called to visit Mrs. —, aged 28, who was in labor with her first child. She had already been in labor for three days and nights. Four physicians and as many midwives had been successively in attendance. In order to put a stop to her pains and to the convulsions also, the last of those who had preceded Dr. K. had given the patient, by actual weight, one and a half grains of morphine. The amniotic liquor had escaped with the first pains. For twelve hours the fits had recurred as frequently as once in five minutes. The os uteri was rigid, hard, and of about the size of a half-dollar. So much of the uterus as the basin could contain was prolapsed into the pelvic cavity.

"I saw the patient at Dr. K.'s request, at half-past nine P M. She was in a semi-conscious state between the pains and the convulsions, which were synchronous. The margin of the os uteri was thick, well-defined all around, and cartilaginous to the touch. It rested on the perineum. The soft parts were hot, dry, and very much swollen. In reality, the os uteri felt like an ivory ring of an inch and a half in diameter, and half an inch in thickness, placed directly around the presenting vertex. These symptoms were verified by our private pupils, Messrs. Dorion and Poppe.

"We applied the extract of belladona, mixed with lard, to the rigid cervix most thoroughly, and then determined to attempt the use of the forceps. By my direction, the patient's hips were brought to edge of the bed, and she was placed in position as in ordinary forceps cases. Chloroform was then administered by Dr. K., to the extent of complete anæsthesia. Having warmed Naegele's forceps, and anointed the back, or external surface of both blades with the belladonna ointment, I proceeded by careful and continued manipulation to introduce the right hand blade. When it was finally applied, this brought the os uteri into the shape of a button-hole, and filled it completely. It was only by persevering effort, stretching the orifice with the blade on the one side and the finger on the other, that it was made possible to insinuate the second blade at all.

"The instrument was finally adjusted in the direction of the occipito-mental diameter of the child's head, and the delivery accomplished. The utmost precaution being taken, the soft parts sustained no injury, and the woman recovered without any unusual symptoms, having survived the prolonged suffering and the eclampsia, not to speak of the morphine, six doctors, two medical students, and four midwives."

ITEMS AND EXTRACTS.

CHEERING. — California will harvest 30,000 gallons of castor oil the present year.

EXPEDITIOUS. — An Iowa dentist extracted from a patient's mouth thirteen teeth in three-quarters of a minute.

RULOFF'S BRAIN. — It is stated that the brain of this noted murderer weighed fifty-nine ounces, and that his skull averaged half an inch in thickness.

DEAD. — The noted "King of Pain," a man named McBride, who travelled through this city periodically, selling large quantities of his quack cure-all, is dead. He led a dissipated life, lost several fortunes by gambling and made several by faro and quackery. He was a man of generous impulses, but lacked judgment and principle.

NOT EXPECTED TO LIVE. — After a miserable existence of twenty-one years, says the *Press*, the Philadelphia Eclectic Medical College, under the infliction of innumerable *aliases* and a good sound newspaper diagnosis, is about giving up the ghost. A bill repealing the charter has been introduced in the legislature.

NEW REMEDY FOR RHEUMATISM. — An old lady followed up an Episcopal bishop, as he travelled through his diocese, and was confirmed several times before she was detected. She wished the ordinance repeated, because she had "understood it was good for the rheumatism."

OLFACTORY DIAGNOSIS. — Thirty years ago, Dr. Stokes, of Dublin, expressed the opinion that the nose might, from the mere odor of the surface of the body, be able to detect the difference between pneumonia and bronchitis.

SENSE OF DUTY! — The *Pacific Medical and Surgical Journal* commends the expulsion of Mr. F. Stearns from the American Pharmaceutical Association on account of his introducing the nostrum Sweet Quinine. The *Journal* claims that its action was "the result of a sense of duty which will add greatly to the high standing the Association has always maintained"; and yet in the same number it publishes its usual full-page advertisement of this same "Sweet Quinine and Svapnia!"

MEDICAL LICENCES. — The Royal College of Physicians of London has issued a complete license in medicine, surgery, and midwifery, — for each of which separate diplomas were formerly given. This action has aroused the College of Surgeons, which may pursue a like course. The plan works very satisfactorily in Scotland, and is expected to relieve many grievances in England.

ANCIENT PROCESS OF EMBALMING. — It is believed that the principal preservative substance used in embalming the mummies of Egypt was carbolic acid in the crude state. — *Scientific American.*

FEMALE PHYSICIANS. — The Pennsylvania State Medical Society having rescinded the resolution prohibiting consultations with female physicians, there remains now but one organized body in the way of of a complete reformation, and that is the Philadelphia County Medical Society. This body will in time be forced into the same acquiescence. Women are slowly but surely gaining their rights. — *N. Y. Evening Post.*

DROWNING. — The bathing season having come round, the publication of the following card, issued by the Massachusetts Humane Society, may be of service: —

TREATMENT OF DROWNED PERSONS.

I. Send, with all speed, for medical aid, for articles of clothing, blankets, &c.

II. Treat the patient on the spot, in the open air, exposing the face and chest freely to the breeze, except in too cold weather.

III. Place the patient gently on the face (to allow any fluids to flow from the mouth.)

IV. Then raise the patient into a sitting posture, and endeaver to excite respiration —

1. By snuff, hartshorn, &c., applied to the nostrils;

2. By irritating the throat by a feather or the finger;

3. By dashing hot and cold water alternately on the face and chest. If there be no success, lose no time, but —

V. Replace the patient on his face, his arms under his head, that the tongue fall forward and leave the entrance into the windpipe free, and that any fluids may flow out of the mouth, then —

1. Turn the body gradually but completely on the side, *and a little more*, and then again on the face, alternately (to induce inspiration and expiration).

2. When replaced, apply pressure along the back and ribs, and then remove it (to induce further expiration and inspiration) and proceed as before.

3. Let these measures be repeated gently, deliberately, but efficiently and perseveringly, *sixteen* times a minute *only*. *Continuing* these measures, rub all the limbs and the trunk *upwards* with warm hands, making *firm pressure* energetically. Replace the wet clothes by such other covering, &c., as can be procured.

PERSONAL.

WM. TOD HELMUTH, M.D , has been appointed Surgeon-in-chief to the New York Homœopathic Hospital.

H. BARTON FELLOWS, M.D. — By some accident or oversight in our report of the New York Hom. Med. Society meeting, on page 180 of this volume, it is stated that a necrological notice was read of Dr. Fellows. In a letter recently received from him, he decidedly objects to being thus classified. It seems the whole of his offence is a removal from New York to Chicago, and as Chicago is anything but a dead place, Dr. Fellows very properly does not wish to be considered in such a predicament. Long may he live to continue the active usefulness so well begun.

E. STEVENSON, M.D., of Los Angelos, Cal., under date of May 19th, writes: "There are few places on this continent presenting so many of the essentials of a good climate as Southern California. And to this general observation may be added another; that many varieties of climate, each differing from the other by very delicate shades, await discovery or realization, or both, by the invalid or pleasure-seeking traveller. The average temperature here is about 74°. Ice rarely forms, and 100° is as rarely reached. There are no congestive, febrile chills, or any of the pernicious fevers of the Southern States. Sometimes a mild typhoid or intermittent prevails. This particular locality is too near the sea for consumptives, although they generally improve even here. But there are many other localities not far distant, higher and shielded from the sea-fog, possessing every conceivable requisite but one, — hotel accommodations. To the mountaineer this would not be any drawback. It should not be to those who can come here at all hopefully, out-door life only enhancing the good prospect. . . . It is not a very good place for doctors."

LOCATED. — W. WATTERS, M.D., at Searsport, Me.

REMOVALS. — C. N. DORION, M.D., from Chicago to Kansas City, Mo.
C. HORACE EVANS, M.D., from 926 W. Lake st., to 121 S. Hoyne st., Chicago.
O. R. GROSS, M.D., from 273 W. 52d st. to 92 Clinton pl., New York.
W. F. HATHAWAY, M.D., from 12 Lincoln st., to 81 Shawmut ave., Boston.

MARRIED. — At the residence of the bride's father, in Concord, Mass., on Thursday, May 4, 1871, by Rev. S. H. Worcester, SAMUEL WORCESTER, M.D., of Burlington, Vt., and Mattie W., daughter of Henry A. Wheeler, Esq.

DIED.—In Fitchburg, April 23, 1871, JAMES C. FREELAND, M.D., aged 40. Dr. Freeland was born in Becket, Mass., June 21, 1831, the son of C. J. Freeland, M.D., who, after practising there for twenty-five years, embraced homœopathy in 1848. The son studied with the father, and attended lectures at Pittsfield, and afterwards graduated at Cleveland, 1862. In 1855, he removed with his father's family to Fitchburg, where, with the exception of a year in partnership with Dr. W. B. Chamberlain, of Keene, he practised till death, having been recalled to Fitchburg in the autumn of 1858 by his father's failing health. In 1859, he had a lumbar abscess, resulting in spinal curvature, and ill-health for the rest of his days; but his indomitable will often enabled him to relieve others, who suffered less than himself. Feeling obliged to work in spite of ill-health, he used stimulants to help him through his labors. This he very much regretted in his last days, and determined, should he recover, to abandon them all, even tobacco. But his overtasked system lacked the power to rally, and dropsy of a general character supervened, involving head, heart, stomach, and liver. He was a man of more than ordinary ability, and his patients were greatly attached to him. His naturally genial nature gave him many warm friends, to whom, as well as to the profession and the public, his death will be a great loss.

THE

New England Medical Gazette.

No. 8.] BOSTON, AUGUST, 1871. [Vol. VI.

ALBUMINURIA IN PREGNANCY,—NOT FOLLOWED BY ECLAMPSIA.

BY GEORGE J. McLEOD, M.D., PHILADELPHIA.

A striking exemplification of the adage, "There is no rule without exception," has recently occurred in my daily work. In common with other practitioners, I have ever cherished a thorough dread of albuminuria in the later stage of pregnancy, and felt that it betokened a "fearful looking for" of things to come. Well can every physician bring to mind the impressive charge of his obstetrical teacher, never to permit the approach of parturition to become complicated with this condition "unless, young gentlemen, you are willing to combat with that dread enemy, puerperal convulsions." This, of course, has been verified by all who have had experience at the bedside; but that such a result must not inevitably ensue, is proven by the case I shall endeavor briefly to present. Not that I would recommend utter disregard of the presence of albuminous urine; but I merely exhibit another instance in which nature has chosen to show that she will not be trammelled by our laws, or always work in accordance with our axioms.

April 24.—Was called to visit Mrs. C., reported as suffering very acutely. Found her within about two weeks of expected confinement with second child. Face, abdomen, and limbs enormously swollen; great dyspnœa, inability to assume recumbent posture; headache with sensation of extreme pressure on vertex; sudden flushing of face, and frequent involuntary starting, or twitching of tendons; pulse feeble and rapid, but regular; urine scanty, and normal in color. This state of affairs had been grad-

ually increasing in intensity, but being deemed inseparable from her condition, had excited no apprehension until the poor woman was wellnigh exhausted from want of sleep. Some urine happily being in the room, I at once made use of such tests as were at my command, and found, to my horror, that not only a deposit was produced by heat, but almost a thick coagulum was formed. Prescribed at once *Digitalis* tincture, with nourishing diet, and cream of tartar to be used freely in drink, directing a careful measurement of the urine passed during the next twenty-four hours, and that the urine of next morning should be sent to my office.

April 25. — Upon receiving the urine, I made a qualitative analysis of it with the following result: Amount passed (in 24 hours), ten fluid ounces; spec. grav. 1.004; reaction, acid. My favorite test of allowing nitric acid to gently trickle down side of test tube gave not the opalescent ring we usually find suspended, but rendered almost the whole body of urine above the acid turbid. Heat applied, converted the urine into a jelly-like mass of albumen, seemingly thick enough to be turned from the tube as from a mould.

What must follow, should such condition continue, was only too evident; and in earnest I set about saving my patient from suffering and myself from intense anxiety. Finding no improvement from my first remedy, *Digitalis*, I tried in succession, *Ars.*, *Merc. corros.*, *Apoc. can.* *Apis*, *Terebinth.*, etc. No appreciable result was noted, save some increase in the amount of urine, and change f spec. grav. to 1.006. The time for onset of labor approached, and I felt that either my improper selection of remedy or the impotency of any remedy, was rewarding me with utter failure.

May 10, 4 A. M. — Was notified that labor had commenced. Armed with weapons of defence, I hastened to what I was convinced was to be a fearful scene. On entering the room, found patient conscious, cheerful, and with regular and severe pains. Before examination could be made, the membranes ruptured, one more expulsive pain, and a fine babe was ushered into the world. Placenta was delivered, and everything proceeded normally. The urine soon increased in quantity, the albumen disappeared rapidly, the œdematous condition subsided, and without the presence of any unusual nervous disturbance, the patient recovered.

In what way can absence of convulsions be accounted for? Surely few cases could apparently be more promising for this catastrophe, and yet there was not even a tendency to it. My efforts had in no degree tended to avert the trouble, for I had accomplished nothing, and it had been as well for the patient had she never seen me until the moment of accouchement. Nature had chosen to laugh both at my interference and my fears, and to carry out her own plans in her own way. Hereafter, although I shall make every effort to remove such a condition in pregnancy, I shall never decide my patient *must* have puerperal convulsions, or flatter myself that my puny efforts have been the means of her exemption.

Should this article arrest the notice of any, there may, perchance, arise the suggestion that in the outset the administration of *Digitalis* tincture was a crudity unworthy one of our school. Not intending here to trench upon the mooted question of dilutions, let me merely state that in any renal irregularity where this drug may be indicated, the mother tincture only has answered my expectations. The clearly established fact, that the alcohol used in the preparation is to a certain degree antidotal, should account for this, as, in effect, the drug itself is administered in a diluted, or even potentized condition. I cannot, however, satisfactorily account for the little confidence in *Digitalis* manifested by most writers and practitioners of our faith. Hughes quietly dismisses it with the remark that "it has *occasionally* been used successfully in dropsy in our school." Baehr treats it rather more courteously, but acknowledges his inability to account for any virtue it may have in dropsy, as it has never been known to produce albuminous urine. This apparent denial of the universality of the homœopathic law is unfair, unless sustained by proof. In no work upon toxicology, which I have been able to consult, is there mention made of any careful analysis or investigation of the urine, — nothing beyond the mere mention of increase or diminution of quantity excreted.

It has fallen to my lot to pay special attention to the subject of albuminous urine, and from careful and exact notes made, I am fully convinced that *Digitalis*, although by no means a specific, has in the majority of instances acted as a faithful servant. Not alone by its "diuretic" action has it benefited, although I have not yet

reached that acme of faith where I can afford to revile the doctrine of "diureties," or sedatives, or even that *bête noir* of homœopathic writers (yourself included, dear *Gazette*), *alteratives*. The diuretic action of *Digitalis* is not alone its salutary sphere, for under its drug influence the amount of albumen in urine has very perceptibly decreased. Cases apparently uncomplicated with cardiac affections have been benefited by *Digitalis*, and I earnestly solicit from my fellow-workers a careful, faithful trial of the remedy. Its method of administration I leave to the conscience of the administrator; let it be given in the mother tincture, or in the 200th potency, and let there be an expression of opinion and record of result. However we may be divided in reference to high or low, we undoubtedly meet upon the common platform so concisely stated by Sidney Ringer, in his admirable treatise: "In all treatment, the object must be to obtain the greatest therapeutic effect from the smallest possible dose of medicine."

If the "higher law" men have met with success equal to that which has crowned the administration of the tincture, let them "of this make mention."

POISONING BY GALVANIZED IRON PIPES.

BY J. HEBER SMITH, M.D., MELROSE, MASS.

THE adherents of homœopathy have ever been held up for ridicule, on account of their faith in the cumulative effects of infinitesimal doses. But despite the derision of our opponents, we still persist in the daily clinical use of "vegetable charcoal," and "pulverized oyster shells"; for we believe that in the human system no substance is inert, — every leaf of the field having some medicinal virtue, and every metal and mineral its power for good or evil. It is incomprehensible that the delicate mechanism of man should suffer from a train of diseases dependent on the slightest variations of the atmosphere, while, according to the theory of some medical gentlemen, it may be drenched daily with the washings of zinc and feel no harm. The facts presented thus far have been persistently ignored, or set aside as "insufficient evidence," by physicians of reputation, holding positions of public trust, even

The *Boston Journal*, of July 10th, published a summary of medical conclusions in the interest of the manufacture of galvanized iron pipe, but it has steadily refused to print any evidence to the contrary. I deem the subject of sufficient importance to submit once more to the public the cases of poisoning reported in the February number of the Boston *Journal of Chemistry*, with some additional symptoms occurring in other patients under my care, who have used this dangerous pipe.

About a year ago, Mr. W. P. Sargent, Chairman of the Board of Spot Pond Water Commissioners in this town (Melrose), connected his well and a force pump in the kitchen by upwards of seventy feet of one and a half inch galvanized iron pipe; and to facilitate the working of the pump, a large reservoir constructed of galvanized iron was placed near to it. Without entering into the details of the minor ailments of the family during the past twelve months, obviously resulting from zinc poisoning, but which were not sufficiently alarming to be brought to the notice of the physician, it may be stated that, in November last, the two daughters were seized with a peculiar and persistent inflammation of the throat, with extensive ulceration of the pharynx and tonsils. The ulcers were round, sharply defined, with red, everted edges; they gradually coalesced. They were filled with a yellowish-white matter. While convalescing, the youngest, aged five and a half years, began to present indications of some unusual derangement of the nervous system. On waking in the morning, for about ten days, there was entire inability to move the head and limbs, with extreme sensibility to contact over the whole surface. After about an hour, this paralytic state improved enough to permit walking, but with a staggering, uncertain gait, and a marked tendency to fall to the left side. The eyes were turned outward; pupils alternately dilated and contracted, but usually dilated; falling of the upper lids, and œdema of the lower; objects apparently elongated, and, at times, double; expression vacant and apathetic, or irritable; constriction and spasm of the œsophagus during deglutition; accumulation of mucus in the larynx and posterior nares, with obstruction of both nostrils, and with nasal speech. For twenty-four hours, severe croupy condition supervened, with symptoms of paralysis of the cervical

nerves; there was considerable gastric disturbance, eructations, loss of appetite, vomiting of bile, offensive diarrhœa alternating with constipation, and diminished secretion of urine, approaching at one time entire suppression. The pulse, wiry and irregular, averaged one hundred and twelve per minute. Febrile flushes, with sudden crying out to be fanned, and thirst; sleep agitated and unrefreshing, with occasional nightly perspiration. In the evening, inability to support the head; great emaciation; cachectic look, complexion bluish-white.

On the 15th of December, from the general correspondence of the symptoms with the records of zinc poisoning, the diagnosis and treatment became clear. On the same day, the only son, aged thirteen, a very delicate child, was indisposed from what had been thought a cold. On examination he presented an emaciated, feeble appearance, the face wrinkled and bluish; the pulse only forty beats a minute, and intermitting. There were no other signs of local inflammation than a slight tenderness to pressure over the stomach, and a dry, spasmodic cough. On Friday, the 16th, he was no better, but dressed, and lying on the sofa. Complained of occasional fleeting pain in the hypogastrium on rising, continual nausea, and entire loss of appetite, with disgust at the sight of food; vomited mucus several times the following night. Sunday morning, vomiting of bile, and indications of intense nausea. Although there were marks of gastric suffering about the mouth, he complained of no pressure over the stomach and abdomen. There was absence of pain or complaint to the hour of his death. Only milk was retained, of which a little was taken at intervals. He vomited again in the evening, and once the following morning, but passed a quiet night in sleep. Monday evening, vomited a brown fluid once, pulse sixty, face flushed, but no delirium nor stupor. Tuesday morning, at six o'clock, he died very suddenly, soon after passing about a gill of disorganized blood at stool. There was slight thirst before death, and faintness. A *post mortem* examination, made by Dr. G. M. Pease, of Boston, and others, confirmed the opinion that the action of the zinc on the nervous centres, inducing paralysis of the heart, was the immediate cause of death. The stomach presented, internally, marks of a highly

inflamed condition, being extensively injected, and showing traces of sanguineous exhalation. Dr. Charles T. Jackson, State Assayer, reports, December 23, that "the water from Mr. Sargent's pump is charged with a very large quantity of the oxide of zinc and a little iron," and that "the zinc renders the water dangerous to health." At the time of his analysis, the doctor was not only ignorant of the sickness in Mr. Sargent's family, but also of the source and medium of conduction of the water.

January 1, 1871. — The little girl, though partially paralyzed in her lower extremities, is fast regaining health and strength. She is now (July 1) quite well.

Other patients, of whom I have had several, had constant, dull, frontal headache; frequent attacks of vertigo, preceded by sharp pressure at the root of the nose, and a sensation of drawing together of the eyes as if by a cord, followed immediately by excessive nausea, faintness, and trembling of the hands; sensation of general trembling, without trembling (as recorded of sulphuric acid); intense pain in the brain almost driving one mad, followed by excessive vomiting of bile and trembling; paralysis of the upper eyelids; itching and sticking pain in the inner angles of the eyes, with cloudiness of sight; heavy pressure on the eyes; constriction and spasm in the throat; acute darting pains through all the joints, especially the ankles, knees, and elbows, with numbness of the adjacent parts, and an exhausted paralyzed sensation in the muscles of the upper arms and thighs, worse on the right side; trembling of the feet and difficulty of raising them, with frequent stumbling; excessive, nervous moving of the feet in bed for hours, after retiring, and even when asleep; itching of the soles of the feet, the calves of the legs, and thighs, almost intolerable at night; general formication, as if covered with ants, relieved only by rubbing; deathly sinking at the stomach for hours after eating anything acid; strong aggravation of the nausea and headache from taking even a small sip of wine, in every case; frequent fainting, several times daily, followed by prostration and general numbness; severe stabbing pains in the abdomen, without diarrhœa or constipation, continuing several hours, and returning periodically every seven days, or once in three weeks. Of these symptoms, the most

persistent and annoying were the vertigo, the general itching of the skin, and the excessive nausea and fainting. They occurred at the same time in many patients, who were using water containing from two to six grains of the salts of zinc to the gallon, and continued several months with more or less severity. The same symptoms occurring in such harmonious groups, only in those who used zinc-impregnated water, and especially in the delicate and children, are sufficiently convincing proofs that the salts of zinc in drinking-water are highly inconvenient to have in the family. Some of the symptoms may appear trivial to those who have never suffered from them, and but one case proved fatal. But who can tell the amount of mischief that this "safe and available material for water-pipes" is doing throughout the country? For my part, I believe that pipes of virgin gold might in time impart to water flowing through them poisonous qualities sufficient to develop symptoms in the human system which a well-educated physician would recognize as those of *Aurum metallicum*. It is the old question of the infinitesimal dose that is under discussion again. This is the cause of alarm in the ranks of the old school of medicine. They who have so often given fifteen grains of zinc as an emetic, must not admit that two grains to a gallon is capable of doing any harm.

ON THE TREATMENT OF OPHTHALMIA NEONATORUM.

BY DR. ZWINGENBERG, OF BERLIN.

Translated from the Allgem. Hom. Zeitung, by H. L. H. Hoffendahl, M.D.

AN article on this subject, by Dr. Weil, in a recent number of this journal, leads me to publish my experience in the treatment of this very serious disease.

I fully agree with Dr. Weil as to the danger of this ophthalmia, and the importance of its very careful treatment. I also consider this disease as a purely local affection, caused by a more or less specific secretion of the maternal organs, at the time of birth. This secretion may also be communicated at a later period, while bathing, or by a sponge, by the fingers, or otherwise.

The appearance of the disease depends upon the time and the manner in which the secretion is communicated; but it is unknown

for how long a time after confinement the secretion from the genitals is contagious. The severity of the disease depends upon the virulence of the secretion.

Before speaking of my mode of treatment, I will state that I have not met with as many cases as Dr. Weil; still I have seen sufficient to authorize me to contribute my experience on the subject.

Although a pupil of Von Graefe and Jüngken, I have never found it necessary to use caustics in the treatment of diseases of the eye. The human eye is a very delicate organ, and my idea has been that an excess of caustics always does harm. But what is to be considered an excess is very hard to determine, and depends to a great degree upon the manual dexterity of the operator.

I was glad to see that Dr. Jüngken, in his latest work, *Die Augendiätetik*, Berlin, 2d ed., 1871, also declares that it has become too much the custom to brush out and stimulate and cauterize the eye. I allow that a practitioner with a well-trained hand may do no harm with caustics well diluted; but we should remember that a diseased organism is more sensitive than a healthy one, and a patient should never be subjected to a treatment which could make a healthy person sick. Irritate or cauterize a healthy eye, and watch the result; and then judge as to the propriety of treating a diseased organ in the same way.

That treatment is certainly better which, while obtaining the same result, avoids the necessity of cauterization. With my treatment, I have never witnessed any bad results, if the patient was under my care from the beginning. This only occurs when the destructive action of the blenorrhœic secretion has not been prevented. It is this secretion that destroys; that is to be feared, and must by all means be removed. If this is not done, then there appear, first upon the cornea, and afterwards upon the conjunctiva, the ulceration and granulations so well described by Weil.

If, in a new born child, we detect a slight swelling and redness of the tarsal borders, the greatest care is requisite. I order at once an hourly washing of the edges of the lids with a weak infusion of *Chamomilla*, — two or three blossoms, steeped in a cupful of hot water, — applied with a very fine sponge. After using

the sponges, they must at once be thoroughly cleansed in hot water, and the chamomile infusion must also be frequently prepared afresh. The important point is to gently separate the edges of the lids, and carefully remove with the sponges the slightest trace of mucus. This is often neglected. The nurse thinks she is very efficient, and rubs and washes assiduously. When the physician visits the patient, everything appears at first in good order; but on separating the swollen lids, a quantity of tough mucus is found adhering to them. This mucus causes continual aggravation, and should never be allowed to collect, by night or day. A child treated thus from the time of its birth, will never be attacked by blenorrhœa.

Quite different is the treatment where blenorrhœa already exists. Then the conjunctiva is to be carefully cleansed every hour, or oftener, day and night, with very fine soft sponges cut into a conical shape, care being taken that no secretion is allowed to remain in the folds of the mucus membrane. Internally, *Merc. pr. r.* is given, one grain of the third centes. trituration, twice a day, and sometimes three times. Also *Belladonna* ^{30}, a few drops in water, a teaspoonful every hour. This treatment succeeds without fail, and prevents secondary destructive action.

If called when ulceration of the cornea, perforation, or prolapse of the iris already existed, then I could do nothing but save what could still be saved, with *Bell.*, *Hepar*, *Lach.*, *Apis*, *etc.*

NOTE BY TRANSLATOR. — The article on Ophthalmia Neonatorum by Dr. Weil, of Berlin, referred to above, is probably based upon a greater number of cases and a larger experience than the paper of Dr. Zwingenberg. He reports that many cases of blenorrhœa, of mild type, got well merely from attention to cleanliness, or even without any care, as is often seen among the poorer classes. In severe cases, where there is a tendency to granulation, Dr. Weil uses cold compresses, frequently renewed, and *Bell.*^{2}, three drops every two hours. As the inflammation decreases, *Merc. sol.*$^{2 \text{ or } 3}$ is given, and finally *Hepar sulph.*^{3}, a few times a day. In the severe form, if the cornea is at all affected, energetic treatment must be at once adopted. Dr. W. follows Von Graefe, cauterizing the palpebral conjunctiva thoroughly every twenty-four hours

with nitrate of silver and nitrate of potassa, equal parts, moulded together, and then carefully washing with water before the lids are replaced. We believe that this is the treatment adopted, without exception, by all professional oculists, even those of the homœopathic school. Dr. Weil declares that he is a firm adherent of the rational homœopathic school, and endeavors to treat and cure all diseases homœopathically; but he cannot consent to endanger the life-long happiness of a patient, in treating this disease by an unreliable method, when hundreds of examples speak for the certainty of another treatment.

ASTHENOPIA CURED BY CONIUM.

BY I. S. HALL, M.D., HALLOWELL, MAINE.

Read before the Central Hom. Association of Maine.

THE following case, though brief, may be somewhat interesting, as being marked in the results of the treatment.

Jan. 5, 1871. — Miss A. S., aged 26 years, called on me and described her condition, as follows: She had suffered with her eyes about eighteen months. Previously her eyesight was good, but she had been in the habit of using it in sewing and reading by a dim light and in the twilight. She cannot now read five seconds either large or fine print, before the letters all run together. She feels burning pain deep in the eyes, with hot flashes. They cannot bear the light or heat. She feels much worse in a warm room. Her eyes feel better in the morning, and on a dull, cloudy day. She sees black spots on first closing the eyes. Distant objects are more distinct than those near by. On going out-doors during a bright day, all objects are surrounded by the prismatic colors. The eyes present a normal appearance. Her greatest suffering arises from the burning pain, deep in the eyes. After a somewhat lengthy review of the case, I prescribed *Conium mac.*^{70,000}, Fincke's preparation, one dose, dry, on the tongue.

Jan. 23. — She reported the relief of the burning pain in the eyes, which have been steadily improving since the last date. Other symptoms are also better. Prescribed *Sac. l.* Two weeks later she came to tell me that she was about to leave town. The improvement was still continuing, and I prepared her powders of

Sac. lac., to last about a month. I did not hear from the patient again for upwards of two months, when, through a relative, I learned that her eyes remained better, and with care she could use them a little, — something she had not been able to do for a year.

I regret much that I cannot give a more positive and satisfactory statement of the termination of this case; but the action of the *Conium* seemed so decided and permanent, that I thought the case worth reporting.

I abstract the following symptoms of *Conium mac.* from the Symptomen Codex, as corresponding closely with those of this patient. "Heat in the eyes. A heat, which is almost burning, moves rapidly through the eye in the forenoon and afternoon. Burning in eyes. Eyes are dazzled by the light of day. He was able to distinguish distant objects more clearly. Dark points and colored streaks in the room."

BLUE URINE.

BY E. H. SPOONER, M.D., READING, PA.

Miss H., of about twenty-five, I should judge, has been especially troubled, for a year past, with urinary difficulties. The urine is scanty; she does not generally pass it more frequently than every other day — never more than once a day, and sometimes only after an interval of seven days; it is of offensive smell, and in color indigo-blue. This peculiar and extraordinary color has been observed for the past three weeks only. The concomitants are: menses scanty, and like muddy water; many dyspeptic symptoms; rheumatic pains in the lower extremities; palpitation of heart; weakness of vision.

For this singular combination of symptoms, I could only select *Nitr. acid*[3]. Improvement at once set in; the urinary difficulty was cured in less than one week, and remains so now, more than a month; the urine is secreted in the normal quantity, passes freely, and is of the ordinary color.

I have never seen or read of a similar case; nor is there a drug in our materia medica which has in its pathogenesis *blue urine*. I think that symptom may be fairly placed under *Nitr. ac.*

I should also state that at her next catamenial period, the menses were also restored to a normal quantity and color.

Surgical Department.

WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

A CASE OF TETANUS, HEMIPLEGIA, AND THECITIS.

BY A. P. MACOMBER, M.D., OF HACKENSACK, N. J.

Recorded by Dr. Ockford.

APRIL 24, 1871. — Mrs. F——, while handling a pane of glass, had a thin splinter of glass thrust into the palm of her left hand. The particle was so small that it waved with her breath, and on removing, crumbled into fine powder. At night there was a little stiffness of the fingers, which had increased the next morning; but having engaged to perform at a concert that evening, she practised on the piano nearly all day, and fulfilled her engagement in the evening. On the following day the stiffness still continued.

April 27. — I was called, and found considerable stiffness in the affected hand and arm, with some swelling. Made an incision near the point of injury, and applied hot poultices; gave *Arnica*[30], internally.

April 29. — Found the patient having convulsions, with chilly sensations, drawing pain and stiffness in neck, difficulty of swallowing, painful twitching of the muscles of right side of body — complete trismus, pleurothotonos. Gave *Gels.* tincture and *Bell.*[30] in alternation, without marked improvement. In two hours discontinued these and gave *Hypericum*[20], with marked improvement after first dose. (The *Hypericum* was obtained from Prof. Guernsey, of Philadelphia, some years ago.)

May 6. — Continued poultices, with *Hypericum* internally, with slight variation in symptoms. To-day the hand felt so much better that the patient removed poultice in morning and applied a plaster. On learning this fact in the evening, we immediately ordered the poultices to be continued and the straps removed.

May 7. — Patient experienced a feeling of weight in left arm. To continue *Hypericum*[20]. In the evening the patient complained of a fullness and heaviness of the head, with intense throbbing of

the carotids, obscuration of sight, and a wild, staring look. She could not distinguish objects quite near; face red; nausea; the neck felt weak; there was pain in the spinal column; great desire to remain quiet; pulse 104. Paralysis of left arm and leg, with sensation of prickling in, and coldness of affected parts, and an intense, burning, throbbing pain in palm of hand at the point of injury. Gave *Glonoine*[30], five drops in a half-tumbler of water, a spoonful every ten minutes. There was marked improvement after three doses. Continued *Glon.* at lengthened intervals. In two hours, pulse down to eighty; congestion in head relieved; sight partially restored; objects appearing half their usual size. In one hour after, the sight nearly normal.

Prepared and applied to the affected parts a chloroform lotion, consisting of two ounces of chloroform, with two drachms of alcohol and a drachm of tincture of hypericum. This, immediately upon being applied, restored the motor power, to a considerable degree.

May 8. — In the morning, no material change since midnight. Slight subsultus tendinum on left side. Substituted *Cicuta vir.*[2] for *Glonoine*, continuing poultices and application of lotion.

In the evening, called Dr. Helmuth in consultation. Found heaviness and complete paralysis of whole left side, with flushes of heat, slight nausea, stiffness of jaws, congestion in the head; pulse 100. Gave *Glonoine*[30], which brought the pulse to 80, and ameliorated all the symptoms.

May 9. — Patient more comfortable during the day; slight aggravation of all symptoms in the evening. Discontinued *Glon.* at suggestion of Dr. Helmuth, and gave *Calabar*[2], in water, continuing poultices.

May 10. — Improvement. Throbbing and congestion in hand in the evening. Added *Bell.*[20] in alternation with *Calab.*

May 12. — The paralysis much improved; motion of side nearly normal; stiffness of jaws disappeared. An intense burning, smarting, throbbing then began in the hand near seat of injury. It became dark and gangrenous in appearance. Patient again went into convulsions, with congestion in the head. The poultices were perfectly intolerable, and every hot application aggravated the symptoms. Cold dressings applied, and *Secale*[200] given internally.

May 13 to 17. — Kept hand immersed in cold water, and gave *Secale*^{200}, with slight but gradual improvement.

May 18. — Symptoms more favorable. Hand much swollen, but no fluctuation could be detected. Pain not very severe while at rest, but slight motion of the fingers brought on a terrible, agonizing burning among the tendons in the palm of the hand, accompanied with great insomnia. Thecitis had set in. Gave *Bryonia*^{30} in alternation with *Secale*^{200}, and at night gave chloral to procure sleep. Her sufferings were absolutely unendurable.

May 19. — Slept five or six hours; complained during morning and forenoon of nausea, and had some vomiting; the burning still continued. Omitted other remedies and gave three doses of *Nux v.*^{30}, which controlled the nausea. Then resumed *Secale* and *Bry.*

May 20. — Patient had a very good night. Burning still continues, being much worse from motion. Same treatment.

May 21. — Patient had a very restless night. At about ten o'clock, the burning in the hand spread to the wrist and became more intense. She had one hour's sleep only. In the morning she felt chilly. Burning in hand relieved while in cold water, but there were present twitching, cutting pains, causing her to start, together with an extreme sense of weight in hand and fingers. The burning in the wrist was alleviated by showering it with cold water. In the evening Dr. Helmuth made an incision between the third and fourth metacarpal bones, cutting down deeply and probing thoroughly. A small quantity of pus was detected near the bone, but the bone was perfectly sound. Examination confirmed the diagnosis, — acute thecitis. Gave *Rhus tox.*^{30}, and applied a cold poultice of equal parts of pulverized flax-seed and poppy-leaves.

May 23. — Patient easier. By increasing heat of poultices gradually, hot poultices were applied to-day. Some burning continued in the hand, but an intense throbbing was present all the time. Swelling disappearing. There was sense of heaviness, and a feeling as if the thumb was in a vise; sleeplessness continued. Gave *Rhus tox.*^{30}.

May 23. — Patient more comfortable. About 2 P. M., a drawing, cutting, and excruciating pain set in, extending from the fingers

to the left axilla, accompanied by stiffness and weight in the hand and fingers. Burning in the back and throbbing in the whole body, with a feeling as if cold water was being poured on the right side. All the symptoms aggravated by motion. The appetite (which had hitherto been moderately good) failed. Intense melancholy; inclined to silent grief. Gave *Puls.*[20].

May 24. — Patient comfortable; appetite good; she craves eggs. Paroxysms of pain in the arm and hand, with flushes of heat and painful twitchings of the muscles. She wants to sleep, but cannot. Gave *Bell.*[30] and *Calc.*[200].

May 25. — Did not sleep more than two hours last night, but feels easy this morning; appetite good. In the afternoon worse. Pain in the hand, more of a burning character with flushes of heat. Still a desire for eggs. Continued *Calc.* and *Bell.*

May 26. — Four hours of sleep last night. Comfortable in the morning. The appetite is diminished, and she did not wish any breakfast. No material change in the hand; the swelling gradually diminished, but pains of a burning tearing continued. Pain in the small of the back. Stomach tender to pressure. Gave *Sulphur*[20] followed by *Bell.*[30].

May 27. — Did not sleep more than an hour last night. Has a burning, drawing, itching eruption upon the *right* hand. At the suggestion of Dr. Helmuth, gave *Kali bromatum*, two grains every four hours.

May 28. — She slept soundly six hours last night. The left hand is decidedly improved; the other is worse, with the burning itching increased; slight swelling around the joints, and red, itching, burning patches upon the fingers, which are stiff. Put poultices on both hands, and continued *Kali brom.* as yesterday.

May 29. — Patient did not sleep till 3 A. M., and then only an hour. Improvement in both hands. Removed poultice from the right, and bathed it with twenty grains of borax in one ounce of glycerine and five ounces of rose water. This relieved the burning smarting. Continued *Kali.*

May 30. — There was marked improvement. Patient slept well last night. Gave *Hydrastis* during the day, and *Kali brom.* during the night.

May 31. — Slept after 1:30 A. M. Right hand feels much better, but burns if the fingers touch each other. In the afternoon, a crawling, smarting sensation set in, in connection with a terrible burning in the left hand. So severe was it that she wants to tear it. This is accompanied by restlessness, agony, tossing about, and great prostration. *Arsen.*[200] relieved this, and, after 2 P. M., the patient slept.

June 1. — All the symptoms are improved. *Arsen.*[20].

June 9. — The left hand about normal in size and appearance, but considerably stiffened. Removed the poultice, and put it in cotton and oil silk. The right hand feels occasional burning after motion. *Bell.*[20] and *Arsen.*[20] have been continued since June 1, with occasional intercurrence of *Kali brom.* during the night.

June 15. — Improvement continues; more motion in the hand. There is a slight aggravation of the pains from movement. General health of patient very good; appetite good.

From this period, the patient has continued improving until the time of writing.

SURGICAL CASES.

BY WM. TOD HELMUTH, M.D., NEW YORK.

I. Skin Grafting.

This method of treating ulcers is new, and has been for a considerable time creating something of a sensation in the surgical world. Some surgeons have been very successful in it, and speak loudly in its praise; others, on the contrary, have been less fortunate, and regard it rather disparagingly.

There can be no doubt that since Mr. Pollock introduced the process to the profession, it has been successfully practised by many surgeons. The singular phenomenon connected with it is this: That if there be two ulcers upon the same individual, and presenting a similarity of appearance, yet when these are grafted with skin taken from the arm or other portion of the body, cut in the same manner, and placed on the sores in the same way, one of these grafts may spread and grow, while the other will die and disappear. It has been also asserted by Mr. Pollock, that in cer-

tain cases the graft may be lost to view, but that in the course of a few days the granulations will become healthy and the cicatrization complete. Mr. Mason, however, who, in the *Lancet* for October, reports nine cases, — five still under observation, — has not noted such variations; the graft in his cases always becomes the centre of healthy growth. In the following case, in some of the ulcers the minute portions of integument did indeed disappear; but in a day or two the ulcers began to assume a healthy character and healed quite rapidly.

Mrs. H. was admitted into the Hahnemann Hospital at New York, some months since. The inside of the left leg, from above the centre of the calf to the heel, was covered with ulcers of five years' standing, varying in size from that of a half-dollar to that of a half-dime. The largest and deepest of these unhealthy-looking sores was situated just below the internal malleolus. The edges of the ulcers were jagged, uneven, and overhanging, with flabby and readily-bleeding granulations. The integument was purple, and the patient was in a bad condition generally.

June 18. — I clipped with scissors several minute pieces of integument from the left forearm, and having thoroughly cleansed the base of the ulcers, inserted three grafts into the deepest parts of the largest sore, and in two of the smaller ones one each. The small particles of skin were kept in position by a thin strip of isinglass plaster. On the second day there was not much alteration in the grafts; but on the third evening they appeared to be reddened, and healthy granulations were perceptible.

June 21. — After four days I proceeded to graft the remaining sores, depositing in the larger ones, two or three "seeds of flesh," and in the smaller but one. Some of these appeared to die away, but in all the ulcers healthy action came on, and in about three weeks the leg was healed. The skin, however, although very much more natural in color, has not resumed its normal appearance; but the sores have healed in a comparatively short time.

July 25. — Patient was discharged cured. The house surgeon, Dr. H. N. Dunnell, had paid every attention to the case during its progress, and the changes taking place had been noted from time to time, by Drs. Seeger, Dowling, and Hunt.

II. Local Application of Sulphuric Acid in Necrosis.

Mr. Pollock has recently used sulphuric acid topically, with marked success, to hasten the separation of dying or diseased bone. In his essay upon the subject he has made some most important observations. He says:—

"I am not aware that the application of sulphuric acid in the treatment of carious bone has been previously adopted, in preference to the use of the gouge, actual cautery, or caustic potash; I find no special reference made to its effects, nor any allusion to its extreme applicability or efficacy in the treatment of caries, in any of the modern treatises on bone. In the number of cases which have come under my notice, both in St. George's Hospital and in private practice, in no one instance have evil consequences been known to follow the application of sulphuric acid to diseased bone in any part of the body, nor has the treatment been found a painful one, when the acid has been used in a diluted form."

He then directs that if there be a cavity, it may be packed with lint saturated with the dilute acid; or a syringe may be used charged with the solution. A very peculiar fact connected with the process is, that the dilute acid will not act on healthy bone, but limits its operation to the diseased structure.

Mr. Henry Noad, clinical clerk to Mr. Pollock, conducted the following experiments in view of the fact stated above.

Ten grains each of (1) diseased, (2) dead, (3 and 4) healthy bone both of middle age and of old age, were subjected for three days to the action of a mixture of sulphuric acid and water, one part in four, at the temperature of 100°. The following were the results: 1. From the dead bone, 2 grains of phosphate of lime and 3.3 of carbonate of lime were dissolved in the acid. 2. From the diseased bone, 2 grains of phosphate of lime and 1.3 of carbonate of lime were dissolved. 3 and 4. In both specimens of healthy bone, *no action took place.*

March 11.—Mr. B., of New York, was brought to me by Dr. T. F. Allen, with a disease of the lower jaw. Several of the teeth became loose and had been taken out. The probe revealed denuded bone for a considerable distance on the right ramus and symphysis. There was no syphilitic taint in the system, but the patient had suffered some years since from severe bilious fever, and

had taken (as he supposed) considerable quantities of mercury. For this, the prescription was *Hecla lava*, three times daily. From the exhibition of this. he steadily improved for a time. In a few days, however, a swelling appeared under the right eye, which extended around the lower rim of the orbit, with soreness and apparent enlargement of the malar and superior maxillary bones. The inflammatory process was evidently proceeding to suppuration. About the same time, and without any assignable cause, a discolored spot appeared on the centre and upper portion of the chest, directly upon the manubrium of the sternum. An abscess was formed, and after the evacuation of the pus, there remained an opening an eighth of an inch in diameter, through which the bone could be distinctly seen and felt. He was directed to apply dossils of lint, saturated with a solution of equal parts of sulphuric acid and water, to the sternum, and gave him *Silicea*^{20}, one powder every night.

March 16. — Many portions of the diseased bone have come away, leaving a large hole in the chest, which is apparently surrounded and covered with a whitish, semi-transparent substance, resembling cartilage. The tumor under the eye presents fluctuation; the jaw is better. The acid was now discontinued, and the parts dressed with a solution of carbolated *Calendula*.

March 22. — I made an incision in the sub-orbital tumor, continued *Silicea*^{200}, and used the *Calendula* locally.

April 23. — From the last date, a rapid improvement took place until this time; the disease appears to centre itself with renewed violence in the sternum. The probe reveals an extensive denudation of the manubrium. I again applied the acid as before, directing its use daily. Being very anxious to recover, the patient, instead of following the directions, used the pure acid very freely and with the following symptoms: After the burning and tingling caused by the immediate application had ceased, a sensation of weakness pervaded the whole body, with constriction and numbness in the back part of the head, and great heaviness and weakness of the right arm, to such a degree, that, for a time, it appeared partially paralyzed. When I saw him, the hole was very deep and three-fourths of an inch in diameter. I directed him to discontinue the acid; gave him the acid phosphate of lime (Hosford's) and *Kali hydriodicum*, internally.

May 4. — A day or so after his last visit, he brought to me a piece of bone, three-fourths of an inch in length, and half an inch in breadth, which he had picked out of the cavity, where it was lying completely loosened. The Hosford lime was continued.

July 16. — I heard no more from the patient until, being anxious to know the results of the treatment, I sent for him. He came to-day and reported a perfect cure. The swelling of the face and the scar had disappeared. The jaws were in order, but the teeth a little loose. The large cavity in the sternum had healed entirely, and the patient was feeling (as he stated) in perfect health.

III. Cancer of the Left Mamma.

This case and the one following are reported to show what I deem to be true homœopathic surgery; viz., what medicines, administered according to the law, may do in surgical diseases.

April 12. — I was called to New London, Conn., by Dr. Sites, to operate upon a scirrhus of the left mamma. Upon arriving at the place, Dr. Sites gave me the following very interesting history of the case: Mrs. I. C., aged 50 years, the mother of two children, remembers to have bruised her breast some years since, with her corsets or stays. Three or four years ago she had occasional pains in the gland, but did not consult a physician, fearing that she might be told that the disease was cancerous, of which disease she had great horror. However, after suffering for some time, she showed the breast to Dr. Sites, about eighteen months since. He informed her that her fears were more than realized; that the disorder was true cancer. At this time the entire breast was hard, irregular, bluish, and nodulated. The nipple was much retracted, and there were the usual pains belonging to scirrhus.

The doctor put her immediately under medical treatment. The medicines employed were chiefly *Carboan.*, *Conium mac.*, *Phytolacca*, and *Hydrastis*. Other remedies were given when called for by the symptoms Under this treatment the hardness of the gland almost entirely disappeared, and *the nipple became as prominent* as in health. Just below the nipple, however, some indications of the disease remained, and occasionally there would be a little discharge,

which, however, was never offensive. Still the lady was very much worried. The incubus was on her, and the doctor, having done as much as possible with medicine, applied a preparation of chloride of zinc, and allowed it to remain twenty-four hours at a time. This appeared to have a good effect for a time, but the nipple retracted again. The scirrhus was about three inches in length, but solitary, and I removed it, without trouble, in the usual way, closed the wound — which was rather deep — with silver sutures, and left the patient under the care of Dr. Sites. The following letters will tell the remainder of the story: —

NEW LONDON, May 15, 1871.

DR. HELMUTH:

My Dear Sir, — My patient is in splendid condition; she never had any fever, but went steadily on, improving daily. The wound is nearly healed, and in about three, or at most four weeks, will be all closed. I think that very good for an old lady of sixty — not fifty, as I told you.

. . . . . .

Very truly yours, O. SITES.

Being anxious to hear further of the case, I addressed a second letter to Dr. Sites, of which the following is a reply: —

NEW LONDON, July 19, 1871.

My Dear Doctor, — So far, the case of Mrs. C. promises to be a success; what the future will bring forth remains to be seen. In seven weeks from the day of the operation, the cavity was filled up *and perfectly healed over;* her health during the time was perfect; she had no fever, or any other unpleasant symptoms during the time, and now the place looks healthy. I trust we shall not hear from it any more. Very truly yours,

O. SITES.

IV. OBLIQUE INGUINAL HERNIA (ENTERO-EPIPLOCELE).

This is another case important to the homœopathic surgeon, and one in which the higher potencies acted with a precision and rapidity which astonished me.

Feb. 28. — Was summoned to Astoria, N. Y., in a pelting snowstorm, to meet Dr. Bayliss, of that place, in consultation over a case of strangulated hernia. I found the patient, a German, somewhat advanced in years, who had an oblique inguinal hernia of the left side, which presented a very peculiar appearance. The gut had become strangulated years ago, and the patient had undergone

an operation in Germany, which, however, was not perfectly successful, for a small knuckle of intestine still remained high up in the groin, while at the opening of the external abdominal ring, there appeared a mass of intestine, covered by a doughy mass, which was evidently omentum. The intestine had frequently come down, but being an adept in the reduction (as hernial sufferers usually are), he could always readily replace the mass and keep it *in situ* by means of a truss. He had, however, within the past few days, procured a new instrument, which did not fit the parts, and the gut had slipped behind the pad, which made pressure just at the opening of the ring and along the inguinal canal. Notwithstanding all this, he had worked in his garden during the day.

It was about two A. M. when we arrived at the house. The tumor was sensitive and purple. The cord was very much thickened, and the omentum and gut together presented all the symptoms of strangulation. The pulse was hurried, but there had been no forced vomiting, although there was some slight nausea and some thirst. The strength of the patient also was good. Dr. Bayliss administered ether, and after placing the patient in the usual posture, to relax the pillars of the rings, I employed taxis for some time, but without success. I then decided upon the operation; but the night being far advanced, and the light being very bad, — merely candles, — and, furthermore, the symptoms not being very urgent, we appointed an early hour in the morning, and directed a messenger to summon us if any untoward symptoms should supervene before that time. The prescription given him was *Nux vom.*[30], every two hours. Early in the morning the messenger came, but not to give, as we feared, an unfavorable account. After the first dose of medicine he became easy, had passed a fair night, and was *passing large quantities of flatus*. When we saw him an hour later the flatus was still passing, the tumor was softer, a portion of it, chiefly omentum, had returned into the cavity, leaving, however, a part below; but the symptoms of strangulation were all less. In a short period an operation from the bowels followed. I returned to New York in the morning, leaving the patient under the care of Dr. Bayliss, who in the following letter tells the remainder of the story: —

ASTORIA, LONG ISLAND, March 7, 1871.

My Dear Doctor, — When you left on the 1st inst., the patient was taking *Nux vom.*[30], as you remember, and has, in some respects, continued doing well. The tenderness of the hernial tumor diminished, and *Nux*[30] was given about every three hours. The patient slept well at night and much during the day. Nervous irritability was somewhat evident the next day; patient complained of occasional constricted feeling across the epigastric region, and seemed a little anxious. Suspecting these symptoms might have been caused by the *Nux*, as some of the best effects of this medicine in hernia, especially in a particular case where difficulties often occurred, had followed the use of Finke's "high potency," I gave *Nux v.*[22,000], in solution, every three hours. I saw him again on the 4th; he was in excellent general condition, and had no more of the constriction and nervousness; he was without fever and without local tenderness; the hard mass remained near the internal inguinal ring, while the intestinal portion of the rupture was obscured, and could not be felt. Without other medicine, the bowels had freely moved, twice on the 3d and again on the 4th. Supposing the *Nux* had done all that was required, I gave *Calcarea carb.*[26,000] every third hour, and advised him to remain in bed.

Monday, 6. — Called and found him trying a fomentation recommended by an old woman, composed of Rhine wine and turpentine; told him he had better use it till he was satisfied, but I thought it would have no effect. I am now treating his son-in-law and daughter, and if opportunity occurs will resume the prescription of *Nux*.

Does it not seem probable that adhesions have formed, and the rupture is irreducible? I have explained to the patient fully his condition, through his son-in-law, who is very sensible and intelligent; but understanding when speaking different languages, though with a good interpreter, is still a difficulty.

I have, from experience, great confidence in the beneficial effect of *Nux* in hernia. I now remember at least two cases of inguinal rupture, one of them double inguinal, the other scrotal, which disappeared under the use of this medicine in high potency.

Very truly your friend, B. L. B. BAYLISS.

ONE of the most distinguished surgeons of Philadelphia, Dr. D. Hayes Agnew, for a long period of years connected with the Pennsylvania Hospital, and one of the best clinical teachers in America, has severed his connection with the Hospital, on account of a resolution recently passed by the trustees of this charity, requiring the staff to lecture to female medical students. Dr. R. I. Lewis has been appointed to the vacancy. The latter gentleman is Surgeon to Willis' Ophthalmic Hospital. Dr. T. Gaillard Thomas, of New York, has resigned his position in Bellevue Hospital.

Surgical Editorial.

We would call attention to a case of "Tetanus, Hemiplegia, and Thecitis," reported elsewhere in our Surgical Department by A. P. Macomber, M.D. The very trivial cause which produced such serious results, and the different phases which the disease assumed at different times, together with the prolonged and agonizing suffering endured by the patient, and, above all, the successful application of homœopathic medication, render the report one of considerable interest.

VARICOCELE. — In speaking, in a late number of the *Gazette*, of the improvements in Surgery suggested by Dr. E. O. Clark, we mentioned a method of operating for varicocele. Since the appearance of that article, we have been requested by several physicians to give to the readers of this journal a description of the case in full. We therefore take pleasure in gratifying them,— and especially our Leavenworth friend, — and place before them the article entire, as it appears in Dr. Clark's "Report on the Progress of Surgery," pp. 46–48, made to the St. Louis Medical Society, and printed in numbers of the *Medical Archives*, and afterwards in pamphlet form. The entire report consists of 101 pages, and is illustrated with several wood-cuts. He says: —

"This operation consists in excising a portion of the redundant scrotum, by taking up a fold of it between the blades of a forceps, or with Ricord's fenestrated forceps for phimosis, and thus exposing the cord with its vessels, so that they can be manipulated separately, and the veins be distinguished from both the artery and the vas deferens. This part of the operation was originally proposed some years since by Sir Astley Cooper, who, after excising from the scrotum, brought the edges of the skin together by sutures, relying upon this procedure to effect a cure. I, however, after a fold of the scrotum has been removed, and the vessels of the cord exposed, so that the vas deferens can be isolated, pass a needle around with a wire ligature beneath the cord, excluding the vas deferens and including all the other contents of the cord. The needle is then disarmed, removed, and the two ends of the wire passed through a small tube about two inches in length, and wound over a cylinder fixed at the other end of the tube, so as to grasp the vessels as the écraseur does, and compress them sufficiently to arrest their circulation and induce their complete obliteration.

"After the lapse of thirty-six or forty-eight hours, the 'écraseur' is removed and the wound closed by the ordinary interrupted suture or by needles — the former being preferable. The results have been quite as satisfactory in my cases as in those of Professors Eve and Smith,

and I have reason to believe that the cure will be more permanent, from the fact that not only are the veins obliterated, but the main artery also, thus rendering the desired result doubly certain. The operation is comparatively devoid of all danger, as any excessive inflammatory action may be controlled at once, by cutting the wire and withdrawing the écraseur.

. . . . . .

"We do not propose to discuss either the causes or the pathology of varicocele, with which every surgeon should be familiar; but mention the subject only to speak of its treatment and radical cure, having in view the relief of the two chief conditions existing. I have operated by this method five times since January, 1868, in each case successfully and promptly, relieving the varicocele, and — as I have since been informed by patients operated upon eighteen months ago — without in any way impairing the function of the testicle. Although both the artery and the nerve are included in the écraseur, the length of time required to obliterate the blood-vessels is not sufficient to impair the function of the nerves. In operating by this method, it may be asked whether the nutrition of the testicle is not impaired by cutting off the circulation in the spermatic artery, which is included in the ligature?

"The results of the cases operated upon, in which neither atrophy nor impaired nutrition of the testicle was observed, has demonstrated that the collateral circulation is sufficient to maintain the nutrient function of the organ. The pain, which was quite intense before the operation, was immediately relieved, and eighteen months after the operation, there was no indication of the disease returning.

"A few months after performing this operation for the first time, and without any previous knowledge of the fact, I noticed, in Volume 19 of the Transactions of the American Medical Association, a report upon this subject by our late townsman, Prof. Paul F. Eve, in which he states that he has frequently performed the operation as recommended by Sir Astley Cooper, with the addition of ligating the veins only of the cord, with animal ligature, which he allowed to remain until it was cast off. Prof. Eve also notices in his report that Prof. Nathan R. Smith, of Baltimore, mentions having performed the operation of Sir Astley Cooper, and ligated the veins successfully several years since, without his (Prof. Eve's) knowledge.

"The almost coincident assertion of the success of this operation by two distinguished members of the profession, so far as they have performed it, encourages me to feel that I am correct in the advanced step I have made in including the entire contents of the cord, with the exception of the vas deferens within the ligature, and in relieving the conditions which are found in every case, *i. e.*, a redundance of the scrotum and a varicose condition of the veins.

"The various methods of treatment long in use, such as incisions, cauterizing paste, subcutaneous ligation of the veins, etc., are too familiar to every surgeon to require mention. The latter method, that of occluding the veins by percutaneous ligation, — which at the present day is the most common practice, — we regard as unsafe from

the fact, that in many cases the induration about the veins is such that it is impossible, in manipulating them through the skin, to distinguish between the hypertrophied veins and the vas deferens, so that the serious mistake of including this duct in the ligature might occur in the hands of the most skilful operator. To avoid this accident, we have devised this operation, which is not liable to such objection."

QUESTIONS IN SURGERY. — The following are the questions in surgery lately propounded to the candidates for the degree of the Royal College of Surgeons, of London. It will be seen that the questions in themselves are very few in number, but that they embrace in their answers some of the most important subjects in the whole science of surgery. This we deem an important feature in these examinations. It is better to have but a small number of questions, each one, however, covering a wide and important field, and to require each candidate to write out at length all that he knows on the point proposed, than the ordinary oral examinations which are usually given to students.

1. Describe the inguinal canal, its boundaries, and relation to other structures, including hernial protrusions.

2. What are the causes, and the immediate and remote consequences of sudden extravasation of urine?

3. Give the pathology of non-traumatic aneurism, from its commencement to its termination.

4. Describe the operation known as Chopart's, and the relative position of the parts cut through in this amputation.

5. How are scirrhus and medullary cancer distinguished in the living subject? What organs does each form specially affect? and at what ages, usually, do they respectively occur?

6. By what form of accident is dislocation of the head of the femur usually caused? Describe the two dislocations in this direction, the deformity existing in each, and the proper method of reducing them.

It will readily be seen that a good-sized volume could be written on any of the above questions.

The New England Medical Gazette.

BOSTON, AUGUST, 1871.

MEDICINE IN POLITICS. — We had supposed that in the grand fiasco of Van Aernam, at Washington, our allopathic friends had gained an experience which they would not care to repeat. But it seems that we were mistaken; for here, in good old liberal Massachusetts, it is proposed to fight the same battle over again, on a smaller scale, to establish here the broad principle that homœopaths have no rights which allopaths are bound to respect.

In military matters, it seems to have been a long and time-honored custom, and one which has come to be considered a right of every commander of a regiment, to appoint upon his staff, as surgeon, a physician who would be congenial to him, while the brigadier-general claims the same right and privilege in regard to the medical officer of his own staff. Previous to the late war, so far as we have been able to learn, his right to do so was seldom or never questioned. But as that time, when medical appointments were made by scores, if not by hundreds, and when the responsibilities resting upon the surgeon of a regiment were very great, and especially after the Boston Academy of Homœopathic Medicine — the first medical society in this country to take action in this manner — offered to serve the government in its emergency by any means in its power, and when many of the members personally offered their services, it was thought best to establish a STATE MEDICAL COMMISSION to examine the qualifications of candidates for medical appointment. This Commission, of which Dr. George Hayward was chairman, ignored and coolly set aside the offers as well as the claims of all the homœopaths. This was done in a very quiet way as long as it was possible. But that the matter might be clearly understood, the following letter was addressed to the Surgeon-General: —

BOSTON, Jan. 8, 1862.

Dear Sir, — Desiring to know what position the State government occupies in relation to the homœopathic physicians of Massachusetts, will you, as Surgeon-General of the State, favor me with replies to the following inquiries: —

1. If a physician of unblemished character, thoroughly educated in his profession, and entirely competent to perform all surgical oper-

ations, but who believed in, and practised medicine according to the principle, *Similia similibus curantur*, — usually known as homœopathy, — should desire an appointment as surgeon in the army, would you sanction his appointment?

2. If such a physician had passed the Board of Medical Examiners, and been approved by them, and you should subsequently ascertain that he believed in homœopathy, would you withhold your sanction to his appointment?

3. Would the State furnish homœopathic medicine to a regimental surgeon if required by him?

4. Would privates, if sick, be allowed to have homœopathic practice, unless administered by the surgeon of the regiment?

I am, very respectfully,

I. T. Talbot.

To Wm. J. Dale, M.D.,
Surgeon-General of Massachusetts.

To this was returned the following response: —

Boston, Jan. 10, 1862.

Sir, — In reply to your communication addressed to the Chairman of the State Medical Commission, I am directed to communicate to you the following vote passed this day: —

Voted, That the members of this commission, entertaining the views they do with regard to the relations which exist between the principles of practice held by the Professors of Homœopathy and their own, do not feel justified in recommending their employment as surgeons in the army.

Very respectfully, your obedient servant,

R. M. Hodges,
Sec. Medical Commission.

Dr. I. T. Talbot.

This vote, though soft as the paw of the gently-purring puss, did not cover the sharpness of the claws. It determined that no homœopath, whatever might be his qualifications, should pass the ordeal of that Board.

Time wore on. The war closed. The military force of the nation was put upon a peace-footing. Militia officers resumed their customary privileges. The State Medical Commission fell into desuetude, — into oblivion. The military surgeon was no longer a man of immense responsibilities, but a man of shoulder-straps; his chief duty was on the muster-field. Colonels and generals placed upon their staff the surgeons who were most agreeable to them, and best adapted to the wants of their command. Before receiving their commission, some of the persons appointed appeared for examination before Dr. Dale, the Surgeon-General of Massachusetts, a man for whom we feel personally the warmest regard, and we cannot believe that he, in his great

good-nature, would, of his own accord, do injustice to any one. But urged on by the prejudices of others, and sustained by the vote aforesaid, he has apparently felt that fealty to his profession would not allow the appointment of a homœopath, when it was in his power to prevent it. Before Dr. Dale, then, came for inspection some, if not all, of these appointees. In one case the "rigid examination" consisted of the simple inquiry if the appointee was a homœopath. And on receiving a satisfactory response, he was told that he was "all right."

Now it seems that last May, Brig.-Gen. Isaac S. Burrill, commanding the First Brigade Mass. Vol. Militia, appointed Henry P. Shattuck, M.D., of this city, upon his staff as Brigade Surgeon. The professional record of Dr. Shattuck is unquestionable. He possesses more than ordinary ability; although still a young man, he has already occupied several positions of honor and trust. Even before receiving his medical diploma, he underwent a rigid examination before a United States Medical Inspector, and received the appointment of Assistant Surgeon in the United States Army. He performed the duties of that office with credit to himself for six months, when ill-health compelled him to resign, and he received an honorable discharge. Completing all the requirements of the Harvard University, he received from that time-honored institution its medical diploma, testifying to his qualifications. A successful practice of six years has since proved his professional ability, both medical and surgical. Hence the appointment.

Now comes the crucial test: —

"Are you a homœopath?"

"I am."

"Out of the way, then, and make room for a regular!"

But Dr. Shattuck is not a man to be thus rudely snubbed, and Gen. Burrill is not the officer to be thus brow-beaten. And when some months had passed away, and the press began to inquire why Dr. Shattuck had not received his commission, the Surgeon-General, in order to shift the responsibility from himself, and that he might have some bolstering aid from the aforesaid vote, proceeded to resurrect this by-gone Medical Commission. By summons of the Governor the members were called together, and Dr. Shattuck was ordered to appear before them for "examination," a process which, it was well known, was designed for his rejection. Dr. Shattuck, resenting the indignity which the Surgeon-General would thus cast upon a man who had served on the medical staff of the United States army, and

knowing well that the insult was but a prelude to the injury, — that the farce of an examination was to be followed by a predetermined rejection, — declined to appear. A temperate and respectful letter, stating the reasons why he must decline to submit to an examination so unusual, was returned by Dr. Shattuck to the Commission, which thereupon decided him unfit for the position. And with this decision, the Governor felt justified in refusing his commission.

The voice of the press has been almost uniformly condemnatory of this proceeding, and its utterances have not been few. With this statement of the case, and without further comment, we shall wait to see what additional proceedings in the matter will be instituted by our friends, — homœopaths and allopaths.

QUACKERY. — A correspondent from the West sends us two advertisements, in one of which the person advertises himself as an M.D., and a homœopath; in the other he adopts the style of the most ancient charlatan, announcing, with an attempt at doggerel, a specific for "ague," whatever that may be. Our correspondent wants to know what to do with such a doctor. We can only say, that if such an advertiser is a member of any medical society, the custom common to them all would expel him at once. If he is not, the less he is meddled with, and the more he feels that he is severely let alone, the better it will be for the community and the profession. In the last advertisement, he copies the style of the professional charlatan and hopes to realize the advantages of one; while in the first, he is apeing some otherwise respectable physicians, and hopes to make himself respectable thereby. Now, as we have said before, an advertisement should only be used by a professional man when it is clearly and unmistakably for the benefit of the public, — never to attract attention to himself, — and the parading of titles, or diplomas, either in print or in private offices, the public advertising, either by newspapers, cards, signs, one or many, or doorplates, of methods of practice, as "Homœopathist," "Mesmerist," "Eclectic," or "*Indianopathist*," is, to say the least, in very bad taste, and partakes strongly of charlatanry. If done by an accomplished physician, it rarely gives him any aid, even in a business point of view, though it does detract much from his professional reputation with respectable people. While there is room for improvement at the West, some of our Eastern physicians would do well to give the subject a little thought.

Chop Logic and Profound Reasoning. — We commend to the consideration of certain societies the following syllogisms, which, though previously unwritten, seem to have been used as a guide in their actions: —

Major. This Society is founded on broad and *liberal principles.*

Minor. Homœopaths differ in some of their opinions from the majority of physicians.

Consequent. Therefore we will expel them from this Society.

Or, perhaps this would suit some associations better: —

Major. Homœopathy is foolishness.

Minor. Fools are wicked and *irregular.*

Consequent. Therefore Homœopaths have no rights, as physicians, which we are bound to respect.

CORRESPONDENCE.

DEATH OF OPPOLZER.

Innsbruck (Tyrol), May 18, 1871.

Dear Gazette, — You have probably been informed, by the telegraph, of the death of Professor Johann Oppolzer, which occurred on Sunday, April 16.

Thinking that a few particulars concerning the last days of this great man might be of interest to some of your readers, especially to those who have in years past attended his lectures, I will try to give them.

On Sunday, April 9, this great physician mentioned to his hearers that he had, in all probability, contracted a typhus exanthematicus, of which disease he had at that time a great many cases under his care. He had been troubled with a slight diarrhœa for several days, and on the Monday after Easter he complained of a sore throat; notwithstanding this, he came on Tuesday morning into the hospital. While speaking to his class, he fainted, but revived in a few seconds, and was helped into his carriage. But, instead of going home, he visited several of his patients, and took a short drive in the Prater.

On reaching home, the coachman noticed that the Professor had not the usual control of his extremities, and offered to assist him in getting out of the carriage, which (after having taken a few puffs of his cigar) he refused, saying that he could yet help himself. In ascending the stairs, he supported himself by the wall.

The following morning he tried to rise as usual, but his son protested against it. The latter had spent the night before his father's chamber door, and was convinced that he was seriously ill.

On Thursday he was overcome by great debility; a violent fever set in, and the diarrhœa became excessive. Prof. Skôda was called, who, without being able to make a correct diagnosis, acquainted the family with the imminent danger in which he found his celebrated colleague.

The patient himself asserted that he was suffering from typhus exanthematicus, although the characteristic spots were not yet visible.

On Saturday an apparent improvement took place, which, however, did not continue; for towards night, a violent delirium began, in which the patient delivered entirely coherent discourses. During the night he was troubled with difficulty in breathing, the pulse became irregular, and, still in a completely unconscious state, he died at 1 : 35 A.M. Several hours before death, his whole body became covered with spots, a most exquisite picture of typhus exanthematicus.

Thus Oppolzer proved himself, even in his own disease, to be a great diagnostician; for he alone understood the disease to which he so soon fell a victim. F. H. KREBS.

HOMŒOPATHY IN GREAT BRITAIN.

ENGLAND, July 24, 1871.

DEAR SIR, — We send you the following notice, hoping you will make it known in the pages of your valuable journal, so that any of your countrymen visiting England may attend the Congress.

We remain, yours faithfully,

GIBBS BLAKE, } *Secretaries of*
C. P. COLLINS, } *Congress.*

BRITISH CONGRESS OF MEDICAL MEN PRACTISING HOMŒOPATHY.

This important meeting will be held at Oxford, on Wednesday, September 27th. The meeting will take place at the Randolph Hotel. The president, Dr Madden, will deliver an address on Therapeutics in its Relation to Modern Physiology. Papers have also been promised by Dr. Black, of the British Homœopathic Society, on Posology; by Dr. Dunn, of the Northern Homœopathic Medical Association, on Thirty Years Experience of Homœopathy applied to Surgery and Obstetrics; by Dr. Wynne Thomas, of the Midland Homœopathic Society, Reports of Surgical Cases; and by Dr. Moore, of the Liverpool Homœopathic Medico-Chirurgical Society, on Uterine and Ovarian Diseases.

Membership of Congress will be restricted to duly qualified members of the medical profession, practising homœopathy. The President will take the chair at 10 o'clock in the morning. There will be an adjournment at one o'clock for an hour. The members will, with any friends they may choose to invite, dine together in the evening. Dinner will be served at six o'clock.

No paper will — with the exception of the President's address — occupy more than twenty minutes in reading; and the observations of members in the discussions following the papers will, it is expected, be limited to ten minutes each.

The secretaries on this occasion are Dr. Gibbs Blake, No. 24 Co more Row, Birmingham, and Dr. Collins, Euston Place, Leamington. It is hoped that all gentlemen who intend to be present at the Congress will communicate with the Secretaries before September 23, in order that time may be allowed for necessary arrangements.

REPORTS OF SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Report of Twenty-Fourth Session. Continued from page 318.

THIRD DAY.

THURSDAY, JUNE 8, 1871.

PSYCHOLOGICAL MEDICINE.

DR. George F. Foote, of Middletown, Orange Co., N. Y., Chairman of this Bureau, gave an account of the projected Insane Asylum in that place, for which the ground has been broken. He appealed for aid to make this State institution a matter of national importance. Work has already been commenced, and fifty men are now employed in erecting the central, or main building, which will be ready for occupancy next winter. By subscription, $50,000 have been raised already, and the State will now contribute $75,000 more, so that $125,000 are in hand for the extensive grounds and erection of buildings. For an additional $20,000, raised by subscription or otherwise, the State will add $40,000 more. It only remains for the friends of this institution and the friends of homœopathy to lend a helping hand to this effort, now so favorably begun, in order to make it, though the first Insane Asylum under homœopathic treatment, one of the most prosperous in the country.

OBSTETRICS.

Dr. J. H. Woodbury, of Boston, finished his paper on Topical Application in Uterine Diseases.

Dr. O. B. Gause, of Philadelphia, read a paper on the Use of the Forceps.

Dr. E. C. Beckwith, of Zanesville, Ohio, read a Case of Violent Afterpains, with Hæmorrhage.

Dr. S. S. Lungren, of Toledo, Ohio, gave a short account of a remarkable obstetric case.

Dr. E. W. Townsend, of Greensburg, Pa., presented a case of Congenital Enlargement of the Kidneys.

The papers of the Bureau having all been presented, were considered and discussed.

Dr. G. W. Swazey, of Springfield, Mass., regretted the tone of the paper of Prof. Gause, on the use of forceps. He believed in watching and trusting to nature. He had very rarely used the forceps.

Dr. T. S. Verdi, of Washington, had frequently used the forceps in his early practice, but had long since discarded it. He thought it unnecessary, in ninety-nine cases in a hundred.

Dr. Lyman Clary, of Syracuse: The forceps often saves much suffering. But the old arbitrary rules are very pernicious. Nature is not always able to properly complete parturition, and the physician should be sufficiently educated to know when adventitious aid is necessary.

Dr. C. H. Haeseler, of Philadelphia, does not see why the forceps is

so much dreaded. Those who do not understand the instrument, or are not competent, should not use it. There are frequent emergencies that call for the forceps.

Dr. Swazey needs the forceps about once in ten years. The patient must not be disquieted in mind by the use of forceps, merely to save pain. Cheerful looks and encouraging words from the physician, will do much to render the forceps unnecessary, and prevent many of the complications of labor.

Dr. A. S. Ball, of New York, believed in the importance of encouraging patients in labor. It adds to their efforts, their strength, and even their vital powers. Many a parturient has not only completed her labor more speedily, but has been saved from convulsions by the kind, assuring words of her physician.

Dr. H. N. Guernsey, of Philadelphia, sometimes finds the forceps necessary; but in general, relies on the remedy and upon the powers of nature. Why have we a materia medica if we have not liberty to use it? We must study our cases and apply the remedy that covers the symptoms. When labor is progressing favorably, then we have no need of interference; but if the forces of nature are disturbed in any manner, what is more likely to set them right than the properly-selected homœopathic remedy? Let us make use of the full measure of homœopathy in our most trying emergencies, and we shall not go far wrong.

The Photographic Convention.

Mr. G. H. Loomis, of Boston, from the Photographic Convention, presented an invitation to visit its exhibition at Horticultural Hall, which was accepted with thanks.

Report on Credentials.

The Committee on Credentials reported the names of 300 members and delegates present, from 15 State societies, 42 county and local societies, 20 hospitals and asylums, 22 dispensaries, 9 medical colleges, and 8 medical journals.

Surgery.

A full notice of the report of this Bureau appeared in the last number of the *Gazette*.

Admission of Females.

Dr. McManus, Chairman of the Board of Censors, reported the names of the male candidates before them, including that of Dr. Bowie, but paused at those of three women, whose testimonials were satisfactory, gallantly apologizing for putting their names at the foot of the list.

Dr. S. R. Beckwith, of Cincinnati, objected to their names being read. He recited the action of the Institute at Boston (Proceedings, 1869, pp. 345—352), and argued that, inasmuch as, at the time that the constitution of the Institute was adopted, there was no medical school that admitted women, therefore all who "pursued

regular course of medical studies" were then men; he maintained, therefore, that it was an error to decide that no change of constitution was necessary for the admission of women; especially as it applies to the candidate the pronoun "he." It was not the intention of the framers of the instrument to admit women under it. He had for twenty-two long years lectured on surgery to a medical college which admitted women, and he favored their pursuing medical studies; but he thought their admission to the Institute would disturb the harmonious action of this body. He moved that the names of the ladies be not read.

Dr. G. W. Swazey called for the reading of the resolution passed in 1869, which is as follows: —

Resolved, That properly qualified physicians — men or women — are eligible to membership of the American Institute of Homœopathy.

He then said: I am glad, if the discussion of this question is to be again forced upon the Institute, that it had been introduced in this cool and dispassionate manner by one who has had, as he claims, so much experience in this subject, and who so freely expounds constitutional rights. But while I have listened carefully to every word he has spoken, I must take issue with him on this question. I suppose the gentleman will not deny the right of the Institute to interpret, and to decide its own constitution, and by this resolution, passed, after a full discussion, by a more than two-thirds vote, at a session with upwards of one hundred and twenty-five members present, it decided just what that constitution is and means to-day.

I am not here to argue woman's rights, but what is right for us. Having by a full vote and in an unmistakable manner, decided that women may become members; having, in fact, for two years, invited them to join us, shall we, now that these women have come forward, insult both them and ourselves by deciding, or even being asked to decide, that it was all unconstitutional, and that we have concluded not to stand upon our agreement and solemn pledge? Such a proceeding would outrival the most disgraceful doings of the allopathic Association at San Francisco, or Washington. This is a question of right which we can decide only in one way.

After a long and exciting discussion, in which Drs. S. R. Beckwith, E. C. Beckwith, Verdi, Cate, Morgan, Lord, Baer, Lilienthal, Swazey, and others participated, and after various motions and counter-motions, all the ninety-nine candidates, women included, were made members of the Institute. Dr. Swazey's amendment to the constitution, of which he gave notice in 1867 and 1868 (see Proceedings, p. 86), was made the order for 9 A. M. to-morrow. Adjourned.

The Banquet,

On Thursday evening, was held at the Continental Hotel. The number at the tables was nearly four hundred, about half of them ladies. The tables were elaborately and beautifully spread, and presented a sight alike cheering to the favored guests and to the Committee of Arrangements, who had labored so assiduously and effectively for their comfort and enjoyment. Dr. H. N. Guernsey, Chairman of the Com-

mittee, welcomed the guests in a short speech, to which Dr. D. H. Beckwith, the President of the Institute, responded. After ample justice had been done to the delicious viands, Dr. O. B. Gause, as toast-master and regulator of "the feast of reason and the flow of soul," gave utterance to sentiments fitting to the occasion, and which were responded to by Hon. Wm. D. Kelley, Representative to Congress from Philadelphia, Daniel Dougherty, Esq., of Philadelphia, Thomas M. Coleman, Esq., of Philadelphia, and Drs. Dunham, Watson, Talbot, Helmuth, Henry D. Paine, S. R. Beckwith, and John S. Gray. We regret that we cannot give in full the many good things as well as witty ones, but can only find room for that portion of Dr. Helmuth's response to the sentiment, Our Alma Mater, which is entitled —

THE MEMORIES OF TWENTY YEARS AGO.

The world moves on; the years roll slowly by;
Youth comes of age; aged decay and die;
New faces crowd the ever bustling scene,
And tell to us what we ourselves have been;
Our oldest friends are wrinkled, bald, and gray,
And we, advancing, grow as old as they;
Yet, here to-night our thoughts will backward flow,
And memories rise of twenty years ago!

Here, where my *Alma Mater* proudly rears
Her noble head, the pride of rolling years
Of glory settling on her peaceful brow,
I stand to offer her my homage now.
First of her race who, fearless, dared proclaim
"*Similia*" in the glorious Master's name!
First of the schools that to a sceptic world
The banner of a mighty truth unfurled!
I love her yet, and may affection grow
Which budded here just twenty years ago!

Ah! oft, when busy recollection plays
'Mid bygone scenes of happy student-days,
What faces rise, familiar to the call!
What memories all my faculties enthral!
What visions of that careless, motley crew,
Who studied medicine — and mischief, too —
Before my mind come flitting to and fro,
Just as they used to twenty years ago.

Where are they now? Why some have risen high,
Aiming their arrows ever at the sky.
Some were too wayward, and have gone astray;
Some hold the even tenor of their way;
Some are recording an immortal name
In gilded letters on the scroll of fame;
Some have departed hence and laid them low,
And some remain from twenty years ago.

Among the dead, the last lamented one
Whom God call'd home was Walter Williamson.
Firm at his post, a soldier in the cause,
Nor age, nor reputation bade him pause;

Onward his march, in search of golden truth,
Friend to the aged, Mentor to the youth,
Ardent and earnest in the paths he trod —
An honest man — the noblest work of God!
He was my friend, and he has told me so,
E'en when a student — twenty years ago.

Ah, Alma Mater! as our hair grows gray,
And spirits ebbing, gradually portray
The march of years, we honor thee the more,
Connecting thee with pleasant days of yore.
I sought thy classic precincts, mother dear;
I wore thy benches smooth year after year;
My *tuber ischii* has ached and borne
A body weary and a mind forlorn,
While learning of our human aches and ills,
Which may be cured, and which more surely kills.
I've heard from reverend lips thy precepts flow,
And scribbled notes *currente calamo*,
Laugh'd o'er the dead in "parlors of the sky,"
Carved bone and muscle, nerve and artery,
"Crammed" for each quiz, applauded with my feet,
And cut my name upon a chosen seat;
'Twas the right-hand corner of the second row, —
I cut it there just twenty years ago.

These are my sins, O mother, I avow,
And ask thy pardon for my foibles now;
And may I wish thee, in the conjoint name
Of all thy children, an immortal fame;
Thy portals fair may knowledge ever crown,
May wisdom lend thee glory and renown;
Forth from thy gates may truth overflow in streams,
The Sun of Progress lighting with its beams;
And, as the years roll by, we seek in turns
"That bourne from which no traveller returns,"
And other sons, upon our festal days,
Shall sweetly sing, O Mater! in thy praise;
Then may *they* speak, while wit and wisdom flow,
Of "some who met here *twenty years* ago."

FOURTH DAY.

FRIDAY, JUNE 9, 1871.

J. J. Youlin, M.D., of Jersey City presided.

ANATOMY, PHYSIOLOGY, AND HYGIENE.

Dr. I. S. P. Lord, of Poughkeepsie, Chairman of the Bureau, presented its report, and also an article by himself on the Physiological Significance of a Cell of Three Parts.

ORGANIZATION AND STATISTICS.

Dr. H. M. Smith, of New York, Chairman of the Bureau, presented its report. It contained an amendment to Article Nine of the By-Laws, so as to expressly sanction the admission of women to membership. Earlier in the morning, a resolution to similar effect had been offered

by Dr. Morse, who, on learning of the recommendation to be presented in the report, withdrew his resolution. The change of By-Law Nine was unanimously adopted. Bureaus of Medical Literature, and of Ophthalmology, Otology, and Odontology, were inserted in Article Ten.

Annual Addresses.

Dr. T. S. Verdi had presented the day before the following resolutions: —

Resolved, That the American Institute of Homœopathy deems it inexpedient to have a public oration delivered hereafter by any member of the Institute.

Resolved, That the President shall make an address at the opening of each session of the Institute, which address shall contain a general review of the progress of medicine and homœopathy during the past year, and such suggestions as he may deem necessary for the Institute to take action on during the session.

They had been made the order of the day for ten A. M., and were accordingly taken up, and Dr. Verdi advocated them. Dr. Pemberton Dudley, of Philadelphia, opposed the discontinuance of the Annual Address. He proposed that a committee be appointed to exercise a censorship over it previous to delivery. Rejected.

Dr. McManus offered the following substitute: —

Resolved, That the subject of every Annual Address shall be confined to medical and scientific subjects, to the exclusion of all matters either political or religious. Rejected.

The original resolutions were carried by a large majority.

Place of Meeting.

Dr. Verdi proposed Washington as the next place of meeting. Dr. S. R. Beckwith proposed Cleveland; Dr. Richard Koch, of Philadelphia, presented, in behalf of San Francisco, an invitation from the State Society of California.

Dr. Verdi urged the importance of the influence of the body upon Congress.

The discussion between the claims of Cleveland and Washington was long and earnest, with many motions, amendments, and reconsiderations. It was finally voted, 53 to 47, to hold the next meeting in Washington.

Election of Officers.

The Institute next proceeded to the election of officers, which resulted as follows: —

President	I. T. Talbot, M.D., Boston.
Vice-President . . .	J. J. Youlin, M.D., Jersey City.
General Secretary . .	R. J. McClatchey, M.D., Phila.
Provisional Secretary . .	B. W. James, M.D., Phila.
Treasurer	E. M. Kellogg, M.D., New York.

Censors — Drs. F. R. McManus, Baltimore; J. E. James, Philadelphia; G. W. Swazey, Springfield, Mass.; Clement Pearson, Mount Pleasant, Iowa; Ross M. Wilkinson, Trenton, N. J.

VARIOUS RESOLUTIONS

Were offered at intervals during the election: —

By Dr. Koch: That the resident physicians of the places of meeting of the future sessions of the Institute are not to be expected to give a public entertainment to its members. Carried.

By Dr. Beckwith, of Cincinnati: That all papers and addresses presented at this meeting be referred to the Publishing Committee with power to publish them. Amended by excepting the Annual Address, and adopted.

Resolutions were presented and unanimously adopted, tendering thanks to the various officers of the Institute the past year, to the press, to the committee, and to the various societies and associations, for the courtesies which they had extended to the Institute. Likewise to the Pennsylvania and Philadelphia societies for their great effort which rendered the meeting one of the most important and successful ever held by the Institute.

By Dr. Dudley: To hold an International Homœopathic Congress in Philadelphia, during the centennial celebration of 1876. Adopted, and the following were appointed the Executive Committee: —

Constantine Hering, Philadelphia; Carroll Dunham, New York; Robert J. McClatchey, Philadelphia; William Tod Helmuth, New York; Bushrod W. James, Philadelphia; I. T. Talbot, Boston; W. M. Williamson, Philadelphia; Timothy F. Allen, New York; Tullio S. Verdi, Washington, D. C.; R. Ludlam, Chicago; Pemberton Dudley, Philadelphia; E. M. Kellogg, New York; Henry N. Guernsey, Philadelphia; Henry M. Smith, New York; Seth R. Beckwith, Cincinnati; T. C. Duncan, Chicago.

The Auditing Committee reported the Treasurer's account correct.

Dr. S. B. Barlow, the Necrologist, presented sketches of late members, which was referred to the Publication Committee, with full powers.

A committee was appointed to report resolutions relative to the late Walter Williamson, M.D. Its report was subsequently presented and unanimously adopted, the members rising and in silence.

Dr. Carroll Dunham, of New York, presented the report of the Committee on Foreign Correspondence.

BUREAUS AND COMMITTEES.

The President appointed the following Bureaus and Committees for the year ensuing: —

Bureau of Materia Medica and Pharmacy.

Conrad Wesselhœft, M.D., Boston; T. S. Hoyne, M.D., Chicago; Wm. E. Payne, M.D., Bath, Me.; W. W. Rodman, M.D., N. Haven; E. M. Hale, M.D., Chicago; Theo. Bacmeister, M.D., Toulon, Ill.; J. P. Dake, M.D., Nashville; Carroll Dunham, M.D., New York; H. H. Baxter, M.D., Cleveland; H. N. Guernsey, M.D., Philadelphia.

Bureau of Clinical Medicine.

S. M. Cate, M.D., Salem, Mass.; W. H. Holcombe, M.D., New Or-

leans; A. K. Hills, M.D., New York; David Thayer, M.D., Boston; D. H. Beckwith, M.D., Cleveland; F. M. Cragin, South Dedham, Mass.; J. C. Burgher, M.D., Pittsburg; J. P. Dake, M.D., Nashville; L. M. Kenyon, Buffalo.

Bureau of Obstetrics.

R. Ludlam, M.D., Chicago; J. C. Sanders, M.D., Cleveland; S. S. Lungren, M.D., Toledo; R. B. Rush, M.D., Salem, O.; J. H. Woodbury, M.D., Boston; T. G. Comstock, M.D., St. Louis; O. B. Gause, M. D., Philadelphia; E. M. Kellogg, M.D., New York; F. B. Mandeville, M.D., Newark.

Bureau of Surgery.

G. D. Beebe, Chicago; James H. McClelland, M.D., Pittsburg; E. C. Franklin, M.D., St. Louis; M. Macfarlan, M.D., Philadelphia; B. W. James, M.D., Philadelphia; I. T. Talbot, M D., Boston; S. R. Beckwith, M.D., Cincinnati; N. Schneider, M.D., Cleveland; W. T. Helmuth, M.D., New York.

Bureau of Organization, Registration, and Statistics.

Walter M. Williamson, M.D., Philadelphia; H. M. Smith, M.D., New York; H. M. Paine, M.D., Albany; E. U. Jones, M.D., Taunton, Mass.; L. E. Ober, M.D., La Crosse, Wis.; J. A. Compton, M.D., Muncie, Ind.; T. C. Duncan, M.D., Chicago; W. E. Freeman, M.D., Wilmington, N. C.; W. L. Cleveland, M.D., Atlanta.

Bureau of Anatomy, Physiology, and Hygiene.

I. S. P. Lord, M.D., Poughkeepsie; S. A. Jones, M.D., Englewood, N. J.; J. D. Buck, M.D., Cincinnati; Richard Koch, M.D., Philadelphia; S. P. Hedges, M.D., Chicago; H. C. Houghton, M.D., New York; H. F. Biggar, M.D., Cleveland.

Bureau of Psychological Medicine.

Geo. F. Foote, M.D., Middletown, N. Y.; R. F. Baker, M.D., Davenport, Io.; C. G. Raue, M.D., Philadelphia; A. R. Wright, Buffalo; N. R. Morse, M.D., Salem; H. P. Hemenway, M.D., Somerville, Mass.; R. N. Foster, M.D., Chicago; J. R. Flowers, M.D., Columbus, O.; Clement Pearson, M.D., Mount Pleasant, Io.

Bureau of Ophthalmology, Otology, and Odontology.

H. C. Angell, M.D., Boston; B. W. James, M.D., Philadelphia; T. P. Wilson, M.D., Cleveland; C. T. Liebold, M.D., New York; T. F. Allen, M.D., New York.

Bureau of Medical Literature.

Geo. E. Shipman, M.D., Chicago; C. Wesselhoeft, M.D., Boston; C. Hering, M.D., Philadelphia; W. H. Holcombe, M.D., New Orleans; L. Lilienthal, M.D., New York.

Committee on Foreign Correspondence.

Carroll Dunham, M.D., New York; T. S. Verdi, M.D., Washington; I. T. Talbot, M.D., Boston; G. N. Seidlitz, M.D., Keokuk, Iowa;

J. Hartmann, M.D., St. Louis; E. B. de Gersdorff, M.D., Boston; J. H. Pulte, M.D., Cincinnati.

Committee on a Homœopathic Dispensatory.

Carroll Dunham, M.D., New York; T. F. Allen, M.D., New York; F. E. Boericke, M.D., Philadelphia; H. M. Smith, M.D., New York; F. A. Rockwith, M.D., Newark, N. J.; J. J. Mitchell, M.D., New York; C. Hering, M.D., Philadelphia; R. J. McClatchey, M.D., Philadelphia.

Committee on Colleges.

H. N. Guernsey, M.D., Philadelphia; L. E. Ober, M.D., Lacrosse. Wis.; D. Holt, M.D., Lowell; C. Haeseler, M.D., Philadelphia; L. de V. Wilder, M.D., New York; Francis Woodruff, M.D., Ann Arbor.

Committee on Legislation.

T. P. Wilson, M.D., Cleveland; T. S. Verdi, M.D., Washington; G.W. Swazey, M.D., Springfield, Mass.; W. H. Watson, M.D., Utica; G. H. Blair, M.D., Cleveland.

Necrologist.

S. B. Barlow, M.D., New York.

Committee of Arrangements.

T. S. Verdi, M.D.; Jehu Brainard, M.D.; C. W. Sonnenschmitt, M.D.; S. I. Groot, M.D., Washington.

The Institute then adjourned, to meet at Washington on Tuesday, May 21, 1872.

THE HOMŒOPATHIC EDITORIAL ASSOCIATION

Met at breakfast with Dr. R. J. McClatchey, No. 918 North Tenth street, Philadelphia. There were present R. J. McClatchey, M.D., of the *Hahnemannian Monthly*, Philadelphia; R. Ludlam, M.D., of the *U. S. Medical and Surgical Journal*, Chicago; S. Lilienthal, M.D., of the *North American Journal of Homœopathy*, New York; T. C. Duncan, M.D., of the *Medical Investigator*, Chicago; Bushrod W. James, M.D., of the *American Homœopathic Observer*, Philadelphia; T. P. Wilson, M.D., of the *Ohio Medical and Surgical Reporter;* C. B. Knerr, of the *American Journal of Homœopathic Materia Medica*, Philadelphia; I. T. Talbot, M.D., and Wm. Tod Helmuth, M.D., of the *New England Medical Gazette*, Boston; and the publishers, Messrs. Boericke and Tafel. After discussing a delightful breakfast, Dr. Duncan presented a carefully-drawn report from the Board of Censors, setting forth some of the wants and duties of the editorial profession, at the close of which the following resolution was presented and adopted: —

Resolved, That we deem the scope of medical journalism to be; first, to aid and encourage the development of *all* branches of medical science; and second, to act as reflectors of the views and public actions of the medical profession.

After discussing several important subjects, the Association elected the following officers for the ensuing year: President, I. T. Talbot; Secretary, R. J. McClatchey; Censors, T. C. Duncan, W. T. Helmuth, R. J. McClatchey.

Dr. S. Lilienthal was appointed delegate to the American Institute.

The Association then adjourned, to meet at the time and place of the next meeting of the Institute.

SAN FRANCISCO HOMŒOPATHIC MEDICAL SOCIETY.

On Tuesday evening, May 23, 1871, the organization of this County Society was completed and the following officers were elected: J. P. Dinsmore, M.D., President; J. H. Floto, M.D., Vice-President; W. N. Griswold, M.D., Recording Secretary; E. J. Frazer, M.D., Corresponding Secretary; A. A. Thiese, M.D., Treasurer; J. Esten, M. D., F. Hiller, M.D., M. J. Werder, M.D., Censors.

June 13, 1871. — The first monthly meeting was held at the office of Dr. F. Hiller, on Post street. The President occupied the chair.

Dr. S. Porter, of Oakland, and Dr. T. C. Coxhead, were unanimously elected to membership.

The Committee on Dispensary was granted until the second Tuesday in August to report.

The following appointment of committees was made by the President: On Theory and Practice of Medicine, Dr. F. Hiller. On Homeopathic Treatment of Surgical Cases, Dr. E. J. Frazer. On Special Pathology, Dr. W. A. Griswold. On Materia Medica, Dr. J. Esten. On Obstetrics, Dr. M. J. Werder. On diseases of Women and Children, Drs. S. Porter and J. H. Floto. On Local Forms of Diseases and Epidemics, Drs. T. C. Coxhead and A. A. Thiese. Essays were read by Drs. Frazer, Griswold and Hiller, comparing the treatment of puerperal fever by homœopaths and allopaths. A spirited and interesting discussion followed.

The Society will hold monthly meetings, and now seems to be in a very prosperous condition.

July 11, 1871. — The Society met at the Pharmacy, on Sutter street. Ten members were present.

Dr. Shepherd, of Petaluma, was elected a member, as was also Dr. Clark, of Sacramento.

Dr. Hiller said that the county was about to erect a new hospital, and he had learned from the President of the Board of Health that if homœopathic physicians petitioned to be allowed to introduce that treatment into the new hospital, it would be favorably considered. He then moved that a Committee be appointed to draw up such a petition.

The Chair appointed Drs. Frazer, Hiller, and Griswold as such Committee.

Dr. Esten presented an essay on the subject of Erysipelas, in which he dwelt at length upon the symptoms, varieties, diversities, and treatment of the disease, and showed in what respect allopathic treatment was not as efficacious as homœopathic.

Dr. Werder, also, read an essay on the same subject, in which he spoke of erysipelas in its many forms, and cited cases that had been under his personal observation.

Dr. Griswold read an interesting paper, in which he confined himself particularly to numerous cases attended by himself, to which he had given great observation and care.

A communication was received from Dr. Porter, of Oakland, in which he treated of the disease at length, and referred particularly to that form of erysipelas known as "Black Tongue" which prevailed during the years 1842–45, and of its *genus epidemicus*.

Dr. Hiller reviewed at length the cases reported by the gentlemen, and a general discussion followed, in which Drs. Esten, Frazer, Clark, and others joined. As it was found impossible to fully discuss the subject in one evening, at the next reguular meeting the same subject will be resumed.

The following is a Directory of the members:—

J. P. Dinsmore	14 O'Farrell street.
J. Esten	304 Third street, corner Folsom.
J. H. Floto	402 Kearny street, corner Pine.
E. J. Frazer, (operative surgeon)	108 Stockton street.
W. N. Griswold	652 Market street, corner Kearny.
F. Hiller, (operative surgeon)	226 Post street.
A A. Thiese	140 Sutter street.
M. J. Werder	128 Kearny street.
J. K. Clark	Sacramento.
S. Porter	Oakland.
T. C. Coxhead	Oakland.
J. S. Shepherd	Petaluma.

KANSAS HOMŒOPATHIC MEDICAL SOCIETY.

Reported by J. J. Edic, M.D., Secretary.

The Third Annual Meeting was held at Topeka, May 3, 1871, Dr. R. Huson, Vice-President, in the chair. Physicians were present from Leavenworth, Lawrence, Iola, and other parts of the State.

The practice of appointing cumbersome bureaus after the manner of the American Institute, was abandoned, as we have found after two years trial that we could never get a report from a single one of the eight or ten appointed, and in lieu of bureaus, two essayists were appointed, subject to a fine for failure to read an essay at the time appointed.

It was voted that a semi-annual meeting be held each year in the city or town where the State fair is held, and on the second day of the fair.

The following officers were elected for the ensuing year: Dr. J. A. Rubicon, Atchison, President; Dr. S. R. Huson, Lawrence, Vice-President; Dr. J. J. Edic, Leavenworth, Secretary and Treasurer;

Drs. S. B. Anderson, Lawrence, L. Grasmuck, Fort Scott, R. Huson, Lawrence, and George Dick, Topeka, Censors. Dr. George Dick, Orator; Dr. R. Huson, Alternate; Drs. C. M. Seeley and George Dick, Topeka, Essayists; Dr. George Dick and Dr. M. Mayer-Marix, Delegates to American Institute of Homœopathy.

On motion, the Society adjourned to meet at Topeka, on the second day of the State fair.

THE MILITARY TRACT (ILLINOIS) HOMŒOPATHIC SOCIETY.

A DISTRICT association of homœopathic physicians, consisting of twenty-six members, was recently formed at Galesburg, Ill. After adopting the necessary By-laws, the following were elected its officers for the ensuing year: — T. Bacmeister, M.D., of Toulon, President; W. C. Anthony, M.D., of Princeton, Vice-President; J. H. Miller, M.D., of Abington, General Secretary; G. W. Brewington, M.D., of Wataga, Provisional Secretary; J. T. Merryman, of Aledo, Treasurer.

Dr. Bacmeister then delivered a short but interesting address respecting methods of selecting remedies.

At an evening session — an interesting and valuable meeting — several cases of interest were reported and discussed at length, and after a late hour the Association adjourned to meet again in two months. There is no question but what this society will do much to strengthen the cause of homœopathy in that part of the State, and, if creditably conducted, to improve the position of each of its members. There are many places in the country where local societies could be formed with great advantage. It is the only way to bring physicians together so that they will act in harmony. Wherever a half dozen physicians live sufficiently near to do so, let them be brought together and a society at once formed.

THE BROOKLYN HOMŒOPATHIC LYING-IN ASYLUM.

BY the persistent and assiduous efforts of our friend, Dr. H. Minton, an institution has been incorporated and established in Brooklyn, where parturient women may have the benefit of homœopathic treatment. It is no little thing to establish such a charity, but with the long list of officers and managers who will contribute to it, there is no doubt of its complete success. The institution has our hearty good wishes, and, we doubt not, will be sustained alike by the profession and the community.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

A VACANCY in the position of House Physician and Surgeon will occur on October 1, 1871. Applications for the place, by recent graduates, or students in the last year of study, may be addressed, with accompanying references, to the Massachusetts Homœopathic Hospital, 14 Burroughs Place, Boston, Mass.

ITEMS AND EXTRACTS.

IRELAND has now less than twice the population of the city of London.

FIVE PERSONS to each house is the average number developed by the British census.

AMERICAN GINSENG. — A Minnesota man has agents out along the Cedar and Des Moines rivers gathering Ginseng, and expects to ship 250,000 pounds of the root to China this year.

PROFOUND. — The following explanation of homœopathy is from the Notes, Queries and Replies of the *Med. Times and Gazette.* — "What is Homœopathy? A system of doing nothing, and taking a long time to do it." The writer probably never saw a case of croup, cholera, or pneumonia, treated homœopathically.

METACINNABAR. — In the *Journal für Praktische Chemie*, No. 17, 1870, will be found a description, by Dr. Gideon Moore, of a new sulphide of mercury. It does not differ from cinnabar in the proportion of its constituents; but it is without structure or cleavage; has a brilliant fracture; takes a high polish, and possesses a metallic lustre resembling graphite. Dr. Moore proposes to call this new mineral "Metacinnabar." Is it an allotropic form, or does it differ in the groupings of its atoms?

THE DISTANCE WHICH SOUND TRAVELS. — A locomotive whistle can be heard, under ordinary circumstances, 3,300 yards, or nearly two miles; the noise of a railway train, 2,800 yards; the bark of a dog, or the report of a musket, 1,800 yards; the roll of a drum, 1,600 yards, and the human voice 1,000 yards. A dinner-horn in the country is often heard five miles. Mr Glaisher, the aëronaut, has noticed that the voice of a woman is audible in a balloon at the height of about two miles, while that of a man has never reached higher than a mile.

REMOVAL OF STONE BY DILATATION. — Dr. Long, of Orion, Ill., having discovered a stone in a female bladder, says: "I tried to dilate the urethra by a succession of bougies; but it was so sensitive that the patient could not bear them. Failing in this, I determined to try the operation of *rapid dilatation* for its removal. Using chloroform to full anæsthesia, I then effected the dilatation by means of a pair of ordinary *duck-bill* dressing forceps, introducing and withdrawing them a number of times, more and more opened each time, until I thought the dilatation was sufficient to allow the stone to pass out. I then introduced the same forceps, grasped the stone and withdrew it by exerting considerable force. Did not have more than half an ounce of hæmorrhage during the entire operation; a little blood passed off with the urine for a day or two, and considerable soreness remained for five or six days. Incontinence of urine lasted for three days, after which time she gradually regained control over the bladder. In eight days she was out of bed, in two weeks out of doors, and is now (seven weeks after the operation) entirely relieved of her trouble.

The stone was oblong in shape; measured four and a half inches in its longest, and three inches in its shortest circumference, and weighed three hundred and eight grains; consisted of oxalate of lime, incrusted with lithic acid and phosphates." — *Am. Jour. Med. Sci.*

Ventilation in Traumatic Hospitals. — The "Besieged Resident" lately wrote from Paris: "The number of wounded in this hotel has considerably diminished, owing to the deaths among them. For the Société Internationale to have made it their central ambulance was a great mistake. Owing to the want of ventilation, the simplest operations are usually fatal. Four out of five of those who have an arm or leg amputated, die of pyæmia. Now, as in the American tents, four out of five recover; and as French surgeons are as skilful as American surgeons, the average mortality in the two ambulances is a crucial proof of the advantages of the American tent system. Under these tents, there is perfect ventilation, and yet the air is not cold. If their plan were universally adopted in hospitals, it is probable that many lives which are now sacrificed to the gases which are generated from operations, and which find no exit from buildings of stone or brick, would be saved. 'Our war,' said an American surgeon to me the other day, 'taught us that a large number of cubic inches of air is not enough for a sick man; but that the air must be perpetually renewed by ventilation.'" — *Med. Press and Circular.*

Poison of Serpents. — Dr. Fayer has just brought to a conclusion an elaborate and valuable inquiry into the characters of the poisonous snakes of India, and the possibility of discovering an antidote to their venom. The search, it is to be regretted, is only too conclusive; nothing, which has yet been found, can stay the deadly effects of snake-bite, when inflicted by the more poisonous species of India. The result of Prof. Halford's plan of injecting ammonia into the veins from time to time, reaches us from Australia. Sometimes it is successful, at other times it must be confessed, a failure; but in India the plan has had one uniform result, — unsuccess. An American experimenter states that the venom of the rattlesnake keeps its efficacy longer *when diluted with aqua ammonia.* It would seem that the only hopeful plan is that already inaugurated, and which in other lands has succeeded with other plagues, — extirpation, fostered by a reward for each snake killed.

Puncture in Anasarca. — Dr. Hanfield Jones, at a recent meeting of the Clinical Society of London, read a paper on this subject, in which he advocates the making of a single puncture in the calves of both legs with fine trocars, and, after withdrawing the stilettes, leaving the canulas open for several hours to allow the fluid to drain away. In this manner, he succeeded in the first operation in drawing off sixty measured ounces of fluid from the right leg, but only ten from the left, in consequence, he supposed, of the canula not lying properly in the subcutaneous cellular tissue. In a second operation on the same man, three days afterward, he drew off 120 ounces of fluid, besides a great

deal which ran from the punctures for several days afterward, sufficient to saturate three blankets. For the performance of the operation, the man was placed in a sitting posture, and this he considered important, as it facilitated the draining away of the fluid. — *New York Med. Jour.*

BLOOD STAINS. — Gunning has discovered, in the acetate of zinc, a re-agent that precipitates the slightest traces of the coloring matter of blood from solutions, even when the liquids are so dilute as to be colorless. Blood, washed from the hands in a pail of water, can readily be detected in this way. The flocculent precipitate, thrown down by the acetate of zinc, must be washed by decantation, and finally collected on a watch glass and allowed to dry, when the microscope will readily reveal hæmin crystals if any blood have been present. This test has been repeatedly tried, with entire success.

Iodide of potassium dissolves traces of blood, even from clothing which has been thoroughly washed, but hæmin crystals cannot be obtained from the solution. — *Scientific American.*

PERSONAL.

Mrs. F. R. H. REID, M.D., has located at Nebraska City, Neb., and writes us that there are four homœopathic physicians in that place besides herself, viz.: Drs. H. A. Reid, J. H. Way, A. M. Smith, and S. C. Case. In Palmyra, Otoe Co., Neb., there are two more, viz.: Drs. Carley and Dapp. She says "homœopathy is steadily gaining ground and winning popular favor in the West"

G. H. HACKETT, M.D., has located at Fitchburg, Mass.

REMOVALS. — A. H. CARVILL, M.D., from Kingston to St. Cloud, Minn. He writes, "St. Cloud is a beautiful town, and though not very large (3,000 inhabitants), yet it is the largest within a radius of sixty miles, and, as it is growing rapidly, it will undoubtedly continue to be the leading town in this section"

J. H. THOMPSON, M.D., from No. 40 East Twenty-Sixth Street, to No. 36 East Thirtieth Street, New York.

O. B. GAUSE, M.D., from Arch Street, to 140 North Twelfth Street, Philadelphia.

A. W. BROWN, M.D., from Mystic Bridge to West Killingly, Conn.

Dr. Brown was obliged to make this change on account of health impaired by the dense fogs which prevail along the shore of Long Island Sound. Although there has never been a homœopathic physician located at West Killingly, yet in this thriving place he will undoubtedly soon find enough friends of this system.

O. M. BARBER, M.D., a recent graduate of the New York Homœopathic Medical College, succeeds Dr. Brown at Mystic Bridge, Conn.

MARRIED. — At Concord, N. H., on June 20, 1871, HIRAM B. CROSS, M.D., of South Boston, to Miss Emily Louisa Haskins, of Concord.

THE

New England Medical Gazette.

No. 9.] BOSTON, SEPTEMBER, 1871. [Vol. VI.

PYLORIC OBSTRUCTION.

BY WM. H. HOLCOMBE, M.D., NEW ORLEANS.

My patient was a gentleman of fifty, spare, thin, nervous, and dyspeptic. He was a teacher and an author, and always under extraordinary pressure of study and labor He was, moreover, harassed nearly to death with pecuniary difficulties. This incessant strain on his nervous system created a demand for artificial stimulus. He became not only dyspeptic, but hypochondriac. He consulted all kinds of doctors, took all kinds of medicines and patent nostrums, drank all kinds of mineral waters, and deluged his stomach with all kinds of "bitters." Of course he became worse and worse. He was purged for constipation; he was opiated and blistered for gastralgia; and his doctors finally settled down into a definite diagnosis, which was — "chronic gastric catarrh and duodenal dyspepsia."

When he came under my care he was in a dreadful condition. He had given up all medicine except large doses of carbonate of soda to antidote the insuperable acidity of his stomach. He was greatly emaciated, and so feeble that he could scarcely walk, or stand, more than a few minutes. He was constipated; and when stools were obtained, by enema, they were of a dark lead color, and frequently mixed with hæmorrhoidal blood. His tongue was foul and pasty, he was constantly thirsty, intensely nervous, despairing, and sleepless.

No matter what he ate or drank, no matter how little, he had a most violent attack every night between midnight and morning. His days were passed listlessly and wretchedly enough, with but vague abdominal uneasiness; but his nights were fearful. The attack began with slight pain, always referred to the pyloric region, which increased to a severity resembling that of cramp in the stomach, or the most violent gastralgia. Nausea and eructations were, after a great while, succeeded by violent vomiting of intensely sour and acrid fluids. Everything he had eaten for the last twenty-four hours came up in a semi-digested state. The quantity of water ejected every night was almost incredible. At last, bile appeared, tinging the water greenish-yellow. Relaxation seemed then to come, the pain died slowly away, and he would fall asleep about daylight, perfectly exhausted.

On careful examination of the epigastric region, I inferred dilation of the stomach, from the fact that there was a sensation communicated to the open hand of a slightly convex, elastic air-cushion, which, from being scarcely perceptible after the nightly vomitings, slowly increased during the day and evening by the accumulation of liquids and gases, until another paroxysm occurred. Now, why did not all these ingesta and gastric secretions pass along down into the duodenum? I diagnosed, after a careful consideration of all his symptoms, thickening of the mucous and sub-mucous tissues of the stomach and duodenum about the pyloric orifice, which acted as an actual obstruction, or plug, hindering the downward movement of the chyme.

I inferred that no open ulcer existed on the mucous membrane from the fact that no special pain occurred after eating. It seemed to take many hours and a great accumulation of material, mainly water exuded from the stomach itself, before the feeble and dilated organ was stimulated to contract on itself so as to expel its contents. The greater the mass of those contents, the more resistance at the thickened pyloric orifice. Then came the violent spasmodic pains, until the cardiac orifice gave way, and profuse vomiting followed its relaxation.

Medicine failed entirely. Nothing I gave him did a particle of good. *Nux, Strychnine, Arsenic, Bismuth,* and a host of other rem-

edies were unavailing. He became weaker and weaker, the nightly attacks severer each time; inanition impended; his violent pains were only relieved by hypodermic injection of morphine, and iced champagne was necessary afterwards to rally him from the dreadfully prostrating effect of the opiate.

A course of treatment was now devised which acted like a charm. The patient did not have another paroxysm. He slowly rallied, and now, three months after, he can eat or drink anything he pleases, ride ten miles on horseback, and speak in full voice an hour and a half in the open air. I constantly fear that this vast change will not be lasting, but certainly it is most remarkable.

How was it effected? What glorious triumph for high-dilutionism, or for low-dilutionism, or for homœopathy at least, have we to record? Alas! none.

We gave him an injection of two ounces of good beef tea every four hours; and we permitted him to take nothing into his stomach but *sweet milk* and *lime-water*, equal parts, ice cold, and one single teaspoonful at a time, repeated about every fifteen minutes during the first day. The next day we doubled the dose; the third day gave a tablespoonful at a time; for a week he took daily a quart or more of fresh milk with lime. Then we reduced the lime-water from one half to one third, and in another week to one quarter.

In a few days he left off the beef-tea injections and lived on milk and lime-water alone. He drank many gallons of milk before he could venture on anything else, and then he began with sucking mutton chop, and advanced carefully to other nutritive articles.

This is a case of milk cure. As the disease may possibly recur, I wish the editors would give their opinion of it, and throw some additional light on the diagnosis and treatment. It was a series of phenomena the exact like of which I had never seen before. The secret of the cure was not only in the milk and the antacid, but in the plan of giving at first a single teaspoonful at a time.

SULPHUR. — TINCTURE, AND THE TWO-HUNDREDTH.

BY S. A. JONES, M.D., ENGLEWOOD, N. J.

THE writer once essayed to determine whether *Sulphur* would act in his own person as a boil-producer. Ten drops of the tincture were taken night and morning, for a week, with the following results: —

On the second day a painless, watery diarrhœa supervened, and was attended with this peculiarity: for some time after each stool there was a persistent odor of fæces in the nostrils, and so marked that he dreaded to go near a patient, feeling sure that it must be perceived. Indeed, it required several examinations and the testimony of a second person, to assure him that some fæces had not gotten upon his clothing. This olfactory *lusus* became so noisome that, after enduring it as long as he could, he gave up taking the remedy, and concluded that he could not bring his experiment "to a head," and that he must remain boil-less, so far as a sulphur provocation was concerned.

Some two weeks after he had ceased dosing, he felt a burning smart in the left axilla, which annoyed him the whole afternoon. On undressing at night, he found an angry-looking swelling as large as a pea. It became ultimately as large as a marble, when he opened it and found pus — *bonum et laudabile*. Before it had healed, a second boil formed near it. He took nothing and it enacted the same *rôle* as its predecessor had done. Before this had disappeared, a third and last came and *dittoed* the first two. He was more than satisfied that *Sulphur* is "indicated" in boils, and had no desire to push any other remedy to such a pathologico-anatomical product. *Phytolacca decandra*, and the *Hypophosphite of lime*, ought to produce boils; but he isn't a bit curious about it; three axillary nuisances are not a desirable *quid pro quo*, yet some such a price must be paid for the pathogenetic fact.

Remembering this nose-freak, I once asked Dr. Carroll Dunham if such a smell in the nostrils has been observed in any proving of *Sulphur*. "No," said he; "why do you ask?" On relating the above experiment he informed me that he had known it in only

one instance, and then as a symptom derived from the use of *Sulphur* in disease. A patient told him that he had "two kinds of diarrhœa" (the attacks recurred each summer), "one of which was cured by *Arsenicum*, and the other by *Sulphur*." When Dr. D. asked how he distinguished them, the reply was, that when the *smell of the stool followed him all around, Sulphur* cured; when this smell was absent, *Arsenicum* was the remedy.

This experiment of mine — it happened in 1869 — was recalled very vividly yesterday; and as I am fresh from reading Dr. Pope's *Silicea cure*, in the July number of the *British Journal of Homœopathy*, the two events lead me to send you this paper.

Three days ago I began taking a few pellets of *Sulphur* [200] for hæmorrhoids. My bowels were not loosened, but yesterday there came the well-remembered smell in the nostrils. It followed me all yesterday, persists to-day, and still continues even to half-past ten to-night. *Post hoc*, or *propter?* I know not; I can only swear to the smell, and wish that any doubting reader could experience it for an instant. I am not affected with nasal catarrh; and this odor is a subjective phenomenon which I have known on only these two occasions. Why may not the two-hundredth potency have occasioned it as well as the tincture? So far as the microscope and the spectroscope are concerned, the sixth centesimal potency is as far removed from physical demonstration as is the two-hundredth; but owing to a "notion," — as we Yankees say, — a fraction with twelve ciphers in its denominator is not apparently so formidable as one with four hundred; yet the former defies conception as successfully as the latter. In default, then, of the physical demonstration of the presence of the drug in either of these potencies, it is as logical to deny therapeutic power to the sixth as to the two-hundredth. The very symptoms which lead us to employ the one, guide us in exhibiting the other; and if cure after cure follows the use of the higher potency, what is the inevitable conclusion? Is it not that the use of the two-hundredth potency, according to symptomatic indications, is as logical as the use of the sixth? Both are unknown quantities, and both are equally unknown, in that — so far as the conception of quantity is concerned — they differ chiefly in name. Is not the clinical test as fairly applicable to the one as to

the other, seeing that we have only the result by which to predicate the existence of any of the drug in either potency?

I readily allow that numberless sources of fallacy surround the application of the clinical test; but I submit that the physician can find occasions in which they are reduced to the minimum. I am inclined to believe that the scourge of American infants — cholera infantum — affords such an occasion. Here we have a disease which is not "self-limited." We have learned its evolution from hours of anxious watching; we have seen its end, attended with many a mother's tears; we would thank God if spontaneous cures would often shame our art.

This dread disease, like our intermittents, often evinces a *genus epidemicus*, so that some corresponding remedy will be in especial demand during the whole season; and happy is he who early discovers this key. We know from experience that he will eat better and sleep sounder. Having found this leading remedy, he may apply the clinical test again and again, adding verification to verification, until he makes confirmation more than doubly sure.

In one season of this disease, an early case presented this feature: diarrhœa only during sleep. If the little one was kept awake during the whole day, not a stool occurred. If allowed to sleep, in less than an hour the bowels would move. The aggravation was in the night, because then the child would sleep. The character of the discharges, green and yellow mucus, gave no special indication. The mother had observed that the stool was sudden, would come before the child could tell of it, though she invariably awoke before the stool. From the stand-point of this symptom, some fourteen remedies put in their claim for consideration. On inquiry, we learned that the child had evinced a marked aversion to being bathed. A powder of *Sulphur* [200] every three hours made us master of the situation in less than twenty-four hours; and in that very week three other cases characterized by *stools during sleep only*, at once succumbed to the same treatment. The aversion to the bath did not exist in the later cases, but the clew had been obtained from this symptom in the first instance; and during the rest of that season, I knew that *sudden stools of green or yellow mucus, occurring only during sleep*, meant *Sulphur*.

If I must throw away such testimony because the potency was the 200th, then, surely, I must not accept the evidence which I gathered when my pocket-case had mother-tinctures for its liquids, and from the first to the third decimal for its triturations.

The *veni, vidi, vici* triumph belongs to no one set of posologists. Some may write the words in their case-books oftener than others, — and justly, too; but whether their success be owing to the potency or to the more skilful selection of the remedy, may not yet be declared. Instances are recorded in which a low potency succeeded after a high one had failed, and *vice versa*. I remember an occasion when two practitioners in the same locality were comparing notes. One was very successful with *Dulcamara*, — the other had found it useless. The first had never seen any good from *Merc. corr.* in dysentery, while he who always failed with *Dulcamara* (not especially in dysentery) found *Merc. corr.* a bower-anchor. The secret was, that one gave *Dulc.* in the mother-tincture and succeeded; the other employed it in potencies and failed. On the other hand, one used *Merc. corr.* in the first potency, and worse than failed; the other exhibited the 12th, and had reason to be satisfied.

Dr. Pope's recently-reported case will recall a like experience to many a high-potency man. The first cure with a 30th, or 200th, is an epoch in itself. It may be done again and again, but there is only one *first time* wherein a man feels like the rooster who laid an egg, and of whom history saith, that the wonder how he did it was eclipsed only by the greater wonder if he could do it again.

Dr. Pope is thoroughly convinced that he did something, and his conviction is most heartily shared by his patient; his pathological analysis gives a satisfactory hypothesis as to what he did; but was that Lehrmann 200 a *bona fide* two-hundredth? there's the rub! The doctor is so pleased (and who but a physician knows that not even a king can ever feel *this* pleasure, because it is the God-fee from Him who healed when He was here), and he is so surprised, that he will not, dare not, can not swear it was a two-hundredth potency. Think you that David doubted whether the "smooth stone out of the brook" laid low the giant? Did he soliloquize with that gory head in his hands, — "It was called a 'smooth stone

out of the brook,' but, surely, it must have been a mill-stone to slay *him?*"

Happy is the drift-discerning doctor if he can find an escape from his every dilemma so easily as from this. A few bottles and a day of leisure will enable him to run up a few favorite remedies to the actual two-hundredth. This done, and — our word for it — Dr. Pope will soon lose his doubt. Dr. Guillotine's heavy dose of crude *Ferrum* cures "life's fitful fever," but there is also a *punctum saliens* wherein the point of a cambric needle is every whit as effectual.

It is to be hoped that Dr. Pope's case will lead many of his English brethren to try the high potencies, because they are in danger of being "gobbled up" by the guerillas of Old Physic, and their salvation is in Hahnemann's posology. The Old School may claim our therapeutic formula as having been followed before Hahnemann's day; they may give the honor of advising "provings" to Haller; they may even claim the single-remedy practice for Störk; but can they, by any hocus-pocus, add to these our posology, and still deny our name? It is coming to this, as we see by their drop-doses of *Ipecacuanha* for a gastric "tonic," and it is on this line that we shall have our last fight. With an apothecary matter our trouble began, and with an apothecary matter it will end.

"The mill of the gods grinds slowly, but it grinds exceeding fine."

There is a poetic justice in this. Old Physic is re-discovering homœopathy and denying its name; and out of all which distinguishes our practice from theirs, the reviled posology is the most strikingly distinctive. In Dr. Black's recent paper on posology, read before the British Homœopathic Society, the dose *in minima* was declared to be the greatest obstacle to the public acceptance of our system. Because this salient feature is so readily perceived by the public, we shall preserve our identity by retaining it. By this sign we shall conquer.

To one who has earned his faith in the high potencies, the facilities with which this knotty question of posology was settled on the occasion of the reading of Dr. Black's paper, makes the learned English society appear like an Œcumenical Council. Some of the

members evidently deemed the dose-devil "laid" most effectually. All the possibilities of homœopathy are attainable by potencies ranging from the crude material to the sixth decimal potency. "Our army in Flanders swore terribly," and we are afraid many of us have done likewise on reading the Doctor's paper and the discussion which followed it. If our posology is an error, that error is certainly very tenacious of life. But we are falling into the very mistake committed by the British Homœopathic Society: resorting to rhetoric when the question demands research. The bedside is the last court of appeal; and, tried there by our law, our posology has nothing to fear from either doubting friend or honest foe.

A CASE; WITH COMMENTS.

BY E. A. FARRINGTON, M.D., PHILADELPHIA.

MR. S., aged twenty-eight, complains of a sensation of fulness in the chest, alternating with a sense of weakness in the evening on going to bed. There is an eruption on the arms, which are numb after scratching. He is quite costive; feels hungry at ten A. M. Gave *Sulph.*^{6000}.

In a week he reported himself well of these symptoms, but complained of violent pulsations in the small of the back, followed by a weakness almost paralytic, with pains in the limbs, so that he tottered when walking. He had a longing for bitter food and drink. Sometimes he awakens in the night with a feeling as though the hamstrings of the right leg were being contracted. I gave Natr. mur. ^{10000} (Fincke).

In ten days he reported himself again as suffering with the symptoms for which he first sought treatment. He took *Sac. lac.* for one week, and was much worse. He then took *Sulph.*^{20000} (F). In two weeks he was again troubled with his back and limbs, but was otherwise well. He again took *Nat. mur.*^{20000} (F). The symptoms now grew less, and in a month he was entirely cured. The alternation of the two classes of symptoms often appeared within this time, but they were so slight as to warrant a judicious letting alone.

Much may be learned from this interesting case. It will be noticed that the disease spread from the sympathetic nerves to the spinal. When irritation shifts from the ganglionic centres to the vaso-motor nerves of the cranio-spinal axis, corresponding symptoms appear there; at least so argues Brown-Séquard. The *Sulphur* relieved the ganglionic irritation, but threw the disease to the spine. *Nat. mur.* corresponded to the latter state but not to the former; it shifted the disease back to the *Sulphur* condition. Thus these two medicines stand, as it were, at the opposite extremities of one oscillation, and, in this sense, are opposite in their line of action. They represent among the elements, one, the metalloids; the other, the metals. And thus we may deduce the law that when one medicine partially indicated drives the disease to another locality, not *continuously connected with the first*, the next medicine will probably be found in the series at the other extremity of the chain of elements. But all medicines relate, in a certain degree, to both extremes of the oscillation, and if one can be found embracing the late as well as the old symptoms, thus covering the totality, such a medicine is the true remedy. But, with our imperfect provings, such a superior choice cannot always be made. If this be true, we see why *Phosph.* and *Kali carb.*, *Carb. veg.* and *Kali c.*, *Sulph.*, *Calc.*, etc., should so often follow each other, the one curing one half the disease and the other the rest.

If practitioners, in accordance with the theory of direction, right to left, etc., will study diseases accordingly, and, as the symptoms change sides, look for indications in remedies which are opposed as to direction, they will find a legitimate alternation, without being compelled to decide *a priori*, or to give one medicine while another is still doing its good work. Such an administration of medicines, it is proposed to call *rotation*. Hahnemann, Berridge, and others, have proved its necessity. Hering has shown the opposite polarity of the chemical elements, and proved that the pyrogens, halogens, and hyalogens act, during the day, from below upward; while the alkalis, alkaline earths, and other elements which decompose water, act from above downward during the day; that is, they operate on the chest in the morning, and on the bowels in the evening. The other elements are intermediate.

Surgical Department.

WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

CYSTIC TUMORS; WITH CASES.

BY WM. TOD HELMUTH, M.D., NEW YORK.

A GOOD deal of confusion has prevailed among surgical writers, in regard to the classification of cystic tumors. Some arrange them according to the old method, as malignant and non-malignant; others, according to the contents of the cysts; and others, again, according to their histological formation. As far as our experience extends, cystic tumors are not malignant, and after removal, they do not return nor are succeeded by another in the same locality; provided, always, that the sac — or rather the walls of the cyst — have been entirely removed.

Cysts may be denominated hollow growths, with walls of widely different texture, and, with their contents, varying greatly. They may, in their many forms, occur in every portion of the body. I have myself seen them in almost every organ in the cavity of the abdomen. I have found many in the same patient, varying in size from that of a pea to a diameter of four and a half inches. There is, I think, no more remarkable case upon record than that reported in the *Western Hom. Observer*, Vol. 3, pp. 154–162. In this case, the liver, spleen, mesentery and omentum, were studded with cystic tumors. Large cysts were found in the bladder and sigmoid flexure of the colon; and they were distributed everywhere. They could, indeed, be counted by thousands.

Cysts may be primitive vesicles, and form singly, attaining, in some instances, an enormous magnitude, and, in others, varying from the size of a millet seed to that of a walnut. Billroth, in his classification, places the cyst among those "tumors which seldom return after the extirpation, but sometimes occur distributed in great numbers, over the whole surface of the body." He then subdivides them according to the contents of the sac, thus: —

(*a.*) Cysts with *serous* fluid; found in the spermatic cord and in the neck.

(*b.*) Cysts with *mucus* contents (colloid), which contain a soft, gelatinous substance, or a mucus tissue; they are discovered on the neck, in the ovary, and in the thyroid gland; they may be very numerous.

(*c.*) Cysts with a *pultaceous*, or fatty matter; these occur in great numbers, often in connection with sebaceous glands, or hair follicles. He says that their walls sometimes present a cutis-like construction on their internal surface; a rete Malpighii, hairs, and sebaceous and sudoriferous glands (dermoid cysts). These cysts, when found in the ovary, may contain pieces of bone, teeth, hair, and the like.

A somewhat remarkable case of this kind came under the observation of Dr. Wm. A. Reed, of Philadelphia. The patient had died from an ovarian tumor. At the post-mortem examination, a bone was taken from the sac, resembling in many respects an os temporalis, which had, inserted into its substance, three molar teeth. The specimen, which I carefully examined, was exhibited to the American Institute of Homœopathy, at its session held in New York, in 1867. Dr. John C. Minor, of New York, lately found a tumor filled with hair, on the left side of the forehead directly over the eyebrow.

Again, we have cystic tumors which are partly of serous and partly of solid contents, as in the cysto-sarcoma of Müller, which Paget classes under the head of proliferous cysts. In a case of my own, in which this rather rare disease occurred in the mammary gland, and had existed for over twenty years, the cysts were enormous, and the discharge was so profuse and continued, that it was almost impossible to keep the patient comfortable. After gallons of this limpid serum had passed, a dark-reddish substance having rather an offensive odor, could be scraped off the surface of the body in great quantities. This case was, I think one of *Cysto-sarcoma phyllodes.* It is detailed in the *Hahnemann Hospital Reports.*

Rokitansky, speaking of the reproduction of cysts, says: "Cysts form singly or else collectively, in greater, often in redundant num-

bers. New cysts often arise within the fibrous wall of a parent cyst. There occurs also an endogenous multiplication of the cysts; new ones being developed in the fluid or parenchymatous contents of a cyst. In the former case, they do not, in their development, overstep the primitive condition, for lack of the adventitious element requisite to consolidate and advance the structureless vesicle in the true cyst."

Paget's classification of cysts appears the most lucid. He divides them into: (1) Simple, or barren; (2) Compound, or proliferous; and (3) An intermediate variety, which may contain substances more highly organized than are found in the simple or barren, and less organized than those of the compound or proliferous.

Among the simple cysts are, (a), those containing serum, mucus, and other substances; (b), the transition cysts, containing synovia, milk, semen, or the like; while (c), the proliferous cysts, contain still more highly organized structures. Holmes, in his "System of Surgery," follows much the classification adopted by Paget, and arranges them thus: —

A. Simple, or Barren: Serous and hygromatic; synovial; mucous; sanguineous; oily; colloid; seminal.

B. Compound, or Proliferous: Complex cystoid, with intracystic growths — cutaneous or dentigeous.

It will be seen that here, class A is subdivided according to the contents of the sacs; but in class B, the position they occupy determines the subdivision into groups which we need not enumerate. Billroth, in his Surgical Pathology, p. 619, disregards "the retention-cysts of large canals," leaving them, as he says, "to internal medicine and obstetrics," and confines himself surgically, "to those tumors that Virchow has grouped under the term 'follicular cysts.'" He gives the name "composite cyst, or cystoma," to a combination of such cysts, and designates those containing more solid substance as cysto-fibroma, cysto-sarcoma, cysto-chondroma, cysto-carcinoma," etc.

With reference to the formation of the walls of cysts, the principles laid down by Thomas Bryant, — Clinical Surgery, part V, p. 354, — hold good. He says: "All tumors, with the exception

of the hydatid, are made up of one or more of the natural elemental tissues of the body, and in no single example has any extraneous or new element been ever detected." So we find that cystic tumors, excepting the hydatid, are formed, sometimes by the expansion of the walls of natural ducts, as in the case of sebaceous cysts, and those of the lactiferous tubuli; others are formed from an expansion of the areolar spaces, in which fluid collects; and others still, by the enlargment of bursæ; or, in ovarian tumors of the cystoid variety. In very many cases, — and in almost all cysts of any magnitude which have come under my own observation, — the true capsule, or wall of the tumor, has been covered with a network of blood-vessels, most of them capillary in size, but involving, here and there, one of larger magnitude. Cysts may also contain gas; such are denominated "gaseous cysts." Again, in some instances, cysts in the neck appear to be a transformation of erectile or vascular tumors. Paget's classification is, as has been said before, decidedly the most simple and most readily understood.

Several varieties of cystic tumors have come under my observation; and from the lessons which the cases have taught me, I would lay down the general rule; that *the simplest and safest method of dealing with them, is to extirpate the sac by dissection.* The treatment by puncture and injection is unsatisfactory, and should only be tried when excision cannot be performed.

The neck appears to be the seat of many simple serous tumors — hygroma — as well as of the other varieties.

Case I. Serous Cysts. — A gentleman having four or five fluctuating tumors on the right side of the neck, in the direction of the sterno-mastoid muscles, applied to me for relief. The tumors were punctured, and a clear serum issued from them. After a time the cysts refilled, and again the fluid was evacuated, and the sacs scarified. The site of the tumors became inflamed and they again filled, not with serum, but with a mucous substance, which constantly oozed from them. Suppuration finally ensued, and, after a long period, the openings closed. This happened in my practice some years ago, and since that period I have always extirpated the walls of such cysts, — by dissection, if possible, if not, by including the whole mass in a ligature.

CASE II. VASCULAR CYSTS.—An infant was recently brought to me with an obscurely-fluctuating tumor directly over the thyroid cartilage. The growth was not exactly of an erectile nature, or a nævus; but I was rather of the opinion that it was connected with deep seated veins or vessels. By grasping the tumor and pulling it forward, and passing beneath it three needles crossed at angles, and then strangling the mass with waxed silk passed behind the pins, the whole tumor sloughed off. It was, as I had supposed, in close connection with blood-vessels, and at its base, presented somewhat of a honey-comb appearance.

CASE III. SEBACEOUS CYSTS.—A gentleman desired the removal of five tumors from his scalp. They were removed each by a single straight incision; but it was worthy of remark, that some of the walls of these cysts were tough as leather, while two or three were actually as thin as intestine; three were sebaceous, and two of the mucous variety.

CASE IV. CYSTS WITH MIXED CONTENTS.—An elderly lady had upon the top of her head a large tumor, which had been there for very many years; latterly it had begun to grow, and presented such evident signs of suppuration that I cut into it. There was a considerable discharge of pus; afterwards a large amount of cheesy-looking substance was removed, with a sac, which at its base was of cartilaginous hardness.

CASE V. CYSTS IN BONE.—A young lady desired relief from a tumor in which fluctuation was apparent, and which was situated on the left side of the os frontis. I at first diagnosed a simple sebaceous cyst, but found afterwards that I was in error, and that it was a cyst seated within the bone. It made its appearance first in the diploe, and gradually pressed the external table forward, until finally the bone-substance was absorbed, and the periosteum assisted to form its anterior wall. The appearance presented, after the removal of the tumor, was very similar to that which obtains in the os frontis when the external table has been cut cleanly away by a trephine. Every portion of the sac was removed and the bone thoroughly scraped. The cure was complete.

This was rather a rare case. Rokitansky says of this variety of cysts: "The simple cyst, containing a serous, or synovial fluid,

may occur in any bone, but it is chiefly met with in those of the face, the lower jaw being most subject to it, and next, the upper jaw. By its pressure it produces atrophy of the osseous tissue, and expands the compact tables of the bone to a thin-walled bladder which crackles under the finger like a piece of parchment. When this layer is also consumed, the cyst protrudes through and beyond the bone, and its wall becomes strengthened by the periosteum."

CASE V. SYNOVIAL BURSÆ. — A woman twenty-seven years of age, had suffered much from an enlarged synovial bursa of the knee joint, immediately above the tubercle of the tibia. Iodine and pressure were applied without any benefit; she suffered patiently and long. A careful dissection removed the mass, which, when opened, contained a fluid exactly resembling the vitreous humor of the eye. The tissues surrounding these synovial bursæ often, from the lasting inflammatory action, become thickened and agglutinated together into a mass which frequently embarrasses an operator. Synovial bursæ of the wrist are so frequent, and have come under observation so often, that it is unnecessary to mention them here.

CASE VI. SEBACEOUS CYST OF THE PRÆPUCE. — A unique case of this came recently under my care. The patient was one of Dr. Bartlett's, of New York. He was a fine healthy boy of about eighteen months. He had an enormously enlarged præpuce, on the right side of which, at birth, was noticed a small round tumor, about the size of a pea. This remained stationary for some time, but after a period of months it began to grow rapidly. Circumcision was all that was necessary. The tumor had a very firm envelope, and contained a substance resembling cottage-cheese in texture, and smelling exactly like the secretion from the glands of Tyson.

CASE VII. HYGROMA ON THE NECK. — This case was one of rather a critical nature, and deserves even more minute mention than can be given to it here.

The patient, a lady about forty years of age, after being caught in a snow storm, in March, 1868, felt an uneasy sensation in the right side of her neck, and, on putting up her hand, discovered a

tumor. From this time it continued to gradually increase. Within a few months a second growth appeared just above the first, and, finally, a third. She applied to Dr. Dunham. Under his medical treatment the two smaller growths disappeared, and the larger one remained stationary until March, 1871, when it began to rapidly increase, and in a short time attained twice its former size. It occupied, when I saw it, the whole of the posterior triangle of the right side of the neck, and extended behind the clavicle, and in front of it, so that the bone appeared to be *saddled* with the tumor.

August 3, 1871. — After two hours careful dissection, the entire cyst was removed. Drs. Jernigen, of New York, and Dr. Bayliss, of Astoria, assisted me carefully and skilfully during the prolonged operation. A crucial incision was made, and the tissues divided upon a director. I preferred this method, in order that there might be a sufficiency of room, in case any untoward circumstance should happen during the operation. After the integument, platysma, and deep fascia had been divided, the mass beneath looked so dark and purple as to lead me to conclude that the cyst was of the sanguineous variety. But the color proved to be due to a coating of dilated vessels, — chiefly veins. This was divided upon a director and the true cyst then came into view. With such a dissection as is made in hernia, I succeeded in exposing the whole superficies of the sac without rupture. It was as thin and delicate as the peritoneun. In getting behind it, however, at the anterior margin of the trapezius, the sac gave way, and a dark, brownish, thin fluid was discharged. By drawing up the sac, enough of its contents were retained to form a guide to its entire removal. In its very centre was found a second cyst, of the size of a pigeon's egg. A third, which was discovered behind and below the clavicle, was also removed; when the operation was completed, the anterior border of the trapezius, the sterno-mastoid, the omo-hyoid, and the scaleni muscles were perfectly exposed. The third portion of the subclavian, the transversalis colli, and the transversalis humeri arteries, were distinctly seen, and the pneumogastric nerve and the brachial plexus, were also plainly visible. Eight vessels were ligated, and considerable blood was lost. The external jugular was divided also, and bled pretty freely.

The patient was very much exhausted after the operation, — suffering more, however, from the effects of chloroform than from any other cause. The wound was perfectly adapted, and in two weeks had almost entirely healed. The ligatures came away between the tenth day and the twelfth. A small portion of the surface — that over the deep section towardt the back — necessarily had to granulate. The tumor measured six inches and three-quarters in its long diameter, and four and a quarter inches in its transverse.

Case VIII. Colloid Tumor beneath the Eye. — A girl of about fifteen years of age suffered from a fluctuating and rapidly growing tumor on the right side of the face, over the malar bone. It was easily removed by a single straight incision. The contents of the sac were peculiar, being oily, and of a semi-fluid consistence. Erysipelas followed this operation, but the recovery was complete.

I have mentioned elsewhere the cases of proliferous cysts that have come under my observation. Several other cystic tumors of the classes which I have now given have been successfully removed, but they presented nothing worthy of record.

It will be seen from the above cases, that cysts appear in bone, in the præpuce, scalp, neck, face, and extremities, and, indeed, in every portion of the body. Their removal by the knife is not followed by untoward symptoms, and is expeditious and safe. I have now under my supervision, a case of cystic tumor in an aged man; it occupies the front of the neck immediately over the larynx. This had been already operated upon by a distinguished surgeon, by means of puncture and the introduction of a seton. This treatment benefited the patient much, but of late the cyst has commenced to grow rapidly. The question of age and constitutional weakness are the main points to be considered in deciding on the feasibility of an operation.

As a general rule, there is no special difficulty in diagnosing cystic tumors; the chief symptoms which lead to their detection are fluctuation, and a smooth, oval character, with absence of pain, and with a healthy integument, — which, however, may assume a bluish appearance from tension when the tumor is large. The diseases with which they are most likely to be confounded are cold — or, as they may be termed, sub-acute — abscesses: fluctuation is perfectly

apparent in both cases, and there is no very high degree of inflammation manifested in either. The history of the case may be of great service, and the manner of growth of the tumor also assists; there is a greater degree of inflammation in the abscess, and its apparent pointing will be a guide to the surgeon; but where the tumors are covered by layers of tense muscles, it is almost an impossibility to recognize the cyst; and, at best, only the general conditions can be relied upon in the diagnosis.

FRAGILITAS OSSIUM.

BY CHARLES A. CHURCH, M.D., NEW YORK.

THE following case of fracture of the femur now under treatment in the Children's Hospital, of the Five Points House of Industry, is interesting, especially in connection with his family history: —

Willie S., aged twelve, while playing with the children, sustained a transverse fracture of the femur at the middle third, by being pushed, and at the same time struck upon the thigh by the knee of one of the other children. In Dec. 1869, he had a fracture of the tibia, caused by falling down. His family history I get from his mother, as follows: His only sister had her leg fractured at two different times; his oldest brother had one thigh fractured three times, the other twice; also one leg, one arm, one clavicle, and three ribs; his mother has had fractures of one leg, scapula, and three ribs; his mother's brother had fracture of one thigh three times, both legs, both arms, and one clavicle; and yet he served through the whole war in the Southern army without receiving an injury. His child has had fractures of both legs, one thigh, one arm, and one clavicle. The mother's sister had fractures of one arm, and one clavicle; her father had fracture of one thigh three times, and one clavicle, and all his brothers and sisters had more or less of broken bones, — how many I cannot ascertain. The patient has a younger brother that has not yet had a fracture; but he has an unenviable prospect before him. The general health of the whole family, aside from this tendency to fracture, has always been remarkably good.

The limb was dressed in Buck's apparatus, and *Symphytum*[30] given, a dose morning and night, for four weeks, then *Calc. phos.*[200], a dose each week. Thirteen days after the fracture, the bone was so firmly united that it could be easily handled in dressing, and without pain to the patient. At the end of six weeks, a plaster of Paris bandage was put on for safety, and the patient allowed to leave his bed; and he still wears the bandage, although he is apparently well.

THE HAHNEMANN HOSPITAL OF NEW YORK is now in an excellent condition. The plans of the building have been prepared, and it is proposed to begin immediately with the erection of one of the pavilions. In the meantime, and for the accommodation of the increasing numbers of patients, the building adjoining that now temporarily used by the Hospital has been leased, thoroughly renovated, and altered for hospital purposes. It is also proposed to inaugurate a series of clinical lectures on different subjects, and several appointments have been made for this end.

There can be no doubt as to the success of this enterprise. The site is one of the most eligible in the city, and sufficient funds are on hand to carry forward the undertaking. Very many wealthy and influential ladies have become interested in the matter, and, with the energy and pertinacity belonging to their sex, have raised thousands of dollars for the charity. At no distant day we propose to give a fuller account of its plans, and what it is hoped will be accomplished ere long for the good of homœopathy, in the city of New York.

Surgical Editorial.

We place before our readers a portion of one of the most concise and comprehensive lectures on Aneurism which we have ever seen. It was delivered by Professor D. Hayes Agnew, at the clinic of the University of Pennsylvania, and was based upon an interesting case of double popliteal aneurism, successfully treated by digital compression. It was published in the *Medical and Surgical Reporter* for August 12, 1871. We regret that our space will not allow its entire publication.

Double Popliteal Aneurism. — The artery most liable to aneurism is the aorta; next comes the popliteal, probably due to the little support which it receives from surrounding tissues, and, more especially, to the mobility and consequent strain upon the part; next the subclavian, the external iliac, innominata, etc. The danger from an aneurism is rupture, and death from hæmorrhage; but serious and unpleasant symptoms often arise previous to such an event. The gradual increase in size, as in the case before us, may cause severe pain in the foot, and render the patient unable to walk. In fact, you will remember that this man came to us upon crutches. When the aneurism is situated upon some portion of the aorta, the internal organs may be greatly displaced, and even the sternum, ribs, and vertebræ be everted.

Should you lay open one of these tumors, whether true or false, you would find the sac partially filled with successive laminæ of fibrinous material, varying in density and color, and lined internally with a grumous, currant-jelly-like substance, which, as usually seen, may be the result of *post-mortem* coagulation, although there is, no doubt, a slight layer always lying next the decolorized inner lamina.

When this disease is situated in the aorta, it is, of course, beyond the reach of surgical interference, and is not usually amenable to treatment of any kind; although spontaneous cures are sometimes effected, and certain measures and remedies have been often used for its accomplishment, as low diet, depletion, rest, aconite, veratrum, etc., — the Valsalva plan.

These spontaneous cures are not infrequent; and, as they take place in various ways, so has man attempted to follow her guidance, and every operation will be found to be but the copy of an example set by her.

1. Nature sometimes cures by setting up an inflammation in the sac, and thus filling up and obliterating the cavity by a coagulation of its contents; or gangrene may follow, and the whole mass slough away.

In imitation of this, we have the operation of Lyne, following the suggestion of Antyllus, or, perhaps, of Paré, or even of the old Greek surgeons. This consists in compression of the supplying artery, and

freely laying open the sac, turning out its contents, seeking for the artery, and applying a ligature both above and below.

2. Nature sometimes detaches a small coagulum, and with it closes the entrance to the sac. From this suggestion we have the Ferguson operation, namely, that of manipulation or kneading of the tumor, trusting that a fragment may be arrested at the orifice.

3. Nature sometimes cures by obliterating the artery below the sac, and thus interfering with the current favors coagulation.

From this we have the Braselor and Wardrop operations, — that of ligating the artery, or one of its branches, on the distal side of the tumor.

4. Nature cures — and most frequently — by closing the artery above the sac, either by the pressure of the mass itself or by some other morbid growth.

So we have the operation of John Hunter, or Anel, the former going up a considerable distance above the tumor, in order to secure healthy arterial tissue, while the latter ligated close to the aneurism. The former is now the recognized basis for most of the plans looking to the relief of aneurism. Thus, we see that surgeons have wisely followed the hints given them by nature herself, and have been but copyists of her great acts.

The plan of ligation has now, however, been largely superseded by that of compression in its various forms, which, like the former, may be applied at various points. Thus we have Gualtam's method of applying pressure directly upon the tumor itself; but this is difficult in application, and is liable to produce inflammation, since it interferes greatly with venous return.

Pressure, like ligation, has also been applied upon the distal side of the tumor by Vernet, Broca, and others, but is not so satisfactory as is the more common mode of Freer, upon the cardiac side. This result may be obtained by any well-constructed compressor; that of Bellingham, of Dublin, being, I think, the most serviceable. In place of an instrument, however, it was suggested by Vausetti that the fingers be used for the purpose, and now it is the plan presenting the greatest hopes of success, when an abundance of good assistance can be secured. Forcible flexion, suggested by McGaigue, has also been used to accomplish this purpose, and in some situations, as for instance in the leg, it is excellent.

It is urged that the aneurism may return after its cure by compression; but the same remark holds equally true in regard to ligation, while the former has, in its favor, the more decided advantage of safety, since nearly one in three die after ligation. When pressure is to be made by means of compressors, as Bellingham's or Charrier's, two are to be applied, one (if for popliteal aneurism), at the apex of Scarpa's triangle, the other just below Poupart's ligament, in order that pressure may be alternately applied, else sloughing would be sure to result, even were the patient able to bear the pain. The pain which must necessarily result from such pressure, even though frequently changed, is extreme, so great in fact that, as I shall presently tell you, we could not continue it with this man, and it is at best but

to be endured by keeping the system well influenced with morphia, which must be given continuously and in large doses. The bowels should be freely opened previous to the commencement of the operation. A bandage should be evenly and carefully applied from the toes to the hip, in order to equalize pressure and prevent venous engorgement. The compressors — or tourniquets, for such they really are — should be well padded, and when the screw is turned down it should not be made to force the ball so tightly upon the bone as to occlude the artery entirely, since the purpose is rather to modify, or diminish, the force of the current, — thus favoring to the fullest extent the formation of lamellæ, and at the same time not destroying the vitality of the limb.

There are other means which have been employed for the cure of aneurism; as, for instance, the injection of iron, etc., as recommended by Pravarz, Monteggier, and others; and also galvano-puncture, by Phillips; but there is so much danger from the passage of clots into the system, that I have never felt justified in trying the experiments.

Now, let us see the actual result of treatment by compression. Here is this man. On the 24th of May he was before you suffering greatly from these aneurisms. On the next day the compressors were applied, a relay of assistants being provided, in order that no interruption might occur, either by day or night. It was decided to attack the left one first, it being the larger. The leg was bandaged in the manner I have mentioned, and as soon as the pain became severe, morphia was administered. For the first twenty-four hours there was but little difficulty in keeping him quiet, the greatest pain arising from the establishment of collateral circulation; but in thirty-six hours he became very restless, and, at the end of forty-eight, the parts were so sore and congested that it was deemed advisable to substitute digital compression. A large corps of assistants was now organized, and uninterrupted pressure was continued with the thumb, at various points in Scarpa's triangle, for seventeen additional hours, at which time all pulsation had ceased. The tumor had become hard and solid, and it was pronounced cured, a conclusion which is now strengthened by the lapse of at least ten days. During the latter part of the time stimulants, beef-tea, etc., were necessary to support his system under the great strain.

He was allowed three days for rest and recuperation, when it was decided to treat the right leg by digital pressure alone, and the result was most happy. In seven and one half hours, all pulsation ceased in the tumor; still, it was thought advisable to continue the compression for twenty-four hours, lest the clot be of insufficient strength to resist the force of the heart's contractions.

This right aneurism was smaller than the left, as you will remember, yet the cure was remarkably rapid, the chances being, as I told you at a previous clinic, that it would require from three to seven days, or even longer.

The absorption of the clot which has formed will require time, perhaps many months. You can plainly see the enlarged articular arteries which have taken up the burden of supplying the leg and foot.

As the route is now fully established, and as the man has been walking about for several days, I do not think he will have any return of this difficulty, although he should always engage only in some light occupation, and avoid all sudden movements or strains. A knee-bandage will give support for a few weeks.

HAHNEMANN HOSPITAL CLINICAL SCHOOL.

This school for clinical instruction has lately been inaugurated, and will offer facilities to students for observation and study.

The regular term will commence Wednesday, Nov. 1, 1871, and will continue to March 4, 1872.

An opportunity to compete for the office of Resident Hospital Assistant will be given to graduates of high standing, attendants on this school.

The Preliminary Course will commence in September, and extend to the commencement of the regular course. Lectures will be given by a number of distinguished medical gentlemen, among them Dr. B. F. Bowers, Dr. Lewis Hallock, Prof. J. W. Dowling, of the N. Y. Hom. Med. College, Dr. H. Minton, Physician-in-Chief of the Brooklyn Hom. Lying-in Hospital, Dr. William Wright, of Brooklyn, and others.

The Preliminary Course of Clinics and Lectures will be free; and it is hoped that the profession will cordially respond to the invitation to attend them. Charity cases sent to the hospital for clinical demonstration will be thankfully acknowledged. Cases requiring rhinoscopic, or laryngoscopic examination, or cases of lung or heart disease, if sent on Tuesday or Saturday, at 2 P.M., will receive prompt attention.

Faculty of the Regular Course. — On surgery and surgical pathology, Wm. Tod Helmuth, M.D.;

On clinical medicine, Samuel Lilienthal, M.D.;

On diseases of the mind and nervous system, F. W. Hunt, M.D.;

On diseases of the nasal cavities, throat, lungs and heart, with rhinoscopy, laryngoscopy, and physical diagnosis, F. Seeger, M.D.;

On diseases of women and children, A. P. Throop, M.D.;

Assistants to the lecture on surgery, H. N. Dunnell, M.D, A. J. Richardson, M.D.

F. W. Hunt, M.D., Hahnemann Hospital, 307 East 55th Street, New York, can give further information concerning this school.

The New England Medical Gazette.

BOSTON, SEPTEMBER, 1871.

"IGNORANTLY AND WICKEDLY." — In our last number we spoke of the conduct of Surgeon-General Dale and of the State Medical Commission, in relation to certain military appointments. Since that time, both the local and State homœopathic medical societies have held meetings in this city to take action in this matter. Their proceedings we are able to report this month. The Boston Academy of Homœopathic Medicine adopted resolutions touching principally the Shattuck matter. The Massachusetts Homœopathic Medical Society went further, and, to some extent, reviewed the ground of difference at issue. We have given a faithful abstract of what was said and done. We would have been glad to convey something of the enthusiasm and earnestness of the members, and their determination to obtain that justice which is their due. The obvious bigotry and unbearable intolerance of the Surgeon-General and of the State Medical Commission have been commented upon by the press quite extenively, and in unmistakable terms of condemnation; and we are sure the people will not long tolerate offices so grossly abused.

But there was one point which was brought out in the meeting of the State Society more markedly than we had before observed it. In the resolutions passed by the Massachusetts Medical Society last June, it was evident that the framers of them had sought for some suitable charge on which to found the expulsion of homœopaths, and in ransacking their charter, by which the State confers upon them certain rights as a medical body, disccovered taht they are permitted to make "a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may *ignorantly and wickedly* administer medicine." But how to make the charge of *ignorance* lie against the homœopathic members, every one of whom was educated at Harvard Medical College, and holds a diploma testifying to his proper qualifications, was, indeed, a puzzle; and it will be still more difficult to prove the *wickedness* of these same men, in curing cases, relinquished by their allopathic associates, through the agency of smaller doses of medicine homœopathically administered; and equally difficult will it be, to ascertain how the

By-laws of the Society are violated by such successful treatment, and to show that it is "conduct unbecoming and unworthy an honorable physician and member of this Society."

The committee appointed for this purpose have already begun the very easy part of their work, by distributing to all the members the vote of the Society. It remains to be seen whether they have taken into consideration the full force and meaning of these words, "ignorantly and wickedly," as applied to their homœopathic brethren, and whether they may see fit to brand them as guilty of such "ungentlemanly conduct" as warrants expulsion. Every member of the Society has certain rights and privileges guaranteed to him by the charter, which cannot be taken away without just cause; and, as the courts have decided it libellous for one physician to apply offensive and detracting epithets to another, merely for a difference of opinion, it does not seem that they would be less likely to adjudge damages against a society who, for the same difference of opinion, should see fit to falsely apply the brand of "ignorance, wickedness and ungentlemanly conduct," and thereby deprive a member of professional rights and privileges which are not of small pecuniary value. We are sure that such a step would lead to the destruction of the Medical Society; and it would make every individual member professionally and pecuniarily responsible for the great harm which a few fanatics, urged on by bigotry and spite, might do. We again wait further developments on the part of the Massachusetts Medical Society and its committees.

CORRESPONDENCE.

THE MEDICAL SCHOOLS OF PHILADELPHIA.

PHILADELPHIA, Aug. 1st, 1871.

Dear Gazette: — The city of Brotherly Love, as you are aware, has long been distinguished as the Medical Athens of the country, — the Mecca, towards which many thousands of the followers of Æsculapius turn their faces as the home of their Alma Mater, and as the fountain from which flows much of the medical lore of the country.

Why this eminent distinction? To those who look to this city as their medical birthplace, no reply is necessary, but to the numerous young men of the country who are looking forward to the time when they are to commence their course of training for the profession, some explanation may be not only interesting, but serviceable.

Philadelphia's medical pre-eminence has undoubtedly arisen, — First and mainly, from the number and character of its medical schools.

Second. From the superior advantages of the clinical instruction in its various hospitals, etc.

Third. From its geographical position, Philadelphia is readily accessible from the East, North, West, and South; and, at the same time, the city offers unusual attractions from the excellence of the climate and the cheapness of living, aside from the interest which will ever centre in it as the birthplace of American liberty.

Fourth. This city contains the greatest publishing houses of medical books in the country; and from here, too, is issued the great bulk of our medical literature.

A few words now upon our medical schools; and first, of the

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

This institution, the oldest medical school in America, was organized in 1766. The first graduates, ten in number, received their degree June 21, 1768. During the Revolution, the lectures were discontinued for a few years, but were again resumed at its close.

The success of the school was but moderate until after the reorganization in 1810, when its classes increased rapidly to three hundred and four hundred, — occasionally reaching as high as five hundred. The average attendance at the present time is between four and five hundred.

Among the names of the many distinguished men who have held positions in this school during the past hundred years, may be mentioned that of Dr. Rush, one of the signers of the Declaration of Independence, Dr. Physic, Dr. Chapman, Dr. Gibson, Dr. Wistar, Dr. Horner, Dr. Dewees, Dr. Hodge, Dr. Wood, etc., all men of wide reputation as authors, and highly distinguished as teachers. Prominent among the Faculty, at the present time, we find Leidy, Rogers, Agnew, Stilling, and Smith.

The museum of this school, made up of the accumulations of a century, is now, undoubtedly, the largest and most complete in America.

THE JEFFERSON MEDICAL COLLEGE.

This institution, for the past twenty-five years a powerful rival of the University, was organized in 1826, by Dr. George McClellan, father of Gen. George B. McClellan. The first ten or twelve years of its existence was wasted in intestine strife. In 1838, a reorganization was effected, in which Dr. McClellan's name did not appear. He immediately commenced the building up of a new school, while from that date, the Jefferson grew rapidly in public favor, and at the present time it is the acknowledged peer of the University in every respect.

Among the shining lights of this college may be mentioned the names of Drs. Mitchell, Mütter, Meigs, and Dunglison, all of whom have now passed away; while at the present time, Professors Gross and Pancoast are the most prominent men in the faculty.

THE WOMAN'S MEDICAL COLLEGE.

In 1851, the first medical school in the world for the education of women was chartered and organized in this city, as the "Female

Medical College of Pennsylvania." The name was, a few years ago, changed to that of "The Woman's Medical College." After twenty years of hard struggles, it is now on a permanent basis. By a liberal bequest from one of our wealthy citizens, a woman's hospital has been endowed in connection with the college. This has added greatly to the advantages of the institution. The chairs of Anatomy, Physiology, and Obstetrics are filled by women of undoubted ability; the other branches being taught by men.

At the last meeting of the State Medical Society — allopathic — the male members of the faculty succeeded in placing the institution virtually on a footing with other old school colleges, its claims having before been unrecognized.

Eclectic Colleges.

Some twenty years ago, the Eclectic Medical College of Pennsylvania was organized in this city, and about ten years later, there was an offshoot from this with a similar name, which was afterward changed to that of the Philadelphia University. Both institutions are living at a "*poor, dying rate*," being more distinguished for the facility with which their diplomas may be obtained than for anything else.

The Hahnemann Medical College of Philadelphia.

It is with no little pride that the friends of this institution point to its history, present condition, and future prospects. The oldest homœopathic medical school in the world, it enters upon its twenty-fourth year with the most ample facilities for instruction, with a united and harmonious faculty, and with prospects for the future of the most flattering character.

Since the organization of the school in 1849, there have appeared on the catalogue of its faculty the following well-known names: Jacob Jeanes, Walter Williamson, Matthew Semple, W. A. Gardiner, A. E. Small, Charles Neidhard, I. M. Ward, C. J. Hempel, W. Tod Helmuth, C. Hering, C. G. Raue, Ad. Lippe, and A. R. Morgan, with others scarcely less distinguished; while the present faculty includes the names of many men who have had a long experience in teaching, and all of them feel that interest and enthusiasm in their several branches which is so essential for reaching the highest success.

The alumni of the institution have grown to be a faculty of over eight hundred. Among them are not only many who have become distinguished as physicians and surgeons, but several who have acquired well-earned reputations as editors, authors, and professors.

From the accumulations and additions of nearly a quarter-century, the museum, including the apparatus and material for illustration of lectures, has become so ample as to leave little more to be desired. For chemical and philosophical experiments, the recent addition of the most approved batteries and electrical apparatus, together with instruments which are the property of the professor, give the most ample facilities; and it will be seen by a glance at the published catalogue that the anatomical museum is equalled by few among the older institutions. Here are catalogued nearly five thousand

specimens, embracing wet and dry preparations of every portion of the body, over nine hundred osteological specimens and pathological illustrations, many of the latter being in wax and papier-maché, and a set — sixty-eight pieces — of the celebrated Auzaux clastic anatomical models, from Paris. These last are marvels of beauty of finish and accuracy of detail.

The materia medica department contains four hundred and twenty-eight specimens of crude drugs, which, with a large number of plates, furnish the fullest illustration of this branch.

Lastly, there is at the disposal of the students a library of nearly one thousand volumes, the advantages of which are sure to be appreciated.

The Homœopathic Hospital,

Erected a year ago, and now in full operation, immediately adjoins the college. The several floors of the two buildings communicate, so that the chemical and operating amphitheatre are in convenient relation with the wards of the hospital. The hospital building is five stories high, with two public wards, — each seventy-two feet in length, having two rows of beds, — together with several smaller private wards. The kitchen, dining-rooms, offices, and the rooms for the resident physician and matron, are complete and convenient. On each floor are bath-rooms with hot and cold water, water closets, etc.

By reference to the clinical reports and those of the Dispensary and Hospital, we find that there have been treated during the past year over nine thousand cases, including fifty obstetric cases which have been attended mostly by second-course students. There have been ninety-eight surgical operations. Among them were harelip, plastic and orthopædic opertions, lithotomy, the removal of tumors, resections, the removal of polypi, and the treatment of fractures, dislocations, obstructions of the nasal duct, strabismus, cataract, etc.

The class of the last session contained one hundred and thirty-four matriculants and fifty-five graduates. It was the largest which ever assembled in a homœopathic medical college, while that of the coming season. it is anticipated, will be still larger.

Extinct Medical Schools.

During the past thirty-five years, a number of medical schools have arisen in this city, flourished for a few years, and then, from various causes, become extinct. Chief among these, was the *Pennsylvania Medical College*, organized in 1838, by Dr. Geo. McClellan, the founder of the Jefferson College. For some years this school was in quite a flourishing condition, and had an able corps of teachers; but it was unable to withstand the depressing influence of the war, and closed its doors in the fall of 1861.

The *Philadelphia Medical College*, after an existence of over twenty years, was merged into the above instituton in 1860, and expired with that.

The *Penn Medical University* was organized in 1853, on a liberal basis. It opened its doors to both sexes, and its teachers repre-

sented all systems of practice. After ten years of but partial success, it united with one of the Eclectic schools in 1863, and became the *Philadelphia University of Medicine and Surgery.*

The Franklin, *The Washington*, and *The American Medical Colleges*, have each had an ephemeral existence, but are now numbered with the things of the past.

All the medical schools of Philadelphia are centrally located, and within a few squares of each other. The presence of 1,200 to 1,500 students each lecture season, constitutes a feature of the city. They fill the boarding-houses in the neighborhood; and at certain hours of the day, they are seen, note-book in hand, crowding the streets.

The churches make special provisions for their accommodation; and the money which they yearly leave in the city — not less than one million of dollars — becomes an item of such importance that their annual return is always welcomed, and their exodus in the spring regretted by a host of boarding-house proprietors, shop-keepers, and others.

Such are the medical schools of Philadelphia. On another occasion, I purpose giving your readers some account of our hospitals, dispensaries, etc.

Truly yours, M. D.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Secretary.

April 24, 1871. — Dr. Squier asked to hear the experience of the members in the treatment of epilepsy.

Dr. Ahlborn said that the nature of epilepsy was so obscure that it was often difficult to determine whether the paroxysms were due to the epileptic predisposition or to some eccentric irritation acting upon a perfectly healthy organism.

Dr. Squier said that since the researches of Echeverria, lately published in his work on Epilepsy, the nature of the disease was much more exactly known. It is there shown that in the subjects of confirmed epilepsy, certain regular and definite lesions of the nervous centres are always found after death. Besides, certain pathological phenomena, among which are sudden cerebral anæmia, are known to be so intimately connected with the paroxysm that we are able to deduce theories with regard to the essential nature of the disease which cannot be very far from the truth. He suggested that for the purposes of discussion we consider epilepsy to be "a disease constituted by chronic paroxysms," . . . "coincident with sudden depression of the cerebral circulation, with loss of consciousness, and with or without muscular spasms."

Dr. Ahlborn related a case of a gentleman, now a clergyman, who began to have the fits after his marriage. He had been a mas-

turbator from an early period of his youth until this event. He had an almost uncontrollable sexual appetite, and the paroxysms would almost invariably occur on the second day after coition. About ten minutes before the fit he would have a sudden pain in the occipital region, which would gradually extend over the vertex to the forehead. When the pain reached the supra-orbital ridge, he would become unconscious, have muscular spasms, froth at the mouth and bite his tongue. The paroxysm would last from ten to thirty minutes. So long as he refrained from sexual intercourse he would have no fits; but his desire was so intense that he never remained continent for any great length of time. *Phos.* and *Nux v.* had been given him at long intervals, but without producing any effect. He then had *Petrol.* $^{3\ dec.}$, the prescription being based upon the character of the headache which immediately preceded the fits. The fits began to diminish in violence, and, at last accounts, for a year, the only symptom remaining was a momentary loss of consciousness, which followed the same exciting cause.

Dr. Squier referred to the case of epilepsy which he had reported at the last meeting of the State Society. It was of eighteen years' standing, the fits occurring not less frequently than every two weeks. He had given the patient *Sulph.*^{30} from four times a day to once a month, and there had been only three fits in over seven months.

Dr. Gregg reported the following case of gastrotomy, performed by Dr. Helmuth, of New York, assisted by Dr. Talbot, of this city.

Miss B., aged nineteen, of nervous-sanguine temperament, generally healthy, complained, in November last, of pain in the bowels, — location not clearly defined, — followed by obstinate constipation, lasting some ten days. Homœopathic medicine afforded relief, and she seemed again as well as ever.

On February 2, she was again attacked with pain, with entire cessation of the fœcal discharge. The pain yielded to homœopathic treatment; there was little or no inflammation about the abdomen, no pain or tenderness on pressure, occasionally borborygomus, with eructations, and slight bilious vomiting. She was unable to take food; the stomach rejected it at once. Dr. Gregg diagnosed stricture of the large intestine. The chief seat of tenderness was in the ileo-cœcal region, and it seemed probable that the valve was the point of obstruction. Distention of the bowel with both air and water was tried, but in vain. A tube, twenty-two inches long, was then inserted this entire distance, and copious injections made, but they failed entirely to relieve the stricture. Dr. Talbot saw her in consultation, and was also convinced that the case would terminate fatally unless possibly it might be relieved by surgical interference.

March 23. — Dr. Helmuth performed the operation of gastrotomy. The family, aware of the danger of the operation, and yet hoping that it might afford a last chance, desired its performance. The patient being fully etherized, an incision was made extending from the umbilicus to the symphysis pubis, supposing the obstruction might be at the point previously named. Finding no obstruction there, the incision was carried still higher, and on exploration at a point where

the transverse colon turns to make the descending colon, was found a firm, dense stricture, about an inch in length; at which place the bowel was contracted to about half an inch in diameter. A slight incision was made into the intestine, but so complete was the obstruction that it was impossible to pass a probe through the stricture. An incision was made through the constricted part, extending from the intestine below to the cavity above the stricture. The two sides were brought together and carefully united with silver sutures. A large amount of fœces was carefully removed, the parts, with no little difficulty, were all returned to their place, and the wound closed with silver sutures. So extensive and fearful an amount of exposure presented no hope, even in the operation. The patient, however, lived some eight hours, but died from collapse.

The case, though apparently past human aid, exhibited in a remarkable degree the favorable effects of homœopathic medicine, in relieving pain in cases of intestinal obstruction.

August 14, 1871. — A special meeting was called to consider the action of Surgeon-General Dale, in the case of Dr. H. P. Shattuck. After some discussion, the following preamble and resolutions were presented, and unanimously adopted: —

Whereas, In May last, Brigadier-General Isaac S. Burrill, commanding the First Brigade Mass. Vol. Militia, pursuant to the custom and privilege of his office, did, after due consideration and inquiry as to his fitness, designate and appoint Henry P. Shattuck, M.D., a homœopathic physician of this city, and a member, in honorable standing, of the Massachusetts Homœopathic Medical Society, to be the Surgeon, or Medical Director of the said Brigade; and —

Whereas, When the nomination of the said Shattuck was sent to William J. Dale, M.D., Surgeon-General of Massachusetts, for his official approval, and a commission was solicited for the nominee according to general custom, the said Surgeon-General Dale declared that he would not approve the appointing or commissioning of a homœopathist as a medical officer in the military service of Massachusetts, and did, thereupon, refuse to approve the commissioning of the said Dr. Shattuck; and —

Whereas, Manifestly alarmed by the comments of the press on his sectarian attitude, and with the obvious purpose to divide the responsibility in the case and more plausibly to accomplish a partisan end, the said Surgeon-General Dale did convene a board of medical examiners, which was created during our late civil war for the specific purpose of examining candidates for surgeonships in the army, — which board had adopted a standing resolution against approving appointments of homœopaths, — and whose function properly ceased with the termination of the war, and — contrary to custom — did notify and summon Dr. Shattuck to appear before this hostile board to be examined as to his qualifications, notwithstanding the said

Shattuck is a graduate of the Harvard Medical College, and has the certification of the eminent faculty thereof to his thorough competency to practice medicine and surgery; and moreover, had passed before A. N. McLaren, M.D., Medical Director U. S. A., a satisfactory examination as a candidate for the position of Assistant Surgeon in the army; was commissioned and served as Acting Assistant Surgeon till honorably discharged on account of ill health; and —

Whereas, Resenting this exceptional procedure as a direct indignity to the school of medical practice to which he adhered, Dr. Shattuck declined to respond personally to the notice, or summons, but did write and send to Surgeon-General Dale, a candid and respectful statement of reasons for his declension, and did protest against the unusual requirement; and —

Whereas, The said Board did reject the appointment of the said Dr. Shattuck on the alleged ground that the appointee had failed to furnish satisfactory evidence of his fitness, but, as we believe, solely because of his avowed faith in, and practice of medicine according to the method expounded by the learned and illustrious Hahnemann, and known as homœopathy; therefore —

Resolved, That the proscriptive and sectarian course of Surgeon-General William J. Dale, in refusing to sanction the appointment of Dr. Henry P. Shattuck, as Medical Director or Surgeon of the First Brigade, Mass. Vol. Militia, on the nomination of the General commanding, because of a mere disagreement between himself and the nominee regarding systems of medical practice, is an exhibition of assumption and intolerance discreditable to, and unworthy of the education of the period, and of any officer who represents, in any department of the government, the progressive, liberal-minded, tolerant people of the Commonwealth of Massachusetts.

Resolved, That the Boston Academy of Homœopathic Medicine resents with indignation this audacious act of medical usurpation and despotism, and solemnly appeals to the thousands of citizens of Massachusetts who believe in this new and beneficent medical system, and whose wealth and votes contribute largely to sustain and direct the government of the State; and to all candid-minded and honorable people of whatever creed or practice, to demand and insist that the duties and prerogatives of the Surgeon-General's office shall be administered and exercised, not in the interest of any sect, or party, or school, but in catholic and just recognition of all educated opinion, and in generous and honorable conformity with the dominant spirit of the age.

Resolved, That the homœopathic profession and public of Massachusetts have been insulted and outraged by the arrogant and partisan conduct of Surgeon-General Dale towards Gen. Burrill and his selected medical officer, — conduct inimical to freeinquiry and progress in knowledge, as well as to republican principles, subversive of constitutional law, and destructive of individual rights; and that thereby, Surgeon-General Dale has incurred the just resentment of all honorable citizens, and should immediately be deposed from the position which he has so prostituted and dishonored, as was Dr. Van

Aernam, for a similar assumption and usurpation, by the National Government at Washington.

Resolved, That in declining to submit to the examination proposed by Surgeon-General Dale, Dr. Shattuck justly resented an affront to himself and to homœopathy, as well as to the learned professors of Harvard Medical College, whose certification of fitness he had presented, and which Surgeon-General Dale thus ignored and treated with contempt.

Resolved, That we approve and applaud the dignified and determined ipirit of Brigadier-General Burrill, who refused to withdraw his nomnation of Dr. Shattuck, or to make any other, and who went into camp without a brigade medical officer, preferring to rely upon such aid as he might accidentally be able to summon in case of sickness, casualty, or other exigency, rather than to submit to the extraordinary and arbitrary requirement that he should select and nominate a candidate for the position from the roll of a particular medical class or sect.

Resolved, That we hold it to be the duty of the Governor to see that no discrimination is made by officers of the State against citizens for opinion's sake; and we earnestly call upon Gov. Claflin to rebuke the bigotry of the Surgeon-General in the case of Dr. Shattuck, by disregarding the partisan report of the said Dale, and of the Board of Examiners predeterminined to establish his incompetency, and to bestow upon him, according to usage, the commission to which he is justly entitled.

Resolved, That we will use every suitable means to sustain Dr. Shattuck in his claim and rights, and if they be not recognized and respected by the Surgeon-General or the Governor, we will appeal to the people of Massachusetts.

Resolved, That a committee be appointed by this Academy to cooperate with committees appointed by other societies of this State, to institute proceedings defensive of the chartered rights and immunities of our profession, and to resist the attempt to establish a medical autocracy at the State House.

Resolved, That a copy of these resolutions be sent to Governor Claflin, to Surgeon-General Dale, to Brigadier-General Burrill, and to the press of this city and State.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Reported by A. F. Squier, M. D., Secretary pro tem.

A SPECIAL session was held in Wesleyan Hall, 36 Bromfield St., Boston, on Wednesday, Aug. 30, 1871, "to take action in relation to the rejection of Dr. Shattuck's appointment as Medical Director, First Brigade, M. V. M.; and to consider other matters of importance to the Society." About forty members were present.

The meeting was called to order by the President, Conrad Wesselhoeft, M.D., who addressed the meeting as follows: —

Gentlemen, — I am too well aware of the importance and dignity of this occasion, to occupy your time by any lengthy remarks. I hold in my hand a circular, which calls us together to take action against certain oppressive measures aimed at us by a medical officer of the State government of Massachusetts, who denies to a physician the right to hold the office of Surgeon in the militia of the Commonwealth, because the appointee is a homœopath. This species of oppression is becoming intolerable, after a too-patient endurance on our part for three quarters of a century. A great idea, which originated in a country where absolute freedom of speech is unknown, has, nevertheless, maintained itself there; and when the profession of it in this free land becomes a disqualification for office, it is time to shake off the yoke. We are about to declare, to-day, that homœopathists have rights which all men must and shall respect. The question before us is not one of science, it is one of simple right, as all of you know. But suppose for a moment it were a question of science alone, if it should be arbitrarily decided by a medical officer of the State government, — denying a competent homœopathic physician the right to hold an office for which he was fairly nominated, — the injustice, already great as a question of right, becomes monstrous in the light of science. We ask nothing for ourselves that we would not gran to others.

I have no doubt there are gentlemen present who are prepared to make statements regarding the matter, illustrating it more fully.

In the absence of the Secretary, Dr. A. F. Squier was elected Secretary *pro tem.* Dr. L. Macfarland, of Boston, addressed the meeting as follows: —

As one of the signers of the call, I would state that the leading subject for consideration is the notorious procedure of the Surgeon-General of Massachusetts in the case of the nomination of Dr. Henry P. Shattuck, a member of this Society, for the post of Medical Director of the first brigade Massachusetts militia, a procedure so peculiar and indefensible as to be fitly construed as an audacious attempt to dishonor the homœopathic medical profession of this Commonwealth, and put it under ban. Incensed by the bold attempt of that officer to arrogate to himself the right to disentitle a citizen of this community to the right and honor of a public appointment because, and solely because, of his avowed faith in a principle of medical cure which the learned head of the medical department at the State House does not see fit to honor with his approval; and with the view to have this question of the right of official medical censorship in Massachusetts settled once and forever, this call has been issued. In my opinion, this is a question of fundamental consequence, not only to members of this Society, but of all societies and communities. It is the question whether one class of citizens, holding peculiar doctrines and principles, shall assume the right — the official right — to disqualify and condemn to ineligibility to public appointment and service another class of persons maintaining a fair and honorable antagonism through intellectual convictions. I am sure there can be but one verdict when this issue is tried before the tribunal of intelligent public sentiment.

I am sure that the decision will be reached that homœopaths as well as allopaths have rights entitled to respect and defence. The course of the Surgeon-General has been persistently contumelious toward homœopathists since his induction to office; and at last it has culminated in this act of shame, not alone towards General Burrill and the homœopathic profession and clientery, but against the Magna-Charta of American citizenship. A vital right has been assailed, and the obligation is upon us to resent the assault and to vindicate that right in the interest of our special class as well as in the broader interest of general science and all fraternities. I trust that this socicty will take discreet and determined action to-day in the matter before it, and will do, within its sphere, whatever may be necessary to rebuke ministerial and class assumptions, and establish the rule that here in Massachusetts, where the right of free thought, free conscience, and free political action was achieved and has been so long maintained, it shall not be disrespected and trodden under foot. Let members speak upon this subject fully and without reserve, and let no puerile or uncertain sound be echoed by these walls, or go forth from this convention to day.

Dr. I. T. Talbot, of Boston, said:—

We have to thank Surgeon-General Dale, that this last act of his has aroused our indignation for past injuries and brought us together to take measures,— if not to redress past grievances, — at least to prevent them in the future. This refusal of Dr. Dale to approve the appointment of one of our members to an important office, simply because he believed in homœopathy, is but one of many similar acts which have emanated from the same quarter.

We all remember, when the war of the rebellion broke out, and the country summoned all its citizens to its aid, that the Boston Academy of Homœopathic Medicine was the first medical society in the land to offer the services of its members to aid the government by every means in its power, and, moreover, that it pledged its members to the gratuitous care of the families of any soldiers who might enlist in the war. Fearing that government might take advantage of this and similar offers on the part of homœopathists, a Medical Commission was established at the State House, which coolly set them aside; we know that the pledges to the soldiers' families were, nevertheless, faithfully carried out. But when any of the members of our Society offered their services to the State, they were scoffingly pointed to the ranks, as the only station for which they were fitted. Why! one of the most thoroughly educated and most accomplished physicians of Massachusetts, Edward A. Wild, whom you all know so well, aware of the utter hopelessness of serving the State in his chosen profession, did go into the ranks, and the shattered hand and severed arm testify to the bravery which won for him the stars upon his shoulders. Another member of this Society, Horace D. Train, an accomplished and successful physician, did receive an appointment, and was in camp with his regiment; but when it was known that he was a homœopath, his commission was refused him. Many others were treated in a similar manner; and the certificates of our members in regard to soldiers, were time and again dishonored.

I hold in my hand two letters which happily have been preserved, to place upon record the position which this State Medical Commission assumed.

Dr. Talbot then read the correspondence with the Commission, published in our last number, including the vote to reject homœopaths, and continued: —

This vote, though slightly obscure in its language, was not so in its meaning, and it decided that no homœopath, whatever his qualifications, should pass its ordeal. Well do we remember how that petition of the thirty thousand New England voters, praying government that their sons, their brothers, and their friends in the service might have the benefit of homœopathic treatment, was thrown aside with contempt. We respectfully remonstrated; but notwithstanding the treatment received, we never failed in the time of its greatest peril and necessity, to give to the government which thus mistreated us, our most earnest and patriotic support.

It remains now to be seen whether, with government relieved from its emergency, we will still submit to the same unjust treatment which we have received in the past.

Dr. David Thayer, of Boston, said: —

For years the homœopathic profession of the State have suffered many indignities from the Surgeon-General. I can speak from my own experience. When the war broke out, I at once offered my services, but they were refused. Later, when matters were at the worst, and medical help was urgently needed, I proffered my services in any capacity, and this offer was indorsed by Governor Andrew. It was returned by the Surgeon-General with the answer that if my services were required I should be notified. Times without number, during the war, the certificates of homœopathic physicians were dishonored at the State House. A soldier on sick leave, sending the certificate of a homœopathic physician as to his inability to return to the field, was liable to be arrested as a deserter, and this has been done. Men who had graduated at Harvard Medical College, and who had grown gray in practice, but who had cast aside allopathy, were insulted as quacks by beardless boys who had been placed in important positions in the service. It was time for this thing to cease. The next candidate for governor should be a man independent enough to do justly in this matter, and no homœopath should vote for one who could not be depended upon. Ben Butler and Hon. A. H. Rice are men who would put an extinguisher upon the assumptions of the Surgeon-General.

Dr. A. J. French, of Lawrence, said: The time has arrived when we should demand that our rights be respected. All reforms, of whatever nature, have had to combat long-established usages and precedents. The case before us is of but small moment to Dr. Shattuck, or even to this Society, when compared with its importance to reform and progress generally. The action of the Surgeon-General strikes at the very root of all new ideas, and says to reform in science, religion, medicine, and every other institution which has for its object the amelioration of mankind, "Stand back, — thus far shalt thou go and no farther."

The founder of our system was a radical reformer, and met with the same meed of persecution from the constituted authorities of the time that has befallen all innovators before and since. But every reformer who has taken upon himself the sacred duty of defending a great truth has triumphed in the end, in spite of all persecution and opposition; and we should be false to, and unworthy of, our profession, did we not, as the followers of Hahnemann, rebuke this indignity to our profession, and declare boldly for the right.

We are on the eve of our State election, and it becomes us to use our right in this, — as in every other case where our rights as American citizens are in question, — to appeal to the ballot-box. We have fifty thousand voters among our patrons, and we should use our influence to prevent those votes from being cast for any man who will not recognize our system as equal to that of the old school. Matters are becoming rotten at the State House, and should be reformed. Surgeon-General Dale is one of the last relics of old-fogyism, and ought to be ousted. We belong to an organization recognized by law, and have equal rights with all other like institutions; and medical caste should not prevent our having equal privileges, — social, civil, and political. We demand and will stand for our rights.

Dr. H. L. Chase, of Cambridge, said that while he agreed perfectly with the remarks of the gentlemen who had spoken, he felt that the case of Dr. Shattuck was to some extent a personal matter, and affected homœopathy incidentally, while the action of the Massachusetts Medical Society in passing the vote of June 7, 1871, thereby attempting to put homœopathists in the category of those "who ignorantly and wickedly administer medicines," was a blow aimed at homœopathic physicians as a body. He then read the vote of that Society, published in the GAZETTE for July, and remarked that until this time he had thought that it was best to pass attacks of our allopathic brethren with the silence which they merited; but that the time had now come when forbearance had ceased to be a virtue. Homœopathic physicians, as a class, are as well educated as any others. Many of us are graduates of Harvard Medical School, and, for years, have been members of the Massachusetts Medical Society. Are these men to be classed with those "who ignorantly and wickedly administer medicines," simply because they differ in the matter of therapeutics? Are they to be ostracised, to be held up to the scorn and contempt of the community, for honestly differing in their opinions? Not only this: have the sick no rights? Have the suffering no claims? In the name of our common humanity, whose pains and anguish it is alike the duty of homœopathic and allopathic physicians to alleviate, I protest against such an act.

Dr. N. R. Morse, of Salem, said: I rise to add to what Dr. Thayer said in regard to candidates for governor. Thinking that this meeting might partake of a political character, I had an interview with my friend Dr. Loring, whom I would be glad to see nominated and elected, in regard to this very question. He assured me that he was *entirely opposed* to the proscriptive policy of Surgeon-General Dale in the case of Dr. Shattuck, and remarked that no man should be

refused a commission on account of his medical opinions or belief. Dr. Loring further stated that he had noticed that homœopathists stood as well in the community, and were as successful in practice and in business, as the old school practitioners.

I can assure you, gentlemen, that homœopathy will have no cause to fear if Dr. Loring should be our next governor. I trust he will be.

Dr. Thayer: At the time when we were striving to obtain from the Legislature a charter for a homœopathic college, Dr. Loring was one of the strongest opponents we had in the lobby, and the only speech made against the object was by a member who had Dr. Loring at his elbow during the entire speech, and who was prompted and urged on by him. But it is quite possible that Dr. Loring's principles and ideas have changed since then. Let us hope that they have.

Dr. J. Heber Smith, of Melrose, suggested the expediency of bringing forward direct testimony to prove the statements which have been made in the meeting, that Dr. Shattuck was dealt with in an unusual manner because of his adherence to homœopathy. This course seemed especially demanded, since the Surgeon-General would undoubtedly strive to create the impression in the public mind that his rejection of Dr. Shattuck was in consequence of the contumacy of the appointee, in refusing to be examined by the State Medical Commission. Unless we can prove from his words and acts that the Surgeon-General cherished prejudice against homœopathic appointees, he would throw off all blame and responsibility from his shoulders, and, in effect, nullify our present action. It was important to ascertain whether — as has been stated — the State Medical Commission was called together for the first time for a long while especially to examine Dr. Shattuck.

He had been informed by a young man lately detailed as Acting Assistant Surgeon of the M. V. M., that Dr. Dale had said to him while referring to Dr. Shattuck's case, that he would prevent the commissioning of any quack (meaning homœopathists), but that after an appointment had been confirmed he did not care how the surgeon practised. The young gentleman, above referred to, had been commissioned and detailed by the Governor since Dr. Shattuck's rejection. He had had an interview with Dr. Dale in the absence of the other members of the Commission, and was required to answer seven written questions, none of which were test questions of a medical education.

Dr. Macfarland moved that a committee be appointed by the chair to draft resolutions expressive of the sense of the Society in regard to the several grievances, indignities, and insults perpetrated by the members of the "regular school" of medicine, against those professing homœopathy. Carried. The President appointed on the committee, Drs. Macfarland, Underwood, and Woodbury.

Dr. Squier said that Dr. Shattuck, in a written communication to the Boston Academy of Homœopathic Medicine, had stated that Surgeon-General Dale had told Col. Moore that he would never approve the appointment of a homœopathist, and that Col. Moore was ready to testify to this fact if necessary. The motive of Surgeon-General Dale was too evident for any such denials to have force, or to be believed by any one conversant with the facts.

Dr. Talbot: We have, fortunately, the written testimony of the State Medical Commission which I have already presented, by which they pledge themselves to prevent the appointment of any physician, however well qualified, if he should be a homœopathist. This State Medical Commission has not been convened, so far as I can learn, since the close of the war, until it was called together in the present case of Dr. Shattuck by a special warrant from the Governor.

Dr. Holt, of Lowell, said: —

Gentlemen have already spoken at this meeting in favor of political action upon this subject; and several candidates for the office of Governor have been mentioned as likely to be impartial in regard to the appointment of Medical Inspectors. I have no doubt that as has been stated, fifty thousand of the voters in the State employ our practice, and that a very much larger number would favor impartiality. But the people generally care but little for medical quarrels, and for that reason I should not favor carrying this question into party politics. I think we can get what is due to us in an easier and better way. I believe the law and the custom in the appointment of Brigade Surgeon, to be this: The General sends to the Adjutant-General an appointment, subject to the approval of the Governor, as Commander-in-Chief. The Adjutant-General refers this to the Surgeon-General to certify as to the qualifications of the candidate It then passes to the Governor, who gives the commission. Now, in this case, the hitch is with the Surgeon-General (Dr. Dale), who refuses to certify in favor of Dr. Shattuck, although he is a graduate of Harvard and has served acceptably in the army. Of course it is a delicate matter for the Governor to give a commission without assurance of qualification; but I think, when that assurance is given him, he will grant it without the sanction of the Surgeon-General. If, then, we should fail, we may do as was done in the case of Dr. Van Aernam. When petitions enough were sent in he was removed, and it is the general opinion — not alone of those who employ scientific physicians, but others — that the course then pursued was the right one. We should maintain our rights, and establish our equality in the profession; and we can maintain it in the courts, as well as before public opinion. I am in favor of a committee to wait upon the Governor and make known our wants, and have no doubt of our success.

Dr. Talbot believed that the Governor had kind feelings towards our profession. Never having heard of Dr. Shattuck before his appointment, he naturally referred the matter to his State medical adviser, Surgeon-General Dale. The adverse report of this individual upon Dr. Shattuck's qualifications was then unrefuted by any counter-evidence, and the Governor was perfectly justified in refusing a commission to Dr. Shattuck. Dr. Talbot further believed, that if a committee of, say, twenty-five members of this Society, were to wait upon the Governor and endorse Dr. Shattuck as a well-qualified physician, the Governor would grant a request that he should be commissioned.

The Committee on Resolutions here made their report, as follows: —

The Massachusetts Homœopathic Medical Society, legally called together in special session to consider and take action in relation to

certain invasions, actual and threatened, of the civil and professional rights of its members, hereby declare: —

1. That the State Medical Commission of Massachusetts has adopted and retains the principle that no believer in homœopathy shall be approved by them for any military position.

2. That the Surgeon-General of Massachusetts has refused to sanction the appointment of a member of this Society as Medical Director of the first brigade of the Massachusetts volunteer militia, avowedly on account of his belief in homœopathy, and has refused to receive or recognize certificates of members in good and honorable standing in this Society relative to the condition of soldiers.

3. That the Massachusetts Medical Society has adopted measures for the disfranchisement and expulsion of such of its members as believe in homœopathy, and also of all who may consult with, aid, or abet the members of this society.

4. That the American Medical Association and other bodies in which the majority are allopathic physicians, have adopted similar acts of outlawry against those who practise according to the principle of homœopathy; therefore —

Resolved, That the Massachusetts Medical Commission has openly invaded our civil and professional rights, has established a test of medical faith, and has — contrary to the spirit of republican institutions — invested a class with peculiar privileges not based on character or qualification.

Resolved, That the Surgeon-General of Massachusetts, in rejecting, for the reasons alleged, the appointment of Dr. H. P. Shattuck by Brigadier-General Burrill, has prostituted his position as an impartial servant of the State of Massachusetts to the advancement of his own sect, and to the injury of those who differ from him in medical faith; and in refusing to receive military certificates from members of this society, he has not only offered an insult to physicians in good and honorable standing, but done a grievous wrong to the soldiers of this Commonwealth.

Resolved, That the attempts of the Massachusetts Medical Society to construe into criminals, and to stigmatize as "ignorantly and wickedly administering medicine," those who believe and practice homœopathy (a system which they acknowledge to have done valuable service, — inasmuch as "it has taught us to place more confidence in the curative powers of nature, and less in medicinal agents in the management of disease," — and which has done more for the salvation of human life and the improvement of medical science than any other system), is an insult and indignity to us as physicians and members of a legally-chartered society with powers equal and coördinate with their own, a stumbling-block to the progress of medical investigation, and an outrage upon the rights and privileges of the entire community.

Resolved, That the tone of the allopathic medical press toward homœopathists is not only unjust and abusive, but tends to degrade the medical profession by destroying the "liberal principles" on which it is founded.

Resolved, That restrictions of the liberty of physicians in selecting

counsel is not only a violation of the vested privileges of the practitioner, and of him whom he is forbidden to call in consultation, but also of the inherent rights of the parties most interested, — the patient and his friends, — since it is an effort to debar them from all choice in medical advice.

Resolved, That a committee of twenty-five members be appointed by the President to wait upon His Excellency, the Governor, and represent to him the injustice of the sectarian position of the State Medical Board and of the Surgeon-General, and assure him that this Society have confidence in the qualifications of Dr. H. P. Shattuck, and desire that he will approve his appointment, and commission him as Medical Director of the first brigade of Massachusetts volunteer militia.

Resolved, That a committee of five members be appointed to look after the general, civil, and professional interests of the members of this Society, and to take such measures as may seem to them expedient to defeat any scheme which seeks to deprive them of their duly-acquired rights and privileges.

Resolved, That, as advocates of professional progress and freedom, we call upon physicians, of whatever class and opinion, to unite with us in our efforts to free the profession from the shackles of bigotry and intolerance, in order that it may accomplish the greatest good to the community, and be free to seek truth wherever it may be found, confident that whatever of imperfection may exist in any medical system, " we have nothing to fear from error so long as truth is left free to combat it."

The report was accepted, and the resolutions were unanimously adopted.

The fo'lowing supplementary resolution, offered by Dr. French, of Lawrence, was also adopted: —

Resolved, That the thanks of the Homœopathic Medical Society are due to the press for their outspoken sentiment condemnatory of the action of the Surgeon-General and the State Medical Commission.

Dr. Thayer moved that the committee of twenty-five to wait upon the Governor, be now appointed. Carried. The President then named the following gentlemen as constituting that committee: Drs David Thayer, L. Macfarland, I. T. Talbot, J. H. Woodbury, S. Gregg, George Russell, C. F. Geist, O. S. Sanders, L. D. Packard, W. P. Gambell, M. Fuller, E. B. de Gersdorff, H. Ahlborn, W. F. Jackson, W. P. Wesselhoeft, A. F. Squier, F. H. Underwood, and J. T. Harris, of Boston; S. M. Cate, Salem; J. Heber Smith, Melrose; D. Holt, Lowell; H. L. Chase, Cambridge; J. H. Hayward, Taunton; and A. J. French, Lawrence.

On motion, the President, Dr. Conrad Wesselhoeft, of Boston, was added to the committee.

Dr. W. P. Cross considered that the committee as now constituted represented but a small section of our State; he would like to see a more even distribution of the honors, and with that view would move that the number of the committee be increased to thirty. Carried.

The President then added Drs. W. B. Chamberlain, of Worcester,

D. B. Whittier, of Fitchburg, G. W. Swazey, of Springfield, T. S. Scales, of Woburn, and N. R. Morse, of Salem.

Drs. Thayer, Macfarland, Talbot, Woodbury, and Smith, were appointed a Committee on Legislation.

On motion of Dr. Morse, Drs. D. Holt and H. L. Chase were added to the Committee on Legislation.

The meeting then adjourned.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

UNAVOIDABLE delays occasioned by alterations in the original plans, and the difficulty of procuring the necessary iron work, have somewhat retarded the erection of the new college building. The lectures at the college, however, will be commenced on Tuesday, October 10. at the marble structure known as Glass Hall on 34th Street, east of Third Avenue. The hospital and college building is now rapidly advancing towards completion, and it is confidently believed that the class of the present session will assist in the inauguration ceremonies during the coming winter. The temporary arrangements offer every facility for lecturing and dissecting, and for the comfort and convenience of the students.

J. W. Dowling, M.D., 58 West 25th Street, is the Registrar, and can furnish all information concerning the college; and students should report to him on their arrival at New York.

MUSTER OF THE VETERANS.

BY H. D. PAINE, M.D., NEW YORK.

IN the year 1844, there assembled in the city of New York, a number of the adherents of homœopathy from that city, and from Boston, Philadelphia, Baltimore, and a few other places where the new doctrine had taken root. Then and there they organized the American Institute of Homœopathy.

Notwithstanding this medical reformation had made considerable progress in the country during the preceding decade, and could already count a respectable body of converts, more or less actively engaged in carrying it on, the number who could be at first induced to join in the movement for the formation of a national society, was but small. Including those who responded personally to the call, and those who sent in their written adhesion, the Institute started with a membership of some fifty physicians, headed by those honored pioneers, JOHN F. GRAY, of New York, and CONSTANTINE HERING, of Philadelphia.

Though their numbers were few, they were drawn together by a community of principles, an earnest conviction of the ultimate triumph of those principles, and a firm determination to stand by each other in their maintenance and extension. Their example soon attracted others, and the society, which was thus founded twenty-seven years ago, has grown and expanded till the fifty have become a thou-

sand; its annual assemblages are events of marked interest in the places where they are held, and its proceedings are reported by the telegraph and the press to every part of the country.

Of those few men who united in the first organization of the Institute, scarcely one half now survive to witness its wonderful progress and present prosperity. Not a few of those who gave in their adhesion at the beginning, were already well advanced in life, and years ago they rested from their labors; while others, who for years were leading spirits in all that concerned the progress of homœopathy, and especially in the interest and welfare of the Institute, have gradually yielded their foremost places to younger and more vigorous men.

In view of the diminishing number of those pioneers, and of the obstacles to their frequent intercourse, which must increase with increasing years, it was a happy suggestion of the late and deeply-lamented Dr. Walter Williamson, made, as we have understood, some months before his own demise, that those of the original members of the Institute who still survive, should, if possible, meet together once more by themselves before death should have made a still greater reduction of their number. It was desirable that they should meet to compare notes, and for a renewal of those fraternal associations of which the fonndations were deeply laid in the early years of their pleasant intercourse. The annual meeting of the Institute for 1871 was proposed as a favorable occasion for the intended reunion.

Accordingly, some time before that meeting, the following circular of invitation was issued: —

Dear Doctor: —

The American Institute of Homœopathy has almost completed the twenty-seventh year of its useful existence. Of the small but devoted band who united in its first organization, only about one half are known to be yet living. Each year we note the loss of some familiar names from its list of members, and the gradually lengthened roll of the honored dead.

Of those who survive, some, by reason of age and physical infirmities, have been debarred from regular attendance for many years, or precluded from taking their former active share in the proceedings. A few whose presence was once a feature of each recurring session, are no longer seen at any of our meetings.

Nevertheless, in the hearts of all there doubtless dwell the same sentiments of mutual sympathy and fraternity, and the same spirit of devotion to the good cause, that in former years drew so many of us, with alacrity, to the annual reunions of the society, and which even now, only need the opportunity to be quickened to something of the old enthusiasm.

The approaching session of the Institute, about to be held in Philadelphia, seems to offer such an opportunity. The convenience of the place of meeting, and the prospect of a large and earnest assemblage, will doubtless attract a fuller attendance than usual of the older members; and a desire has, in consequence, been expressed, that advantage should be taken of this favorable circumstance to

bring together, once more, as many as possible of the founders and first-year members of the Institute.

As one of the original members, you are cordially invited to join in the proposed reunion of the "veterans," during the next session of the Institute. The anticipation of such a renewal of old associations, the rekindling of smouldering memories, and the revival of time-honored friendships as is suggested, is worth some effort to realize; and it is hoped that all included in this invitation will feel interested in bringing it to a successful result.

It is proposed that all who can, shall attend the social reception at Dr. Hering's, 112 North Twelfth Street, on Monday evening, June 5, when arrangements will be made for a more formal meeting.

If, unfortunately, you should be unable to be present in person, let us, at least, receive some communication from you.

Letters may be addressed to Dr. H. D. PAINE, 227 Fifth Avenue, New York.

CONSTANTINE HERING.
JOHN F. GRAY.
SAMUEL B. BARLOW.
MAY 20, 1871. HENRY D. PAINE.

Some twelve or fifteen of the "veteran squad," including Dr. John F. Gray, Constantine Hering, Jacob Jeanes, F. R. McManus, Samuel Gregg, H. Detwiller, G. W. Swazey, A. S. Ball, P. P. Wells, Walter Ward, Richard Gardiner, H. H. Cator, and H. D. Paine, responded to the call in person; others, who were unable to do so, sent their regrets and greetings in other ways. But he, in whose warm-heartedness the idea of the meeting had originated, and whose genial welcome would have given a keener zest to the affair, was not there. Death had forestalled his purpose, and removed him to a still better reunion.

Among so many engagements and attractions pressed upon their visitors by the hospitable Philadelphians, it was not easy to find a convenient time for the proposed conference of the veterans. This difficulty, however, was happily surmounted by the expedient of an early breakfast at the house of one of their number, on the second morning of the session.

The host of the occasion was the venerable Dr. Jeanes, who, by general desire, also presided at the meeting. Dr. H. D. Paine, one of the "boys," acted as secretary.

The roll of the first-year members was called, and the proceedings of the first meeting were "*read and accepted.*" The Secretary presented letters from several absentees, acknowledging the invitation, expressing their hearty concurrence and sympathy with its purpose, and regretting their inability to attend. Among those who responded by letter, were Drs. B. F. Bowers, S. B. Barlow, and J. H. Pulte. Verbal messages of the same purport were also received from others who had intended to be present, but were prevented at the last hour from coming.

As it appeared by the minutes that had been read, that at the meeting for organization of the Institute, all who should join before

1846 were to be recognized as original members, the Secretary was instructed to correct his list in conformity with that resolution. This will increase the number of living founders by three or four: namely, Drs. J. C. Boardman, of Trenton N. J., L. Clary, of Syracuse N. Y., and A. Lippe, and perhaps one or two others who joined in 1845.

A claim was advanced on behalf of Dr. C. H. Skiff, of New Haven, Conn., whose name is published as having been elected in 1848, that he was present at, and participated in the proceedings of, the first meeting. The recollection of several members being clearly confirmatory of the claim, his name was ordered to be placed on the roll of the Founders, and the Secretary of Institute requested to make the correction of date.

The loss of the original list of members, and the desirableness of securing and preserving a correct record of those whom we especially honor as the pioneers, makes these inquiries and corrections of some importance.

The names of the deceased founders were then read, and some corrections suggested in the published list; the mention of almost every individual giving rise to expressions of interest and commendatory reference from one or more of the assembled survivors. A peculiar tenderness seemed to affect every heart as the last name was reached, — the genial, earnest, noble Williamson. The list of their departed colleagues was not a short one, and comprises many admirable characters, and it is no wonder that they lingered long over the sad and yet pleasant memories which its reading called up.

A resolution was adopted favoring the repetition of this "old men's meeting" at future sessions of the Institute, whenever a sufficient number shall be able to attend.

Then, after mutual congratulations that so many had an opportunity of looking upon each others' faces once more, and many lingering last words, and parting thanks to their kind host and hostess, the *veterans* adjourned.

In consequence of the loss of the original records of the first meeting of the American Institute of Homœopathy, there is no officially authenticated list of those who took part in its organization. It is believed, however, that the following comprises all the present members of the Institute who joined before 1846, and who are therefore entitled to be recognized as original members. A few who began with the Society, have for various reasons withdrawn, or suffered their membership to lapse. Such are not included in this list. Any information designed to supply omissions, or correct errors, will be thankfully received by the acting Secretary of the "*Founders' Reunion*," Dr. H. D. Paine, 227 Fifth Avenue, New York.

A. S. Ball, New York.
Samuel B. Barlow, "
J. C. Boardman, Trenton, N. J.
Benja. F. Bowers, New York.
H. H. Cator, Kingston, N. Y.
Luther Clark, Boston.
Adolph Lippe, Phila.
F. R. McManus, Baltimore.
James Mairs, New York.
C. F. Manchester, Pawtucket, R. I.
Charles Neidhard, Phila.
H. D. Paine, New York.

Lyman Clary, Syracuse.
H. C. Detwiller, Easton, Pa.
Milton Fuller, Boston.
Richard Gardiner, Phila.
John F. Gray, New York.
Samuel Gregg, Boston.
Constantine Hering, Phila.
Jacob Jeanes, Phila.
J. A. Paine, Lake City, Ill.
J. H. Pulte, Cincinnati.
Horatio Robinson, Auburn, N. Y.
J. Schmidt, Baltimore.
C. H. Skiff, New Haven.
G. W. Swazey, Springfield, Mass.
I. M. Ward, Newark, N. J.
Walter Ward, Mt. Holly, N. J.
D. S. Kimball, Sackett's Har., N.Y.
C. M. Weld, Boston Highlands.
P. P. Wells, Brooklyn, N. Y.

ORIGINAL MEMBERS DECEASED, THE YEAR OF THEIR DEATH, AND THEIR AGES, AS FAR AS KNOWN.

Name.			Age.
Eberhard Freytag,	Bethlehem, Pa.,	1846	82
Eben Hale,	Boston,	1847	38
E. Humphreys,	Utica, N. Y.,	1848	63
Albus Rea,	Portland, Me.,	1848	50
George W. Cook,	New York,	1849	43
R. A. Snow,	New York,	1849	00
John Taylor,	New York,	1850	45
Jesse M. Peak,	Cooperstown, N. Y.,	1850	00
Josiah F. Flagg,	Boston,	1853	64
J. C. Gosewisch,	Wilmington, Del.,	1854	46
William Channing,	New York,	1854	00
W. P. Esrey,	Philadelphia,	1854	39
J. Merrill,	Portland, Me.,	1855	73
William Ingalls,	Worcester, Mass.,	1857	82
John Payne,	Belfast, Me.,	1857	36
C. Whitehead,	Philadelphia,	1858	51
William Wesselhoeft,	Boston,	1858	64
A. Gerald Hull,	New York,	1859	49
Daniel Janney,	Purcell's store, Va.,	1859	67
Robert Rossman,	Brooklyn, N. Y.,	1859	54
Richard S. Bryan,	Troy, N. Y.,	1860	64
Ferdinand L. Wilsey,	New York,	1860	63
Benjamin F. Joslin,	New York,	1861	65
Clark Wright,	New York,	1863	64
Richard Bloss,	Troy, N. Y.,	1863	65
Charles Wild,	Brookline, Mass.,	1864	69
Storm Rosa,	Painesville, O.,	1864	73
Abraham D. Wilson,	New York,	1864	63
Hunting Sherrill,	New York,	1866	83
George Lingen,	Mobile, Ala.,	1868	00
James M. Quinn,	New York,	1868	62
J. R. Piper,	Washington,	1870	62
Walter Williamson,	Philadelphia,	1870	60
John L. Sullivan,	New York,		

PERSONAL.

CHARLES J. HEMPEL, M.D. This veteran in our cause has so far recovered from his late illness, that he, with his entire family have sailed for Europe, to be absent a year or more. We sincerely hope this change will entirely complete his recovery.

D. W. BLISS, M D., Washington. We do not wonder that he has been expelled from the allopathic societies when he could give utterance to such liberal sentiments as these: "I have never been a homœopathist, nor am I now, but I respect educated gentlemen who have been and are practising that system, and have given my earnest support to the movement in the Interior Department, to appoint these gentlemen medical examiners of pensions. Nothing short of this liberal action sustains our claim to a republican form of government. I have already learned many valuable truths from my contact with educated homœopathic physicians, and shall continue to regard them as legitimate confrères in a noble work of love."

HENRY C. ANGELL, M.D. We regret to have to report the severe and continued illness of our long-time friend, the former editor of this journal. He was attacked early in July with violent inflammation of the spine, which extended to the base of the brain. Though his condition has greatly improved, yet he can still scarcely leave his bed, and it will be several weeks before he will be able to resume his practice. He has the deep sympathy of his extensive circle of friends both in and out of the profession.

E. M. KELLOGG, M.D., New York. The Homœopathic Mutual Life Insurance Company have secured, in the position of Vice-president, the services of this well-known physician of our school, and we are sure that his untiring energy and clear business talent will increase the already unequaled success of that company. This same business talent has been of great service to the American Institute of Homœopathy, of which Dr. Kellogg has been for several years the efficient Treasurer. His relations with the members have been of the courteous and pleasant kind, but the following letter received by him in response to his business circular, is an exception, and shows the character of some who, fortunately, are not members of the Institute. We trust there are not many, who claim the honorable title of homœopath, who could write such a letter. We give it *verbatim, et literatim, et punctuatim.*

——— CITY, ——— 1871.

E. M. KELLOGG,

Dear Doctor, The bill I received from you last June surprised me beyond measure as I did not send any application for membership to the Institute or had I any desire to become a member. The party or parties who had interest enough in my welfare to make the application should also have interest sufficient to pay the expenses. On receipt of the bill, I resolved to treat it with silent contempt as it deserved but your insolent communications of Sept 3 requires a retort and for that purpose I write this If it had been my desire to associate myself with a set of wrangling High Potency fanatics (or rather Monomaniacs) and associates of *women* (I can't apply any other term) who for sordid gain have lowered themself from the high estate of virtuous females and who are with their inferior intellect are trying to ursurp the rights of the profession I should have made my own application and not left it to those whose business it was not.

Yrs

REMOVALS. RICHARD GARDINER, M.D., has returned to Philadelphia, his old home, where he is located at 146 North 20th street.

G. M. DIXON, M.D., from Lyons, Iowa, to Ripon, Wisconsin, where he is associated in business with his former preceptor, Dr. G. R. Shaw.

THE

New England Medical Gazette.

Nos. 10 & 11.] BOSTON, OCT. AND NOV. 1871. [Vol. VI.

IPECACUANHA. — DIAGNOSIS OF DISEASE AND DRUG.

BY C. WESSELHOEFT, M.D., BOSTON.

(*From a Lecture in the Homœopathic Hospital Course.*)

Since another opportunity may not soon a gain be offered, I will now draw a brief comparison between the manner of studying the effects of drugs in the old school and ours.

Instead of being governed by classification of medicines according to *one* of their most prominent effects, let us observe the other properties of drugs which point to their use in disease. I have mentioned *Ipecacuanha;* let me revert to it again.

The old materia medica sums up existing knowledge on Ipecacuanha in a few words. It is a n emetic, because it is known to cause vomiting. It is a tonic, because (in very minute doses) it improves the appetite. It is an expector ant, because, in the course of its action, the pulmonary mucus is secreted and expectorated. It is called a diaphoretic, because, when combined with opium, it will induce perspiration, although not if given alone.

The old materia medica mentions many other properties of *Ipecacuanha:* it irritates the skin; produces irritation of the eyes; causes asthmatic dyspnœa, followed by copious expectoration; and it also causes purging, but this very important circumstance must not be stated too emphatically, — its prominence would obscure the effect and duty principally ass igned to *Ipecacuanha,* — emesis.

We, of the new school of medicine, do not ignore these effects; we also make use of them, but in another manner. We are not satisfied to know that *Ipecac.* produces vomiting, but we ask, What *kind of vomiting* does it produce? And we find that it produces vomiting with headache immediately after eating; vomiting of large masses of mucus of yellow or greenish color, and of offensive odor; all the food is rejected with admixture of bile. Often the vomiting is combined with diarrhœa, alternating with the vomiting. These active effects are accompanied by many modifying symptoms as to the appetite and sensations in the gastric region: for instance, bitter taste; loss of appetite; loathing of food; absence of thirst; sensation of emptiness of the stomach; violent pain in the stomach.

Now, according to our law of cure, a judicious use of this information concerning *Ipecac.* will render it one of the most useful medicines in the materia medica.

Every year, we meet with numerous sporadic cases of cholera and cholera infantum, characterized by symptoms like those just mentioned; a minute dose of *Ipecacuanha* will promptly relieve them. It is equally efficacious, both where the vomiting is the most prominent symptom, and also, where diarrhœa exists without vomiting, if the discharges are of various colors, greenish, yellowish, bilious, of bloody mucus, or watery; so we utilize much that the old school rejects, or of which it is ignorant. Perhaps a case of asthma will strikingly illustrate its effects. A volume might be filled with the effects of *Ipecac.* on the lungs and air-passages. Its primary effect is to produce asthmatic dyspnœa, and a sense of suffocation, — at first with complete apparent dryness of the air-passages. This may last for some time; it is the primary effect of *Ipecac.* But soon the secondary effect occurs, under the reactionary power of the system; this results in copious secretion of mucus, which is abundant in proportion to the severity of the dyspnœa which had preceded it. When asthmatic attacks occur spontaneously, if they occur particularly during the night, and in-doors, and are relieved by out-door air, *Ipecac.* will often relieve them with magical effect, as you will, I hope, have occasion to observe.

Arsenic and *Copper* produce very similar attacks of asthma, and

hence, *Ipecac.* is their most potent antidote, not only to their effects on the lungs, but on the stomach also.

We lay the most stress on the *primary* effect of *Ipecac.* on the lungs, — the suffocation. The old school, on the other hand, endeavors to make use of the secondary effect, that of expectoration, which is nothing more than the reaction of the organism which overcomes the primary effect of the medicine. Hence, it is a manifestation of the self-healing power of nature, rather than a pure effect of a medicine.

We do not find this to be the end of the action of *Ipecac.;* it has many more healing powers besides those I have mentioned. It possesses the power of producing a marked degree of febrile excitation, resembling the quotidian and tertian forms of those intermittents which are characterized by a brief chill, followed by excessive heat, with exacerbation towards evening, with thirst only during the chill, and with rigors which are often combined with oppression of the the chest, and with nausea. Whenever you find a spontaneous case of fever resembling closely these symptoms, *Ipecac.* will be its curative remedy. And I may predict it with perfect assurance: any one may prove it to his own satisfaction, who is merely willing to await his opportunity, and to take advantage of it when it occurs.

I have seen the effect repeatedly. For instance: a case of intermittent fever which had resisted quinine for several weeks, was wholly and permanently cured by a small dose of *Ipecac.*, given in the period of apyrexia. The paroxysm did not return at the expected time nor afterwards.

Furthermore, *Ipecac.* is capable of exerting its influence upon the brain and its nerves in a marked manner, producing a certain form of sick headache, with nausea and vomiting, with intolerable pain in the brain and skull, extending to the root of the tongue. For such symptoms we have frequently to prescribe, and *Ipecac.* will often be the curative remedy.

Its action does not cease here; for it has the power of producing — and consequently of curing — an analogous form of uterine hæmorrhage of light-red blood.

I think I have said enough to convince you that the action of

Ipecac. is not limited to that of an emetic, or expectorant. I have shown you that it has many other qualities which have been ignored in times past. And what we state with regard to this drug, is true as to all others.

Besides showing you the range of the action of *Ipecac.*, I have also endeavored to hint at the features by which this action may be distinguished from that of other drugs.

If you will bear in mind the characteristics of *Ipecac.*, as exhibited in the type of its fever, — its gastric and abdominal symptoms, — you will never mistake the effects of *Ipecac.* for those of any other drug. And you will be equally able to recognize the disease to which it is applicable.

It must, therefore, become at once obvious to you, that the word diagnosis does not only apply to natural diseases, but also to those which can be artificially produced by drugs, or which these produce upon the healthy.

In homœopathy, therefore, we speak of a *drug-diagnosis* in contradistinction to *diagnosis of disease.* In making your diagnosis of disease, you at the same time *diagnosticate the remedy.* In fact, I am unable to conceive any reason for distinguishing one disease from another, unless it is for the purpose of curing it.

We ought to be successful in our cures in proportion to the ability we possess in discriminating remedy from remedy, and disease from disease.

I do not mean to assert that we can become infallible in practice; but the principle is correct, and only needs perfection. Perhaps centuries are required for that purpose; it is no thought-saving device, — not thinking made easy, — by adding the diagnosis of the remedy to that of the disease; it is much more difficult than theorizing.

The materia medica is inseparable from pathology; it is difficult to treat of one without the other. Disease being the positive element, materia medica is merely its negative counterpart.

INSANITY CURED WITH VERATRUM.

BY M. S. BRIRY, M.D., BATH, ME.

JANUARY 29.— Was called in the evening to see Mrs. W., a widow, aged 36. She has two children; her husband died in a rebel prison. Since his death she has been nervous and excitable at times. Her mother has been insane for years, and is in the asylum at Augusta.

I found her suffering with inflammation of the tonsils and posterior fauces, severe fever, with tongue coated, breath offensive, great difficulty in swallowing, and pain in the throat and head.

She said she had been sick a week, taking some domestic remedies, and did not want to call a physician. Gave her *Acon.* and *Ammon. mur.*, in alternation every two hours during the night.

Jan. 30. — About the same. The face, very much flushed, as it was the evening before. The end of the nose was intensely red, so that I informed the patient that she was about to have erysipelas of the face; but at her entreaties to give her something for her throat to the neglect of her face, the *Acon.* and *Ammon. mur.* were continued. Sometime in the night the suppuration was completed; the pus discharged from the tonsil, and the throat felt much better.

Jan. 31. — Throat better. Patient can swallow drinks and some solid food tolerably well. The erysipelas is advancing; pain in the head still severe. Gave *Rhus* and *Bell.* through the day.

Evening. — The inflammation has reached the eyelids and is extending on both cheeks. Gave *Lachesis* in alternation with *Bell.*, as there is some aberration of mind and no disposition to sleep.

Feb. 1. — Disease making progress; both eyes closed; little or no sleep last night; other symptoms about the same as the day before. Dr. W. E. Payne visited the patient with me this morning. Gave *Graphites* during the day, and *Crotalus* at night.

Feb. 2. — No change, except the inflammation is extending to the forehead, and the eyelids not quite as much swollen. Gave *Crotalus.*

Feb. 3. — Not much change. The inflammation of the eyelids less; but it has extended up on the forehead to the hair. Not

much of any sleep last night. The mental symptoms worse. She was obstinate and would not take any medicine at times during the night. Gave *Ruta grav.*[30]

Evening. — There has not been any advance of the erysipelas during the day. The skin of the forehead is swollen, tense, red, and hot. Continue *Ruta.*

Feb. 4. — No sleep last night. The face and eyes look better; can open both eyes; the blisters are dry on the cheeks and nose; on the forehead there is exuding a yellowish-colored serum. As there has been no advance in the inflammation, but rather a subsiding for the last day and night, continued *Ruta.*

Evening. — Patient about the same as in the morning. No sleep; very much inclined to talk; sense of hearing acute. Dissolved a small quantity of *Atropia* in a third of a tumbler of water, and ordered two teaspoonfuls to be given at nine o'clock, and the dose to be repeated every two hours till the patient went to sleep.

Feb. 5. — The nurse reported that she gave the medicine as directed; at ten o'clock the patient went to sleep, and slept six hours. Her general appearance is improved, the inflammation is diminishing, but still there is not any improvement in the mental state. Gave *Ruta* during the day, and *Atropia* at night, hoping by inducing sleep, that the mind might become calm. The ringing of the bells for church and the passing of people in the street seemed to excite her most of anything.

Feb. 6. — Patient slept two hours. The erysipelas is gradually improving; less of the burning, the face rough, with large scales of epidermis, the forehead traversed by deep fisures and partly covered with dried serum. Continued the same medicine.

Feb. 7. — Scarcely any sleep last night; patient talks almost constantly.

At the first indications of mental disturbance, I hoped it was only a delirium attending the febrile condition which arose from the erysipelas; but now that the inflammation has subsided, and there is no metastasis of the disease to the brain, it must be considered insanity, induced by acute disease upon a predisposed brain. It has not abated with the subsidence of the disease which caused it. Up to this time the medicines had been selected with especial ref-

erence to the inflammation of the face and head. Now, the mental symptoms are recognized as those which direct to the selection of the proper remedy.

The following are the prominent symptons: Loquacity, with exaltation of ideas, or an exalted opinion of her own ideas and powers; every thing seems clear to her; what had formerly been mysterious to her, she now clearly understands. She does not want any medicine that will restore her to former condition. Some of the time she talks and laughs. On some days the laughter is quite constant. One day she talks a long time about one thing; the next, or perhaps the same day, she changes from that theme to another. At times she will persist in continuing to talk, without giving any attention to what is is said to her, — will not answer questions; does not like to be disturbed with questions when she is talking. She knows all that is going on about the house, and does not want anything said which she cannot hear. She lies in bed and does not wish to get up long enough to have the clothes changed. She does not complain of any pain, but says "her head feels bad." The eyes are red, but the vision is not affected; tongue has become clean and moist; appetite is poor, or capricious; not much thirst; bowels rather torpid; urine, which was scanty and high-colored during the inflammation, is now more abundant. The extremities are cold and moist; pulse small, frequent. For five or six days, — up to February 12, — *Hepar*, *Hyos.*, *Stram.* and *Veratrum album*, were given, dynamized, one at a time, for twenty-four or forty-eight hours, without any change and without perceptible effect. By this time the swelling of the face and forehead had entirely disappeared, the skin of the forehead only looked rough and red.

Feb. 12. — Gave *Veratrum viride* tincture, four drops in half a tumblerful of water, two teaspoonfuls every two hours.

Feb. 13. — Patient slept better last night than she had for many nights; the feet and hands are not so cold and moist. She still talks a good deal but not quite as much as before. Continued the *Verat. viride.* The next day brought some improvement; continued the same medicine, in less quantity.

Feb. 18. — The patient has so far recovered that the medicine is

omitted. Visits are made only once in two or three days during the next week, the patient steadily improving.

March 11. — Mrs. W. called at my office; she appears well, is looking nicely, except that there is still a redness of forehead.

HYSTERIA, — HYDROCYANICUM ACIDUM.

BY F. W. PAYNE, M.D., BATH, ME.

[*Read before the Central Homœopathic Association of Maine.*]

Mrs. D., aged twenty-three years, lately married, has heretofore been subject to hysterical attacks, sometimes lasting for months at a time. She has been treated by many physicians and not a few quacks, without much, if any relief. The attack preceding the one for which I was called to prescribe, lasted nine consecutive months. She was treated by an allopathic physician — an army surgeon — who told her friends that she had an exostosis under the right frontal protuberance, which was compressing the brain, and that unless relief could be obtained by trephining, she would certainly never rally. To this absurd scheme her parents and friends consented, and the operation was accordingly performed. She remained wholly unconscious of what was transpiring, during the whole of it.

She slowly rallied after several months of suffering succeeding the shock. No hysterical attack followed for some time, but she remained pale, languid, and unable to sit up a moment without fainting; she had constant nausea and retching, much aggravated by eating; there was sharp pain in the forehead from temple to temple, much intensified by noise, excitement, or movement; the tongue was swollen, pale, smooth, and covered with a whitish coat, with impressions of the teeth around the border; there was sharp pain in the region of the heart, aggravated by the movement of either arm; she was easily excited, nervous, starting at the slightest noise. She was now about two months pregnant. For these symptoms I was called to prescribe, as her case had been relinquished as incurable by her allopathic attendant, after several months of most heroic treatment.

The above picture represents the case as I found it. Soon after commencing treatment she rallied considerably, and her condition seemed to be improving. But a miscarriage now occurred, induced, probably, by drugs or other means used for the purpose, although both she and her mother persistently denied that this was the case. She was delivered of a two-months fœtus; after this, improvement again set in and steadily progressed, so much so that I considered it unnecessary to see her oftener than once a week. Finally all attendance was discontinued for a little more than two months. She was able to go about the house and attend to many simple household duties. Then I was hastily summoned one evening by her father.

I found her lying in an apparently unconscious state, the limbs and jaws rigid, the forearms were flexed on the arms, which were pressed firmly against the sides; the eyes were fixed and drawn somewhat upward and to the right; the eyeballs were slightly sensitive to touch, which caused her to slowly close the lids; a constant succession of tears was rolling down the cheeks; the beat of the heart was very irregular and feeble. She would occasionally utter a groan or sigh, and press her hand forcibly over the region of the heart, as if suffering pain there; at these times the limbs would become more relaxed, and she would frequently raise herself in bed and gaze vacantly about the room for a minute; then, if not restrained, she would throw herself forcibly upon the pillow again, or fling herself from one side of the bed to the other. Her husband was frequently obliged to exercise great force to prevent her from injuring herself; if any means were used to extend the contracted arms, or open the clenched teeth, she would exert greater power to prevent it.

This form of the attack lasted some twenty-four hours, and then tonic contractions ceased. She now became very busy in packing and folding her bed-clothes, and placing them carefully under her head, or elsewhere about the bed, at the same time guarding them with watchful eyes, allowing no one to touch or take them. If this were attempted, she would strike with her full strength. She seemed to notice no person in the room, unless they interfered with her plans, but if any one entered the door, she would seize a pil-

low, or anything within reach, and throw it forcibly at the intruder. At other times she would fix her eyes on a particular spot on the wall, or on a picture, or follow an imaginary figure or object with her eyes, as if watching its motions. She was frequently talking, laughing loudly, or scolding vehemently; she would imagine herself surrounded by many friends, shaking hands with them, and calling them by name as they appeared before her. She asked no questions, and would return no answers. During this time, which lasted four days before relief was given, she took no nourishment voluntarily, and only such as could be put into the mouth, after forcibly prying open the clenched teeth.

Several remedies were chosen which covered the symptoms in part, but they exerted no influence in controlling them at any stage. The pressing of the hand over the heart, and the repeated groans while doing so, led me to think she was suffering sharp pains, probably of a stitching character, in that locality. The irregularity and feebleness of the heart's beat, drew my attention to *Hydrocy. acid.*, which was given in the 30th potency, with the most favorable result.

The next morning after giving the *Hydrocy. acid.* at night, the hysteria had wholly subsided, but left her in a very weak state, and in a heavy sleep, which continued without interruption for about twenty-four hours. Then she slept with occasional wakings for the twenty-four succeeding hours. This medicine was continued for a week; when other symptoms arose, which called for other remedies, and this was discontinued. She had no more threatenings for four months; then she commenced as before, but the attack immediately yielded to one dose *Hydroc. acid.*[30]. Since then she has had no symptoms of the recurrence of her disease, and enjoys medium health. About a year has now transpired since her recovery from the first attack, — a very much longer interval of consciousness than she has had for several years. These intervals have heretofore lasted but two or three weeks, except since the operation, and they have been passed in perfect bodily misery.

EPILEPSY, — PULSATILLA AND BUFO SAHYTIENSIS.

BY JAMES B. BELL, M.D., AUGUSTA, ME.

[*Read before the Central Homœopathic Association of Maine.*]

Miss D., æt. sixteen, of sanguine-lymphatic temperament, fresh complexion, healthy appearance, has been the subject of epileptic attacks, which usually occur at night, before midnight, either before going to sleep or after. If awake, she has some warning of the attack, from a feeling of general numbness, immediately followed by the spasm and insensibility. The spasms are quite severe, and are followed by sleep. She feels languid the next day. She has from ten to twelve attacks yearly.

She has much congestive headache, with flushed face; much *worse in a warm room or near the stove*, better *from cold bathing and in cool air*. Easily laughs or cries. Cries a good deal. Mind not affected. Has had the fits about five years. Menstruation regular, rather scanty.

I have not been successful with epilepsy, but this case had so many symptoms of *Pulsatilla*, that I felt encouraged to try it.

April 23, 1870. — She took *Puls.*[16c].

May 14. — Has had one light attack; less headache, and feels generally better.

June 4. — Does not feel as well. Had another fit. *Puls.*[16c].

July 22. — Had only one spasm, and that very light, retaining consciousness all the time.

Aug. 26. — No spasm; feels well.

Jan. 20, 1871. — She has not called again until to-day. She had been somewhat worse again since September, and her friends were discouraged. Her mother called with her this time, and gave me some additional symptoms. Her spasms generally occur just before the menses. Putting the feet in hot water and drinking something hot, will sometimes break up an attack. The edges of the eyelids are red, and there are some crusts in the lashes. *Caust.*[6m].

March 15. — Worse. Had several spasms, followed by sleep and headache. *Bufo sahytiensis*[30].

May 16. — One slight spasm. *Bufo s.*[30].

July 19. — She has had no spasm since, and feels remarkably well.

I do not report this as a cure yet, but only as an observation. Dr. Payne reported a remarkable cure last year of a case of convulsions. Dr. Holcombe reported cures of epilepsy to the American Institute.

The first proving of *Bufo* was made by Mure, but it contains no epileptic symptoms. In the *N. A. Journal of Homœopathy*, Vol. 18, p. 320, is a proving by Houatt. The reliability of these provings has been very properly questioned; and this is the true way to determine their value, if they have any. This case confirms symptoms 3, 31, 34, and particularly 41 and 42.

Thus far there is nothing very distinctive to be pointed out in the symptoms of this remedy; and that is also the misfortune in most cases of epilepsy. Clinical observation with good records will help us out of this. I am trying the remedy now in several cases. Bönninghausen states that his journal contains records of above five hundred cases, of which by far the greater number were cured. I have no doubt of it, although he himself remarks that it is one of the most difficult of all diseases to cure. If he had lived, he would have published a monograph upon it. We may hope, perhaps, that his experience will sometime be made public.

CASES FROM PRACTICE.

BY R. T. HARMAN, M.D. HAGERSTOWN, MD.

Case I. Lumbago and Rheumatism.

B. J. B., æt. forty-eight, came to me April 24, 1866, with acute lumbago, produced by lifting. He had to be assisted from his carriage. An examination of his case showed that he had been subject to rheumatism for ten years, and always worse in spring and autumn, and during changeable weather. He then felt

stiff and sore on rising in the morning, and until warmed up by exercise; the stiffness returning on resting and cooling off. He said he would give a horse to anybody that would cure him, — not dreaming that "sugar" had any virtue in it. I gave *Rhus tox.*[200], two doses, and a placebo for ten days, when he came back almost well of the lumbago, and much better of the rheumatism. As he was very costive, stools large, no thirst, I gave *Nux v.*[200], two doses, and a placebo for ten days again. Passing his house about the middle of May, I found him in a quarry at heavy work without any inconvenience. He said he was well. To make his cure certain, I again gave him *Rhus*[200], followed by *Sulph.*[200] in ten days; (I always like to wind up with *Sulph.* high; I find the cure more lasting.) Saw him again in August, when he informed me that he felt like a young man again; that he had stood the work through harvest bet ter than for ten years past. He remains well to this day, over five years. I will remark, I have not yet received the *horse.*

CASE II. COUGH.

D. Z., æt. forty-five, came to me in August, 1866. He was tall, spare, nervous; very weak, languid, listless; had been sick since spring with a bad cough; had tried all sorts of cough syrups and drugs, constantly growing weaker. He coughed hard in the morning; after raising a small quantity of mucus, he felt better for a while. Gave *Nux v.*[200], followed by *Sulph.*[200] in ten days. In two weeks time he felt like a new man, and remains well to the present writing, — now five years.

CASE III. COUGH FROM SUPPRESSION OF THE MENSES.

A. E. K., æt. nineteen, came into my hands Oct. 21, 1866, from an allopath, who told her she had consumption. He had been feeding her on cod-liver oil, and rubbing her breast with croton oil till it was literally raw. On examination I found she had been washing and scrubbing during the catamenia five months before, and that the menses had stopped suddenly, and had not since reappeared. But on return of the next period a cough set in, and it grew worse every succeeding period. I explained the

nature of her disease, and told her I could cure her. She put herself under my charge. I found some fever, with a raw feeling in the lungs from coughing; her complexion was sallow. Gave *Acon.* for twenty-four hours, followed by *Sulph.*[200] for ten days; then *Puls.*[200] ten days. Menses did not appear at the next period, but the cough was aggravated and very dry. Gave *Sulph.*[200], *Puls.*[200] and *Sep.*[200] for another month. Still the menses did not appear, but there was very little cough. The patient "felt a hundred per cent better," and asked me to let her go to work, — she was a servant girl. I gave her medicine — *Sulph.*, *Calc.*, *Puls.* — for another month, and let her go to work. In two months more she returned in blooming health, glad and happy that she had been saved from a premature grave. Her father called on me a year ago, and said she had never been sick a day since I cured her. So much for "sugar medicine," as the doctor called it.

Case IV. Hæmorrhoids.

On the ninth of January, 1867, I was consulted by Mrs. A. E., a German woman, for itching and burning at the anus, with constipation. The stools were large, and difficult to pass; there were no tumors, but sometimes a little blood was passed with the stool. Gave *Nux*[200], followed by *Sulph.*[200], after ten days, which cured her so that she was not troubled again for a year, when I gave *Nux* and *Sulph.* again, with the same result. Some patients cannot be prevailed on to continue their medicine till they are cured permanently.

Case V. Corns and Frostbite.

Capt. C., æt. fifty, called on me Jan. 13, 1867. He had not been able to wear boots for two years; his feet were very sore and tender, with burning, boring, and stitching pains, and were much swollen and inflamed. Told him to bathe daily in warm water for ten minutes, and then in cold water one minute; and gave *Sulph.*[200] for ten days. He came no more, and I did not see him till April. He then had his boots on; his feet were entirely well, but he "did not know

whether it was the medicine that cured them, or whether they got well of themselves." Our medicines seldom get full credit for anything they do.

DIGITALIS IN DROPSY.

BY S. LILIENTHAL, M.D., NEW YORK.

Dr. McLeod, of Philadelphia (*N. E. Med. Gazette*, Aug. 1871), wishes to have some proof that *Digitalis* ever produces albuminuria.

By consulting Dr. Nothnagel's *Materia Medica*, page 95, he will find that, in the provings of Stadion, the quantity of urine daily excreted was in no way modified during the first eleven days (after the use of twelve milligrammes of digitalin), neither was the quantity of the different components of the urine. During the last seven days — till decided symptoms of toxication set in — the quantity of urine was somewhat diminished; so was also the excretion of urea, of chloride of sodium, of phosphoric and sulphuric acids; uric acid only was somewhat increased. The mean specific gravity was also lighter. Other observers agree with Stadion. Brenton, on the contrary, observed a slight increase of diuresis.

Further on, Dr. McLeod says: "The diuretic action of digitalis is not alone its salutary sphere, for under its drug influence the amount of albumen in urine has very perceptibly decreased.

Copious diuresis *per se* does not belong to the pathogenesis of digitalis; how then does it act in dropsy? Let us consider at first what dropsical effusions are. We find that they are only secondary processes; and to remove the water palliatively, we have far better remedies than digitalis.

As for albuminuria, we now know that, with increased pressure of the arterial or nervous circulation, albumen appears in the urine. Digitalis increases that tension primarily; but, secondarily, — and this is the chief action of digitalis, — it is a depressing agent.

Buchner (Morbus Brightii, page 71) truly remarks that "all remedies which disturb the arterial circulation in such a degree as fox-glove does, must necessarily produce degeneration of the kidneys, or, at least, albuminuria." A venous stagnation is the consequence, and thus the albumen easily passes into the urinary tubes; digitalis may therefore do something in chronic albuminuria; but we have better remedies, among which we will only mention *Phosph*, *Arsenic.*, *Cuprum*, etc.

Now to come back to the case in question, we do not wonder that a mere albuminuria from the pressure of the gravid uterus on the renal veins does not always produce puerperal convulsions, and though there be headache and even twitchings from the disturbance in the circulation, still there may be no uræmic poisoning. And the late Prof. Bedford taught, years ago, that "albuminuria is not only not always followed by *uræmia,—or, as others call it, ammonioœmia,*— but that albuminuria disappears after delivery in almost every case, being simply the result of a congestion of the kidneys. Uræmia, on the contrary, is a nervous disturbance arising from a peculiar blood-poisoning, by products from the decomposition of the urea." (Diseases of Women and Children, page 530, *et seq.*)

In mere albuminuria of pregnancy, we have learned from Kafka (I. 864), to rely especially on *Hepar sulph.*, and we have increasing confidence in this remedy, for all acute cases, where examination reveals albumen in the urine.

Surgical Department.

WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

SURGICAL CLINIC AT THE HAHNEMANN HOSPITAL.

Before the class of the New York Homœopathic Medical College.

BY WM. TOD HELMUTH, M.D.

GANGRENE OF THE STUMP. — It gives me pleasure to show you this stump, which but a few days ago was in a state of complete gangrene. You will perceive at present that the granulations are healthy, and that a sufficiency of flap remains wherewith to make, with care, a useful limb. The history of the case is, briefly, this. The patient was a deck hand upon a ferry boat, and accidentally caught his foot between the wharf and the boat as it was coming into the dock. The contusion and laceration were very severe. Dr. Bayliss, of Astoria, was called to see the case. Traumatic grangrene appearing on the second day, he sent him to the Hospital. This was on Sunday, the first day of October. When I saw him that afternoon, his foot presented all the appearances belonging to acute traumatic gangrene, which extended from the toes to about the base of the first row of phalanges; the color was purple; the odor was that peculiar to moist gangrene; there oozed from the lacerated surfaces an offensive sanies; the sensation in the fore part of the foot was gone; and there was a reddish blush ascending over the instep, which indicated a rapid spread of the disease.

I desire you to bear in mind these leading features of traumatic gangrene, as it differs in many respects from the other varieties of the disease, and requires a very different line of surgical treatment. Acute mortification may be said to arise from many causes: among which may be noted an excess of inflammatory action, obstruction of the circulation (as in embolism), constitutional debility, etc. In such cases it is proper to wait before resorting to amputation, until a line of demarcation has formed. But in

traumatic gangrene the case is far different. The sooner the limb is off the better, provided the system can bear the shock of removal. To delay is to risk life, and to wait for a line of demarcation is, in the majority of cases, to consign your patient to the grave.

The next morning I amputated the leg at its lower third, making the circular operation, and forming a very large flap. It must be borne in mind, that the ankle and heel presented no appearance of gangrene. On the next day the patient was *too well*. I told him so. On the second day, when I saw him, the odor, the discoloration, the oozing, pointed to the rather discouraging fact that the disease had attacked the stump. I cut open all the sutures, turned the flap backward, and ordered the part to be washed every three hours with water, and then carefully injected with carbolated glycerine. A compress wet with the solution was to be applied and changed every two hours. *Arsenicum*[3] was given every half-hour both day and night.

The next morning there was no especial change, the gangrene, however, had extended. The medicine was continued at hour intervals, and the wound still dressed as before. This treatment was continued, and I am happy to state that the gangrene was completely arrested the mortified parts were all cut away with the scissors, and the sloughs carefully removed from the stump. The flaps — very much shortened, of course — were brought together, and, I trust, we may yet, with care, show a useful stump. I attribute this arrest of the disease mainly to the *Arsenicum*, although the antiseptic treatment and extreme cleanliness were of great service. Both Dr. Dunnell and Dr. Richardson were very assiduous in assisting in the after treatment.

Urinary Fistula.

This patient, James U., aged about sixty-five, was troubled last May, with what he termed a "carbuncle" in the perineum. After a period of poulticing and dressing, profuse suppuration ensued, and finally, urine escaped by the wound. The patient, in his early life, has been a very free liver, and has now a urethra of so small a caliber as not even to admit a No. 1 sound. He has, for some

years past, been subject to attacks of strangury. Upon exposing the perineum, you perceive a large opening on the right side of the raphe, which admits a dossil of lint as large as a pullet's egg. And by drawing aside the margins of the opening, a vast irregular cavity can be observed, at the apex of which the membranous portion of the urethra is distinctly visible.

Urinary fistulæ, or perineal fistulæ, may arise from a variety of causes, one of the most frequent of which is abscess in the perineum. Wounds, bruises, tight strictures, etc., also give rise to this distressing complaint. We must remember the manner in which the perineum is bound down; that the deep layer of the superficial fascia is firmly attached on each side to the rami of the pubis and ischia, and that it curves behind the transverse muscles of the perineum to join the lower margin of the triangular ligament, or deep perineal fascia. It will then be readily understood why we should endeavor to assist nature in making an outlet for discharges at as early a moment as possible after we have detected the symptoms leading to the supposition that a urinary abscess may exist. In this affection — strange as it may appear — the constitutional symptoms are often more troublesome than the local. The shivering, the nausea, the febrile paroxysms, the furred tongue, are all well-marked; and when, in connection with these symptoms, — especially if the patient, as in the case before us, has been afflicted with tight stricture, — there is heaviness in the loins, an uneasy sensation in the neck of the bladder, with the stream of urine rapidly diminishing in size, and a slight puffiness about the parts, the safe practice is to incise the perineum in the raphe and down through the triangular ligament. This cut may be from an inch to an inch and a half in depth. Even if pus does not escape, the incision relieves the tension of the parts, and establishes an opening through tissues which, from their unyielding nature, would form such a barrier to the exit of pus that infiltration of the surrounding tissues would be the inevitable result. If the perineal incision be not resorted to at an early day, a urethral communication is formed, and we have a true urinary fistula through which, at every act of micturition, more or less urine escapes. These perineal fistulæ are divided into the simple and the indurated, — the terms explaining themselves.

When this patient came under treatment, he was sent to me by Dr. Macomber, of Hackensack, N. J. The opening in the peri. neum was three times as large as you find it at present, and the escape of water from the wound three times as great. The internal medicine has been steadily *Silicea*[30], a powder every night and morning. A pledget of lint, saturated at times in *Calendula*, and at times in carbolated glycerine, is kept constantly in the cavity. He is daily to pass the smallest-sized bougie; for he cannot look forward to a cure until the urethra has been sufficiently dilated to carry off fully and freely the renal secretion. To this end, I have supplied him with several of the smaller sized flexible bougies, and have taught him the manner of their introduction. I am in hopes that I shall be able to cure this man without further operative procedure.

Let me here impress upon you, gentlemen, one maxim: If your patient, be he under medical or surgical treatment, and is "doing well," — or even "moderately well," — do not be in haste to change the treatment. Many a good cure has been spoiled by the over-anxious doctor, and many a surgical case would have shown ultimately a better result, had the surgeon been content to wait for nature to assist his endeavors.

Skin Grafting.

I show you now two remarkable cases, illustrating the beneficial effects of the skin-grafting process. This lady had been troubled with most extensive ulcerations for seven years; she had suffered many things of many physicians; and had spent all that she had, and was nothing bettered, but rather grew worse, — a not *very* uncommon occurrence. She finally entered the hospital.

There were about ten or a dozen grafts implanted, and in three or four weeks she was entirely cured. She left the hospital some three months ago; has been constantly upon her feet since, performing her usual duties, — and you see her leg now without a trace of disease saving a discoloration of the skin.

This old gentleman, a farmer by occupation, entered the hospital about four weeks ago. A year and a half since, he accidentally cut

his left leg with an agricultural implement. The wound healed partly, leaving an open ulcerated surface. This extended along the inner side of the spine of the tibia, and was very deep. The edges of the sore were jagged and uneven, and the surrounding integument almost purple. He was grafted three times by myself, and twice by Dr. Dunnell. The result is, that to-day or to-morrow he will leave the house cured. Having shown you two successful cases of skin-grafting, I will now introduce a third case, and ask your attention to the method of taking and implanting the graft.

This man, a German by birth, and of middle age, has been in the house about a week. Upon exposing his right leg, you perceive a very large, brown-looking deep excavation in close proximity to the internal malleolus; but there is also another peculiarity in this case which I wish to point out to you, and it is this: you perceive the enormously distended condition of the veins of that side of the extremity. This condition is termed varicose veins; and when they are found upon the extremities, they are very frequently accompanied by ulcerations. Varix is similar in its results to passive congestion, and prevents the healing process from being completed with any degree of rapidity. There can be no cure for this man unless we relieve the engorged condition of the veins, which we will do at first with a bandage, and afterwards with an elastic stocking. The method I pursue in grafting is as you see. With a very delicate pair of forceps I lift the epidermis, and clip a small piece, — the size of a grain of wheat, or smaller, — which I insert in the depths of the sore. In this case, I shall insert three grafts, and cover the ulcer with isinglass plaster. Sometimes, in thirty-six hours, a red spot appears at the point where the graft has been implanted, but more frequently, however, it seems almost to die away; when, of a sudden, healthy action may supervene. I have seen grafts become soft and pulpy, nay, even disappear, and in a day or so healthy action begin in the ulcer. This case will be shown to you after a short period, that you may note the changes.

Resection of the Lower Jaw.

This patient has been sent to the clinic by Dr. Jernigen. You will observe that the right side of his face is enormously swollen,

and that beneath the jaw is a large orifice, through which is constantly discharging a most offensive ichor. Upon introducing a probe into this opening, necrosis of the bone is detected for a considerable distance along its body. Upon a close examination and interrogation, we find that the patient has been badly affected both by syphilis and mercurialization, and that he has had an operation performed upon one of his lips, at Bellevue hospital. This case offers a rather bad prognosis, but so long as this diseased bone is allowed to remain, additional irritation is caused; the discharge continues, and the unavoidable inhalation of fœtid air, together with the prolonged suppuration, are gradually breaking down his constitution. I propose to resect the lower jaw on the right side, from the symphysis to the angle, and farther, if, upon cutting to the bone, necrosis has more fully developed.

Resection of the jaw is now a standard operation in surgery, and is frequently performed. Prof. Valentine Mott was the first to excise half of the bone, at its articulation on one side, for osteosarcoma; and I would have you remember, that he never laid claim to anything further. His first operation was performed November 17, 1821. Velpeau, in his Operative Surgery, gives the credit to Dupuytren; for in Vol. II, p. 713, he says: "Nevertheless, facts of this kind had remained without application, until Dupuytren came to the determination to amputate almost the entire body of a cancerous lower jaw, by a method entirely new, and which has been received into practice under the title of a surgical conquest."

The priority of *resection* belongs, however, to a western surgeon, Dr. W. H. Deaderick, of Rogersville, Tenn., who performed the operation on February 6, 1810, for a tumor of the bone, in a patient aged fourteen years. In some instances it may be necessary to disarticulate the bone on both sides. This operation was first performed in Europe, by Walther, of Bonn, in 1826, and in this country by Carnochan, of New York, in 1851.

There are several methods of removing the inferior maxillary. An incision may be commenced at the mesian line of the lower lip, and carried to the chin; from this, another incision can be carried around the lower margin of the body and ramus of the bone

This large flap must be dissected up, the facial artery secured, and the bone sawn through at a point some distance beyond the diseased portion. Holding then that portion to be removed with a pair of lion forceps, the structures connecting the jaw with the mouth must be dissected away, keeping the edge of the knife close to the bone. If the disease has extended to the articulation, much additional care is necessary; and it is well, as we approach the joint, to separate the soft parts with an instrument, such as I here show you, which was devised by Dr. Gross. Having reached the zygoma, with a pair of scissors with round ends snip carefully the tendon of the temporalis from its connection with the coronoid process, and then turn the bone outward, to more fully expose the joint and move the internal surface, as much as possible, from the internal maxillary artery, which lies in close proximity. Then, carefully open the capsular ligament of the joint in front, turn out the condyle, and the removal is completed. Do not imagine that all this is easy of execution. Many difficulties may arise, which often complicate the proceeding. There is a great tendency of the tongue to fall backward and close the glottis; and when the entire jaw is to be removed, as a precautionary measure, a needle, armed with a strong cord, should be passed through the tongue near its tip, and given to an assistant to hold during the entire operation. When the flaps are brought down, a large acupressure pin should be passed through the integument, near the sub-maxillary glands, and caught into the severed ends of the glossi muscles, and these pinned down to the neck until a sufficient period has elapsed for their adhesion. The wound must be thoroughly washed out before the edges are united, and the greatest nicety is necessary in coaptating the vermilion border of the lip. Another precaution to which I would have your attention directed, is the escape of blood into the trachea; this sometimes causes much embarrassment, and there should always be on hand several sponge probangs, to clear the throat of clots, should it become necessary so to do.

Some surgeons prefer leaving the border of the lip entire, and beginning the incision below the vermilion edge. In the case before us, I shall adopt this plan. Again large portions of the bone have been removed by what is termed the single linear inci-

sion, which extends around the jaw on a line corresponding with the lower portion of its body, — and again the entire jaw has been removed without any external wound.

I show you here two photographs and two specimens. One is of a boy from whom I resected half of the jaw, at its articulation, accompanied with the bone. The second is the picture of a lad from whom I removed the entire jaw at both articulations. This specimen also shows you the bone. The latter picture was taken two years after the performance of the operation, and you will observe how slight is the existing deformity.

[The operation was then performed; the knife was entered below the vermilion border of the lower lip, and carried down to the base of the bone, a second horizontal incision was then made from above the angle of the bone to meet the cut first made. From the great swelling, the latter incision had to be very deep. The flap was then dissected up. The body of the bone was so badly necrosed that it broke in many places, not bearing the pressure of instruments; it was, however, sawed off near the symphisis and at the angle, and the flaps brought together with silver sutures. The patient bore the operation well.]

Fracture of the Clavicle.

This man, gentlemen, comes to us to see if his collar-bone has been well set. He fell, some six weeks since, striking upon the palm of his hand; and by this indirect force he fractured his clavicle. Upon tracing with my finger the contour of the bone, I find it in good apposition, but the temporary callus has not yet been entirely absorbed. He is rather disposed to complain that he still has soreness, and occasional stiffness about the shoulder. But, as you see, he can raise his hand to the top of his head, has full motion of his arm; and I say to him, "You ought to be very thankful, sir, that your arm has regained so much of its power, and that your shoulder has been so skilfully adjusted." There is ever, on the part of the uneducated, a peculiar idea in regard to deformity after fracture. Most persons suppose that after a bone is "set," it must then, by all the rules of nature and art, regain exactly the same contour, the same strength, and perform the same functions in the

same manner that it did before it was injured. I am sorry to say that some doctors fall into the same error. Nothing can be further from the actual fact. The deformity (be it very slight, or great) is the rule, perfection is the exception. Bear this in mind. I may as well also here say, that the clavicle is known to be the bone most difficult to retain in apposition, and no part of the skeleton, excepting the femur, is more liable to deformity after fracture than the collar bone. We shall order the parts to be rubbed with arnicated oil, tell him to have patience, and in a month or two the soreness of which he complains will disappear.

The other cases, consisting of caries of the ankle joint, a syphilitic ulceration, and a disease of the finger which will require amputation, will be deferred until the next clinic day.

CHLORALUM.

BY WM. TOD HELMUTH, M.D., NEW YORK.

Professor Gamgee, in a late London periodical, enumerates the properties of the *chloride of aluminium* as employed for medicinal purposes. The salt in itself is not new, having been long known to chemists, and used by the manufacturers of aluminium. Its true name is the hydrated chloride of aluminium; this, from its length, is objectionable for ordinary use; the term *Chloralum* has been adopted.

This substance possesses highly antiseptic properties, and has proved useful, in my hands, at least, — as I judge from the very limited experience I have with it, — in preserving specimens and in keeping wet preparations. According to the *Druggists' Circular*, its chief merits consist in being inodorous, and as harmless as common salt. Its power of preserving organic substances may arise both from its metallic base and the chlorine it contains.

A solution of one part of chloralum in twenty of water preserves flesh, which may be suspended in the air to dry, and afterward, if desired, cooked and eaten. A small portion of the solution added to milk, prevents its decomposition, and the beer bottlers now employ its undiluted form in preference to the bisulphite of lime.

Professor Gamgee asserts, from his experience in its use, that it attracts to itself all moisture; and the moist particles enclosed or embodying fever germs, are absorbed if a cloth damped with it, be suspended in the sick chamber. In the Middlesex Hospital, in London, it is used by Mr. Campbell de Morgan in the antiseptic treatment of wounds. Mr. Edward Lund of the Manchester Royal Infirmary employs it to remove the fœtor in open cancer. It has also been applied as a collyrium, and as an astringent in diarrhœa. The chloralum powder is also very useful for sprinkling the wards of hospitals, disinfecting cow-sheds, slaughter-houses, etc.

I am now testing the solution in the treatment of gangrene of the stump; but thus far, though it acts excellently well, I am not prepared to speak my opinion freely. Chloralum is rapidly gaining favor in England; and though comparatively new, the solution is being produced by the thousand gallons daily; and a thirty per cent odorless disinfecting powder, at the rate of four tons a day. A company is also established which manufactures chloralum wool and wadding, which when applied to bleeding wounds is said to arrest hæmorrhage, and when used in suppurating sores and abscesses makes a perfectly antiseptic dressing.

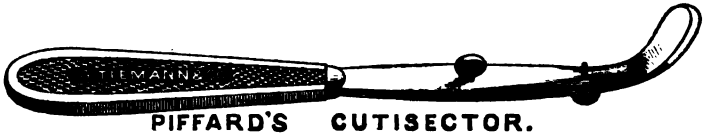
Messrs. Tilden & Co. prepare a solution which they term Bromochloralum, which is also very highly recommended. Prof. Charles A. Lee states that it is a certain, perfect, and prompt deodorizer and disinfectant, and for hospital use is very efficacious.

Speaking of chloralum, the *British Medical Journal* of Oct. 15, 1870, says: — "Under the designation of chloralum, a new antiseptic has been introduced to the medical profession and to the public generally, which bids fair to take up an important position among those valuable substances, — the antiseptics and disinfectants. The chemical activity of solutions of chloride of aluminium depends to some extent, upon there being so much potential muriatic acid Ammonia — both the common ammonia, and every variety of fœtid and offensive organic ammonia (and it is substances of this class that produce the different varieties of stink arising from garbage) is instantly absorbed by these solutions, as it would be by so much acid. Moreover, there is the high probability (amounting

almost to certainty) that the chloride of aluminium forms double compounds with the organic chlorides thereby produced. Many bad smells which carbolic acid might indeed overpower in virtue of its own strong odor, but which it cannot destroy, are at once removable by chloride of aluminium. In this respect, chloralum has some advantages over even permanganate solution, which, as we all know, destroys fœtor by oxidizing the fœtid substance, but which is almost powerless against, or acts very slowly upon, some varieties of malodorous things that have the property of not being very easily oxidizable. The smell arising from putrid fish affords a specially favorable case for exhibiting the powers of chloralum. Even chloride of lime is hardly so potent against some kinds of fœtor as is chloralum. The agent in general use to which chloralum most closely approximates is chloride of zinc, which, like it, is specially potent against offensive organic ammonias. Suppose that chloride of zinc, instead of being poisonous, were innocuous; that, instead of being corrosive, its strong solution were incapable of damaging textile fabrics; and suppose that its cost price were diminished to one-tenth, then it might be an adequate representative of the new antiseptic and disinfectant, chloralum.

NEW INSTRUMENTS.

THE CUTISECTOR.—This instrument for obtaining thin sections of morbid integument for microscopical examination, was devised by Dr. H. G. Piffard, of New York, and is thus described in the *American Journal of Syphilography and Dermatology*, for July, 1870.

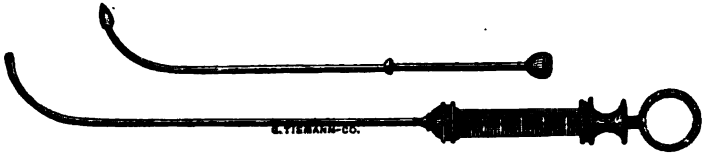


PIFFARD'S CUTISECTOR.

The instrument represented in the cut at about one-half its natural size, consists of two parallel blades, which may be approximated by means of screws. The knife being held as a pen, a perpendicular incision may be made through the whole thickness of the skin, and

the knife withdrawn, leaving attached a thin slice of tissue, which can be easily removed with a pair of fine forceps, and placed under the microscope. The pain of the operation is, of course, not great, and may be entirely obviated by the local application of ether spray. The advantages which we think it possesses, are, that we are enabled to obtain satisfactory sections of fresh tissue, without serious inconvenience to the patient, and to study the changes taking place in them, under the most favorable circumstances. As an aid to positive diagnosis, its employment will become more extended as our knowledge of cutaneous histology advances. Messrs. Tiemann & Co., of New York, are the manufacturers.

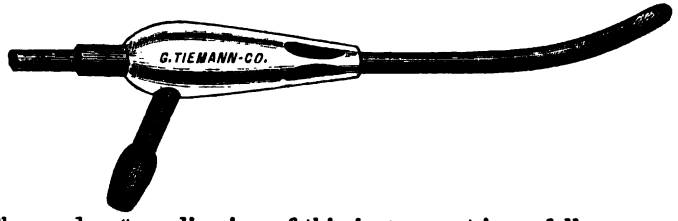
Injecting Deep Portions of the Urethra. — Dr. R. W. Taylor, of the New-York Dispensary, proposes a modification of Bumstead's syringe for injecting the deep portions of the urethra.



It consists in a hard-rubber tube about six inches long, having a slighter curve than the short one of Thompson, at the end of which is an acorn-shaped bulb or head. This bulb is perforated upon its tapering sides by twelve very minute holes which are arranged in four rows of three holes each, placed equidistantly around the head. The apex of the bulb is somewhat rounded, so that in introduction the folds of urethral membrane are not wounded; its base also rounds off and presents a shoulder before it merges into the shaft. The tubes are made of various sizes, corresponding to Nos. 4, 6, 8, and 10 of the English scale, while the widest portion of the bulb is two sizes larger than the shaft. There is also a button of hard rubber which slides upon the shaft; by means of this, precision of injection is attained. One advantage claimed for this instrument is that there is no regurgitation of the injection, as its return is prevented by the shoulder of the bulb, whereas in the old instrument the extremity was only slightly larger than the shaft, and while it did not distend the urethra and

thus bring the injection into contact with the whole surface, it allowed it to return along the sides, which is extremely objectionable when strong solutions of the nitrate of silver are used. Another advantage claimed is, that the smallness of the holes presents a resistance to the expulsion of the fluid, and thus only a few drops may be thrown out; whereas, with the large single hole of the old instrument, a considerable quantity of the injection was easily expelled, even when the surgeon endeavored to throw but a few drops. Then, with the acorn-shaped bulb, the urethra may be explored, and if there are any slight contractions behind which pus is formed, or tender spots due to granulations, the bulb reveals them. To be certain that the injection is thrown precisely at the seat of disease, the latter may be localized either with the endoscope or by another acorn-shaped bougie, and the measurement can be accurately adjusted by the sliding button on the shaft, which is to be gently pressed against the meatus. When used in the deepest portions of the urethra the instrument may be introduced fairly into the bladder, which fact is known by slightly rotating the shaft, and then withdrawing it to the desired spot. The instrument thus modified has none of the dangers of the old Acton syringe, and is capable of more extended and easy application than that of Lallemand. It is made by Messrs. Tiemann & Co., of New-York. — *American Journal of Syphilography and Dermatology.*

Irrigating the Urethra and Bladder. — Dr. Reliquet has devised an instrument which obviates some of the difficulties heretofore experienced in irrigation of the bladder. This instrument has lately been made in this country by Messrs. Tiemann & Co., and we give an illustration and description of it. The body of the instrument, which is of German silver, consists of a slightly conical-shaped tube or funnel, upon the base of which, and continuous in a direct line with it, is a smaller tube. Near the apex of the funnel are three oval *fenestræ*, their long diameter being in coincidence with the long diameter of the funnel, and occupying the distal third of it. From one side of the base of the funnel another tube springs, and passes off at an obtuse angle and ends by a dilated flange. This branch tube is about three-quarters of an inch in length, while the funnel itself is about an inch and a third.



The mode of application of this instrument is as follows: a very flexible gum-elastic catheter, of a size of about No. 3 or 4 of the English scale, is to be passed into the attenuated continuation of the funnel, until it passes through the apex; then the funnel is slid along the catheter to near its open end, which should be provided with either a metallic or ivory mouth, into which the nozzle of the irrigating syringe is to be inserted, and which it should closely fit. The catheter should also accurately fit both extremities of the tube, which are of the same size. It should be carefully oiled and slowly passed into the bladder. Before introduction, a tube of flexible india-rubber should be slid over the flange upon the branch tube, and this will conduct the return current of fluid into a proper vessel for the purpose. When the catheter is in the bladder the base of the tube is clasped by the lips of the meatus and prevents any escape in that direction; then the irrigating instrument (whatever the surgeon may choose) is attached to the funnel at the end of the catheter, and the fluid flows into the bladder, then returns through the urethra along the sides of the small catheter, then, through the *fenestræ* in the sides of the apex of the tube into the bifurcation already described and into the vessel placed for its reception. The tubes are made of different sizes at their base, so as to fit the varying calibers of different meatus. The usual rules for irrigation of the bladder are to be followed. If we wish merely to wash out the deeper portions of the urethra, it is not necessary to introduce the catheter fully into the bladder; but if we desire to irrigate the viscus, we of course introduce the catheter into it. If resistance is offered to the passage of the catheter by spasm about the membranous portion of the urethra, it is then necessary either to place the patient in the usual position for catheterism, or that he should stand upright and relax the perineal muscles by making the usual efforts at urination. The

application of the instrument is, of course, in cases of atony of the bladder, in enlarged prostate, and in abscess of the prostate, particularly in cases in which tubercles deposited in that organ have softened and left pus-secreting caverns. — *American Journal of Syphilography and Dermatology.*

A RARE CASE OF DISLOCATION.

BY L. VELDER, M.D., ELMIRA, N. Y.

MAY 23, 1870. — Fred. Bauer, farmer, some thirty years of age, was brought to my office, a distance of eight miles. Working in the woods with his team, a log struck his heel; the shock threw him to the ground. The plantar surface of the toes was fast to the ground; the log rested on the heel, so that the foot was forcibly reflexed upward toward the tibia. The man succeeded in extricating his foot; his brother came to his assistance, and took him down to the city. Three hours after the accident the foot was in the following condition: The posterior articulation of the first metatarsal bone pointed downward and backward, and the corresponding articular surface of the first cuneiform bone pointed forward, forming an elevation or ridge in the region of the tarsus. This and the interior plantar region were very painful to the touch. The foot and toes pointed inward and upward.

The general appearance of the foot was much disfigured by its abnormal direction and a very considerable tense swelling which extended all over the foot, upward over the ankle, and downward to the toes, but was particularly prominent on the outer side of the wrist.

By the aid of Dr. J. H. Squire, and by minute measuring and examination, excluding the possibility of a fracture of the first metatarsal bone near its posterior articulation, the diagnosis of a *dislocation of the first metatarso-cuneiform articulation was established.*

After bringing the patient under anæsthesia by ether and chloroform, and by the additional assistance of Dr. W. C. Wey, the dislocation was soon reduced by manipulation. A cathartic and constant cold applications were ordered, and absolute rest enjoined.

May 25. — Two days after the accident. The dislocated joint is in order; the foot in a proper position; the swelling the same; there are extensive ecchymoses on the upper surface of the foot, from the toes upward and around the ankle; the swelling is hot and painful. Ordered twelve leeches, the after-bleeding to be favored by wet, warm applications.

June 1. — Nine days after the accident. Indolent œdema from above the ankle down to the toes. Patient uses crutches for locomotion, and is very anxious to have a liniment. Prescribed half a drachm of Tully's solution of iodine in an ounce of glycerine.

June 8. — The epidermis is peeling off from the ointment; the œdema is the same. Adhesive strips were applied to the foot, and up to the ankle, in a manner to fit there tightly to the shape of the foot; they are to be renewed whenever loose. The patient was told not to step on his foot for several months. He had much relief from this mode of bandaging; he used his foot long before the time allowed. It is now of normal shape, and there is no limping, and no inconvenience whatever. — *Medical and Surgical Reporter, Phila.*

FRACTURES OF THE SCAPULA.

BY WM. TOD HELMUTH, M.D. NEW YORK.

FRACTURES of the shoulder blade, especially in the vicinity of the surface articulating with the humerus, are very difficult to diagnose. There is generally so much injury to the soft parts, that the movements necessary to establish diagnosis are with difficulty performed. In fact, a mere blow upon the deltoid may so impair motion, and give rise to so much swelling that the parts may assume an appearance similar to that of a severe injury of the joint itself.

Fracture of the acromion and neck of the scapula; dislocation of the humerus downwards; fracture of the neck and head of the humerus, — all have many of their symptoms in common, and all require the most careful manipulation, thorough anatomical knowledge, and an acquaintance with the signs which may be diagnostic of each.

Let me illustrate this by a case or two in point, which have occurred in my practice, and which caused me considerable anxiety.

CASE I. A man aged forty-five was driving a loaded wagon which came in contract with a street-car. By the violence of the concussion he was thrown upon the street pavement striking on the right shoulder. He was very severely bruised, and being picked up by passers-by, was carried to the office of a neighboring physician. The medical man diagnosed a dislocation of the humerus into the axilla, and called in assistance for the reduction. Several men were required, and after a time the arm was said to be replaced, and the patient was sent to his home. He was placed in bed, and shortly after a most severe chill resulted, followed by high fever. The arm still remained powerless at the side, and other physicians were summoned. He gradually improved in his general condition, but his arm hung still helpless; his friends consulted many medical gentlemen, with as many different opinions. I saw the patient in consultation. His case presented the following symptoms: There was a prominence over the point of the acromion, but the shoulder was otherwise round. There was a slight depression toward the extremity of the spine of the scapula. The arm could be moved in different directions without much pain, and the hand could, with difficulty, be placed upon the opposite shoulder. There was some swelling in the axilla, and I thought that I could detect the head of the bone in that situation. Six or eight weeks had elapsed since the accident, and I was quite at a loss for a correct diagnosis.

I could not agree with those surgeons who had declared that a downward dislocation existed, nor could I satisfy myself as to the exact nature of the accident. I placed the arm in a sling, and supported it well at the elbow, and extended a spiral bandage around the chest. Shortly after, I saw him the second time, and found him not much improved. A few days after this, a relapse of fever occurred, and he died in about a fortnight. A post-mortem examination, besides revealing multiple abscesses in the liver, which I am well convinced were caused by the severe contusion, showed about three-quarters of an inch of the acromion process fixed firmly to the head of the humerus, and a slightly ligamentous growth extending from the broken extremity of the

spine of the scapula to the acromion process. This case was one of great interest to me. I am very sure I may assert that fractures of the acromion, especially when there is but little displacement, are very difficult to diagnose.

CASE II. A young lady was thrown violently from a carriage, and struck upon her right shoulder. She was carried to a physician who stated that nothing but a contusion existed. The arm was powerless, and the pain severe. After a period of some weeks she was seen by her own medical adviser, with whom I saw her in consultation. The head of the bone was in the axilla and to be felt. It moved with the humerus, there was the double inclined plane formed by the muscles of the arm, and I was disposed to regard the case as one of an unreduced dislocation. There was, however, some considerable motion of the part. By manipulation and rotation, I brought the parts in apposition, and, having them held, applied a bandage. The shoulder looked well after the dressing was applied, but in two days the patient returned with the arm in the same position as formerly. There was a depression below the acromion, quite well marked. The head of the humerus was again in the axilla. The arm could be moved in various directions without very much pain, and with but slight difficulty the hand could be placed upon the opposite shoulder. When the arm was raised at the elbow, the shoulder appeared much more natural, but the deformity returned when upward pressure was relaxed. The diagnosis was a fracture of the neck of the scapula. A wedge-shaped pad was placed in the axilla, the arm secured to the thorax and a sling used to elevate the elbow. In both of these cases I could not *detect any crepitus*,— and for this reason I record them. In the latter case, it will be remembered that four weeks had intervened between the accident and the examination, and in the former, at least two months. I mention these cases because they are both instructive in several particulars.

CASE III. A gentleman of forty fell down through a hatchway a distance of over thirty feet. He did not recollect exactly the posture he assumed as he fell, and must have lain for a considerable time, perfectly stunned by the severity of the blow. When I saw him, about four hours after the injury, there was immense

tumefaction of the shoulder; no depression could be felt under the acromion process. I could not feel the head of the humerus within the socket, nor within the axilla; accurate measurement showed no appreciable alteration in the limb; — yet, by fixing the shoulder and rotating the arm, crepitus was detected. The elbow could be placed at the side, and could, with much pain, be moved backward and forward. The fracture was, no doubt, one of the intercapsular variety of the head of the humerus. A simple sling, and a narrow oblong axillary pad were all that was required. A good recovery resulted.

We will now proceed to speak more in detail of these accidents occurring to the shoulder-blade. These injuries cannot be too carefully studied by the surgeon. They give the greatest anxiety to the most experienced, and often present really insurmountable difficulties in diagnosis.

A fracture of the scapula may occur in the body, as well as at the neck or processes of the bone. It is, in the majority of instances, the result of direct and great violence. Oftentimes there is so much tumefaction, that the diagnosis, especially in muscular or corpulent subjects, is very difficult.

In examining a patient where such fracture is supposed to exist, the first course to be pursued by the surgeon, is to trace with his finger, the whole contour of the bone. He should then manipulate, or endeavor to move its body, both above and below the spine, and finally should press gently along the entire course of the spine itself, a fracture of which is more easily recognized than that of the body of the bone.

The forearm should be laid across the posterior wall of the thorax, when there is reason to suspect a fracture of the infra-spinatus fossa. The diagnosis is also rendered more difficult by the *absence of crepitus*. This may result from the wide separation of the fragments, or from their closely riding one upon the other. Though in fracture of the blade, there is difficulty of motion in the shoulder, yet we must bear in mind that contusion may produce this same symptom, especially if the muscles are severely bruised. The most general site of fracture of the body of the bone is below the spine, and it is generally broken transversely. The scapula

may also be incompletely fractured, of which Prof. Hamilton records an example.

TREATMENT. — A great variety of bandages have been devised for the treatment of this fracture. The simplest of these is probably the best, and this consists of a bandage and sling, having at the same time the elbow carried a little backward. The arm should be allowed to hang by the side of the thorax, and then bandaged to the body with the elbow in the position above named; the forearm should be supported by a sling.

FRACTURE OF THE CORACOID PROCESS. — This portion of the bone is not very liable to be broken, and distinguished surgeons have not, during an extended practice, met with it, although there are, no doubt, many well-authenticated cases upon record which prove beyond doubt that such accidents may occur. As a general rule, however, there is more or less complication in these accidents. A case came under my own observation in which a man, having fallen from a height and upon the right shoulder, broke off the coracoid process. The fracture was not recognized for some eight or ten days, on account of the amount of swelling. If the fracture is complete and the coraco-clavicular ligaments are ruptured, the combined action of the coraco-brachialis muscle, the pectoralis major and the long head of the biceps, tends to drag down the fractured end of the bone. To fulfil properly the indications in the treatment of this fracture, it will be necessary to fix the body of the scapula by frequent turns of the roller, or by long and broad bands of adhesive plaster well applied. The elbow must then be drawn forwards upon the anterior portion of the thorax, and the forearm placed in a sling.

FRACTURE OF THE ACROMION PROCESS. — This lesion is of rare occurrence, and if there be no displacement, it will be next to impossible to obtain a clear diagnosis. The best method of proceeding, is to pass the finger along the spine to the process, where the end of the fracture may be felt. Perhaps crepitus may be detected, or the line of the spine may be broken, and the depression behind the acromion will point to the diagnosis.

The following may be found useful as diagnostic signs:—

Fracture of the Acromion.	*Dislocation of Humerus into the Axilla.*
Limb movable.	Limb almost fixed.
Hand can be placed upon opposite shoulder.	The reverse.
Deformity remedied by lifting the shoulder by raising the elbow.	Arm cannot be lifted to its place.
Deformity recurs upon relaxing the upward pressure.	Deformity the same; cannot be removed by upward pressure.
Crepitus may be detected.	No crepitus.
Depression found by tracing spine toward the acromion.	No depression.

The apparatus for fractured clavicle, carefully and firmly applied, will always be found sufficient for fractures occurring *behind* the acromio-clavicular articulation; whereas, if the break is found to be anterior, the patient must be laid upon his back, and the arm fixed nearly at a right angle with his body, thereby relaxing the deltoid, and lifting the fractured extremity to its place.

FRACTURE OF THE NECK OF THE SCAPULA.—This form of accident does not very frequently happen. The symptoms which indicate it are more positive than those belonging to the breakage of the processes, which has just been described, and which has many indications in common with downward dislocation of the humerus. The inexperienced may mistake the fracture for the dislocation. I have now a case in mind, where a man of sixty was placed under the influence of chloroform, and three stout Irishmen were ordered to pull upon his arm. This great pain was unnecessary, for there was no dislocation, but a fracture of the neck of the bone. More than one suit for malpractice has been instituted, and damages recovered for the mistake made by the surgeon in diagnosing a dislocation downward of the shoulder, when there was actually a fracture of the neck of the bone. In both we have the head of the humerus in the axilla; in both we have a depression under the acromion process; the same loss of motion, the same flatness of the shoulder, and the same numbness and pain in the arms. The chief diagnostic signs are: *First*, that the parts may, with moderate

facility, be restored to their normal position, but so soon as the sustaining force is removed, the deformity reappears. *Secondly*, crepitus may be felt, by having an assistant fix the body of the scapula; then the surgeon, raising the arm upwards with his right hand and manipulating the shoulder with his left, will feel the grating of the fractured extremities. It may be well also to remember that the flatness of the shoulder may assist in diagnosing this injury from fracture of the head of the humerus, and that, in the latter the limb is shortened.

The treatment is quite simple. Replace the humerus to its normal position; keep it there by the sling and pad used in fractures of the collar bone. Then fix the scapula by a bandage passed around the chest and over the shoulder, or by broad adhesive slips.

In the *U. S. Medical and Surgical Journal*, Vol. 2, p. 51, Dr. C. H. Von Tagen reports a case of fracture of the neck of the scapula treated by means of the third bandage of Dessault, with Fox's ring and sling, which made a good recovery.

Mortality in Amputations. — Dr. T. G. Morton gives the results of the 321 major amputations at the Pennsylvania Hospital from Jan. 1, 1860, to Jan. 1, 1870, as follows: —

Of	5	hip-joint	amputations,	2	recovered and	3	died.
"	29	thigh	"	17	" "	12	"
"	22	knee-joint	"	12	" "	10	"
"	102	leg	"	70	" "	32	"
"	30	foot and ankle	"	22	" "	8	"
"	10	shoulder joint	"	7	" "	3	"
"	50	arm	"	34	" "	16	"
"	2	elbow-joint	"	2	" "	0	"
"	48	forearm	"	42	" "	5	"
"	23	wrist and partial hand amputations,		23	" "	0	"
Total, of	321	amputations,		231	" "	89	"

Surgical Editorial.

WHO'S TO BLAME? — A patient has just left our office after settling an account for surgical services. The individual in question, having stated that the operation was a success, made the remark that he had been seen by another surgeon, who stated to him that the operation "was entirely useless," and that "the condition which rendered its performance necessary would never have existed had the *proper medical* treatment been adopted."

This case is merely mentioned as a sample. Not surgeons only, but physicians are very prone, when called to look over the labors of another, to assume a grave air of shocked superiority, and state, that "IF" such and such a thing had been done, other and better results would have been attained.

A patient consults a surgeon concerning a deformity resulting from fracture; — how very common it is for an opinion to be expressed that "the bone has been badly set," that "the treatment has been improperly managed," that "a gross violation of all the known principles of surgery has been exhibited," and so on. Whereas it is utterly impossible, in the majority of cases, after the patient has recovered from the severity of an injury, for one unacquainted with the circumstances and contingencies of the case to express concerning it any opinion whatsoever.

Again, it is very improper to take the *assertion* of the patient, who, ignorant of the principles upon which he has been treated, and often misled by the advice of others, depreciates the services and attention of his surgeon.

It is these very circumstances, that render the practice of surgery so harassing to the conscientious practitioner. He is perfectly aware that there are a thousand men decorated with a parchment who are ready at a moment's notice, and by misrepresentation to throw discredit upon his actions, no matter how well he may have managed the case, — no matter how much better result was attained than was anticipated.

We venture the assertion, that in nine cases out of ten, in which suits for malpractice are prosecuted, instigation to legal proceedings comes, one way or another, from some professional man who, covertly, and by long continued mal-advice, recommends that the surgeon should be "made to pay" for the damage he has caused. It

can easily also be seen how such unprofessional conduct can be brought to bear upon the laity, who have, as a general rule, no knowledge of the principles which obtain in many cases of surgical practice. The large majority of those who compose our juries, have never even thought upon medicine or surgery; they are accustomed to leave these matters entirely in the hands of the doctor, and to blame him if results do not equal their ideas of success; which, of course, must always be perfect.

It appears evident, that the people, as a mass, are not acquainted with the fact that the surgeon or the doctor does not guarantee success, or, as Chief Justice Tindal has remarked, "A surgeon does not become an actual insurer."

And yet with all these facts before us, it is often the custom in medical colleges, to teach students to look upon surgery as the most successful branch of the profession. They are told *how* to perform operations, *how* to adjust fractures and reduce dislocations, and are *not* taught what deformity and distortion may be expected. The fact of the matter is this: There is scarcely an operation performed, there is scarcely a fracture set, in which the parts entirely regain their natural condition and appearance.

In regard to the latter, this is especially true, and Dr. Hamilton well says, "I am frank to confess that until I commenced these investigations, I had not any just notions of the frequency of deformity after fracture. Students will continue to go out from our hospitals with a belief that perfect union of the broken bones is the rule, and that the exceptions imply generally unskilful management; and if, when hereafter they have themselves occasion to treat a fractured femur, the result falls short of their standard of perfect success, they, taught also by the instinct of self-preservation, which actuated their teacher, will conceal the truth from others, and even from themselves, if possible."

This error in teaching, so publicly acknowledged by one of the most distinguished authorities of the day, should be speedily remedied, and perhaps these damaging suits would be fewer; and if, in this connection, the "green eye," by any possible combination of circumstances, could be plucked out, we have no hesitation in affirming that they would be fewer still.

Again, there is a tacit acquiescence in all that a patient may say regarding the practice of a brother surgeon which, while it does not commit the listener, yet allows the dissatisfied patient to understand that he is certainly correct in his appreciation of the case. This is the

most cowardly and miserable kind of defamation. Far better — and far more honest — is the man who boldly speaks his mind, than he who, fearing to commit himself, gives the complainant further grounds for believing that he has been badly treated and ill-used.

We wish that some plans could be adopted: first, that the student be taught how great is the responsibility which rests upon the surgeon; second, how, after long and careful and anxious treatment, a poor result may often obtain; and third, that the laity should know what is to be expected in many cases, even after the most skilful and judicious management has been adopted. The professors must teach the students, the students should remember the facts when they become doctors; and let the doctors teach the facts to the people.

As for the jealousy which often prompts one medical man to attack the reputation of another, it has always existed and will continue, no doubt, while the world shall stand. But let us think before we abuse; let us remember, before we malign, that good old rule, "Do unto others, etc." Let us endeavor to raise ourselves upon a higher platform of conscience and honesty, and let us combine to support the members of the profession in their difficult and unsatisfactory cases, rather than incite the patient to lawsuits, complaints, or dissatisfaction.

"The Flappers and the Anti-Flappers."

"Within my memory," writes the celebrated Dr. Gregory, "a new mode of cutting off legs was introduced (or an old one revived, I am not certain which), and strongly recommended by an eminent surgeon, Mr. Alanson. It was called the flap operation, or cutting with flaps. I remember to have heard some dispute about it; for as these were Flappers, of course there must have been Anti-flappers; and, as the dispute began little more than twenty years ago, far from being ended as yet, it can scarce have arrived at its full maturity and violence. Mr. Benjamin Bell must either be a Flapper or an Anti-flapper, and I humbly conjecture (for I do not know the fact), that if he is a Flapper, Mr. John Bell will be a determined Anti-flapper; but that if Benjamin is an Anti-flapper, John will be a most strenuous Flapper. But, flap or no flap, he certainly may take his choice of several ways of cutting off a leg." The above is recorded by Professor Simpson, in his chapter on Surgical Fever, and affords a fair text for a homily to the operators of to-day. It is an astonishing fact, that in surgery — a progressive science — such rivalry of opinion and diversity of practice should exist. One man — often upon theoretical grounds — boldly

proclaimed that the practical facts of another are untrue, impracticable, or valueless. We cannot look over the introduction of new operations, new instruments, or new dressings, without being made painfully aware, that the same spirit which decried Paré with his ligature, exists unabated at the present day. When excision of the hip joint was proposed, a quarrel immediately arose. When Ferguson declared that the division of the palatine muscles was a desideratum in the performance of staphylorraphy, Mr. Syme asserted that such a proceedure could not be of any avail, and was not practical. The discussion regarding primary and secondary amputations has been "hot and heavy." Simpson's acupressure needles were exhibited to a class, ridiculed, and thrown out of the window of the operating room. When large portions of intestine were removed from the body, and the patient recovered, the operation was denied and discredited by many; and even now, when

> In *Bliss*-ful ignorance of price per pound,
> Each cancer-patient dances a fandango,
> And while his fungus bleeds, he capers round,
> Safe in the virtues of the cundurango,

a hundred doctors, never having even seen, much less experimented with the root, are ready to declare that it is not in any degree more efficient for the disorders for which it is recommended, than a quantity of powdered liquorice root would be.

Yet, for all this, the ligature has been successfuly used for centuries; excision of the hip joint is a standard operation; iridectomy is practised daily with great success; the palatine muscles can be divided in the operation for cleft palate; acupressure is efficient, and is daily being more relied upon to arrest hemorrhage; the patient from whom a coil of intestines was removed has "had a baby"; and for aught we know, cundurango will be worth ere long more than one hundred dollars per pound. The lesson that we in this century, this age of mighty progress, should learn, is this: Never to condemn any proposed operation, or any instrument, or any new appliance, until we are *certain of its inefficiency*, and have convinced ourselves by study and *actual experiment* of its futility. No matter how opposed the new method may be to established rules and customs; no matter how incompatible it may appear, with our previously received opinions, no matter whether the person with whom the new idea originates, be our enemy or our friend, let us give the production, whether it be mental or manual, the consideration due from one who is eagerly searching for improvement, and we shall find ourselves on the right side at last.

ALBANY SURGEONS. — The names of Dr. McNaughton, Dr. March, and Dr. Armsby are familiar to all students of surgery. The following personal recollections of them will be perused with pleasure by those interested in this department. The notice was written by the Albany correspondent of the Troy *Times*.

"All the Albany surgeons since the days of Dr. Law (who died in 1822) have been self-made men, who came here strangers, and have struggled slowly into position. Prominent among these was Dr. Wing, originally a farm boy, bred amid the Berkshire hills, subsequently a school teacher, and then a poverty-stricken but industrious student. His early professional life was filled with adventures in pursuit of "subjects," which in those days were only to be had at the peril of the law. He attained a high degree of skill, and had a large practice, which continued until his death in 1852.

"DR. MCNAUGHTON came to this city in 1818, just fifty-three years ago. Although a friendless stranger, he obtained the appointment of Professor of Anatomy at the Medical School at Fairfield, where he soon distinguished himself, and thence removed to this city. Here he took high rank as an expert in anatomy, and became a lecturer on surgery. These lectures were continued nearly a quarter of a century, and he has been the oracle to hundreds of students. During this time he published some original researches on the effects of wounds in the head. For nearly thirty years he lectured on the theory and practice of medicine. As a lecturer, his term of service exceeds a half-century, and in this feature he has no equal on this continent. Dr. McNaughton is President of the Albany Medical College, and still continues his duties as a lecturer. Although eighty-nine years of age, his mind is clear, and his advice is much sought in important consultations. It is now admitted that he has done more than any other man now living in this State to fashion the science of surgery.

"DR. MARCH was one of the most distinguished men in his profession; indeed, his fame is too fresh to require a wide review of his character. We may briefly say that he was bred to farming in Massachusetts, which he varied in adolescence by teaching school in the winter. His advent in this city was under peculiar difficulties, and his first operation was unsuccessful. It was for harelip. But he tried again and succeeded. He opened a school of anatomy at an early day, and after much effort succeeded in establishing the present college. He lectured for forty years on surgery and anatomy, and established the Medical Museum, which is now the third in point of rank in the world. He published many papers on hip disease, and

other important subjects. As an operator he was equal to any emergency, and was the highest authority on professional points. He gave the first clinical lectures in America, and Dr. Mott, in this point, followed him.

"Dr. Armsby, brother-in-law of Dr. March, is his successor in the chair of Surgery, and like him is distinguished both as a surgeon and a lecturer. He has in both of these branches been an associate with Dr. March for nearly forty years. He is now noted as one of the most profound and eloquent of lecturers on anatomy, and his reputation in surgery is fully equal to that of Dr. March. Among other important operations, he has twice tied the subclavian artery, which is one of the most formidable of operations. He has originated methods of operating which have been adopted in the old world, and hence he has a trans-Atlantic fame. Being a hard student, Dr. Armsby has made progress into the general field of science. His researches have been extended by his travels in Europe and in the East, and his appointment as Consul to Naples had a professional value. It need hardly be said that he is profoundly versed in the literature of his profession, and that he has an immense practice. Like his predecessors, Dr. Armsby is a self-made man."

A Compliment to the Ladies. — The municipal authorities of Trieste, Austria, have sent a letter of thanks and a purse of gold to Madame Regina Dal Ciu, a skilful surgeon, who has performed one hundred and fifty successful operations at the city hospital in Trieste.

The New York Ophthalmic Hospital. When we record the interesting — and to homœopathists important — ceremony of laying the corner-stone of the New York Ophthalmic Hospital, it must not be understood that the building has not — as is usually the case when such exercises are performed — already risen above the foundation. The walls and partitions of the Hospital are, at present, more than three stories high; the front only remains unfinished, and that on account of the delay in furnishing the heavy iron columns which are to form the lower stories.

The following is a brief record of the proceedings, which took place on Thursday, October 5th, at 10 A. M. The remarks of the President, Mr. Thomas C. Smith, are of great interest to the profession; for the

facts which he stated are in the highest degree encouraging, and will astonish those who have not kept pace with the spirit of the institution.

The Board of Trustees, with Mr. Smith at its head, is an active, energetic, and enterprising body; and, with such directors, the institution will ere long be one of the finest of its kind in the world. The college accommodations are to be of the most commodious character; and, being within the hospital walls, with surgical wards of its own, it will offer superior facilities to students and the profession generally.

The proceedings opened at ten o'clock. Among those on the platform were Peter Cooper, John Harper, John M. Seaman, George W. Clark, and Prof. Dowling of the Medical College.

Pres. Smith, in opening the services, gave a brief sketch of the enterprise. Prayer was offered by Dr. Washburn. It was followed by an address, by Rev. Dr. Chapin, on the benefits derived from such institutions. We hear of the evils of a great city, we ought also to hear of the benefits of a great city. The great institutions of charity stand firm and prominent in our midst. He then summed up the different institutions in our city, showing the good work which they do. A few years ago the charitable institutions were almost uninhabitable on account of want of ventilation. Assisting science has come to our aid, and now co-operates with Christianity, and our hospitals, planned by skilful surgeons, have good ventilation. The Doctor's speech was received with loud applause.

The corner-stone was then laid by the President, Thomas C. Smith, Esq., before which he delivered the following address: —

We meet to-day to lay the corner-stone of one more building dedicated to charity — named the New York Ophthalmic Hospital. This institution was chartered in 1852. Among the incorporators we find James Harper, David L. Rogers, Jacob Hines, John M. Seaman, and many other honored names; but the institution was not at first successful. From the date of the charter in 1852 to 1867, a period of fifteen years, only 14,413 patients were treated, being a yearly average of 950. It did not take a high stand among the charities of our city until 1867, when we changed from the old school of medical practice to the homœopathic system. Since this time we have enjoyed a success as marked and progressive as any institution in the State. From the year 1867 to the present time there have been 5,950 patients treated, being a yearly average of nearly 1,500, and this large number have been treated at less than one-quarter of the cost of the smaller number under the old system. Out of three hundred operations performed, we have been unsuccessful in only five, a result perhaps unparalleled. When we took our departure from the old school of medicine our treasury was empty, and

we were troubled to find sufficient means for the daily wants of our patients. Since that time we have gathered together sufficient funds to warrant us in purchasing these grounds, and to enable us to erect this building. We shall need further pecuniary assistance, but have no doubt of being able to obtain it, and that the friends of our cause will stand by us, and assist us in the future as in the past. The New York Homœopathic Medical College, the first institution of the kind chartered by this State, and a Homœopathic Dispensary will both be located in this building.

Mr. Peter Cooper then spoke as follows: —

We have met, my friends, to lay the corner-stone of an institution that is intended to provide medical and surgical aid for a class in our own community which has the strongest possible claim on us for sympathy and help. For what is there, my friends, more terrible than to be bereft of sight? If one needed any stimulant to a work like this, we might use the lines of the celebrated Dr. Young, where he says: —

> "How groaning hospitals eject their dead!
> What numbers groan for sad admission there!
> What numbers, once in Fortune's lap high fed,
> Solicit the cold hand of charity!
> To shock us more, solicit it in vain!"

The hospital building was commenced on the 1st of August, and will probably be completed by the 1st of January. It is to be built of Ohio stone and brick; five stories high, with mansard roof. It fronts fifty feet on Third avenue, and eighty-five feet on Twenty-third street. The cost will be about $80,000. The first floor will be used as stores, the second and third as the hospital, and the fourth and fifth will be used by the New York Homœopathic Medical College.

The following are the officers and directors: —

President — Thomas C. Smith.

Vice-President — George W. Clarke.

Treasurer — Cornelius C. Corson.

Secretary — Amos M. Chace, Jr.

Directors — Thos. C. Smith, Geo. W. Clarke, C. C. Corson, Washington Hadley, John W. Whitfield, Peter Cooper, Cornelius O'Reilly, Chas. E. Bostwick, Herman C. Fisher, R. E. Elder, Patrick Fox, Hon. L. D. Kiernan, D. D. T. Marshall, Royal E. Deane, R. C. Root, D. L. Baker, and Amos M. Chace, Jr.

Attending Surgeons — T. F. Allen, M.D., C. A. Bacon, M.D., C. T. Liebold, M.D., and J. McE. Wetmore, M.D.

Aural Surgeon — Henry C. Houghton, M.D.

Consulting Surgeons — P. P. Wells, M.D., H. D. Paine, M.D., G E. Belcher, M.D., and Carroll Dunham, M.D.

The New England Medical Gazette.

BOSTON, OCTOBER AND NOVEMBER, 1871.

HOMŒOPATHY AT THE STATE HOUSE. — We give below an account of the interview of the Committee, appointed by the Massachusetts Homœopathic Medical Society, with the Governor of the State, in relation to the appointment of Dr. Shattuck. This report is taken from the *Boston Journal* of September 20. By the remarks of the Governor it will be seen that the whole matter is shifted from the homœopathic ground which Surgeon-General Dale first took, to one of military propriety. This raises a new issue, one involving the right of a Brigadier General to select a medical officer to be upon his staff and in his military family, who is not already appointed, or in the line of promotion. At the same time, as we understand the position of the Governor, homœopathy can be no barrier to medical appointment. It becomes the duty of homœopaths, therefore, to see that the ground thus conceded be fully occupied.

On Tuesday, September 14, the committee appointed at the recent meeting of the Massachusetts Homœopathic Medical Society, waited upon the Governor in accordance with their instructions and presented an address in relation to the controversy which has arisen in regard to the appointment of a homœopathic physician as a State medical officer. They were courteously received by him. The interview took place in the Council Chamber, and the address for the homœopathists was delivered by Dr. David Thayer, as follows:—

"*Your Excellency:* We have the honor to be a Committee of the Massachusetts Homœopathic Medical Society, charged with a message to your Excellency complaining of an act of gross injustice by the Surgeon-General of the Commonwealth, Dr. Wm. J. Dale, for the redress of which we appeal to you.

"It is well known to your Excellency that in May last Brig.-Gen. I. S. Burrill, in command of the first Brigade of Massachusetts Volunteer Militia, appointed Henry P. Shattuck, M D., of Boston, Medical Director, and that application was made for a commission. This application was referred, according to custom, to the Surgeon-General. It is also well known to your Excellency that Surgeon-General Dale positively refused to approve the appointment of Dr. Shattuck for the avowed reason that Dr. Shattuck was a homœopath. If this were the only occasion on which Surgeon-General Dale had been guilty of gross indignity towards a class of fellow-citizens, it might be, as it often has been, passed in silence. But we are able to show your Ex-

cellency that similar misconduct has characterized the office of the Surgeon-General from the beginning of the war, in 1861, to the present time — a period of ten years. In order to show your Excellency the animus of the Surgeon-General, we will state very briefly some of the indignities, with which homœopaths have been treated by him, during the war and since.

"1. Col. Moore, of Gen. Burrill's staff, called on Surgeon-Gen. Dale in relation to Dr. Shattuck's appointment, when Dr. Dale said to him, 'I never will approve the appointment of a homœopath,' and at the same time he ridiculed the homœopathic practice.

"2. As long ago as Jan. 8, 1862, the State Medical Commission, of which Dr. Dale was a member, passed a vote by which they refused to sanction homœopaths as surgeons in the army.

"3. Dr. H. D. Train, of Sheffield, was examined and was passed by the State Medical Commission; but Dr. Dale remarked afterward that 'he should not have permitted him to be examined even, if he had known him to be a homœopath.' His commission was withheld.

"4. Dr. J. H. Woodbury, one of our number, applied to be sent to the front at the time of our country's greatest need — immediately after the second battle of Bull Run. He was accompanied by two allopathic physicians, both of whom were accepted, while he was told by Dr. Hooker (Dr. Dale's assistant), that on account of his being a homœopath his services would not be accepted.

"5. About the same time, when there was the greatest demand for help, in a letter to Governor Andrew I offered my services in any capacity. My letter was indorsed by Gov. Andrew, but returned to me by Surgeon-General Dale, with the statement that when my services should be needed he would notify me. I was never notified.

"6. Dr. I. T. Talbot once asked Dr. Dale if he would approve of his appointment, if he should apply for a medical commission? Dr. Dale replied that if he (Talbot) would ignore homœopathy and give it up entirely, he would approve his appointment to any position in the army.

"7. Dr. B. H. West, formerly a college classmate of Surgeon-General Dale, was told by him (Dale) that he would approve his appointment to any position, if he would throw away his homœopathy, but not otherwise.

"8. Dr. E. P. Cummings, of Newburyport, passed his examination before the State Medical Commission. Dr. Dale, on subsequently learning that he was a homœopath, endeavored to induce him to renounce homœopathy. Six months afterwards Dr. Dale wrote to Dr. Cummings, then in the field, advising him to resign; and as a reason he stated that it was due to the honor and dignity of the Medical Staff of the Department, that he should do so. Dr. Cummings asked the Surgeon-General for specific charges, but Dr. Dale refused to give them, and Dr. Cummings applied to his Medical Director, who informed him that no charges had been made against him, and that he should not accept his resignation.

"9. Dr. Charles H. Farnsworth of Cambridge, sent during the war to Surgeon-General Dale a certificate of disability of a soldier at

home and under his treatment, for the purpose of getting his furlough extended. But Dr. Dale would not accept Dr. Farnsworth's certificate, because Dr. F. was a homœopath, and he obliged the soldier to discharge Dr. F. and obtain a certificate of some allopathic physician, or run the risk of being arrested and tried as a deserter, as he was disabled and could not return to his regiment.

"10. Dr. L. M. Willis, now of Charlestown, was examined by and passed the Medical Commission, and received from Dr. Dale a certificate that he was qualified as a surgeon. Shortly afterward, Dr. Dale found out that Dr. Willis was a homœopath and told him that that would interfere with his commission; that the feeling was so strong against homœopathy here that he could not assign him to duty in this vicinity. But Dr. Willis received his commission from Governor Andrew, and was sent to New Orleans. All these transactions were during the war.

"11. The last Medical Director of the First Brigade was Dr. Stedman, who received his commission when he had seen very little practice, and without being asked for any credentials or to pass any examination; while Dr. Shattuck, who has had six years of practice, and was an Assistant Surgeon in the army, is required to be examined by the Medical Commission, which was called together for that purpose for the first time since the close of the war.

"12. A surgeon in the First Brigade informed a member of our profession in this city that the only question he was asked by Surgeon-General Dale when he appeared for his commission was, 'Do you intend to practise homœopathy?' and upon his answering in the negative, his commission was at once made out.

"We believe we have furnished your Excellency evidence sufficient to establish beyond all doubt that Surgeon-General Dale's objection to Dr. Shattuck as Medical Director was that Dr. Shattuck was a homœopath. It appears that the Medical Commission, established during the war for a useful purpose, had subsided on the return of peace, and was supposed to be extinct, as there was no further use for it. But its members and the Surgeon-General thought otherwise, and they have made it useful in another base attempt to crush out homœopathy.

"We trust we have shown your Excellency that Surgeon-General Dale has, both in time of war and since the return of peace, persistently used the authority vested in his office to prevent all homœopathic physicians from holding any position in the medical department of the army and navy and in the militia, although many of those who applied for positions had grown old in practice, were thoroughly educated, and had seen more surgery than the Surgeon-General himself.

"Thus it is clear to your Excellency that the Society which we have the honor to represent has good ground for dissatisfaction with the Medical Commission and the management of the office of the Surgeon-General; and that these statements are the ample and complete demonstration of the bigoted intolerance of a narrow-minded official, who seeks, by prostituting the dignity of his office, to serve

the interest of his class, and to make invidious distinctions against his superiors, — which every free citizen must repudiate as conduct not to be tolerated by a people who have long since solemnly declared in favor of the equality of all men before the law, and who admit of no sectarian tests for admission to office.

"As we have in this country neither a State religion nor a State system of medicine, the discriminations made by Surgeon-General Dale and the Medical Commission, in favor of their own particular school, will not only never be approved by the people, but will, when presented in their true light, receive, as they deserve, the condemnation of every man of deliberate judgment.

"In disposing of this case, your Excellency will please bear in mind that the Massachusetts Homœopathic Medical Society secures to us by its charter allthe powers and privileges, and subjects us to all the duties, liabilities, and restrictions that are enjoyed and incurred by the allopathic members of the Massachusetts Medical Society.

"We now most respectfully ask that your Excellency will take into consideration the whole subject of the appointment of Dr. Shattuck, and the objections of Surgeon-General Dale; and if no other reason for rejecting the appointment be found than that Dr. Shattuck is a homœopath, that your Excellency will, as you have the right to do, overrule the opposition of your Surgeon-General and confirm the appointment by ordering the commission to be issued.

"If this, our most respectful address, shall fail of its object, we have full faith that your Excellency's decision in the matter will be impartial. And we hope that any future action in regard to it will be so eminently just as to satisfy every reasonable complaint, and save this Society from the disagreeable necessity of seeking further redress of grievances by asking the removal of Dr. Dale from the high office which he has disgraced; or by an appeal to the people, through their representatives in General Court assembled, for the abolition of the office of Surgeon-General of the Commonwealth. We rest our case here."

Gov. Claflin replied as follows: —

"The first notice I had of this case of Dr. Shattuck's was when it was brought to my attention by Surgeon-General Dale, to whom all such nominations are referred by the Adjutant-General. Gen. Dale said he had declined to approve of the appointment, because he did not deem him fitted for the position by previous service, and because he would be placed over men already in the brigade who had done considerable service in the war, and who were fitted by experience, in war and in peace, for the position. You will readily see that my duty was to examine the case as well as I could for myself, the Surgeon-General serving simply as an advising officer, and not being responsible for the final decision. In cases where no objection is made, of course I pass them.

"I find that there are three Medical Directors in the division. It seems from the record that the other two officers were in the service quite a long time before Dr. Shattuck graduated. He went into

the service in 1865, and served about six months at the close of the war.

"I have a feeling that promotion from point to point in the army should be adhered to, unless there are important reasons for taking men from the outside and placing them over officers already in the service. In this brigade there are four or five surgeons, all older than Dr. Shattuck, all of whom have seen considerable service in the militia, and some in the war. I could not see any reason why they should be placed under the charge of one who had been but a short time in practice, — not long enough to be generally accorded a physician of the first class in the community. I saw Dr. Shattuck, with General Burrill and his chief of staff and other gentlemen. They gave no special reason for appointing him from the outside. Under these circumstances I could not feel that I could appoint him. He complained that injustice had been done him by Dale, and then I said I would refer the matter to the Medical Commission, and said to him, if you choose to appear before them you will of course remove some objection: I will consider the matter again when I have the report of the Commission. He refused to do that, and, of course, I had to leave the matter as it was, or disapprove it. I stated to Dr. Dale, when I authorized him to call the Commission together, that I wished him to examine Dr. Shattuck without any reference to any medical school, but simply on his merit as a surgeon. I understood from Dr. Dale that he was ready to examine him simply as to his qualifications, and that the other gentlemen of the Commission agreed with him. I regret any controversy in this matter, but I cannot see that I am justified in placing Dr. Shattuck as Medical Director over the other surgeons of the Brigade."

The remarks of the Governor closed the interview, and the Committee retired.

Medical Proscription in Massachusetts.—In the year of our Lord 1871 it is proposed to arraign and to expel from the Massachusetts Medical Society those of its members who practice homœopathy. A committee was appointed last June to prepare charges against these heretics, and the twenty-first of November, at eleven o'clock, A. M., is the time appointed for them to appear at the Society's rooms, 36 Temple Place, before a so-called Board of Trial, then and there to answer to the charges severally preferred against them. This "Trial" promises to be one of the richest on record, and we hope in our December number to give a full report of this effort to retard the advance of homœopathy by restricting freedom of medical opinion.

The Chicago Fire. — Rarely has such a calamity befallen a modern city as that which has recently visited Chicago. Almost in a single night a great city was laid in ashes, and a hundred thousand well-to-

do, or even wealthy citizens were rendered homeless and penniless. The letters which we publish from two of our well-known Chicago physicians give some of the facts relating to our professional brethren in that city.

Scarcely had the fire ceased to burn, ere the heart of sympathy and the hand of charity were opened to the sufferers. Aside from the millions of dollars that have gone as a general contribution, millions more will go through private sources. Our branch of the medical profession, too, has not been unmindful of its duties to its suffering associates, and, aside from their general contributions, the homœopathic physicians of Boston, New York, Philadelphia, and other places, have contributed sums for the relief of the pressing professional wants and necessities of their brethren. Such action benefits alike the giver and receiver, and strengthens the bonds of union which encircle a noble profession.

CORRESPONDENCE.

HOMŒOPATHY AFTER THE GREAT FIRE.

CHICAGO, Oct. 11, 1871.

Editor New England Medical Gazette:

Dear Sir: — I write you a few hurried notes to inform you and the profession of our situation. In the devastation that has visited our city, the anxious inquiry with your readers is, "How fared the doctors?"

The business part of the city and all the North Side have been swept away, and that in a few hours, by the hurricane of fire. The papers give, I presume, the general course of events. I will speak, therefore, only from a professional standpoint. Most of our physicians had offices "down town," and these were all consumed. The sufferers, as far as I now recall, are Drs. G. D. and A. G. Beebe, E. M. P. Ludlam, A. E. Small, N. F. Cooke, Hale Brothers, W. Danforth, W. H. Woodyatt, J. Davies, A. Miller, J. Keck, E. Kneipcke, C. A. Wilbur, H. K. Boardman, H. R. Stout, J. S. Mitchell, W. H. Woodbury, L. Dodge, W. H. Burt, A. W. Hartupee, A. W. Woodward, F. A. Lord, J. S. Beach, B. H. Cheney, D. A. Colton, E. Rawson, M. D. Ogden, T. S. Hoyne, and myself. Some, as Drs. Beebe, Small, Cooke, Woodbury, Boardman, Danforth, Woodyatt, Hale, and Rawson, lose all, — libraries, medicine, instruments, and office furniture; the others also lose heavily, and — worse than all — business is scattered and money will be scarce indeed.

Drs. Fellows, Cheney, Hodges, Grosvenor, Ulrich, Cooke, Gilman, Braun, and Keck, all residing on the North Side, were burned out of their homes. Some others also lost heavily there. Dr. Cooke had to move four times, and finally went ten miles out on the prairie.

Dr. Hodges lost his house; Dr. Gilman lost his effects; Dr. Cheney had a child sick with infantile paralysis, and I was particularly pleased to hear he got off; he has left the city, as has also Dr. Grosvenor. Of Drs. Fellows, Ulrich, Braun, and Keck, I have heard nothing, — we hope they are safe.

Our two large pharmacies were both burned. The second day after the fire, the ruins of the Chicago Pharmacy bore this notice on a wide board: "Homœopathic Pharmacy, 704 State St. Employees report!" They hope to be able to work by October 15. The North Western will also resume at 371 Wabash Ave. Mr. C. S. Halsey's stock of publications, plates, back volumes of the Medical Investigator, *United States Medical and Surgical Journal*, and numbers of Ludlam's Lectures, are all utterly destroyed. The October number of the *Medical Investigator*, was just being sent off, and was burned either at 66 Lake Street, or in the Post-Office. The November number was half in type; this is all destroyed at the Lake Side Printing Company's establishment, but fortunately I have the manuscript. The *Investigator's* subscription-list was burned, and we shall have to trust to the honor of the fraternity when we resume. This will be as soon as the printers can get to work on it. The October number of the *United States* was burned in the bindery. The editors have one copy, and this journal will appear as soon as they can get it printed.

The Transactions of the American Institute were being rapidly set. They were at work on the Necrological Report. The copy was all saved, I believe; but its publication will, of course, be somewhat delayed.

Hahnemann Medical College and Scammon Hospital were a mile or more from the fire, and are all right. The hospital is filled with the injured and burned. The college is in full operation with a large class. Surgical material is abundant.

The devastation of a fire sweeping quite half a city out of existence is beyond description; and the suffering and distress of eighty thousand homeless people is more than tongue can tell. Many — yes, thousands — spent Monday night (Oct. 9) out on the open, cold prairies; many died; several cases of premature birth occurred, and many cases of intermittent fever, pneumonia, dysentery, pleurisy, etc. How many were burned we shall never know. The hospitals are full of wounded and sick, and many of the churches are used for shelter and hospitals. Barracks are being erected, and relief pours in.

A systematic relief committee of physicians, with Dr. Gilman — a homœopath — at the head, was organized, assisted by the Board of Health. We all work together fraternally for the general relief of suffering humanity.

Those writing to any of the profession here, whose address is not well known, had better send to the care of Halsey Bros., 704 State St., or to me, 287 W. Randolph St., enclosing a stamp.

Fraternally yours,

T. C. Duncan.

LETTER FROM PROFESSOR LUDLAM.

THE following, though not intended for publication, contains many interesting facts which we are sure the writer would be quite willing, with this explanation, to have us lay before the public.

CHICAGO, SUNDAY MORNING, Oct. 15, 1871.

Dear Friend: — I seize the first spare moment to write you a line concerning our recent terrible disaster. The fire reached a limit four blocks north of my present residence, to which I removed May 30th. From thence it took all the business part of the city, and burned the whole North Division (north of the river) which was the home of many of our most cultivated and wealthy people, as well as of thousands of Germans and Norwegians. Only one house remains in that ill-fated section of the city. The house which I occupied when you were here was totally destroyed.

Several of our physicians have not been heard from since the fire. Those on the north side suffered most. Among those who have lost everything, — house, home, library, horses, carriages, everything, — are Drs. Hedges, Fellows, Gilman, Boardman, Cooke, Nute, Cheney, Grosvenor, Wilbur, and Ulrich. Those whose offices (located away from their homes, in Western style) were burnt, were Small and Burt, Beebe Bros., Cheney, Duncan, E. M. P. Ludlam, Boardman, Woodyatt, E. M. Hale, Danforth, Mitchell, Miller, Colton, Beach, and others, doubtless, whose names do not occur to me.

I have received letters and telegrams from Lilienthal, Youlin, yourself, Franklin, Comstock, McClatchey, and others, expressing the greatest sympathy, and the warmest personal regards and wishes for my safety. To all of which I have replied that my poor brethren need ready money more than anything else. For our twenty-six banks were *all* burned down, and even those of us who did not lose directly, must suffer in an indirect manner.

Our College and Hospital, which were a mile from the scene of the fire, are unharmed. For the benefit of the latter we have drawn sixty-mattrasses, a hundred blankets, etc. The wards will this week be filled with patients. The Hospital, Sick, and Sanitary Com. of our Relief and Aid Society, organized for six months, is fully equipped. It consists of five of our most eminent allopaths, who did me the honor to select and elect me the sixth member. This Society has complete control of supplies, etc., under direction of Gen. Sheridan, who is our head.

We have already over fifty students in the College. Our Oct. *U. S. Journal* was burned in the bindery. Luckily, however, I saved the proofs, excepting only the last form. We shall reprint it. The Transactions of the Institute for this year are burned, but I can duplicate them. The plates of my Diseases of Women (three parts) have been

liquified, ditto Shipman's Grauvogl. Halsey was burned out completely, and so was the other Pharmacy.

This is the first letter I have written. A meeting for the relief of the craft will take place at my house to-morrow evening. God bless you for your kind interest in

Yours, hastily and heartily,
R. LUDLAM.

HOMŒOPATHY IN NEW HAMPSHIRE.

CONCORD, N. H., Sept 20, 1871.

Editor of the Gazette:

It has been my purpose for the past three months to furnish you a report of the doings of the nineteenth annual meeting of the New Hampshire Homœopathic Medical Society, which occurred in this city on the 21st day of June; but cholera infantum, dysentery, typhoid, etc., have monopolized so much of my time as to allow very little margin for literary pursuits. And, feeling that the intelligence is rather stale for a formal report, I have concluded to give you the result of our deliberations in the more familiar form of a letter.

Onr meeting was not largely attended, and yet all who were present felt well repaid for such sacrifices as they made in leaving business for a day. Dr. D. F. Moore, of Lake Village, President of the Society, occupied the chair. After reading the records, a printed communication was presented from Dr. Horsch, of Dover, in which he attempted to bolster up his previous position against "sects in medicine." Feeling that Dr. H. had received from the Society all the attention that the importance of his printed documents warranted, the matter was quietly tabled.

The Commitee on Materia Medica, through the chairman, Dr. L. T. Weeks, of Laconia, made a report in which the importance of verifying symptoms was strongly urged, especial attention being called to the suggestions made on this subject by Dr. Wm. E. Payne, of Bath, Me., at the Boston meeting of the Institute. It was voted that Dr. Payne's plan should be adopted by the members, and a report was promised next year on that basis.

Dr. Henry Tucker, of Claremont, Committee on High Potencies, read a paper which elicited an interesting discussion. Dr. Tucker is a firm believer in high attenuations; and, from what was said in the discussion that followed the reading of his paper, it is evident that a growing disposition exists to give them a trial. Dr. Tucker gave a report of several cases successfully treated with the high attenuations, some of which I will mention.

The first case was one of dysentery, with tenesmus and colic; stools dark, liquid, and somewhat bloody, resembling scrapings of sausage-skins. *Cantharis*^{200} was administered, and the next day the man was about his work.

The second case was one of hæmorrhoids, in a man fifty years of

age, of sanguine-nervous temperament. Large quantities of blood were passed; the rectum was prolapsed at stool; cutting pains in the rectum extended up the spine; there was considerable fever and thirst. *Ignatia* 200 was given, dry on the tongue. The pain was immediately relieved, and the next day the patient was at work in his shop. This same patient had suffered from catarrh for years; this, likewise seemed greatly benefited by the *Ignatia*. Dr. Tucker said in regard to *Ignatia* 200, that he had used it in several cases of hæmorrhoids characterized by cutting pains extending up the back, both with and without prolapse or hæmorrhage, and had not had a failure with it.

Several other striking cases are reported, but I will name but one more. The patient had been subject for years to attacks of inflammation of the kidneys and bladder, occurring every month or two, and usually brought on by exposure to cold air when the system was heated. Each attack confined him to the house for three or four days. Some ten months ago, he had an attack, and after a careful study of the case, he received two powders of *Belladonna* 1000, to be taken dry, within twenty-four hours. The pain in the back and other symptoms speedily passed off, and up to this date he has not had a recurrence.

Dr. J. W. Drake, of Dover, made a report of what he saw and heard during his visits as delegate to the Maine and New York Societies, and your correspondent spoke of the pleasure and profit he had derived from a similar visit to the meeting of the Vermont Society.

A Committee consisting of Drs. L. T. Weeks, J. W. Drake, J. H. Gallinger, J. C. Moore, and Henry Tucker, was appointed to prepare a circular for distribution among the homœopathic physicians of the State, urging them to join the State Society.

After dinner, delegates were elected to the several societies, and the officers for the ensuing year were chosen as follows: —

President — D. F. Moore, M.D., of Lake Village.

Vice-President — W. A. Jones, M.D., of Wilton.

Secretary and Treasurer — J. H. Gallinger, M.D., of Concord.

Counsellors — L. T. Weeks, M.D., of Laconia; J. W. Drake, M.D., of Dover.

Censors — Drs. A. Morrill, of Concord; J. C. Moore, of Lake Village; J. P. Whittle, of Weare; Henry Tucker, of Claremont; Francis Brick, of Keene.

The following Committees were likewise chosen: *Materia Medica* — Dr. L. T. Weeks; *High Potencies* — Dr. Henry Tucker; *Epidemics* — Dr. J. C. Moore; *Clinical Medicine* — Dr. J. W. Drake; *Obstetrics* — Dr. J. H. Gallinger; *Essayist* — Dr. Levi Dodge.

Dr. Gallinger offered a preamble and resolution, reciting the facts connected with the management of the Pension Bureau under Dr. Van Aernam, and tendering thanks to Secretary Delano for removing him, and to Commissioner Baker for reappointing the homœopathic surgeons removed by his predecessor; these were adopted.

After a free interchange of opinion on cases submitted by some of the members present, the Society adjourned. The meeting had been an exceedingly pleasant and profitable one.

Homœopathy in New Hampshire is steadily gaining ground, the demand for physicians of our school largely exceeding the supply. Our physicians have felt a very deep interest in the controversy in your State between Surgeon-General Dale and Dr. Shattuck, and while we exceedingly regret the course pursued by Gov. Claflin, as indicated in his reply to the Committee's able address, we are nevertheless encouraged in the hope that the matter will be still further pushed, until our system gains recognition as being equally entitled with the allopathic to State and national appointments and patronage.

The prevailing diseases with us during the summer have been typhoid fever, cholera morbus, cholera infantum, dysentery and diarrhœa, all in a severe form. In typhoid fever I have found the choice of remedies usually to lie between *Arsenicum*, *Baptisia*, *Belladonna* and *Bryonia*. Cholera infantum has been mostly treated with the 200th attenuations; *Arsenicum*, *Ipecac.*, *Veratrum*, and *Calcarea*, being my main reliance. Cholera morbus has been very severe, two cases that I treated very closely resembling Asiatic cholera. One patient (a gentleman from Boston) was attacked very suddenly, had frequent and profuse vomiting and purging, and in two hours from the commencement of the attack had entirely lost his voice, the eyes were terribly sunken, and the extremities fearfully cramped. In this case *Arsenicum*, *Camphora*, and *Veratrum* were used, with the free administration of brandy during the stage of collapse. Convalescence was reached in a week. For ordinary cholera morbus I have usually found *Ipecac.* and *Veratrum*[3] sufficient, but have employed *Iris versicolor*, *Arsenicum*, and *Mercurius* to some extent. In dysentery, I have frequently administered *Aconite* in the beginning, and have used *Aloe*, *Belladonna*, *Mercurius*, and *Nux. v.* somewhat, but *Merc. corr.*[30] has been my chief reliance. Diarrhœa has prevailed in various forms, and hence different remedies have been called for; my choice has usually been made from *Aloe*, *Gamboge*, *Mercurius*, *Podophyllum*, *Belladonna* and *Croton*. In diarrhœa of children, I have found either *Belladonna*, *Calcarea*, or *Podophyllum* usually indicated, while I have had my usual unsatisfactory experience with *Chamomilla*, and am quite inclined to pronounce it a "fraud" on babyhood. But this desultory letter has already assumed larger proportions than I intended in the beginning, and with earnest wishes for the continued prosperity and spread of homœopathy, I will subscribe myself,

Most truly and fraternally yours,

J. H. GALLINGER.

REPORTS OF SOCIETIES.

NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

Reported by L. Dennis, M.D., Recording Secretary.

THE semi-annual meeting was held at the American Hotel, Trenton, N. J., Oct. 11, 1871. It was called to order at quarter, past twelve, by the President, Dr. F. B. Mandeville. There were present Drs. Youlin, Kirkpatrick, Dennis, Lund, G. W. Bailey, Mandeville, Wilkinson, Hunt, Allen, Bevin, Wallens, Worthington, and Miller.

The Board of Censors reported favorably the names of Drs. C. C. Currie, of Freehold, and G. F. Marsden, of Red Bank, who were elected.

Dr. Lund, delegate from the Hudson County Homœopathic Medical Society, reported an active body of ten members, holding quarterly meetings. A Committee of Hygiene has been appointed, to report at the next annual meeting on the general health and prevailing diseases of Jersey City, the report to be published for the benefit of the present and prospective residents thereof; also a committee to secure the establishment of a homœopathic dispensary. In consequence of the great prevalence of intermittent fevers, Dr. Lewis had suggested, as a new remedy, the use of *Frankincense* or *Olibanum*[3], every two hours. It had cured many cases. A committee, appointed to prove that drug, reported progress.

A communication was read by the Secretary, from the West Jersey Homœopathic Medical Society, declining to accept the license of this Society, by reason of the clause in the same, reading, "provided that this grant may be revoked at the pleasure of this Society." Drs. Wilkinson, Worthington, and Hunt were appointed to confer with that body, and endeavor to effect a proper understanding between the two societies.

The Treasurer reported sixty-one dollars on hand.

A communication was read from Dr. H. M. Paine, Secretary of the New York State Society, correcting some statements of Dr. J. M. Toner, in the Boston *Medical and Surgical Journal*, which, in the opinion of Dr. Paine, greatly underestimate the number of homœopathic as compared with allopathic and other physicians in the country.

Dr. Youlin was appointed a committee to draft resolutions of sympathy with the Massachusetts Homœopathic Medical Society, in its recent conflict with the allopathic fraternity of that State.

Dr. Hunt announced his intention to offer at the meeting in May next a resolution providing for a session of two days at our annual gatherings.

The Bureau of Materia Medica presented a paper by Dr. McGeorge, reporting progress in the proving of *Rhus venenata*, stating that the article could be procured of A. J. Tafel, Philadelphia, giving the botanical characteristics of this plant and its congeners, *R. vernix* and *toxicodendron*, and soliciting aid and co-operation in the work. Dr. Wallens mentioned the case of an accidental proving of it by a friend who had applied it to a corn on the toe, and erysipelatous inflammation and itching of the leg were produced.

The Board of Surgery presented a paper by Dr. Wallens on minor surgery, detailing the treatment of a dislocation of the radius at the elbow, also a dislocation of the inner semilunar cartilage of the knee-joint, a compound and comminuted fracture of both bones of the leg, and a congenital talipes calcaneus; in all of which he was successful.

The Society took a recess for dinner at two, and re-assembled at three P. M.

The Board of Practice reported a paper by Dr. Lund, citing a num-

ber of cases of constipation cured by *Magnes. mur.*[30], one dose being allowed to act till its operation seemed spent, and then repeated. Also a paper by Dr. Hunt, on a case of puerperal mania, cured speedily, after five weeks duration, by *Puls* [30]. In another paper, Dr. Lund gave the results of his observations in the treatment of about two hundred cases of intermittent fever with the usual homœopathic remedies, *Ars.*, *Chin.*, *Ipec.*, *Nat. mur.*, *Puls.*, and *Gels.*, having used Quinine in but two cases. A paper by Dr. Youlin on a case of difficult diagnosis, in which autopsy revealed peritonitis and sacro-lumbar abscess as the apparent causes of death. A paper by Dr. W. J. Andrews, likewise on a case of obscure and difficult diagnosis, attended by Dr. Mandeville and himself, Prof. W. T. Helmuth consulting, and only determined in its later stages, when it proved to be cirrhotic disease of the kidney, complicated with valvular disease of the heart, and enlarged and indurated liver. A paper was read by Dr. Phillips, on a case of ozæna which, after extensive destruction of the palate, nasal, and superior maxillary bones and upper lip, was arrested and cured entirely in two months by the administration of *Ars.*[200]. The characteristics were the offensive and corrosive nature of the discharges, and the burning sensations in the parts. He also read a short paper on the characteristics for the use, in intermittents, of *Ars.*, *Eup. perf.*, *Ipec.*, *Ign.*, *Natr. mur.*, *Nux v.*, and *Rhus tox.*

The Board of Obstetrics reported a paper by Dr. Dennis on the ethics of abortion, condemning the practice as now too often followed, and detailing some supposable cases of justifiable fœticide. On motion of Dr. Youlin the Society resolved to publish the paper, as embodying its views on the subject, in such medical journals as the Secretary might choose.

On motion of the same, a committee was appointed, consisting of Drs. Dennis, G. W. Bailey, and Youlin, to prepare a memorial to the legislature on the passage of more stringent laws in reference to abortion and rape.

Dr. Youlin reported, and the Society unanimously adopted, the following as an expression of its feelings toward the Massachusetts Homœopathic Medical Society: —

Whereas, the Surgeon-General of Massachusetts has refused to confirm the appointment of Dr. H. P. Shattuck, a homœopathic physician, to the position of Brigade Surgeon, simply because he is a homœopath, and —

Whereas, the Massachusetts Homœopathic Medical Society has joined issue with the said Surgeon-General, and through him with the allopathic Medical Society of Massachusetts, upon this question of rights, and —

Whereas, the conduct of the said Surgeon-General, in refusing to confirm the appointment of Dr. Shattuck, is ungenerous, unprofessional, bigoted, and subversive of the principles and rights of true republicanism, therefore —

Resolved, that we extend to the Massachusetts Homœopathic Medical Society the assurance of our sympathy and most hearty concurrence in all their actions and efforts to maintain, not only the rights

of Dr. Shattuck, but the honor of our profession, and thereby establish a precedent for the future.

Adjourned.

BRITISH HOMŒOPATHIC CONGRESS.

From advance sheets of the Monthly Homœopathic Review.

This annual assembly of medical men practising homœopathy was held at the Randolph Hotel, Oxford, on Wednesday, Sept. 27, 1871; and, both as regards attendance and the lively interest exhibited throughout the proceedings, it was eminently sucessful.

The Chair was occupied by Dr. Drysdale (Liverpool), in the much regretted absence of the President for the year, Dr. Madden (London), who was prevented attending the meeting by severe illness. Between forty and fifty gentlemen were present.

Dr. Drysdale said: Gentlemen, you are all aware of the great calamity which has befallen not only your President and his family, but the whole homœopathic body, since it renders him unable to be here in person. Still, as has been usual with him on all occasions, he was ready with his work — his paper was finished; and now I hope we shall derive great pleasure and satisfaction from hearing our friend, Dr. Hughes, read The President's Address.

Dr. Hughes (Brighton) then read, in a clear and impressive manner, an admirable and exhaustive address upon The relation of Therapeutics to Modern Physiology, — to which we hope to refer again. It was listened to with profound attention, and elicited much applause. At its conclusion a vote of thanks and sympathy was carried by acclamation.

The ex-President, Dr. Drysdale, was unanimously requested to continue in the occupation of the chair during the meeting.

Posology.

Dr. Drysdale then called on Dr. Black to read his paper on *Posology*. In this essay Dr. Black showed that Hahnemann's earliest teaching on the dose question was truly scientific, and in perfect harmony with physiology. Dr. Black further maintained, that while medicines do possess a curative power in very high dilutions, yet for all practical purposes the third dilution was sufficiently attenuated. Such had been the result of his experience; and he invited all who were in the habit of using high dilutions to repeat the experiments he had made.

Dr. Hayward, after thanking Dr. Black, and dwelling on the importance of the question, said that he thought that the best curative dose was one not much smaller than the pathogenetic dose. He thought that a dose lying very wide of the pathogenetic dose, though competent to cure, did not succeed so rapidly or so generally as the larger. The points to be ascertained were, the size of the path-

ogenetic dose, and that of the curative dose; and inasmuch as the latter lay within the former, he would restrict himself to the discussion of the question, what is the pathogenetic dose. After many experiments with different doses, he had arrived at the conclusion that this pathogenetic dose is one having a very wide range; that it differs with different medicines, with different constitutions, with different dilutions, and with the various symptoms producible by medicines. (Hear, hear.) For example, *Opium* will produce morbid sleepiness or morbid sleeplessness under different circumstances in very different doses. To produce morbid sleepiness the matrix tincture must be given; while morbid sleeplessness will be the result of a higher attenuation. And so also with curative doses. We may make rapid cures of morbid sleepiness with matrix tincture and the 1st dilution; but it would be hard to cure morbid sleeplessness with so large a dose. We must resort to the higher dilutions, such as the 3d, the 6th, and the 12th. *Nux vomica* in its action on the bowels, was another illustration. *Nux vomica* gave rise to both constipation and diarrhœa; but in very different doses. It is the matrix tincture that gives rise to diarrhœa, and the higher dilutions which excite constipation. So in curing these conditions it is the matrix tincture and lower dilutions that cure diarrhœa; and the higher are useful in the constipation to which *Nux* is homœopathic. Again, *Pulsatilla* differs in its effects according to the dose given. Amenorrhœa will arise from the 1st and 2d dilutions, while dyspepsia requires the matrix tincture to excite it; and so too, in treatment, amenorrhœa is curable with doses that would not be suitable for dyspeptic cases. He believed the same rule would hold good with regard to other medicines. Different doses of the same medicine cured different diseases and produced different effects. He thought that it might be desirable for the Congress to appoint a committee to select, examine, and report upon the various symptoms produced by different doses of the same drugs.

Dr. Drury believed that the only way in which this question could be settled was by each practitioner investigating it for himself. He wished that it were possible that at the London Homœopathic Hospital the action of the different dilutions could be watched and fairly tested. The Hospital was certainly not of as much use as it should be. Gentlemen coming up to study there might, with much advantage, turn their attention to this subject while watching the practice. But they came up for a week or two, paid a few visits, and were seen no more, having gone to some town where a homœopath was wanted! Some time ought to be given to hospital study, and without this it would be hopeless to look for much of result from such investigations. He still leaned to the diluted medicines, and if he gave up, as many did, the theory of dynamization, he felt he should lose a great deal.

Dr. Holland said that he had practised homœopathically for thirty-three years, and found that, as he had descended towards the 3d dilution his success had been greater than when using the 12th and 30th. Still, he must confess to having been surprised to find that men, well known in the profession, and who have been reported to have treated cholera, dysentery, Irish fever, and so on, with the most brilliant results,

when giving medicines in the third dilution, should suddenly descend to five or six grains of the crude substance, or as many drops of the pure tincture for a single dose. Dr. Holland had, he said, assimilated his practice to that recommended by his friend, Dr. Black, with much success. Only in a comparatively few instances could he remember seeing any greater results follow the use of the very highest dilutions. One case occurred to him in which, after having given *Pulsatilla* in the 1st dilution to an elderly gentleman, suffering from enlarged postate, he changed the dilution to the 12th; and whether in consequence of the action of the medicine as originally given, or from the change to the 12th, he could not say, — but an improvement set in as soon as he took this high dilution. In another case, one of rheumatic fever, the opposite result followed. In this, *Bryonia* was given in the 3d and 6th dilutions without any benefit. At the suggestion of Dr. Kidd, two or three drops of the pure tincture were given, and improvement at once made itself apparent. Dr. Holland was far from denying that the higher dilutions were productive of curative results. He believed that a medicine selected homœopathically would cure in almost any dilution; but at the same time the nearer we approached that dose which would give rise to physiological action, — without actually exciting it, — the more rapid and effective would be its influence.

Dr. Nankivell mentioned two cases which bore on the question of dose. In one there was tonsillitis before suppuration. He gave *Belladonna*[1] in drop doses; suppuration and abscess followed, and the patient recovered in about a fortnight. A similar attack recurred in this patient after the lapse of some weeks. He now gave two drops of the pure tincture every hour. In twenty-four hours resolution had taken place, and no physiological action whatever had been produced. Another case of quinsy came under his care in an advanced stage, in a woman of unhealthy constitution. The abscess required lancing. He told her that if she felt any return she was to send for him early. This she did in three weeks. Within three hours from the time when she first felt any inconvenience, the same right tonsil was again swollen to within a third of its bulk during the previous attack. He gave her the same dose in the same way, and in thirty-six hours that tonsil was reduced to its natural size. He thought he could also produce evidence on the other side too, but it was not so ready to hand.

Dr. Bayes said: We have to thank Dr. Black very much for bringing forward his proposition. No doubt it would amazingly simplify our art of prescribing, if we could accept it without curtailing the utility of our system of medicine. The real point at issue is, not whether low dilutions cure — or high dilutions cure: both these points are conceded by Dr. Black, and we cannot settle the question by discussing them further. What we are asked by Dr. Black is, to abandon all dilutions higher than the 3d, because the medicinal preparations, from the crude drug to the 3d centesimal, practically contain within themselves all the curative powers which are to be found in medicinal drugs. Therefore the real question at issue is, "do the preparations below the 3d really contain the whole curative powers of the drug, or

is there any important class of cases which will remain uncured if we abandon the higher dilutions?" Feeling that any individual answer to these questions would be of comparatively little worth, it occurred to me that the better way to answer them would be to ascertain what was the general experience of the majority of homœopathic practitioners on these points. With a view to obtain this information, I circulated a series of questions about doses: I sent out two hundred and sixty-nine circulars, and received one hundred and seventy-three answers. These are of material value, because they represent every shade of homœopathic belief; and by far the larger number are from men of weight and influence among us. I have made a very short abstract of them, because a longer one would occupy too much time at this Congress. From physicians who have practised homœopathy for thirty years and upwards, I have received fifteen answers; between twenty and thirty years, fifty-six answers; from ten to twenty years, fifty-three answers; and from physicians who have practised for less than ten years, forty-eight answers. I have divided these into certain classes. Of the one hundred and seventy-three who have sent replies, nine practise as high dilutionists, and five of these have never given low dilutions in their practice; therefore, their experience is of comparatively little value in this discusion. Forty-four are exclusively low dilutionists, thirty of whom have never given high dilutions; therefore, these thirty may fairly be put on one side, for their experience is of no comparative value. One hundred and three give both low and high dilutions (by high I mean 30ths and upwards), and seventeen of these from the low to the 12th. In bringing this evidence to bear upon the comparative value of low and high dilutions, we must exclude those whose practical experience does not extend to both. I therefore strike out five of the high dilutionists and thirty of the low. Of the remaining one hundred and thirty-eight, I find that one hundred and twenty-four are in the habit of giving dilutions above the 6th in certain cases. I have thought it better to take the 6th as the limit rather than the 3d, because a large number give up to the 6th. Fourteen only, after more or less examination into the curative power of higher dilutions, have abandoned them. This is strong general evidence in favor of the comparative curative value of the higher dilutions. The one hundred and twenty-four who give the higher dilutions are divided into seventeen who give up to the 12th, fifty-two who give up to the 30th, and fifty-five who go as high as the 200th, in certain cases and under certain conditions, and low dilutions under certain other cases and conditions. As it is my intention to publish a full analysis of the evidence afforded by the returns to which these figures refer, I will not do more here than state that the weight of evidence in favor of the utility of the higher dilutions does not rest simply on numbers, but that the physicians of greatest experience in point of professional age are the strongest supporters of the higher dilutions. Of fifteen physicians whose practice extends over thirty years, twelve use the high dilutions more or less often; thirty-seven do so out of fifty-six, who have practised for between twenty to thirty years; thirty-five

out of fifty-three of between ten and twenty years' standing; and twenty-nine out of forty-eight who have practised for less than ten years. If to these I had added those who limit their upward scale to the 12th, the difference would appear more remarkable. If we reverse the tables, we find that the supporters of exclusively low dilutions number three out of sixteen who have practised for thirty years and upwards; sixteen out of fifty-six who have practised for over twenty years; eleven out of the fifty-three of between ten and twenty years' standing, and fourteen out of the forty-eight who have practised for periods less than ten years. It is not, then, the enthusiasm of youth alone, nor the dogmatism of age which gives us the testimony that yields us evidence in favor of the practical utility of high dilutions; but a large majority of physicians in each decade. Such a weight of concurrent testimony ought to make us pause before we decide so momentous a question as that now before us, seeing that to ensure the adoption of the proposal to limit our upward dose to even the 6th dilution, it would be needful to revolutionize the practice of five-sevenths of the practitioners of homœopathy. The value of the present inquiry depends not on the bare question of what number of men use one dilution or another, but on a consideration of the general laws which decide those who use all dilutions to choose the low in one case and the high in another.

Dr. Bayes concluded by remarking, that the evidence in favor of giving high dilutions in chronic diseases appeared to be quite as strong as that which pointed to giving low dilutions in acute diseases; and he did not think that we ought to deny the evidence of those who testify to the efficacy of high dilutions, any more than we should do that which testifies to the value of low dilutions.

Dr. Moore confessed himself a wretchedly low dilutionist, though he had given the thirtieth and up to the one hundredth. He had been somewhat disgusted with high dilutions, from a case that occurred to him some years ago, in which a well-known London high dilutionist, who was always asserting that homœopathic practitioners in Liverpool and Manchester knew nothing about homœopathy, was brought down to see a patient of his, suffering from acute peritonitis. He prescribed *Aconite*[3] and *Bryonia*[3]. The disease was uninfluenced in any way. Dr. Moore felt sure that the medicines were correctly indicated, and therefore gave them in the first dilution, and by the time four doses had been taken the disease was fairly subdued. He felt confident that the low dilutions and the pure tinctures were the most serviceable preparations to use. Some medicines are essentially weak, and very little good can be derived from using them save in the pure tincture.

Dr. Gibbs Blake said: I am very much pleased with Dr. Black's proposal, because it narrows the discussion. On reading the discussion on the former paper, the proposal appears to have been misunderstood. It seemed to be imagined that it was proposed to tie practitioners to number three, and that they were engaged never to give any other dilution. Obviously that was not his intention. I have used the thirtieth potency, and I believe I have cured cases when the

low potencies had failed,—although it is quite possible that the cure was owing to the continued action of the low potencies. I think the low potency does good in the great majority of cases, and may be used within the limits suggested by Dr. Black. I use from the sixth decimal down to the mother tincture.

There is a further suggestion of pressing importance, seeing that our numbers do not increase in proportion to the wants of the public. This demand prevents men from devoting sufficient time to the scientific part of medicine. Our men go into practice without being obliged to serve an apprenticeship to the science of medicine, as they do in the old school. A number of years devoted to hospital work tells most beneficially in the formation of the minds of hospital physicians. It renders it necessary for them to be exact, to work hard at their profession, and thoroughly to inquire into and master the science of it. Hence the importance of making medical converts. Ways may be suggested for men of apparently opposite views being brought together and helping one another without sacrificing their views even in the matter of therapeutics. I was treating the case of a girl suffering from symptoms which probably depended upon sclerosis of the spinal cord. She had been under treatment for a long time, and not getting any better, she wished to see an allopath, practising in the town. Melancholia was the prominent symptom, but there was evidently a good deal of uterine complication. The melancholia had indicated *Aurum* to me, and I had prescribed it several times, but not in a lower dilution than the sixth decimal. To my surprise my allopathic friend recommended terchloride of gold, which I did not know the other school employed at all; but he said he used it extensively. Then came the question of dose, and he said he should give one-fiftieth of a grain. I said, "How will you prescribe it?" and he replied, "You prescribe." I told him my former dose, and now proposed two-grain doses of the second decimal trituration: and he was perfectly satisfied. We saw the case together for several months, and the patient improved. This shows the possibility of representatives of the two schools working together in therapeutics.

Dr. Wilde: I believe that a main difficulty in the way of extending a knowledge of our system amongst allopathists is the smallness of our doses. At Winchester there are a great many allopaths with whom I am on very friendly terms, and we very frequently talk over homœopathy; but I can never get them over the smallness of the dose. Yesterday an allopath wanted to get a hint from me of how to treat a young lady of sixteen, with nocturnal enuresis. I said, "Have you tried *Belladonna?*" He replied, "No." I said, "Try it." He said, "How much; five or six drops?" I said, "You had better begin with something smaller." He rejoined, "I believe in your homœopathic law, but hang your dose!"

Dr. Dunn did not think that converts to homœopathy would be made by homœopathic practitioners increasing the dose they ordinarily used. He believed that allopathic practitioners were being converted, and that very rapidly; not, however, by our giving large

doses, but by the development of physiological science They were now also studying the action of drugs according to the teaching of men like Dr. Acland, of Oxford, Professor Bennett, of Edinburgh, and several with similar views, in London. They were studying the physiological effects of drugs, and their best men were putting polypharmacy aside altogether. How different was the teaching in recent works on the practice of physic to that written when we old fellows were lads! Ere long the entire allopathic body which is now being educated would be as nearly homœopathic as it could be. They would treat disease with one drug; and that would be studied according to its physiological effects. No alteration in the dose would ever make men believe in the law of *similars* — and that was the point to be aimed at.

Dr. Hughes: I had the pleasure of hearing the paper Dr. Black read a few months ago before the British Homœopathic Society. His proposition seemed an eminently reasonable one, and I determined to try it in this way: In the Dispensary at Brighton I had tried all dilutions. I determined now to try low dilutions, from the 3d downwards. I had a tolerable field for experiments, between seventy and ninety patients, attending two days a week; and, although three months is insufficient for conclusive deductions, I must say that hitherto I have no reason to be dissatisfied. I think I have gained quite as good results as when higher dilutions were used in certain cases. I have never given any higher than the 3d since that time, and frequently lower. I am very glad to have this subject brought before the Homœopathic Congress and discussed so freely; because our proceedings are public, and the public will see that we are not the globulists nor the exclusively infinitesimalists which we are represented by our enemies to be. While none of us can deny the salutary effects of infinitesimal doses which are selected on the principles of homœopathy, we equally maintain, on the other hand, the value of low dilutions; so that while homœopathy is conservative as regards the past, we are progressing in a liberal spirit towards the future.

Dr. Hale said that the whole question introduced by Dr. Black hinged upon the possibility of our arriving at a knowledge of the physiological dose; and before any practical decision could be reached, this knowledge must be obtained. The very drifting and varying condition we call disease made him doubt the possibility of arriving at an answer sufficient for practical purposes. Nothing could be more desirable than the settlement, in a scientific and philosophical manner, of this question; but the very nature of the case seemed to preclude the possibility of it. The illustrations of the success with which disease had been treated, was evidence of its variable nature; the different circumstances under which it occurs; the peculiarities and idiosyncrasies of patients. We must become fully acquainted with the peculiar manifestations of disease, ere this question can be decided. He looked upon Dr. Madden's paper, read to-day, as giving us a new starting-point; it suggested facts, based upon positive and scientific research, that would bear fruit of the greatest possible value. In educating ourselves we must go into the very *penetralia* of science, and

discover what is the nature of diseased action of the molecule, and of germinal matter. Men may give their individual interpretation of the nature of any disease, and of the result of their treatment of it; but that result must be ever shifting according to the innumerable variations and the changing circumstances of every case. What, then, was the chance of exact agreement at the point of contact between any two cases of disease? Still, however far we might be from deciding this question, he believed that the paper will give us valuable help.

Dr. Black briefly replied. He said: I trust an examination will be made of the result of keeping the dose below the 3d dilution, as I have suggested. Formerly the risk of aggravation was the continual answer of the high dilutionists to such a proposal; but not a single member has mentioned that, so that is disposed of. From the discussion I gather that the question will be entertained in its pathological and scientific aspect, so that we shall not be continually altering our dose; and our literature will not show all the variations between the mother tincture and the 2000th, or more. We must come to nature and learn of her. We must boldly explain in what the teaching of Hahnemann was wrong; and put posology before the world in its true scientific position.

The Publishing Society.

The next business was to receive the report of the Hahnemann Publishing Society. Dr. Hayward, the Secretary, said that as much as possible was being done to complete the works taken in hand by the Society; that a good deal of material had been promised; and that new workers had been enlisted by the committee. He appealed to others to join, either in arranging the Hahnemannian Materia Medica, or in preparing the Repertory. Funds, too, were, he said, urgently needed, and to obtain them new subscribers must come forward. The subscription was one guinea; and every subscriber would receive the value of his subscription in the published works of the Society. No second subscription was asked for by the Society until the subscriber had been supplied with material at cost price to the value of his first subscription.

The Next Congress.

The arrangements for the Congress of 1872 came on next for discussion. Dr. Black was elected President, and Dr. Dunn Vice-President. The town at which the next Congress should assemble was then decided in favor of York. The time was fixed for the first Wednesday in September, 1872, at ten o'clock in the morning. Dr. Gibbs Blake, of Birmingham, and Mr. Nankivell, of York, were appointed Secretaries; Mr. Fraser, of Hull, Treasurer; and the following gentlemen were chosen to constitute the Executive Committee: Drs. Gibbs Blake, Dunn, and W. Craig, and Messrs. Fraser and Nankivell.

Dr. Moore then read a paper on *Uterine and Ovarian Disease*. He endeavored to show that in certain forms of both ovarian and uterine disease, purely medicinal treatment was adequate to its cure; while

there were some cases of uterine disease in which topical or surgical treatment was essential in addition to that which was medicinal. He gave the particulars of several cases of ovarian disease, and of dysmenorrhœa; and concluded by drawing a series of practical inductions from his observations of cases of this kind during many years.

Dr. Yeldham thought that ovarian diseases were often very obscure both in their nature and origin. To ascertain the existence of enlargement in the earlier stages of the disease was especially difficult, inasmuch as, until they had become sufficiently increased in size to be capable of being touched *per vaginam*, we could only infer the presence of enlargement from the inflammatory symptoms which ordinarily attend the progressive enlargement of parenchymatous organs. The treatment of such cases should consist in rest, hip and other baths, and moral training. Great difficulties often arose from the disease being so closely associated with moral causes. As medicines, *Aconite* and *Belladonna* were our sheet anchors; while both *Pulsatilla* and *Sepia* often came in usefully. He doubted whether much could be done in neuralgia of the ovary; and thought that, independently of inflammation, it was a very rare disease. In dysmenorrhœa he had found *Nux vomica* to have a wonderful power in preventing the violent spasmodic pains from which so many women suffer at the catamenial period. He usually gave a drop of the mother tincture once or twice a day.

Dr. Carfrae had seen much good from the use of *Cannabis indica* in dysmenorrhœa. The original authority for its use advised it to be given in five-drop doses of the tincture. That he thought undesirably strong, and he generally used the 1st decimal dilution. In menorrhagia, the medicine he invariably used was *Sabina;* he generally did so with good results.

Dr. Holland said that with a very delicate touch in a highly sensitive patient he thought it possible that the earliest enlargement of the ovaries might be detected by the pain the examination caused, but not otherwise. *Aconite*, he thought, was useful in combating the inflammatory symptoms, particularly at the commencement. Some cases of dysmenorrhœa, depending on the presence of a false membrane, he had known benefited by *Collinsonia* — a medicine, for the knowledge of which, as well as of many others, we were much indebted to our American brethren. As regards ulceration of the os uteri, he disapproved of the application of caustic; and thought that all the advantages of a topical application could be obtained from an infusion of *Calendula* or of *Hydrastis canadensis*. *Cannabis sativa* had rendered him excellent service in many cases of dysmenorrhœa. *Hyoscyamus and Nux*, acting as they did on the spinal nerves influencing the uterus, might often be used with advantage.

Dr. Drury: I have never used caustic in such cases. I have great faith in *Calendula* lotions, having seen much good result from them. *Hydrastis* is also extremely valuable. In leucorrhœa, *Pulsatilla* is useful, but it must be used with care in the case of married women who are pregnant, as it is apt to produce miscarriage. *Kreosote* and *Sepia* will often help in such cases. In cases of enlarged ovaries, if

the hypertrophy is chronic and with interstitial deposits, there is little hope of a complete cure. All we can do is to keep the patient in a quiescent state, so that the disease may not advance and an operation become necessary. Where, as in acute inflammation, there are cutting pains in the ovary, like knives, *Sabadilla*[12] has been tried with very great success. A separation of husband and wife is often desirable. But I am satisfied that if we use a homœopathic medicine, though it only relieves from pain, we do the patient good.

Dr. Hughes: My knowledge is rather theoretical than practical; and I would ask those who have any experience of this disease whether they have made any notes of the action of *Belladonna*. It seems to be taken for granted that it is useful, but have we any evidence of its curative action? I have been struck with its extremely slight action upon the uterine and ovarian organs; in no case, except where there has been a sense of bearing down, have I known it really utilized in practice. There is a sort of tetanus of the uterine neck which answers to the corresponding affection of the neck of the bladder, and also of the sphincter of the anus, which is amenable to the action of *Belladonna*. I should like to know whether *Belladonna*, which is so useful in other inflammations, is useful in that of the ovary.

Dr. Drury: Extremely useful.

Dr. Moore, in reply, said that by homœopathy simple ulcers could be cured without local applications, but granular ulcers, deep-seated scrofulous or syphilitic ulcers could not be cured without caustic, — according to his experience. He knew a case that after twelve months trial of medicine, had to be so treated. They did not resort to the surgical treatment until they were driven to it. They tried *Sepia*, *Belladonna*, *Calcarea*, and *China* with the greatest possible relief; but twelve months afterwards, on examining the sore, it was found not healed, although the patient thought she was so much better. That is a point upon which he had had clear and repeated evidence. In reply to Dr. Hughes, he stated that he had noted that the influence of *Belladonna* in congestion of the os uteri was most marvellous. In three days the state of the patient had been completely altered. Pain in the region of the ovary on deep pressure, is a clear indication of a morbid state of the organ.

The American Institute of Homœopathy.

At the conclusion of Dr. Moore's remarks, the chairman announced that a greeting from our American brethren had just been received, which he would ask Dr. Gibbs Blake to read.

The following communication was then read by Dr. Blake, and was received with much applause: —

"To H. R. Madden, M.D., President of the British Homœopathic Congress.

"Dear Sir, — Allow me, in behalf of the American Institute of Homœopathy, to congratulate the homœopathic fraternity of Great Britain on the formation of a national association, which, by bring-

ing the practitioners of homœopathy into more intimate and harmonious relations, will conduce alike to their greater friendship and more united effort. This cannot fail to add to the progress of our medical system, not only by the scientific work it may accomplish, but by the pleasant social relations it tends to establish among its members.

"The American Institute of Homœopathy, now in its twenty-eighth year, has proved a powerful agent in organizing and increasing our strength throughout the country. It now numbers more than one thousand active members; and though they are scattered over an area nearly equal to that of all Europe, yet more than three hundred of them reunited at its last session. The next meeting will be held in Washington, May 21, 1872; and let us assure you that any representatives from your Congress, or any of its members, would be then and there most cordially welcomed by the Institute.

"Sympathizing with your honorable body in the great work of medical progress and reform,

"I have the honor to be, very sincerely,

"I. T. TALBOT,

"President (elect) of the American Institute of Homœopathy.

"Boston, U. S. A., Sept. 5, 1871."

The Chairman said: I am only expressing the wishes of every one present when I say that we should instruct our Secretary to send to the President of the American Institute of Homœopathy a cordial letter of acknowledgment of the communication we have just heard read. This proposal of Dr. Drysdale's was received with much applause, and carried by acclamation.

HOMŒOPATHY AND SURGERY.

Dr. Dunn then read his paper on The Influence of Homœopathy on the Practice of Surgery. After alluding to the improvements which had marked the progress of medicine, and to the influence which homœopathy had had in the advances which had taken place, he passed on to notice the progress of surgery, and the advantages which the surgeon derived from adopting homœopathy into his practice. He spoke warmly of the value of acupressure, and of the antiseptic method of Professor Lister; and then showed, by cases that had occurred both in his practice and his person, that homœopathy rendered valuable aid — 1, in diseases of the bones and joints, where, for lack of homœopathy, amputation is oftentimes resorted to; 2, in removing the consequences of traumatic shock; 3, in promoting the repair of injuries; 4, in so improving the general health of a patient as to render successful an operation which, without this improvement, would probably have been fatal; and 5, in hastening convalescence after an operation.

Dr. Wynne Thomas's paper, on a kindred subject, entitled, Reports of Surgical Cases, was next read by Dr. Gibbs Blake. Dr. Thomas commenced by defining surgery to be the science and art of curing disease by local means. He divided local diseases into two classes, — 1, the centripetal, or those commencing on the surface, or at one of

the apertures; and 2, the centrifugal, or those which are primarily constitutional, and afterwards appear on the surface. The first class he considered might always be treated by local means. As examples he instanced the application of iodine to an inflamed bursa, and the injection of iodine into a hydrocele; and the treatment of parasitic disorders by parasiticides. Of the second class, gout, rheumatism, eczema, and piles, were adduced as instances. Such cases all required constitutional treatment. Dr. Thomas gave the particulars of several cases in support of his propositions. Among them was a case of eczema aurium, which, after long resisting purely constitutional treatment, yielded rapidly to oil-of-cade soap (juniper); one of serpiginous ulcer of the leg, which, in spite of medicines selected with the greatest care, continued to spread, but was immediately checked by the application of strong nitric acid to the sloughing edges.

He then passed on to show that the controlling power over inflammations which we gained through homœopathy, rendered unnecessary many operations which would otherwise be inevitable. He had seen one case of cataract cured by medicine; some cases of fissure of the anus; one case of undoubted cancer of the orbit he had seen greatly improved by *Carbo animali*.[200]. Two cases of corns on the sole of the foot, of a warty description, had yielded, in his experience, to *Thuja*[6], and *Nat. mur.*[12].

The after-treatment of operations he had found much facilitated by homœopathy. Inflammations were reduced more rapidly, and wounds healed more kindly. Opium in large doses he thought seldom needed, except when it was required to keep some organ in a quiescent state, as, *e. g.*, the bowels, after stitching up a lacerated perineum, etc.

Mr. Pope referred to one point in Dr. Dunn's paper, viz., the value of homœopathy in preparing a patient for an operation. During this summer, Dr. Smart, of Tunbridge Wells, being ill, requested him to tap a patient having a large cystic tumor of the left ovary. The operation was easily borne; and only occupied a few minutes. Dr. Smart had tapped the same patient two months previously, and then there was some difficulty in keeping her from fainting; the pulse was feeble, and the flow through the trocar had to be stopped frequently to prevent syncope. But after emptying the sac, she was carefully watched and skilfully treated by Dr. Smart, and the result was that the second operation had no important effect upon her at all. Subsequently to this second tapping she was under the care of Dr. F. Smart, and her general health became so much improved as to warrant the extirpation of the tumor. This operation was successfully performed by Mr. Spencer Wells during August, and she made a most excellent recovery. At the time she first came under Dr. Smart's care this would have been hardly possible. Mr. Pope remembered Dr. Smart giving him the particulars of a case of cancer of the mamma, in which Mr. Paget, of Leicester, had declined to operate on account of her enfeebled health. She then placed herself under the care of Dr. Smart, who sent her back to Mr. Paget so much improved that he operated at once and without hesitation. Dr. Thomas had recommended the external application of *Iodine* in chronic bursitis in

preference to the internal administration of *Silicea*. Dr. Pope had seen several of these cases, and had generally found them yield to *Silicea:* so frequently that, remembering what they had heard in the Address of their President in reference to the employment of chemical agents in the treatment of disease, " that the use of each one is apt to be followed by its own specific effects, over and above its chemical action"; and applying this to the case before them, that *Iodine*, applied to the serous effusion in the bursa, would, besides exerting its absorbing power, cause its own specific effects in other parts of the body; — remembering this, and the fact that *Silicea* had cured many such cases, and then that if it failed we had *Iodine* as a *dernier resort*, he thought that it would be only correct and safe practice to try the *Silicea* in such cases for some considerable time before resorting to the *Iodine*. There was one medicine which had not been mentioned, but which he thought was of great use in injuries of nervous structure, viz., the tincture of *Hypericum perforatum*. He had used it, at the suggestion of Dr. Madden, in a case of concussion of the brain, with marked advantage.

Dr. Holland related several cases of great interest, showing the value of homœopathic treatment in surgical injuries. In one, a man was caught by the " devil " of a cotton factory, — a machine used for cleaning the cotton after its removal from the bale, — and his hand was lacerated in a more serious manner than he had ever seen before; the extensor tendons being torn, and the posterior annular ligament extensively wounded. Amputation was proposed to avoid the chance of lock-jaw, which seemed imminent, but it was declined. The parts were brought into apposition by sutures, and a lotion of *Calendula* was applied, with a moderately thick compress over the posterior aspect of the hand and arm, while a splint, with a tolerably firm bandage, secured the whole. *Aconite* and *Arnica* were given alternately for a few days, and eventually the man made a good recovery, — inability to extend two fingers being the only permanent injury from his accident. Shortly after this had occurred he was asked to see a valuable carriage-horse which had fallen, and so injured the knee that the veterinary surgeon had condemned it to be shot. The joint had been laid open, and synovia was flowing freely. He dropped tincture of *Calendula* into the joint, and with sutures, splints, and compresses, got the leg into shape, and had the horse tied to the rack for ten days. By this time the wound was healed, and the animal was soon able to work. In a case sent to the Norwich Homœopathic Hospital — a case of enormous fungoid excrescence on the leg, with extensive infiltration into the cellular tissue — he had made three incisions nearly the length of the leg through the boggy part. *Aconite* and *Calendula* lotion were the chief remedies used, and the recovery was complete. Dr. Holland did not approve of the internal injection of *Iodine* in hydrocele, or of its external application on bursitis. He had found it give rise to considerable constitutional disturbance, and oftentimes to severe orchitis. Abscesses and destruction of a portion of the scrotum had resulted from *Iodine* injections. He preferred the use of the acupuncture needle,

recommended many years ago by the late Mr. Green, of St. Thomas' Hospital. The needle is passed into the tunica vaginalis, and if on its withdrawal, a drop of serum exudes, the whole will be absorbed in twenty-four hours. A few operations of the kind are rapidly curative, and need not be repeated more than once in three or four months.

Dr. Moore said that he had seen this mode of using the acupuncture needle successful in cases where every other measure had failed. He regretted that Dr. Dunn had not mentioned *Phosphorus*, — a remedy in some forms of bone disease more valuable, almost, than any other. *Staphysagria*, too, in fresh wounds, was much valued by Dr. Franklin, an American surgeon. For ringworm he thought a *Carbolic acid* lotion was invaluable.

Dr. Dunn here said that he valued *Phosphorus* in bone disease very highly. When he spoke of *Calendula* he had referred not to the tincture, which he thought irritating, but to the infusion.

Dr. Hayward had the greatest confidence in the use of *Calendula*. He made a watery extract from the plant, dipped the lint dressing in that, and applied it in all wounds from operations; the parts had healed by first intention. The *Carbolic acid* treatment was very good, but certainly he should try the *Calendula* treatment first. With reference to corns on the sole of the foot, he had had two cases similar to those named by Dr. Thomas. He tried *Thuja*[1] internally, as well as making an external application; the wart-corns were gone in six weeks.

Dr. Cooper referred to the use of *Pæonia* in ulcerations, which had been brought before our notice by Dr. Ozanam, of Paris. Applied locally it prevents the spreading of the disease, and has in some cases cured. He used *Arnica* chiefly in housemaid's knee, and had found the same remedy useful in the "capped hock" of a horse.

Dr. Yeldham, as an old hospital surgeon, thanked Dr. Dunn for his paper. He fully endorsed all that had been said in favor of the antiseptic treatment. During the siege of Paris, the *Lancet* had recently informed us that wounds were there treated by applying thick layers of cotton-wool to them, and so carrying out the theory of Professor Tyndall. For years past Dr. Yeldham had been in the habit of applying dry cotton dressings to wounds, in order to avoid the effects of moist dressings, the heat and moisture of which tended so much to the formation and decomposition of pus. With dry dressings a little simple unirritating pus only was present. The favorite idea of the day was that surgery should be conservative. Nothing tended so much to conservatism in surgery as did homœopathy; a fact of which Dr. Yeldham gave a striking illustration from the practice at the London Homœopathic Hospital. In hæmorrhoids he used external applications; whilst a vast deal of good was done by judicious medicines, such as *Sulphur*, *Nux vomica*, and mother tincture of *Hydrastis*, 10 to 20 drops given three times a day. Small doses of this drug did no good whatever. When that fails, a vast amount of comfort may be obtained from the topical application of pure *nitric acid*. He never yet saw a fistula in ano get well by homœopathic medicines. They

could hardly expect to cure hernia with medicine. Then there was the question of carbuncles — Were they best opened or left to the natural process? For his own part, he should have opened them freely as soon as matter could be detected. But in the London Homœopathic Hospital there was a man worn down by serious and very anomalous symptoms, referable to the kidneys and bladder. When he appeared perfectly incurable, and the worst results were anticipated, a large carbuncle formed on his back. From that time all the other symptoms disappeared, and he got well. Such cases are very interesting. These things were set up by nature for the elimination of something which offended the system. Dr. Thomas had said that he rarely opened an abscess now; but I think that where matter is fairly formed, we save the patient a vast amount of suffering by putting in the lancet. Medicine might have an influence in causing it to come forward and break through the skin; but there was a difficulty in determining whether it had, and how far it had, that effect. In fissure of the rectum there was a simple expedient which afforded a vast deal of relief; indeed, there were many cases where formerly he should have divided the sphincter, where he now got a cure without. Immediately before the bowels act, let the patient charge the forefinger with lard, and introduce it up the bowel. By this means the ulcer obtains a coating. and is protected against contact with the irritating matter of the fæces. Hydrocele might be relieved by acupuncture after five or six punctures had been made, but it occurred again, and he thought that the radical cure by iodine was that to which we should all resort, to relieve the patient at once and altogether from so great a nuisance.

Dr. Dudgeon believed that Dr. Bollé, formerly of Paderborn, and now of Aix-la-Chapelle, was the inventor of the plan of dressing wounds with cotton-wool. His idea was that it prevented suppuration of the wound. The plan of treating fissure in ano by dilatation was proposed by M. Maisonneuve, of Paris, and was found both efficacious and immediate in its operation. There was no doubt but that this method of overstretching was painful, and that chloroform ought to be given during the operation.

Mr. Maberley said that in abscess, by keeping up the action of medicine, we brought the matter to the surface; then a very small aperture was sufficient to clear off the whole thing. It was better to open the abscess, but the less we interfered with nature the better.

The business portion of the proceedings of Congress terminated with a cordial vote of thanks to Dr. Drysdale for presiding.

The Dinner

Was at the same hotel in which the Congress met. Dr. Dudgeon, at the request of Dr. Drysdale, presided at the table.

"Dessert having been set upon the table," we read, "*and the glasses recharged*," the Congress set about the task of toasts and speeches. The Queen and the rest of the Royal Family; the Army, Navy, and Volunteers; the Memory of Hahnemann; and the University of Oxford, opened the list. To this last a response was made by a Fellow of All Souls College, —the Rev. A. T. Stopford, — who expressed

the wish that this ancient city might become the residence of a homœopathic physician. To the toast of the Authors of Articles read that day, Dr. Black responded; that to the Prosperity of the Homœopathic Medical Societies of Great Britain and America called out Dr. Hale, of London.

Their medical periodicals,—the *British Quarterly Journal*, the *Monthly Homœopathic Review*, and the *Homœopathic World*, also a monthly,—three periodicals as organs for three hundred homœopathic practitioners, were the subject of the next toast. Dr. Drysdale, in his response, spoke of the exclusiveness of the past, when no journal would discuss, advertise, review, *or even abuse* a homœopathic book; and when no bookseller would print Dr. Dudgeon's work on Swimming Baths; and even the *Times*, when it inserted a letter on that not very incendiary topic, signed "R. E. Dudgeon, M.D.," struck out all the signature except the last two letters!

Dr. Nankivell, in proposing the Homœopathic Hospitals and Dispensaries, alluded to the ejection of homœopathic converts from the long-established ones of the United Kingdom: of Dr. Horner at Hull; Dr. Williams at Bristol; Prof. Henderson at Edinburgh; and Dr. Reith at Aberdeen. The response was by Dr. Dunn, the founder of the hospital at Doncaster.

The officers of the Congress, and particularly the sick President, were honored in the remaining toasts, and the meeting closed in great satisfaction.

CENTRAL HOMŒOPATHIC ASSOCIATION OF MAINE.

Reported by J. B. Robinson, M.D., Sec. pro tem.

MORNING SESSION.

THE members assembled in the office of Dr. Robinson, in Gardiner, July 20, 1871, at eleven o'clock, A. M., and the meeting was called to order by the President, Dr. M. S. Briry. In the absence of the Secretary, Dr. Robinson was chosen Secretary pro tem.

On motion of Dr. Bell, the present officers were re-elected for the ensuing year.

On motion of Dr. Bell it was voted to remit the dues of the ensuing year, provided the Treasurer find enough money in the treasury to meet current expenses.

Dr. Bell, in absence of Dr. F. W. Payne, read his report on the successful treatment of an aggravated case of hysteria with *Hydrocy. acid.*; also a case of general debility, prostration, malaise, etc., treated with *Arsen. hydrogenizatum* with good results. Dr. Hall, of Hallowell, reported a case of asthenopia much improved by the use of *Con. mac.*

Dr. Bell, of Augusta, spoke of a case of nervous asthenopia with one strongly marked peculiar symptom,—great aggravation from *fixing* the eyes on any object. The case has improved considerably in a short time under the use of *Carbo veg.*

Dr. Briry spoke of a case of poisoning by *Rhus radicans*, in which near objects seemed at a distance; also the patient would suddenly wake from a sound sleep in a great fright.

Dr. Williams, of Gardiner, spoke of a case in which the half of one eye, by a perpendicular division, became suddenly blind, after an attack of neuralgia in the corresponding eye-tooth.

Dr. Bell, of Augusta, reported a case of epilepsy, much improved by the use of *Puls.* and *Bufo sah.*; also a case of hypochondria cured with *Sulph.* and *Psorinum.*

Adjourned to afternoon.

During the intermission, the members present did ample justice to an excellent dinner provided for them at the Evans House by Dr. Williams.

AFTERNOON SESSION.

The meeting was called to order at one P. M. Dr. Briry reported a case of insanity, supervening from erysipelas of the face and head, cured by *Veratrum viride;* also a case of colic cured by *Nux moschata.*

Dr. Pulsifer, of Waterville, made a verbal report of a case of puerperal convulsions. The patient was a primipara, twenty-one years of age. The labor was rather slow, with severe pain in the head. Immediately after expulsion of child she had one convulsion. Administered *Gelseminum.* There was no recurrence of convulsions, and the patient has done very well up to the present time, now several weeks after delivery. He also spoke of the favorable action of the same remedy in the sleeplessness of typhoid fever.

Dr. Thompson, of Augusta, referred to a similar case of puerperal convulsions in which he used *Gels.* with good results. He also advises the moderate use of ether in cases of painful, protracted labor.

Dr. Robinson reported a case of metastasis of mumps to the brain, followed by symptoms threatening dysentery. It was cured with *Opium*, and subsequent use of *Colocy.* and *Merc. sol.*

Thanks were voted to Drs. Williams and Robinson for their kind entertainment during the meeting.

Adjourned to meet at Waterville, Me., on Thursday, 18th January, 1872.

HOM. MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Reported by H. M. Paine, M.D., Recording Secretary.

THE twentieth semi-annual meeting of the Society was held at the rooms of the Young Men's Christian Association of Saratoga, August 10, 1871, the President, John F. Gray, M.D., LL. D., in the chair.

In his brief introductory, in a few well-chosen and pertinent remarks, the President advised devotion to habits of close observation and careful research in all departments of medical science.

Dr. Gray presented the report of the Committee on Medical Education. He alluded to the correspondence between himself and Governor Hoffman, regarding the veto of the bill passed by the Legislature relative to the degree of doctor of medicine. He then offered the following resolution: —

Resolved, That the Committee on Medical Education be instructed to present the bill passed by the last Legislature with such modifications (not impairing the purpose of the bill) as they may find necessary to its becoming a law. Adopted.

The Secretary presented a large number of papers, which were read by title.

The reports of the dispensaries were referred to the Publishing Committee.

The report of the Hahnemann Hospital was called for.

Dr. F. Seeger, Medical Director of the Hospital, gave a brief history of this institution, the plan of which has been completed. It is that agreed upon by all authorities, foreign and American, as best for hospitals. It is what is termed the pavilion system. The building will consist of a large, central administrative building, fifty by sixty, and of pavilions or wings one hundred feet long, twenty-seven wide, and fifty in height. The newest and most approved discoveries in the science of hospital construction have been embodied, and the building will undoubtedly be one of the finest on the continent; and hospitals of this country really are far ahead of those in the old world. The building will cost about $250,000, and will readily accommodate two hundred patients, allowing each patient thirteen hundred cubic feet of air. The architect is Mr. George Hathorne. The Medical Board consists of Drs. F. Seeger, Wm. Tod Helmuth, F. W. Hunt, B. F. Bowers, C. E. Blumenthal, Lewis Hallock, A. P. Throop, S. Lilienthal, and others. Wm. Hiram Calkins is President.

The report of the Albany City Dispensary was called for and read by Dr. Parmalee. The following is a summary of the above report for the quarter ending July 1st, 1871: —

There have been 2,738 prescriptions made, to 853 patients. Of these 1,768 were made at the Dispensary and 968 as visits at the houses of the sick, showing a large increase over last year's report for the same time, and making the number of prescriptions made at this institution up to July 1, 23,567. Although the number of distinct diseases has been unusually large, amounting to 126, but ten deaths have occurred, and those from causes generally fatal.

The report of the Surgical Department of the Dispensary called forth remarks relative to external and internal remedies. Several gentlemen then gave their experience in individual cases.

Dr. Holden, in answer to the query as to the use of lint in the treatment of burns, had, before going into the army, used lime-water ointment with much success, but in the army he had seen good results from lint saturated with lime water. Lint was used in the hospital instead of cotton.

Dr. Wright related the history and treatment of several clinical cases.

Dr. T. Franklin Smith used "cosmoline," which is being introduced by a gentleman from Philadelphia with great success.

A case of measles was related by Dr. Holden, in which *Capsicum* promptly produced relief.

The "Report of the New York Homœopathic College," by Dr. J. W. Bowling, was read, accepted, and referred.

Dr. H. M. Paine called attention to a statement, published by Dr. J. M. Toner, in the Boston *Medical and Surgical Journal*, in which the number of physicians in the United States is classified as follows: "Allopathic, 39,070; Homœopathic, 2,961; Hydropathic, 133; Eclectic, 2,870; Miscellaneous, 4,774."

This gives a ratio of 16.8 physicians to one homœopath in the whole number, and 13.1 allopaths to one homœopath. This also gives one allopath to every thousand of the population, and one homœopath to thirteen thousand.

There is evidently an error in these figures with regard to several portions of this country. In this State the ratio of homœopathic physicians to the population, as indicated by the recent census, is one to about fifty-six hundred. In Massachusetts, one to fifty-five hundred. In New Jersey, one to six thousand. It is probable that this proportion is nearly the same, or showing even a larger percentage of homœopathists, in all the Northern States. The report published by Dr. Toner is based on information gathered last December by Dr. Van Aernam, late Commissioner of Pensions. As this research was instituted by allopathic physicians and in the interests of the allopathic school, it is evident that the result is made to appear very favorable to their school and damaging to homœopathy. Hence it should be taken with a great degree of allowance. In the States already mentioned, there are more than twice as many homœopathic physicians as are stated by Dr. Toner, being one to less than six thousand of the population. It is quite probable that in the United States the relative number of homœopathic to allopathic physicians is as one to five or six. With regard to the relative professional status, the two schools are nearly equal. Regarding the two national organizations, the homœopathic is the oldest and has the largest list of members. There are nearly as many homœopathic State, county and local societies in full tide of success, as there are allopathic. There is in this State a Lunatic Asylum, for the erection of which an appropriation of $150,000 has been made. We have also seven hospitals, twelve dispensaries and one lying-in asylum.

In other States, a large number of public institutions have been established, and it is fair to presume that our standing in this respect is rapidly approaching that heretofore exclusively claimed for the allopathic school.

It is also well, in this connection, to observe the ratio of increase of homœopathic to allopathic physicians, and the relative increase of each to that of the population during the past few years. In the city of Philadelphia, during a period of twenty seven years, the number of homœopathic physicians has increased over seven-fold, while that of allopathic physicians has actually decreased ten per cent.

During the same period, the increase of population was threefold.

In the city of Albany the membership of the Homœopathic Medical Society has increased, during the past seven years, two hundred and fifty per cent, while the increase of the allopathic society has been ten per cent only. The increase of population, during the same period, was eleven per cent.

In view of these facts and figures, and of large numbers of others of similar import, the signs of the premature decay of the homœopathic system are somewhat obscure, while the evidences of the waning prestige and influence of the allopathic school are abundant and conclusive.

The paper of Dr. Paine was referred, for completion, to a committee of three, consisting of Drs. H. M. Paine, Pratt, and Jones.

Dr. H. D. Paine offered the following resolution, in reference to the case of Dr. T. Franklin Smith:—

Resolved, That the officers of this Society be authorized to sign the application of Dr. T. Franklin Smith to the Commissioner of Pensions, for re-appointment as Examining Surgeon for Pensions, and represent to the Commissioner, that it is the request and desire of this Society, that Dr. Smith's petition should be granted, deeming it to be a simple act of justice.

Dr. H. M. Paine had been requested to announce that the Dryden Springs Sanitary Home, Tompkins County, N. Y., will be placed more fully under homœopathic auspices. It is proposed to make it, not only an institution for the treatment of such diseases as require the advantages to be obtained only in a well appointed institution, but also a school for the more thorough training and education of nurses. A picnic is to be given to the friends of the institution, on August 25th, to which the homœopathic profession are cordially invited.

In the afternoon the Society, at the invitation of the resident homœopathic physicians, took a ride to Saratoga Lake, and a sail down the lake in a small steamer. A large number of the members present, with their ladies, enjoyed this delightful excursion.

EVENING SESSION.

In the evening Dr. A. M. Holden, of Glen's Falls, delivered an interesting historical address, entitled, "The Follies and Fallacies of the Medical Profession."

The speaker opened with a reference to the history and importance of the art of medicine, in the past, and gave a *résumé* of the humbugs and delusions which have attended the development of medical science from the earliest ages. With a few hints at the intolerance and bigotry of rival schools of medicine, the lecturer closed with a pungent thrust at the gullible public for its readiness to patronize imposition and fraud, instead of giving a fair and honorable encouragement to intelligent, well educated, and fair-minded practitioners of the healing art, who reflect honor upon their profession.

The thanks of the Society were tendered to Dr. Holden, for his able address.

Dr. Wright offered the following resolution: —

Resolved, That the report of provings of any drug not accompanied by a statement of the age, sex, state of health and constituted temperament of the prover, must be regarded as exceedingly defective in one of the most essential elements of a true proving: that which carries conviction to the intelligent mind of those who read the record.

Dr. H. M. Paine added the following: —

Resolved, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medical and inert substances, and hereby respectfully protest against the publication in the Transactions of the American Institute of Homœopathy, of a paper by Dr. Samuel Swan, presented and read at its late meeting held in the city of Philadelphia.

Mr. Wright, in supporting his resolution, said that he had entered his protest here to-day against a disgrace to homœopathy; that we want no more provers with broken-down constitutions, and not a single healthy fibre in their whole bodies. Yet such provers and their symptoms are palmed off upon us every day. He had felt much in this respect, as he had had some opportunity of examining provers, and had known, in some instances, feeble, sickly persons, attempting to prove drugs, and of their symptoms having been accepted. He could not accept provings, unless he could be sure of the health and temperament of the prover. Neither could he see any virtue in trying to extort medicinal properties from such a substance as skim-milk.

Mr. H. M. Paine, in support of his resolution, said: If it does not require patience to put up with such consummate folly, nothing does. The whole realm of the vegetable and mineral kingdoms is filled with medicinal substances of positive worth. Why not prove these instead of subjecting our whole school to the ridicule of all sensible people? Mr. Swan may be honest, but he certainly is laboring under a delusion when he offers us such provings. We cannot too earnestly deprecate the tendency of some persons to indulge in vagaries which bring reproach upon homœopathy and retard the progress of medical science.

After some further discussion, both resolutions were unanimously adopted.

Dr. H. M. Paine, one of the delegation to procure the removal of the late Commissioner Van Aernam, advised an expression of our gratitude to the National Government, and of our appreciation of this signal act of justice. Drs. Wm. Wright, W. H. Watson, and H. M. Paine were appointed a committee to prepare a suitable testimonial.

Dr. Seeger stated that the corner-stone of the Hahnemann Hospital would be laid in the course of a few weeks. He moved that a committee be selected with power to appoint delegates, consisting of at least two homœopathic physicians from each county, to participate in the ceremonies of the occasion. Drs. Seeger, H. M. Paine, and Lawrence were appointed.

Dr. Paine called attention to the progress being made in the building of the new State Insane Asylum at Middletown, Orange County. More than fifty workmen are now engaged in laying the foundation. The corner-stone of this, the first homœopathic lunatic asylum in the world, will also soon be laid. He moved that the same committee appoint delegates to attend the ceremonies connected with the laying of its corner-stone. Carried.

The meeting was well attended, delegates being present from nearly all the southern, eastern, and northern counties of the State. Nearly all the papers presented were read. The discussions which followed extended over a wide range of practical subjects, communicating the results of varied experiences of the members present. The delightful ride to, and excursion on, the lake, contributed largely to the pleasure and interest of the occasion.

HOMŒOPATHY IN SAN FRANCISCO.

Report of the Monthly Meeting of the County Homœopathic Society.

BY W. N. GRISWOLD, M.D., RECORDING SECRETARY.

THIS society held its regular monthly meeting Tuesday evening, Aug. 8, 1871, at the Pharmacy of Boericke and Tafel, 234 Sutter Street, the President, Dr. Dinsmore, in the chair.

The Committee on Dispensary reported progress, and asked for further time, which was granted.

At the previous meeting a committee, consisting of Drs. Fraser, Griswold, and Hiller, had been appointed to draft a suitable petition to be addressed to the San Francisco Board of Health, asking the recognition and partial adoption of the homœopathic system of practice in the City and County Hospital. This was considered an auspicious time to make such a movement, as preparations had been made, and preliminary steps taken for the erection of a new and commodious hospital for city and county purposes. It was thought just that the tax-paying patrons of the homœopathic school should have a proportional voice in determining who should administer to the sick poor. This consideration, together with the fact that the President of the Board of Health, though an old-school physician of large practice, had intimated that such petition would be favorably considered, determined our Society to make an immediate move in that direction. This committee, through a press of other engagements, was not prepared to report in full, and asked for further time. It was granted, with an urgent recommendation that there should be no unnecessary delay.

The subject of erysipelas, upon which some excellent papers had been read by Drs. Esten, Griswold, Porter, and Werder, at the preceding meeting, and which, for want of time, had not been exhaustively discussed, was now taken up.

Dr. Clark related the history, symptoms, and treatment of an anom

alous case still in hand. He would not pronounce it an unquestionable case of erysipelas. He described it somewhat as follows: A German, aged sixty, five feet six inches in height, weighing two hundred thirty lbs., phlegmatic, fleshy, called July 4, saying he was troubled with asthma. The prominent symptoms were: great difficulty of breathing, and irregular and intermittent action of the heart. These, with other minor symptoms, led to the judgment that the heart was more affected than the respiratory organs, and that *Digitalis* would remedy the difficulty. It was accordingly given for four days. The chest symptoms disappeared, and, at the same time, an œdematous swelling of the legs appeared. *Ars.*[30] was given for five or six days, when the skin broke in small places and discharged a watery fluid at the rate of about thirty drops per minute, and the œdema partially subsided. This was followed by an erysipelatous redness, commencing near both ankles, and moving upward as far as the knees, affecting especially the left leg. *Rhus*[30] was given for three or four days, without benefit. The redness deepened into a darker hue, and the skin finally became nearly black. Sloughing was threatened. *Crotalus*[6] was given for seven days, and the skin assumed a healthier color. In the mean time, the openings increased in number, and, deepening, presented a honeycomb appearance, and seemed to be discharging pus. The pus clung to the denuded surface, and could not be wiped off. By increase and coalescence of the original openings, the patch had attained a diameter of five or six inches. Many attempts to run the probe under the unbroken skin from these openings were unsuccessful, being resisted by the unbroken cellular tissue and infiltrated substance. Later a dull aching pain in the fleshy part of the left leg came on; it was worse at night, and indicated the probabilities of a deep-seated abscess. On inquiry of members, it appeared that there was no unusual perspiration; the appetite was good, the bowels regular, the urine normal, no itching of the leg, no bleeding, and no water in pericardium, so far as could be ascertained.

Dr. Hiller suggested a fatty condition of the heart, and recommended *Phosphor.* Dr. Werder said *Phos.* was adapted to tall, lean persons, and suggested the use of *Calc. phos.* or *Graphites.* Dr. Fraser proposed *Ars.* Dr. Hiller said *Ars.* had been employed without success, and he believes *Phosph.* must be the leading remedy. Dr. Allen suggested that the morbid action in the leg was calculated to relieve the heart, and deprecated a complete suppression of it.

On the whole, it was agreed that Dr. Clark had treated the case as well as could have been, and he was recommended to continue his treatment, and to report again.

Dr. Fraser reported two cases of erysipelas which came under his notice. One was treated by a homœopath, the other in the regular (?) way. They illustrated the more efficient action of homœopathy in the treatment of this disease.

Dr. Hiller presented a case of exsection of the head and shaft of humerus. The subject of the operation, Wm. Neely, was present. The fleshy part of the arm and shoulders had been seriously bruised; three ribs and clavicle were broken, the neck of humerus shattered,

the head driven deep into the axilla, the shaft splintered and forced through the integuments of the shoulder and arm.

The upper end of the humerus was cut away, the splintered bone removed, proper mechanical appliances adjusted, and the patient, under strict homœopathic treatment, made a rapid recovery, and has since worked with the pick and shovel. He uses the arm and hand with great facility, lifts a hundred pounds, and is now engaged as a journeyman boot and shoe maker at Buckingham and Hecht's manufactory, in this city.

This case was reported, with several others which occurred soon after, in the *U. S. Medical and Surgical Journal*, January, 1870, where the operation and treatment are detailed more circumstantially.

This ocular evidence of success was brought before the Society to demonstrate the efficacy of homœopathic medicaments in combating inflammation, suppuration, and gangrene.

During the discussion of the medical treatment of this case, Dr. Hiller gave his treatment of whitlow or felon. He first gives *Silicea*[30] internally. If the morbid process be not arrested by this, he makes one application of strong *Nitri ac.* in a ring around the most sensitive part. This has the tendency to circumscribe and point the abscess. Follow this by a sharp puncture into the abscess, and by bathing the diseased part in a weak solution of *Kali causticum* and by injecting the same into the cavity.

REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, FOR THE YEAR 1870. VOL. VIII. Senate Document No. 93. Pp. 842, 8vo; 25 pages of illustrations.

The annual tribute to homœopathy, by which the Empire State honors herself and our cause, is now before us in the form of a goodly volume for 1870. The first thing that meets the eye is the Middletown Asylum in perspective and plan, not now much longer to be in prospective only. Next follow the proceedings of three meetings of the Society: a semi-annual, held in New York, 14 Sept. 1849, reported in the *Gazette*, vol. 4, p. 464; the annual, at Albany, 8 Feb. 1870, which we laid before our readers at page 196 of the last volume; and the semi-annual, at Rochester, 13 Sept. 1870. The annual address of Dr. Searle was noticed in the *Gazette*, vol. 5, p. 197. An excellent address delivered at Rochester by Hon. J. C. Chumasero, never sent to the *Gazette*, has some good hits, which are all the better as coming from a layman.

The Reports of Delegates to other societies contain quite a conspectus of the American Institute and of twelve State societies as they were in 1870, with the more important topics introduced at their annual meetings, to the extent of eighty pages.

The Report of the Bureau of Clinical Medicine occupies one hundred

and forty pages, and is accompanied by nine pages of excellent colored engravings, which are not however as judiciously selected as could have been wished. For no one hesitates as to the identity of the common white and red clovers, the common locust, the nightshade, or the tall blue verbena. But as to Zizia integerrima and Thaspium aurerum, the case is different. There is need enough of drawings of these, and better ones than have ever yet been made. In fact we doubt whether any man ever lived who understood Zizia and Thaspium. Prof. Gray has changed his views on them once and again, and we are not without a lurking feeling that the day will come when these two genera will be found to be but different states of one or more Thaspia. Let Dr. Douglass continue his studies of them. Salix purpurea, again, would have been a good subject for illustration: so difficult of diagnosis are our innumerable willows. Apropos of Trifolium repens, are not the salivating properties of the white clover very different in different sections of the country?

The articles on *Kali bromidum* and *Robinia pseudacacia* do as much perhaps towards giving the book its permanent value as any others it contains.

The Report of the Bureau of Clinical Medicine contains thirty-two articles, in about one hundred and fifty-nine pages. None of them are of tiresome length. Of so great a number we would call especial attention to the first; Dr. Wright's, on the *modus operandi* of medicines.

The Obstetric Bureau comprises a collection of twenty articles, only sixty pages in all. Their brevity does not detract from their value.

Surgery yields but eleven articles. Dr. Liebold's, on Flexion as a Hæmostatic, will not fail to arrest attention, as will some of his three others.

The Bureau of Statistics occupies one hundred and twenty-eight pages; unfortunately it is inevitable that its matter must rapidly diminish in interest with each month from date; and now, when it is nearly a year old, it cannot have the interest it had when presented. It is nevertheless a necessary part of the book.

Thirteen miscellaneous papers and the index close the volume. Among these papers we find Dr. Dunham's Address at Chicago, and many interesting extracts from periodicals and from the laws of the State.

We think this is the ablest volume of the Transactions of that great Society that has ever been issued, and most worthy of the munificence of the State, at whose cost it is printed. It is indeed to be regretted that State printers are not on better terms with scientific proof-readers, but in this case we cannot but pardon them. Every practitioner who can seize on a copy will readily overlook many sins against the laws of capitals and of orthography, even in scientific terms, on pages so fair as these.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT in the various derangements incident to her sex. With a chapter on the management of infants. By E. H. Ruddock, M.D. Fourth Edition. London: Homœopathic Publishing Society. Pp. 238; 12mo.

That every woman should own and study a book of this nature, and one of about this size, is obvious. The neat and elegant form in which this is got up is quite appropriate. For the character of it we have the double guaranty of the author's name and the imprint. The work covers the whole ground, obstetrical as well as medical, but without any foolish design of rendering its owner independent of professional advice in serious cases whenever it is attainable. It requires good judgment to make such a work generally useful and never dangerous. We may trust Dr. Ruddock here if any one.

DISEASES OF THE SKIN: the recent Advances in their Pathology and Treatment. By B. Joy Jeffries, M.D. Boston: Alexander Moore. Pp. 80; 12mo.

This is a Boylston Prize Essay, reprinted from the *American Journal of Syphilography and Dermatology*. The author has used one hundred and twenty-one books of reference, which he cites *en masse* at the close, — as Lord Timothy Dexter disposed of his marks of punctuation, — but he omits all reference to them in the body of the work.

A priori, it might be supposed that the pathology of the skin must be better understood than that of any internal organ, — which, as we all know, is amazingly far from the truth. The advances in microscopy and the study of animal and vegetable parasites, and especially in histology, has done much for that opprobrium of medicine, the diagnosis of skin diseases, and must soon be felt in the nomenclature and terminology of them. Dr. Jeffries is a believer in the Vienna school of practical observation, a disbeliever in French theorizings, a repudiator of the *improvements* of Prof. Erasmus Wilson, and no admirer of that gentleman's "imitators." The special merit of this *résumé* is its brevity and thoroughness. As for those slothful ones who are content to know no more of these diseases than was taught to them in the schools a generation since, we say with the poet, —

"*Scabies occupat extremum.*"

ESSENTIALS OF PRACTICAL MEDICINE: a Handbook for Students and Practitioners. By Henry Hartshorne, M.D., Professor of the University of Pennsylvania, etc. Philadelphia: H. C. Lea. Pp. 487; 12mo.

This book is crammed, and might be useful in cramming. It is an allopathic library in little. But it presupposes the reader to have a good medical education and a good medical library. It is not intended to cheapen the practice of medicine, but to make it more ready. For older practitioners it has the advantage of being brought down to the present day; and to younger ones, and students, that it saves time in working up cases; and of necessity it contains a valuable synopsis of what would be most likely to be taken up in examinations.

To the laudators of allopathy we would commend the following, from page 21: —

"Stahl spoke of the materia medica of his time as a 'stable-full of

offal.' When Sydenham was asked by Sir R. Blackmore, what book to begin his medical studies with, he replied, 'Don Quixote.'" The author thinks the lesson "has been at last tolerably well learned: *Not to do harm when we are unable to do good.*" This is a lesson which homœopathy has been instrumental in teaching.

UTERINE CATARRH. By H. E. Gantillon, M.D. Boston: J. Campbell. A pamphlet of 54 octavo pages.

Dr. Gantillon, of Paris, formerly of New York and Savannah, is a specialist who has come to the conclusion that uterine catarrh is a more common cause of sterility than all other affections of the womb. He draws a marked distinction between cervical catarrh and that of the body of the uterus. His "new treatment" consists of the hypophosphite of iron and that of manganese, with injections of strong solutions of nitrate of silver and a tampon of dry wadding or lint. Nine of his cases are detailed, nearly all of them successful.

THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA begins its fifth volume in an entirely new form, — "enlarged and improved." Under the supervision of its able general editor, A. R. Thomas, M.D., we are sure of a valuable monthly, even if it does drop its materia-medica "characteristics," and runs on the same track with most other medical journals. The corps of assistant editors embraces some of the most prominent physicians of our school in Philadelphia, and if each will but furnish an article from his own pen, monthly, the journal will command, more than ever before, the warm support of the profession.

ITEMS AND EXTRACTS.

A MISSOURI paper publishes the names of the physicians who have had bad luck with their patients. The Boston Directory does the same thing.

ALLIUM CEPA. — "An English doctor is giving feverish patients onion baths." This is evidently a crude attempt at homœopathy. A few doses of the attenuated drug would do much better.

TO CURE DYSPEPSIA. — Close all the outer doors of a four-story house, open all the inner doors, and then take a long switch and chase the cat up and down stairs till she sweats.

NEW MOTTO. — An esteemed correspondent proposes that the well-known motto of the Massachusetts Medical Society, *Natura duce*, should be changed to "*Quos Deus vult perdere, prius dementat.*"

THE CALIFORNIA VINTAGE of 1871 promises to be the best yet known in the history of that State. The quality of the grapes, too, is unsurpassed. It is estimated that the product of wine in that State this year will not be less than 10,000,000 gallons.

MENTAL STIMULANTS. — Some singular facts concerning the different stimulants used by prominent men are given by an English writer, Dr. Paris, in his "Pharmacologia." Hobbes drank cold water when he was desirous of making a strong intellectual effort. Newton smoked; Bonaparte took snuff; Pope, strong coffee; Byron, gin and water; Wedderburn, the first Lord Ashburton, always placed a blister on his chest when he had to make a great speech.

VACCINATION OF CATS AND DOGS. — A series of experiments is published in the Lyons *Médicale* for March, 1871, showing that the inoculation of cats and dogs with vaccine lymph is not possible.

TREATMENT OF GONORRHŒA BY WATER. — Surgeon H. F. Patterson, of the Royal Artillery, writes to the *Lancet* that he has for sometime past successfully treated all cases of gonorrhœa with water only. He begins with injections of lukewarm water and continues them once an hour till chordee and scalding cease, and then uses cold water in the same way till the case is cured. — *N. Y. Med. Journal.*

OSTRICH FAT has much local repute. The first care of the sportsman after securing his bird is to remove the skin so as to preserve the feathers uninjured; the next is to melt down the fat and pour it into bags formed out of the skin of the thigh and leg, strongly tied at the lower end. The grease of an ostrich in good condition fills both its legs; and, as it brings three times the price of common butter, it is considered no despicable part of the game. It is not only eaten with bread, and used in the preparation of kooskoos and other articles of food, but the Arabs reckon it a valuable remedy in various maladies. In rheumatic attacks, for instance, they rub it on the part affected till it penetrates thoroughly, then lay the patient in the burning sand with his head carefully protected. A profuse perspiration comes on and the cure is complete. — *Am. Journal of Pharmacy.*

SUCCESS OF HOMŒOPATHY. — Commenting on "Rogers' Therapeutics," which is an attack on homœopathy, the *Medico-Chirurgical Review* says: "Nevertheless, Dr. Rogers thinks he may conclude that homœopathic practice about equals, in point of success, that of the best non-homœopathic practitioners; and, as that success closely corresponds with the natural tendency to recovery, it follows that homœopathic medicines, in homœopathic doses, may be regarded as inert, and their results, the results of the ordinary tendency of disease. The conclusion is not flattering to orthodox therapeutics, and the question arises, how best to rid ourselves of the opprobrium."

LIQUID FIRE. — Under this title the *Chemical News* gives the composition of a substance, which has the peculiar property of spontaneously igniting when brought in contact with aqua ammonia. The compound is formed by adding bromine to an excess of flowers of sulphur. This is left standing for awhile in a glass-stoppered bottle, and afterwards filtered through asbestos; the liquid thus obtained (SBr^2, bibromide of sulphur) consisting of 160 of bromine to 32 of sulphur. When brought in contact with aqua ammonia, the mixture is at first quiet, but in a few moments it begins to boil violently, and

soon bursts into flame. A combination of sulphur with chlorine in the presence of ammonia, behaves in a similar way. The theory of reaction is obvious: two equivalents of ammonia with three of the bromide of sulphur, form two of the spontaneously explosive bromide of nitrogen, and three of the hydrosulphuric acid, which is highly combustible. The chemical formula is $2NH^3 + 3SBr^2 = 2NBr^3 + 3\ SH^2$.

Sign of Hysteria. — According to a recent French treatise, an infallible sign of hysteric consists in the insensibility of the epiglottis. This, as stated, may be readily determined by introducing the finger gently into the mouth, so as not to disturb the patient, and placing it upon the base of the tongue. In case of hysteria, the epiglottis may be displaced and scratched with the finger-nail without producing the least regurgitation.

Consumption of Tobacco. — Some idea of the amount of money expended for tobacco may be formed from the fact that in New York city, during 1870, nearly 30,000,000 pounds of tobacco were sold, and more than 6,000,000 besides were shipped to foreign ports, — making a total of nearly 36,000,000 pounds as the transaction of one year in New York alone. In Great Britain it is estimated that 41,000,000 pounds of tobacco were consumed in 1869, the latest year for which there are official returns.

A Chinese Theory of Sudden Death. — A telegraph line about fifteen miles long having been constructed near Shanghae, the natives supposed that the messages were carried along the wires by devils in the employ of the foreign barbarians. To this they made no objection, until a Chinaman chanced to die suddenly in a house near which stood one of the telegraph poles. It then occurred to another native genius (an amateur coroner) that one of the devils had come down from the wire and killed the unfortunate man; whereupon he and his compatriots proceeded to destroy the dangerous apparatus. — *Phila. Medical Times.*

Treatment of Vesico-Vaginal Fistula. — Dr. G. Torres, of Turin, reports a case of cure of vesico-vaginal fistula by the postural treatment, suggested by Giordano, which consists in placing the patient in a position that shall prevent an accumulation of urine in that part of the bladder in which the fistula is seated. This position is, in the majority of cases, a horizontal one. Dr. Torres cites a case in which a single cauterization with nitrate of silver, followed by the posture above mentioned, produced the closure of a fistula of one centimetre ($\frac{1}{3}$ inch) in extent. Prof. Giordano asserts that the posture alone will at times suffice to bring about a closure of vesico-vaginal fistulas. The case alluded to by Dr. Torres had existed only for about six weeks, and the recent date was doubtless a very favorable condition for the cure. — *N. Y. Med. Jour.*

The General Hospital of Vienna. — This institution contains two thousand beds. In 1869 the admissions were 20,214; viz., 12,789 men and 7,425 women. For the last ten years the mortality

has varied between 11.4 and 13.3 per cent., except in the cholera year (1866), when it rose to 14.4 per cent. The number of operations performed in 1869 was as follows: 95 amputations, 36 resections, 187 removals of tumors, 10 lithotomies, 9 lithotrities, 7 ovariotomies (6 deaths), 305 operations for cataract, and 249 iridectomies. The total expense was £60,000. — *Lancet.*

MORTALITY AFTER OVARIOTOMY. — T. Spencer Wells shows that the mortality after ovariotomy is steadily diminishing. Of his first one hundred cases, thirty-four died; of his second one hundred cases twenty-eight died; of his third one hundred cases twenty-three died; and of his fourth one hundred, twenty-two died. In this fourth series, forty-four were in hospital, and fifty-six in private practice. In private practice the mortality was only fourteen per cent, while in hospital it was thirty-one per cent. Dr. Wells believes that the mortality in private practice may be taken as a guide to what may become the general average mortality after ovariotomy; and he is convinced that it may be reduced to about ten per cent, without even excluding those extreme cases where the operation is performed as a forlorn hope.

VACCINATION AND DISEASE. — The most experienced vaccinators, on the one hand, and those who have had most to do with the treatment of infantile ailments, on the other, agree in the belief that disease is not communicable by vaccination. Mr. Marson, an English physician, who has performed more than fifty thousand vaccinations, "has never seen other diseases communicated with the vaccine disease, nor does he believe in the popular reports that they are so communicated." Mr. Lees, whose observations were equally extensive, bears similar testimony. Dr. W. Jenner, who in six years had some thirteen thousand sick adults and children under observation, states "that in no case had he reason to believe or even to suspect that any constitutional taint had been conveyed from one person to another by vaccination." During a period of seventeen years, Dr. West treated twenty-six thousand infants and children with a like experience. Thus, out of *one hundred and forty thousand* vaccinations, not a single case occurred in which any other disease was communicated.

ANCIENT RECIPES. — In the Dispensatory of St. Thomas's Hospital, some 120 years ago, appeared these recipes: —

"*Aqua Limacum*, or *Snail-water*. Take Garden snails, cleaned and bruised, 6 gallons; Earthworms, washed and bruised, 3 gallons; common Wormwood, Ground Ivy, and Cardinas, each, ½lb; Pennyroyal, Juniper berries, Fennel seeds, Aniseed, each ½lb; Cloves and Cubebs, bruised, each 3 oz.; Spirit of wine and Spring water, each 8 gallons. Digest them together for twenty-four hours and then draw off in a common alembick." This preparation "is admirably well contrived, both for cheapness and efficacy; and, for persons whose circumstances and manner of living have not habituated them to any delicacies, it is as good a Snail-water as can be made."

"*Infusio Pleuritica*. — Take fresh Horse-dung, ℥vi; Pennyroyal water, ℥xii; Treacle water, ℥iv; infuse them warm, and to the strained

liquor add Mithridate, 3ii; white sugar, a sufficient quantity to sweeten it. Drink half a pint twice a day." — The author adds: "This is very good medicine; if the dose here mentioned be too nauseous, it may be lessened and repeated the oftener."

Discriminating the Blood of Different Animals. — It would seem that the questionable discovery of Herr Neumann has received confirmation by Dr. Day, of Geelong Institute; viz., that the picture or net-work formed by human blood can be distinguished under the microscope from that which is formed by the blood of other animals. He says he has repeated the experiment, which is "wonderfully simple," almost every day for the last two months, with invariable success. A small drop, not a mere speck, of the blood is to be placed on the microscope slide, and carefully watched, at a temperature of from 54° to 59° F., until the picture or net-work formed by its coagulation is developed. Human blood speedily breaks up into a "small pattern" net-work; the blood of other animals (calves, pigs, &c.) takes a longer time, and makes a larger pattern; but the blood of every animal seems to form a characteristic "picture." Dr. Day has examined the blood of calves, pigs, sheep, rabbits, ducks, hens, several kinds of fishes, etc., as well as that of man, and has found the results to be trustworthy and constant. — *Science Review.*

Disinfection. — Dr. Hoskin, in the *Boston Med. & Surg. Journal*, describes a new and simple apparatus, the object of which is to vaporize certain chemical substances and thus thoroughly to disinfect the air, walls, ceiling, and, in short, the entire contents of any apartment, however large. The instrument by the aid of which this is to be accomplished may be briefly described as consisting of a bottle, a wick, and a bulb of platinum-sponge attached to the free end of the wick. Into the bottle should be poured an alcoholic solution of the substance which it is desired to vaporize (for instance, carbolic acid); the wick is then to be lighted, and the flame extinguished as soon as the ball becomes red hot, which requires but two or three minutes. The ball is now fed continuously by the wick, and will continue red hot as long as any fluid remains in the bottle, and in this condition it will readily vaporize the substance in solution, minute particles of which are thus scattered throughout the atmosphere. . . . It has been estimated that a bottle holding two ounces will throw out a constant stream of vapor for about sixteen hours, at an expense not exceeding twenty cents."

Surgery at Sedan. — Dr. John Murray read a paper before the Middlesex Hospital Medical Association on some of the medical aspects of the Franco-Prussian war. His experience at Sedan showed the necessity of dispersing the wounded to avoid the terrible effects of over-crowding. A profuse use of carbolic acid was insufficient to check the ravages of pyæmia. Nor was he prepared to say that the excessive use of carbolic acid in the wet form did not produce toxic effects in numberless instances, and superinduce the very disease it was intended to prevent. The popularity of marine lint (oakum)

was, he thought, fully sustained. Conservative surgery proved — in most hands — a failure. Comparatively limited as was his experience in gun-shot wounds, he failed to discover wherein consisted the value of that special knowledge so constantly thrust forward by military surgeons; common principles and common-sense were here, as elsewhere, worth more than specialism.

ENURESIS. — Dr. Barclay (*Med. Times and Gazette*, No. 1068) divides the remedies for enuresis into four groups: 1st. Constitutional remedies, those which are said to change the acidity or superabundant alkalinity of the urine. as the different tonics, strychnine, and cod-liver oil, anthelmintics, cold sponging of the back and loins, etc. 2d. Moral treatment, which will always prove a total failure. 3d. Mechanical treatment, like that recommended by Dr. Corrigan: occlusion of the prepuce with collodium. 4th: Specifics, of which belladona stands highest. Dr. Barclay saw, in a dozen cases, the best effect from Syrupus Ferri Iodati. — *Monatschr. d. A. H. Zeitung*, March, 1871.

FAITH IN MEDICINE. — Prof. Edes, of Harvard Medical School, in a late address, published in the *Medical and Surgical Journal*, May 4, illustrates as follows the widely prevalent lack of faith in medicines among his allopathic brethren.

"I remember seeing, in a comic paper in one of the great European medical centres, a picture of a little boy with his father quietly watching a girl drowning, while beneath was to be read something like this: 'The little Matthias was allowed to go to walk with his father, and, as they were walking, suddenly a girl sprang out of the hedge into the pond to drown herself. "See," said the father, instructively, "this happens either from love or misery, or because some crime weighs upon her mind. See how slowly she goes down."'

"If I had possessed the skilful pencil of one of our number," continues Dr. Edes, "I should have been sorely tempted to change the father's face to that of a distinguished professor in the great hospital of that city; the little Matthias would have multiplied into an admiring crowd of medical students, and the girl would have been a patient over whom the professor was delivering a clinical lecture."

Are we mistaken in thinking that we see a slight inconsistency between the skepticism in regard to the efficiency of drugs, now loudly proclaimed from the housetops, and the actual *practice* of those who proclaim it?

How many individuals among the thousands of patients treated at our large city dispensaries go away without a prescription? And practically, does the number increase *very* much when we come to the more intelligent class of private patients treated by the same men? And yet these men avail themselves of every opportunity very virtuously to denounce the deceitfulness of homœopathists in giving medicines in which they really have no confidence. Even if homœopathy were a gigantic fraud, would not appearances be saved somewhat by allowing him who is without sin to cast the first stone?

Dr. Edes still chafes a little under that finely written, impartial

criticism of a looker-on in the *Nation*, reprinted in the "*Gazette*" of Nov. 1867. He says: —

"*The New York Nation*, for instance, which claims to represent the highest culture of the country, administers, with the air of one superior to all such petty disputes, a dignified reproof to a medical association for refusing to recognize a particular class of charlatans, on the ground that, in the existing uncertainty, their theory may perhaps be the true one and preferable to that of their persecutors."

ANIMAL VACCINATION. — Dr. Seaton, the well-known author of "A Handbook of Vaccination," and medical officer of the Privy Council, London, in his report on Animal Vaccination in France, Belgium, and Holland, says: "So far, then, as evidence at present goes, it appears quite clear (1) that the present degree of success attending the practice of animal vaccination, is, in comparison with the success attendant on vaccination from arm to arm, very low, and such as to constitute a most serious drawback to its use, supposing that other reasons were deemed sufficiently strong to render its introduction as an alternative proceeding desirable; (2) that much training and experience are indispensable to the attainment of even that degree of success which at present attends it. The most scrupulously exact and careful vaccinators, anxiously endeavoring to make their experiment successful, and neglecting no known precaution for the purpose, find, after two years experience, that in vaccinating direct from the heifer to the arm they are obliged in one-eighth of their cases to vaccinate a second time before they can produce any effect, and that in the end very nearly one-fourth of the children who are infected in this way are sent out with that imperfect degree of protection against small-pox which is afforded by only one or two vaccine vesicles. It must, therefore, be obvious that by the adoption of such a practice we should be greatly weakening our defences against small-pox."

LIFE-LIKE IN DEATH. — Rossbach, in a late number of Vinchow's *Archiv* (Band 51), has given an interesting account of numerous cases of sudden death on the fields of Beaumont and Sedan, in which the bodies of those killed retained the position and the expression of face present just before death. In one case, a group of six French soldiers were killed by the explosion of a single shell as they were breakfasting in a slight hollow. The shell had struck one of them, sitting in the middle, full in the back, where it was partly lodged; the fragments had torn away his thigh and buttocks and killed his comrades. From one of them the skull was carried off, while the face still retained the expression of laughter at the joke of a companion. The next one to him still held delicately raised to his lips, between the fore-finger and thumb, a tin cup from which he was about to drink when the explosion had taken off the whole of the upper part of the face and head. The close manner in which they were seated together had prevented the bodies from falling after the lapse of twenty-four hours.

In another case a soldier, shot through the breast, lay half-reclining on one side, with the photograph of his wife, or perhaps lover,

held up straight before him. Rossbach cannot admit that in such cases the nervous centres must necessarily be injured, nor that death must have been instantaneous. *Rigor mortis* must have set in between the last moments of life and the first of death. — *Lancet.*

CHLORAL.—Messrs. Liégeois and Giraldés deny the statement of Liebreich, that chloral is transformed into chloroform in the body. Giraldés always gives his patients chloral, when an easy operation has been performed under the influence of chloroform. It allays thus the usual restlessness, and his patients fall into a profound and pleasant sleep. Liégeois performed an operation on a phagadaenic chancre after giving his patient the usual dose of chloral, but it produced sleep only, not insensibility to pain. Demarquay cured several cases of puerperal convulsions with chloral after the failure of other remedies. Four grammes were given without effect in a case, two grammes more produced sleep lasting twelve hours. When the patient awoke, jactitations were still present, but another small dose brought entire relief. Chloral administered by Dr. Verneuil cured also several cases of traumatic tetanus. One patient took two hundred grammes in twenty-eight days, while nourishment was given regularly in fluid and semi-fluid form, *per os et per anum.—Bulletin de la Societé de Chirurgie.*

SUDDEN DEATH IN CONSEQUENCE OF LONG-CONTINUED LARGE DOSES OF CHLORAL. — A woman, aged forty-six, addicted to drink, suffered from hysteria and obstinate sleeplessness. Dr. Morris ordered chloral. in increasing doses; but of her own accord she made them still larger. In the last nine days before her death she took 712 grains; and in the last 35 hours, 260 grains. She died suddenly, after complaining of nausea. Autopsy, one hundred hours after death, showed not the least trace of decomposition; the brain was fresh and firm, the puncta sanguinea very open, and no fluid in the ventricles; the liver was greatly enlarged and hyperæmic. The heart pale, ventricles empty; in the auricles, dark, half-coagulated blood. No smell of chloroform anywhere. At the chemical analysis, although performed eight days after death, there was not the least manifestation of decomposition or fetor; its absence was without doubt due to the action of chloroform on the tissues. Some of the contents of the stomach were heated with caustic potassa, and these distilled at 160°, the vapor being carried through a red-hot glass tube. Chlorine and hydrochloric acid was developed. Another portion was distilled in the water bath at 100°, after being mixed with soda, and the vapors carried into water. After a few minutes, drops of pure chloroform were precipitated. The contents of the stomach showed no smell of chloroform, till an alkali was added. Chloral was thus detected in the liver, but not in the heart, which was perfectly bloodless. The blood and brain were not examined. — *Lancet*, February, 1871.

VACCINATION. — Dr. Sente, of New York, in a late Anniversary Oration, published in the *N. Y. Med. Journal*, says: "Just now, small-pox is again spreading over the city, as over other portions of the civilized world. And why? Because the same efficient system of

re-vaccination, as of vaccination, is not practised. The homœopathic fraternity have a good deal to answer for in this mattter, since *they have generally advised strongly against vaccination*, with no better reason then they can give for any other part of their creed."

How does this infamous misstatement agree with the testimony published in the *Gazette* by Dr. Martin, the best authority on vaccination in the country?

Animal Ligatures. — Dr. Eben Watson reports that in all the cases of amputation under his charge at the Glasgow Royal Infirmary he used ligatures of Mr. Lister's prepared catgut. "I cut them," he says, "short off at the knot, and closed the stump over them. Never in any one case, have I been able to detect the ligatures in the discharge, — I mean the early sero-sanguineous discharge which flows for a few hours after amputation. I may say that none of the stumps suppurated, except very slightly and superficially. I ought also to state that there was no instance of secondary hæmorrhage in all these cases of amputation. I have therefore great pleasure in recording my sense of the value of this re-introduction of organic ligatures into surgery, for which we are indebted to Mr. Lister. — *Am. Jour. Med. Sciences.*

Œsophagotomy. — Dr. Menzel reports two cases, one successful, the other fatal, of œsophagotomy, under the care of Prof. Billroth. The first case was that of a boy, aged eleven, who drank some potash lye seven years before. For the two previous days he had been unable to swallow either liquid or solid food. Attempts were made to introduce bougies, but none could be passed through the stricture, — the thicker ones being stopped at the commencement of the œsophagus, the thinner being arrested at the centre of the tube. As the impossibility of swallowing came on quite suddenly, whilst the boy was eating cherries, it was supposed that a stone had become impacted in the lower constriction. The boy was rapidly becoming emaciated, and constantly cried for water. It was determined to perform œsophagotomy. He was placed on the operating table, and a cut two inches in length made along the anterior border of the sterno-mastoid muscle. The wall of the tube was seized, and a thread attached to it for the purpose of fixation. An opening of the length of half an inch was then made into it, a pair of curved forceps were then introduced in the direction of the lower stricture. They at once struck on something hard, and Prof. Billroth immediately extracted the cherry stone. The patient now awoke from the effect of the chloroform, and immediately called for water, which he drank and swallowed without any escaping from the wound in the neck. In twenty-six days the wound was completely healed without bad results.

The second case promised less favorably than the first. The man was forty-four years of age. The constriction had first attracted attention on account of the difficulty it occasioned in swallowing at the beginning of last year; but he was taught how to apply the bougies, and was dismissed relieved. In June, however, he returned much worse; he suffered from violent cough and was much emaciated. A

bougie of considerable size could still be passed. The left vocal chord was paralyzed; the cancerous nature of the affection became evident, and the operation was determined upon with the object of preserving life but a short time longer. He died on the following day. — *The Practitioner.*

Tobacco. — An article in the *Food Journal*, by Dr. E. B. Gray, himself a moderate smoker, tells us who should not smoke. . . . "Indigestion in every shape is aggravated by smoking, but most especially that form of it commonly known as atonic, and accompanied with flatulence. Diarrhœa, as a rule, is made worse by smoking. One of the commonest and earliest effects of excessive or untimely smoking is to make the hand shake. This gives the clew to another class of persons who ought not to smoke, — persons who have weak, unsteady nerves, and suffer from giddiness, confusion of sight, tremulous hands, tendency to stammer, or any such symptoms. And if tobacco does harm in mere functional weakness, still less allowable is it in actual organic disease of the system; as, for instance, when there exists any degree of paralysis or other sign of degenerative change in the brain or spinal cord. The improper use of tobacco does, beyond question, somehow interfere with due nutrition of nerve-substance. An illustration of this, familiar to oculists and medical men, is the so-called tobacco amaurosis, a failure of vision occurring in excessive smokers from mal-nutrition of the retina. Another class of persons who ought not to smoke, are those who have weak or unsteady circulation, and complain of such troubles as palpitation, cardiac pain, intermittent pulse, habitually cold hands and feet, or chronic languor. Lastly, there is reason for believing that the habitual use of tobacco is likely to retard the due growth and development of the body. If so, no one should become a smoker till he is well past the period of puberty;" [say some sixty or seventy years!]

Chronic Arsenical Poisoning. — M. Delpech points out various details of facts bearing on the subject of chronic arsenical poisoning by the inhalation of particles of arsenical preparations. He finds that dead animals which have been preserved (embalmed) with Becœur's arsenical soap, and have been collected in large numbers in one room, — as in a museum, — charge the dirt of the room with arsenic in such proportions that it can be readily obtained in sufficient quantity for analysis. In rooms of which the walls are covered with paper colored with Scheele's green, arsenical gases are developed by the reaction of the arsenious acid upon the organic compounds with which it comes in contact; and these gases, mingling with the air, make it a source of danger. He adds, in relation to the practical bearing of the subject, that many facts have demonstrated to him that people who live habitually in rooms in which large numbers of dead birds are preserved, or in which there are embalmed or straw-stuffed mammals whose skins have been prepared with Becœur's soap, are subject to attacks from poisoning analogous to those described by many observers as occurring to individuals who inhabit a carpeted room, the wall-paper of which is colored with Scheele's green.

PERSONAL.

S. A. JONES, M.D., of Englewood, N. J., wishes our contributors to send him any observations or information concerning secondary umbilical hæmorrhage. It is a subject which needs thorough investigation.

W. H. HOLCOMBE, M.D., of New Orleans, has just completed his last literary volume — one of poetry, entitled "Southern Voices"; and, in the future, when his pen moves it will be for the benefit of the profession. We shall hope to hear from him often during the next year.

COURTLAND HOPPIN, M.D., of Providence, R. I., writes us, though not intending it for publication: "I hope Dr. Shattuck will get his rights as I have, and that he will be enabled to sit — as I do now every day at our Pension Examining Room — side by side with two red-hot allopathic confrères, as amicable and courteous to each other as one could wish. — "*Die milde Macht ist gross.*"

A. DOBSON, M.D., of Grass Valley, Cal., writes us that "out of two hundred and forty-three cases, including many severe cases of typhoid fever and typhoid pneumonia, he has lost but one patient. He was himself attacked with paralysis on the 3d of last September, but is now slowly recovering.

HALSEY BROTHERS, who were so completely burned out at Chicago, have already re-established themselves at 704 State Street, and have issued energetic circulars to the profession.

RETURNED. — F. H. KREBS, M.D., after an absence of two years in Europe, has returned and located at 42 Union Park, Boston.

REMOVALS. — H. B. CROSS, M.D., from South Boston, to Jamaica Plain.

H. M. HITCHCOCK, M.D., from New York City, to Omaha.

P. K. GUILD, M.D., of Jamaica Plain, has gone to Columbia, S. C., to spend the winter, owing to impaired health.

R. E. JAMESON, M.D., formerly of Abington, takes charge of Dr. Guild's patients during his absence.

THE

New England Medical Gazette.

No. 12.] BOSTON, DECEMBER, 1871. [Vol. VI.

REPORT OF THE BUREAU OF OBSTETRICS,

To the Maine Homœopathic Medical Society, at its Fifth Annual Session.

BY E. CLARK, M.D., PORTLAND.

The Chairman of this Bureau, having retired from the active practice of obstetrics, will not attempt an elaborate report; this will be more acceptably done by the other members of this Bureau; but he will call attention to a few remedies, used by himself with marked success in cases of vomiting during pregnancy. which are not named by Dr. Guernsey in his admirable work on Obstetrics. He will also notice some other omissions of that work, — not in the spirit of carping criticism, but in the hope that these defects may be remedied in another edition.

Iris Versicolor. — This covers these symptoms: loss of appetite; nausea, and empty eructations; vomiting of *an extremely acid fluid;* aching in the stomach before breakfast, increased by drinking cold water; eructations of tasteless gas; rising of water, very sour, — eminently in the "long spits" of the morning; great burning distress in the epigastric region; colic-like pains every few minutes; intense burning in the region of the pancreas; vomiting and diarrhœa; shocks of severe uterine pain, passing upward to the epigastric region, accompanied by nausea, great commotion in the bowels, gastritis, œsophagitis, and duodenitis.

Kreosotum. — Nausea, with chilliness mornings and evenings;

everything eaten tastes bitter; a feeling of fulness, as if she had eaten too much; vomiting before breakfast, of *sweetish water*; vomiting *after supper*, — breakfast and dinner being retained (this symptom is characteristic); tightness across the pit of the stomach; stinging in the region of the liver.

Lactic Acid — has been used successfully, after other remedies failed, in two cases in which there was constantly, sour stomach, and the matter ejected was very acid; also total loss of appetite, and pain in the stomach and back. This remedy deserves a careful proving and study.

Let me also call attention to a type of vomiting during pregnancy, which terminates fatally sufficiently often to entitle it to consideration in any systematic work on obstetrics; and which has been strangely omitted by Dr. Guernsey.

This is to be regretted, because the genius of this author, in seizing the right remedy for the case under consideration, is ably displayed on every page of his work. These are omissions which it is to be hoped will be supplied in another edition of his book.

To treat successfully these grave, persistent cases, will test the skill of our experts. Cazeau devotes eleven pages of his great work to the consideration of them. Denman, Blundel, Churchill, and many other writers on obstetrics, carefully treat upon this type of vomiting. Cazeau calls it "grave or irrepressible vomiting."

At first, it is not generally serious, but only painful and fatiguing to the patient. It is, in some cases, so painful and violent as in a few weeks to exhaust the strength of the patient, producing extreme emaciation and death. In these grave cases, vomiting is excited by the smallest quantity of food and drink. In this first stage, the dejections are composed chiefly of glairy matter, food and bile, sometimes streaked with blood; there is an insurmountable disgust of food, and, often, ptyalism, with but little fever.

In the second stage all these symptoms are more severe; fever sets in, the pulse is from one hundred to one hundred and forty per minute; there is great thirst, dry mouth, rapid emaciation, with characteristic fetid, acid breath.

In the third stage, the attacks of vomiting cease, or become less severe, but the calm is deceitful, and is the prelude of death. The physician need not be deceived, for soon the return of fever with the pulse often at one hundred and forty, attacks of syncope, cerebral symptoms, neuralgic pains, disordered sight and hearing, delirium, and coma, indicate to him the speedy approach of death. Still life may linger. These grave paroxysms often remit more or less completely for several weeks, and then return with increased violence to the end.

The etiology and pathological anatomy of this disease are not well understood. Albuminuria has been thought by some writers to be the cause, but this opinion is not well sustained; albumen has been found in some rare cases only, and in the later months of pregnancy.

In one hundred and eighteen cases collected by M. Guéniot, there were seventy-six recoveries and forty-six deaths; a sufficient fatality to give emphasis to the remark, that any systematic work on obstetrics which does not even allude to these grave cases must be deemed defective.

The treatment of this disease by our brethren of the Old School is confessed to be unsuccessful and unsatisfactory. They recommend a great variety of medicines such as aromatics, alkalies, cathartics, and — strangely enough — emetics in some cases; abortion, premature delivery, and even the cæsarean operation is suggested. Abortion is induced where the symptoms are urgent in the early months of pregnancy; premature delivery, provided the life of the mother is safe, till the seventh or eighth month. These procedures — always to be avoided even where the life of the mother would not thereby be compromised — we may hope will rarely be adopted by members of our school. Our law of cure enables us with much more certainty, to reach by medicines the desired result, — the cure of the patient. If we would diminish the fatality and avoid these mechanical and surgical processes, we must individualize each case, and be sure we have selected the right remedy. Our therapeia, rich in material for the cure of even such grave cases, must be carefully studied; and it is believed that we may hereafter show a record which will be an honor to our school.

It must be acknowledged, however, that there are cases which, although skilfully treated by competent physicians of our school, have not recovered.

A fatal case occurred a few weeks since in this city. Mrs. D., aged 38, of bilious temperament, had enjoyed good health, excepting severe pruritus of the vulva. Immediately after her conception she commenced to vomit; everything rejected was very acid; there was great pain in the stomach, and some diarrhœa. These symptoms were arrested in the fifth month of her pregnancy. Her case till then is well described as being in the "first stage" of the disease. No vomiting occurred from the fifth to the seventh month, when it returned with increased violence. She had severe neuralgic pains. The smell of food would often induce most painful and violent vomiting of intensely acid mucus. She continued to reject her food, with the exception of one meal, until term, when she was delivered, at seven A.M., of a healthy living child, weighing eight pounds. The latter part of this case is well described above as being in the "second stage." No abnormal symptoms occurred in this case, during her parturition.

Immediately after her delivery, she vomited once, with most intense pain in the stomach which extended to the back. She soon became livid, as in asphyxia; could not bear the slightest pressure over the abdomen, which was distended; pulse rapid and very weak; surface of the body cold, intense thirst, but no more vomiting. She lingered in the greatest agony until one P. M., when she died.

Dr. Dodge, an accomplished obstetrician, had treated her. I saw her, in consultation with him, half an hour before her death. Everything had been done which skill and tender solicitude could suggest. Such cases admonish us that the vomiting of pregnant women may indicate a grave condition, and that each case demands our most careful study.

MATERIA MEDICA UNDER THE LAW OF SIMILARS.

BY C. WESSELHOEFT, M.D., BOSTON.

(*From a lecture in the Homœopathic Hospital Course.*)

You are, no doubt, anxious to know something about the materia medica of the homœopathists, — that peculiar class of practitioners, who pursue a path so distinctively their own. Strange as they are, their existence is undeniable, and the reasons for their existence we have found in our examination of the history of medicine. We found that the object of medicine had not been fulfilled; that accurate knowledge of the means of cure had never been obtained, and that, above all other things, fundamental principles, in the place of theory and dogmatism, were needed to guide physicians in the administration of their materia medica.

I have endeavored to show you that, about the beginning of the present century, medical history had to record a new era in therapeutics. This branch had never approached a culminating point before, having been kept down by other branches of science, which, though indispensable to medicine, are not in themselves *medicine*. Botany is not medicine; anatomy is not medicine; neither is physiology, nor even is pathology. One may be proficient in all these branches, and he may also be the most skilled diagnostician, and yet be as innocent of medicine as a babe.

This is the best we can say of the practitioner of eighty years ago. And necessity — the absence of exact knowledge of the materia medica and therapeutics — created a new school, under the leadership of SAMUEL HAHNEMANN, which made the perfection of these branches the aim and object of its existence.

Under the name of homœopathy, exact knowledge of the materia medica and its application to disease was to create a new era in medical history. With the beginning of the nineteenth century a fresh start was made. The new school took nothing away from the old, but it added something to it; it extended and enlarged it, by taking up the thread where it had been dropped ages before. The first volume had been closed; the new one opened, and its first chapter written. This was the "ORGANON OF THE HEALING

ART." by Samuel Hahnemann. The best course which I could follow, in order to give you a thorough idea of what homœopathists mean by materia medica and therapeutics, would be to read that book to you, and to explain it as we go along. Time and space forbid this; at present, we must seek a shorter way.

What is the science of materia medica? Does it comprise every means ever employed in healing the sick? In a general sense it might. The food which we eat may be used in such a way as to cure disease. Water is one of the most indispensable auxiliaries in the treatment of diseases. Though in the nutrition of the body it is only an auxiliary, it may be employed as a carrier of heat to or from the body. It admits of a countless variation in the modes of its application. Hydrotherapeutics is a branch of dietetics. The air we breathe is often turned to account as a remedy, whether bearing the fragrance of the pine forest, or the vapors of the ocean. The soil of the earth under our feet, serves to relieve suffering.

There is scarcely a principle of physical science that has not been, or may not be, brought to bear as a healing agent; and countless are the mechanical contrivances invented to relieve suffering, or to aid the human body to regain its normal shape when modified by disease. Surgery reigns supreme in this direction.

All this is embraced in "medicine." Why not also in the materia medica?

Here is the dividing line. In the remedial use of food, water, air, and mechanical instruments, homœopathy has no peculiar views. All this broad ground we occupy in common with all other physicians. We have no dispute concerning it; we concede to every one perfect freedom in the cultivation of this vast field, — so vast and fertile that it is a wonder *other* agencies were continually invoked to counteract disease in the human body; these agencies were *medicines.*

From time out of mind the kingdoms of nature have been searched for agencies to assist in the cure of diseases. At first crude animal, vegetable, or mineral substances were used; to these chemistry finally added numerous artificial substances. All of these, being used for the purpose of curing diseases, were called *materia medica.* These we use, including many not known outside

our practice. While I speak of their application by homœopaths, in order to understand my meaning, I must beg you to forget. for a while, what the older science of materia medica teaches; for we do not recognize the classes of medicine which it constructed; we do not have "astringents, tonics, sedatives, emetics, and purgatives" as classes. For when you think of a "tonic," you cannot apply such a remedy until you have constructed a theory of an atonicity which you desire to cure; if you employ an "astringent," you have first to construct a theory that there is something to be *astringed*, if you will allow the word; if you use a sedative, you have first to construct a theory that there is some function or process that must be quieted down.

When the allopath gives a purgative, he does not pause to remember that it has many other properties besides that of catharsis, which is only one of its rudest effects; when he gives an emetic, it never occurs to him, and in fact it ought not to occur to him, that this drug has many other effects, of which emesis is the rudest, and perhaps the least important. For instance, *Ipecac*, besides its effect on the stomach, has the most powerful influence over the intestinal tract, the air-passages, and the circulation. But *Ipecac.* is an "emetic," and an emetic it must remain; you are not to use it for the sake of its many other good qualities, but you must form a theory of "revulsion," or of something imaginary to be emptied or disturbed by the act of vomiting, — a very rude and painful attempt at relieving a patient by substituting new torments for those from which he asks relief of you.

Forget, now, for a few moments that there are such classes, in order that you may see without prejudice what the new school teaches under the name of homœopathy.

The best way to learn about this is to follow the course by which it was discovered and developed. The story has been so often repeated that a few words will be enough for it. It was found first that a medicine will cure a disease similar to that which it produces upon a person in health. Hahnemann first observed this with regard to Peruvian bark. He arrived at the conclusion that the proper way to find out the properties of a drug, would be o try it upon himself in health, before giving it to others in sick-

ness. He took the bark, and had certain febrile symptoms which reminded him of those of certain forms of intermittent fever. This was a trifling circumstance, but it struck a spark which grew into a flame. This discovery led to further trials, which abundantly and fully converted into an established theory the isolated fact, which had first been merely a matter of conjecture. If you would doubt the observation with regard to *Cinchona* and its original test, you must cease to doubt it when you come to try the experiment further, with other drugs, especially such as *Bella. donna*, *Aconite*, and *Arsenic*. It is argued by some that we cannot produce in a man in health actual diseases, identical with natural ones, by administering medicines to him. Yet it is done. In the course of last year* it was discovered that cases of poisoning by arsenic in considerable doses, have symptoms which are, to all intents and purposes, cholera. The intestines were filled with that fluid resembling rice-water. And the resemblance was not merely optical; the fluid contained an abundance of the microscopic vibriones found in the genuine cholera discharge. Now, homœopathists had before used arsenic in certain forms of cholera for more than half a century with great success.

The effects of copper were striking in this respect. It is familiar to you all that in large doses the compounds of copper produce intense nausea, incessant vomiting, violent pains in the stomach and bowels, purging, — sometimes profuse, — severe headache, cramps in the lower extremities, and especially clonic spasms of the limbs†.

These properties of copper make it one of our most valuable remedies in certain other forms of cholera, — no less indispensable than *Camphor*, *Ipecacuanha*, and *Veratrum*, which were recommended for it by Hahnemann in 1831. He had tested their properties upon healthy persons, and predicted from this test their applicability in cholera, — a disease which he knew only from description. The result has proved, thousands of times, the correctness of his assertion.

* Hoffmann and Buhl, in Virchow's *Archives*, Vol. XLVII.

† Wood's Therapeutics, I. 412.

Such, in brief, was the manner in which was discovered the general law governing the administration of medicine in disease.

I do not claim that this brief sketch bears the character of demonstration. I do not ask you to believe it. Scientific principles are not to be received on testimony. Each one must find the proof of them for himself, by repeating experiments which others have made before him.

Let any one take a certain quantity of *Ipecacuanha*, in powder, wine, or tincture, till the medicine has developed its most striking properties; note the effect carefully, in regard to the peculiarity of the nausea, the vomiting, the diarrhœic discharges, the effect upon the air passages, the asthmatic constriction and cough. Impress them firmly upon your memory. It will not be long before you will meet disorders in your practice which call forcibly to your mind the effects of *Ipecac.*; give this medicine to your patients; and if it is not done in a hap-hazard way, you will see the rule of similars illustrated.

In order to discover the specific relation existing between medicine and disease, we must seek to know two things, — the disease, and the medicine. The latter we apply according to the similarity of its visible effects to the symptoms of the former.

How are we to discover these visible effects, beyond conjecture or doubt, and without being misled by theory?

The traditional materia medica tells us but very little beyond certain theories, and classifications of medicines. Among these theories are scattered grains of valuable empirical truth; these we seize with avidity, and make a proper use of them. But they are insufficient in number for the manifold, exceedingly variable conditions for which we are called to prescribe remedies. We are, therefore, obliged to seek another source of information concerning the effects and qualities of medicine. The only method that suggests itself is the trial of drugs *upon the living healthy human organism.*

We seek not merely the deadly, poisonous effects, which, in diverse drugs, closely resemble each other, but we desire to obtain knowledge of the pathogenetic — that is, the *sick-making* — quality of drugs. We therefore administer them to persons in health, in

order that we may know how to use them in disease; for we have seen that the same property of a drug which causes disease under one condition, becomes, under other conditions, the curative quality.

We therefore carefully administer medicines to healthy persons in doses so gradually increased, that the effects are gradually developed, but the deadly result avoided. These effects consist of phenomena which are observed partly by the person who takes the drug, and partly by the physician who administers it, and whose chief aim and object is to get at the truth. He records what he can actually observe with sound senses; and aims to reject everything which is merely conjectural or theoretical.

He notices, for instance, that a person, after taking a certain drug, finds that his head aches on the left side; that the slightest motion increases the pain; that he has nausea at the stomach; that he vomits undigested food, mucus, etc. He finds that all these sensations are much worse at certain hours of the day, than at others; that, for instance, he experiences these symptoms at night, but is free from them in the morning. Hypothesis perhaps would say this is a neuralgic affection, or that it is congestion, or arises from irritation of certain — perhaps uncertain — nerves.

But we have no time to theorize, or to explain these things; we must set theory aside, to make room for that alone which we can positively know. We therefore record these effects of the medicine, as a guide for the use of it in a disease which spontaneously exhibits similar symptoms.

There is no other systematic manner of discovering the properties of drugs, than by testing them upon the healthy human or animal organism. We cannot wait for accident to develop what we can find by methodical experiment. Most of what was known regarding the effects of drugs before Hahnemann's time, was the result of accidental discovery; just glance at it, and see how little it is, and yet how many centuries were required to collect this minute fraction of knowledge. A dozen earnest and careful observers have brought to light more useful facts regarding the materia medica in two years, than generations of learned men have done by unmethodical practice of medicine in two thousand.

In order to prove this, let any one analyze the materia medica

of the old school, separating theory from facts, and then see what these last will amount to. They will scarcely equal in value what has been brought to light by only three or four of our best provings. In order to illustrate this, I should have to give you examples like the provings of *Bichromate of potash*, *Belladonna*, *Arsenic*, or of other thoroughly-proven drugs; but this would lead me too far.

The trial upon healthy provers is and must be our only means of obtaining such a knowledge of drugs as shall equal in comprehensiveness and exactness our laboriously-obtained knowledge of natural diseases.

To test unknown drugs in disease is an unwarrantable experiment. We therefore try them first on ourselves in health; after this we have a guide to their use in disease. This use now becomes legitimate, while before it was illegitimate and hazardous. This we lay down as a law, rule, or maxim, governing the use of medicine in disease.

Those who are not familiar with the origin of homœopathy or its application, allude to it as the "*theory* of the homœopaths." We protest emphatically. It is no theory that a stone, if thrown into the air, will fall to the ground, though the explanation of this phenomenon would necessitate a theory. Suppose now that you have ascertained that a certain medicine, given to a healthy person, produces vomiting. That is a fact, empirically ascertained. You have heard, or partially conjectured, that this medicine, though it produces vomiting, has relieved that symptom. You resolve to ascertain the truth of the matter, and give the medicine to a person who is afflicted with vomiting resembling that produced by the medicine; the person so afflicted recovers; you repeat the experiment as frequently as you have an opportunity, and as often confirm the observation; at last you are satisfied in considering another fact empirically established — established by perfectly rational empiricisms.

Our rule "*Similia similibus curantur*" therefore is an empirically ascertained fact, and not a theory.

HYPOCHONDRIASIS, — SULPHUR AND PSORINUM.

BY JAMES B. BELL, M.D., AUGUSTA, MAINE.

Read before the Central Homœopathic Association of Maine.

Mr. C., forty-three years of age, of spare figure, dark complexion, says he has been "nervous" about nine months. He was obliged to abandon all business. Has had treatment from both schools without result. Has taken latterly much quinine and other drugs. He complains of a very disagreeable feeling about the head, and manifests mental depression. Thinks he will never recover, and has lost all hope. He cannot apply his mind to business. There is a confusion of senses, and he cannot reckon. He has attacks of numbness of the legs and arms; left side worse; worse on going to bed. The attacks are followed by a bruised feeling. There is formication, or crawling, with prickling and smarting on the scalp, and some on the extremities. He sleeps some of the time on the back with the hands over the head; otherwise, on the right side. The tongue is coated white. There are no excesses, or other cause assignable.

Jan. 21, 1871. — Gave him, on account of the drugging, *Nux v.* 2m.

Feb. 3. — Much better in every way.

Feb. 21. — Not quite as well. Some heat of the palms of the hands and soles of the feet, obliging him to put them out of bed. *Sulph.* 6m.

March 15. — He sometimes feels perfectly well for half a day. He has no sleep in the first part of the night; tosses and turns. He is inclined to sleep on the back. The head is relieved by applying cold water. *Puls.* 16c.

March 30. — Somewhat better, but not improving much. Light white coat on the tongue all the time. *Bell.* 4m.

April 22. — Stationary. Complains a good deal of loss of memory. *Sweats very easily on the least exertion* — and somewhat at night. This symptom called my attention to the remedy which should have been given after *Sulphur*, as it has the hypochondriac and nervous symptoms in a marked degree. I allude to *Psorinum*.

I gave *Psor.* [400] at this time. Improvement began very soon, and has continued without interruption. He has now resumed business.

ARSENICUM HYDROGENISATUM.

BY F. W. PAYNE, M.D., BATH, ME.

Reported at the Central Homœopathic Association of Maine.

DECEMBER 28, 1870. — I was called to see Mrs. A., aged sixty-seven years; generally well and hearty; has been suffering the whole fall and winter from great prostration and general malaise. She complains of want of appetite, sleeplessness and a stupefying feeling in head, as of a load there; constipation, with a feeling of heaviness and stiffness, like a weight in abdomen; coldness of extremities, and general chilliness on slight exposure or change of temperature; discharge, at times, of large quantities of pale urine, and much heat and burning in different parts of the body, particularly over the renal region. There is dark-brown, sallow look of skin; the face looks old, and bears an expression of pain. Gave *Arsen. hydrogenisatum*[3].

Dec. 30. — She reports herself as having less burning in the back; the bowels feel better, and head clearer.

Jan. 4, 1871. — She declares herself nearly well, and only complains of an extremely sinking, "gone" feeling at the stomach. For this symptom one dose of *Lach.*[200] was given, followed by *Sacc. lact.*

Jan. 14. — All treatment discontinued. She has now a good appetite, sleeps well; the head feels clear; bowels regular, and although she has not fully recovered her usual strength, yet the prospects are very flattering of her speedily doing so.

Surgical Department.

WM. TOD HELMUTH, M.D., NEW YORK, EDITOR.

TRAUMATIC SCIATICA AFTER AMPUTATION.

BY C. S. SHELTON, M.D., JERSEY CITY, N. J.

LOUIS De G., aged thirty-five, of a nervo-bilious temperament, has suffered for several years from an anchylosed flexed knee. A year ago it was attacked by an inflammation, which resulted in an abscess.

March 20, 1871. — Found the patient exhibiting great emaciation, extreme nervous irritability; there was a fistulous opening at the inner edge of patella, from which issued thin watery fluid with occasional spiculæ of bone; burning pain extended up the thigh to the hip joint; there was hectic fever and night sweats.

May 1. — About this date an abscess began to form in the popliteal space, causing severe pain and swelling of the whole leg and foot. In due time it was opened, which gave vent to a quart of healthy pus. The swelling of the leg and foot subsided, but from this time on, until June 19, the date of the operation, all the symptoms gradually assumed an aggravated character, imminently threatening life. This danger alone reconciled the patient to an amputation. The leg was taken off at the lower third of the thigh by a flap operation, and the wound closed with silver sutures.

Just here I would state, for the benefit of the profession, the incomparable advantage of the silver-wire over the thread suture. I have used no other in any case for the last fifteen years. In connection with its use, I have found what really seemed a disposition on the part of nature to eagerly unite the tissues by the first intention.

The thread absorbs the fluids, which soon become acrid; irritation extends along the track of insertion; inflammation along the whole length of the incision is the result. Suppuration takes the

place of union, the threads tear out, and an open wound is to be healed by the slow process of granulation. I would say with emphasis, *never use thread, where silver wire can be used.*

Union by first intention followed, and everything proceeded most favorably up to the point of complete restoration of health, except a neuralgic condition of the sciatic nerve.

This nerve had been involved in the abscess in the popliteal space. A burning, stinging pain began to be felt running up the thigh and down to the sole of the foot, as soon as the abscess began to form; it increased in severity, and was not relieved by amputation. There was no sleep or rest. *Arn.*, *Arsen.*, *Bell.*, *Hyos.*, *Ignat.*, and *Sil.*[200] were tried in turn, with no relief.

The morbid condition of the brain and nervous system was assuming so grave a character, that it seemed necessary to secure temporary relief by stronger doses if possible. Extract of *Hyosc.*, *Zinc. valer.*, *Codeia*, *Chloroform*, and *Chloral* were given.

July 18. — *Ignat.*[2] and *Cupr.*[2] were prescribed after consultation. No relief — patient desperate.

July 22. — An ointment of belladonna and opium was rubbed into the stump. This so far deadened the sensibility of the nervous system, that the ligatures could be removed.

July 26. — The patient is desperate; he threatens violence to himself if not relieved. — He is in a state bordering upon mania.

In the second volume of the *London Lancet* (1858) is reported a case of severe facial neuralgia, which baffled every remedy, for which at last half-dram doses of *Ammo. muriat.* were given with complete success. There was great redness and heat of face and mouth; erethistic state of the circulation.

The case in hand had great fulness of the circulation. The least quantity of animal food would produce such fullness of the arteries as to cause a perceptible throbbing and elevation of the muscles overlying the extremity of the femoral artery.

Provings of *Ammo. mur.*, give jerking, tearing in the limbs, with throbbing; constant erethism of the circulation; more or less thirst, burning in the pharynx.

The case having assumed such a grave aspect, — the almost entire want of sleep for weeks together, the never-ceasing torture from

the inflamed nerve having brought the patient to the point of danger, the best of professional advice being without avail,—I resolved to give the aforesaid remedy, as stated.

The effect was decided, and for the time satisfactory. The violent, spasmodic, painful twitching of the stump was controlled; the burning and itching were very slight; the sleep was quiet and refreshing.

July 30. — Improvement to this date. Prescribed the *Amm. mur.*^{3000} (Fincke), hourly, instead of the stronger dose. All the symptoms returned. Substituted the stronger dose, as before. Effect good, as before.

Aug. 6. — The remedy begins to lose its power. Prescribed, Aug. 12, *Hypericum* tincture; no relief. *Hyper.*^{30}; no effect.

Aug. 18. — *Cannabis* tincture; no relief. Being at my wit's end, and not knowing whither to look for effectual counsel, I was about to resign the patient to the care of nature alone.

Sept. 5. — The patient picked up a scrap of printed paper with which to light a cigar. Before doing so, he whiled away a few moments in looking it over. It was in French, and, rather strange to say, his eye met a little paragraph on raw onion in neuralgia. He resolved to try it. He ate a whole one at bedtime. All pain immediately ceased, and he slept quietly that night. He continued to do so nightly until the 23d, with entire relief, when the onion was omitted for two nights, to see what the result would be. The pain returned.

Sept. 25. — *Allium cepa.*^{200}, was given for two days, without any effect. Ten-drop doses of the tincture were taken for two days, when all pain ceased from that date to the present,—8th of November, 1871.

CUNDURANGO.

BY F. HUMPHREYS, M. D., OF NEW YORK.

KNOWING of the general interest which has been excited by the alleged wonderful virtues of this new medicine in the cure of cancer, I hasten to communicate my experience thus far with the

drug, in the hope of eliciting further information from others in regard to its effects.

In one case it has been used with the following results. A lady, a friend and relative, now seventy-nine years of age, has had a well-marked cancer for fifteen or more years past. It commenced as a small, hard tumor in the left breas t, about the size of a filbert when first noticed. As her mother had died of cancer at the age of sixty-four, the appearance of this knot excited some uneasiness. But considering her then time of life, and the possibility that it might not essentially shorten her days, she concealed the matter for some years, until the tumor had attained the size of a hickory nut, when the subject was brought to my attention, perhaps ten years ago. She received from time to time *Bryon.* and *Conium* third and higher, as occasion required, with the possible effect of moderating the rapidity of the development of the tumor, and always of diminishing the tensive, and at times shooting, pains associated with it.

Within the past two years, however, it has advanced more rapidly, and, June 15, presented the following picture: The tumor was from one and a half to two inches in diameter of a dark red, inclined to bluish color, protruding abruptly from the surrounding tissue, say half a finger's length or more, presenting something the appearance of an over-ripe tomato, the centre puckered and drawn in, the entire mass having a hard, knotted, uneven feeling to the touch, and being firmly bound down to the underlying tissue. Over perhaps a fifth of its area, from the centre in a ragged cleft extending down the side, the surface was broken and eroded; from this a discharge exuded. The glands of the axilla were enlarged, hard, and painful, the tumefaction extending downwards, and rendering the use of the arm somewhat painful.

The tumor occupies the lower exterior third of the left breast, and is constantly attended with stinging, darting pains, which are also felt in the enlarged glands under the arm of that side. About the 20th of September, she commenced flowing "almost as naturally as a girl,"— I quote from the letter, — except that the blood was bright-red, as if flowing from a cut; this was attended with but little pain, and a dragging-down sensation.

September 25. — I succeeded in procuring from Dr. Bliss & Co. a few ounces of the powdered Cundurango bark. It has been usual for Dr. Bliss to administer this medicine in the form of a decoction, made by steeping an ounce of the bark in a pint of water which was reduced to half the quantity by steeping. Of this a large spoonful was to be taken two or three times per day. Believing that the full curative powers of the drug could be better obtained and the system more completely brought under its influence by our better homœopathic fashion, I prepared a tincture by putting six ounces of alcohol to one ounce of powdered Cundurago bark. Of this I made the first decimal attenuation, sending my patient one ounce with directions to put five drops in four large spoonfuls of water, of which one was to be taken before each meal, and the remainder on retiring at night.

I now give the reports from the letters of her intelligent daughter, as the patient resides in a remote part of the State.

Oct. 8.— "M. [the patient] says she thinks the medicine is doing her good. It has relieved the darting, stinging pain in the cancer, and in the glands under the arm. She can move and use her arm much more easily."

Oct. 22. — "M. is pretty comfortable for her. Her cancer is better than it has been; does not discharge any more; is not as dark, and is smaller a good deal than it was. She thinks it much better, — is not near as painful. The pain was darting, stinging, but she has very little of it now. The bleeding is less in quantity and has been much paler within a few days."

Nov. 8. — "M. is much better in every respect, and continues to use her medicine with great faith."

Nov. 27. — "Her cancer is certainly better, and she is better of her other difficulty [uterine discharge] though not entirely well yet. Her cancer has stopped eating and discharging, and does not pain her. She is very active and spry, though she has not much strength. It will be a miracle if she recovers."

Dec 9. — The last report, from the husband, an aged and very conservative man, says: "We think M. is decidedly better. The cancer has ceased discharging, and is scarcely painful. As to the other difficulty there is not so much change, but otherwise she

is comfortable. The cancer is evidently growing smaller, but very slowly. We think the cundurango at least keeps it in check, and trust she will be spared to us many years yet."

Whatever may be the ultimate result in this case, it must, I think, be conceded that the effects produced have been beyond what could have been anticipated from any other known drug.

Two other cases have been verbally reported to me by Dr. J. T. S. Smith of this city. One, a cancer of the breast, of several years' standing, with very extensive ulcerations, and so involving the muscles of the chest and probably the pleura, as to render every inspiration a groan, and the continuation of life only a question of a few days of time. She took doses of the first decimal trituration of the powdered bark. (This was a part of the first cundurango, sent on by the Nicaraguan Government, and secured by Dr. J. T. S. Smith.) The benefit has been prompt and the result surprising. The neck and face were quickly relieved, the respiration became free, with improved appearance, appetite, and strength, and it seems like the dead coming back again to life.

Another case of cancer of the face, treated by the same gentleman with the same preparation and doses, has been, in his opinion, entirely cured.

I am treating a case of epithelioma of the nose, with the first-mentioned preparation, giving pellets moistened with the first decimal attenuation, with very satisfactory results. The pain is relieved and the tumefaction, heat, and redness are manifestly abated.

The cundurango is an active drug, and without doubt possesses valuable remedial powers, and it is desirable that the experience of physicians should be promptly communicated, and that careful and elaborate provings should be made of it. I am doing something in this way, and doubt not others are similarly employed.

RESECTION OF THE OS CALCANEUM.

BY WM. TOD HELMUTH, M.D., NEW YORK.

THE removal of the os calcis, either in part or entirely, was formerly regarded as almost an impossible operation, for two rea-

sons; first, because it was a well-known fact, that this bone sustains about half the weight of the entire body; and second, because it was formerly held that division of the tendo Achillis deprived the limb of a great amount of motion. Some surgeons (among whom was Moreau) even taught that, if the tendo Achillis be destroyed, amputation is the only feasible resort. Paré regarded a fracture of this bone as a fatal injury. These opinions, however, have proved erroneous; and both the division of the tendon, and the removal of the bone, can be effected with slight resulting deformity.

In the Bellevue and Charity Hospital Reports for 1870, a very interesting paper appears, "On the Entire Excision of the Os Calcis" by F. A. Burrall, M.D., of New York; in which he gives a tabulated statement of forty-eight cases. An analysis of this table is most interesting as regards the history of the cases requiring the operation. We find that young persons of the male sex were the subjects on whom it was most frequently performed, the ages being from ten to twenty years. There were five cases between the ages of forty and fifty-four. Of the forty-six cases in which the sex is recorded, thirty-eight were males and but eight females. The diseases which called for the operation, were in forty-three cases caries and necrosis, the others being accidents, — pressure, friction, etc.

Only one death occurred, and that was but indirectly attributable to the operation. One was afterward lost from diphtheria, one from pyæmia, and two from phthisis; of the latter it may be said, that the disease reappeared in one case in eighteen months, and in the other four years after the operation. Seven secondary amputations were necessary.

The lessons we learn from these cases are: that complete excision of the os calcaneum can be practised with success, and leaving a good foot; that caries and necrosis furnish by far the greater part of the cases for the operation; that the young are more liable to the diseases requiring either resection or excision; and that the male sex is more prone to them than the female.

Besides the forty-eight cases to which we have alluded, there can be found in the *Medical Times* for October, 1870, an account

of three cases of "Excision of the Os Calcis," by Dr. Hunter McGuire, of Richmond, Va. In his report the ages were twenty-one, seventeen, and twenty-three years, all males; the disease in each was caries, and caused in every instance by injury. Thus in case 1, the patient was wounded by a nail driven into the heel. In case 2, the heel was severely bruised by a cricket-ball, and case 3 was that of a wound from a shell. In all these cases there was but a slight limp resulting from the operation.

At the termination of the papers, Professor McGuire gives two interesting records to show with what facility a patient can walk, after the destruction of the heel-tendon: —

"The first," says he, "was a Confederate major-general, shot at McDowell, May 8, 1862. The ball entered the outside of the leg, fractured the fibula about its lower third, and passed out upon the opposite side of the limb. I enlarged the wound of entrance and removed several detached fragments of bone. Phlegmonous erysipelas attacked his leg soon after the injury, and resulted in extensive sloughing. The tendo Achillis died, was separated by the process of the disease, and was removed with the forceps. This gentleman recovered after a tedious illness, and although he has a slight limp, it is so trifling that it is difficult to tell, from his gait, the wounded from the sound leg.

"The second case was that of a soldier wounded at Winchester by a fragment of shell. The missile tore out between three and four inches of the tendo Achillis, with the soft parts covering it. After some months the man walked with a very slight limp.

"Whether, after such a loss as I have described in the two foregoing cases, nature supplies some adventitious tissue which takes the place of the tendon; or distributes the force of the contraction of the soleus and gastrocnemius upon the tendons of the peroneal and tibial muscles; or gives to the last-named muscles increased size and strength; or whether two or all of these circumstances are combined to enable the patient to raise the heel in walking, I do not pretend to say."

Complete excision of the bone must always give rise to deformity, as the arch of the foot is taken away. In the majority of instances, caries does not invade the entire substance of the bone, its posterior surface being most generally affected. In such instances it is well to remove the posterior portion of the os calcaneum, and ascertain the depth to which the ulcerative process has

extended, and then, if possible, remove with the gouge and the chisel the diseased masses. Of this proceeding Dr. Heyfelder says: —

"Partial resection is to be preferred to extirpation, when possible, both for the sake of leaving intact the joint and adjacent bones, as well as to preserve the muscular and ligamentous attachments. But partial resections of the calcaneum are not always successful [five failures in fifty-four cases], and amputations of the foot [twice] or extirpation of the bone [once] have been necessary. In sixty cases of partial excision, in which superficial or deeper wedge-shaped portions, or even larger parts of the bone were removed, none ended fatally. Relapses occurred in five out of fifty-four cases, rendering amputation necessary in three."*

According to these remarks of the German surgeon, the results of partial resection are very good, and it is so desirable to save the arch of the foot, if possible, that it appears to me that the partial resection should at least be first attempted. Then, if after the posterior portion of the heel has been sawn off, the disease proves to have extended far into the plantar surface, the entire bone must be removed, unless the caries can be reached with the gouge, and it can be removed with that instrument

There are several methods of operating for removal of the os calcis. The chief point is to keep the incisions without the sole of the foot, as the cicatrices are liable to inflame from friction, and afterwards to suppurate and ulcerate.

Mr. T. Holmes' method is as follows. Enter the knife at the inner border of the tendo Achillis, carry it steadily around the back and outer side of the foot, along the upper margin of the os calcis, to a point midway between the heel and the projection of the fifth metatarsal bone, which point marks the calcaneo-cuboid articulation. From the anterior extremity of the incision a second one is commenced, and carried downward and into the sole of the foot, terminating near the inner border of the os calcis, thus avoiding the posterior tibial artery and its branches. The joint between the cuboid bone and the astragalus is laid open, and the bone having been grasped with the lion forceps, is strongly everted, and the soft

* Bellevue and Charity Hospital Reports, 1870, — p. 202.

parts on its inner side detached, keeping the edge of the knife close to the bone.

This operation commends itself for its simplicity, and from the fact that the incisions avoid the posterior tibial artery; however, I do not think that the bone is so easily reached as in the dissection proposed by Erichsen, and recommended by Dr. Gross, which was practised in the case which we have recorded.

Master S—— had been under the care of Professor Dowling for some time for caries of the os calcis, indicated by the usual symptoms: by the openings on both sides of the heel; by the character of the discharge; by the use of the probe, which Dr. D. had passed *directly through the heel.* The Doctor had recommended an operation some time before; but, from circumstances, it was deferred until the 25th of October. The boy, aged about fourteen years, a bright, intelligent, active lad, was anxious for the operation, and by good constitutional treatment was a most fit subject for the knife. Drs. Dowling, Bayliss, and Jernigen, and Mr. Brigham, were present, and assisted in the operation.

The anæsthesia proceeded very slowly, even with the use of Squibb's æther fortior, and a Lentz inhaler. So soon as perfect unconsciousness was obtained, an incision was commenced in the mesian line of the heel, an inch above the insertion of the tendo Achillis and carried perpendicularly down to the sole; a second incision was then made around the margin of the os calcis, joining the lower end of the first cut as it passed around the sole of the foot, and extending farther on the outer than on the inner margin of the bone. The lateral flaps were then dissected up, and the gouge applied. The whole posterior portion of the bone was involved. The tendo Achillis was then cut through, the sole-flap dissected away from the bone, and with a metacarpal saw the posterior surface of the bone sliced off. The gouge and gouging-forceps were used freely, and all the diseased portions removed. The flaps were brought together, and tied by silver sutures. Two vessels required ligature. A dressing of prepared oakum and a bandage were then applied.

The patient passed a very bad night on account of pain and from the effects of the large quantity of ether which he had in-

haled. There was also considerable oozing from the bone for thirty-six hours. The sutures were removed in from three to six days, and the wounds kept in apposition by strong adhesive straps.

The boy at present is able to walk about, but has to use a cane on account of the tenderness of the heel. There is a slight limp.

NEW INSTRUMENTS.

Speir's Artery Constrictor.

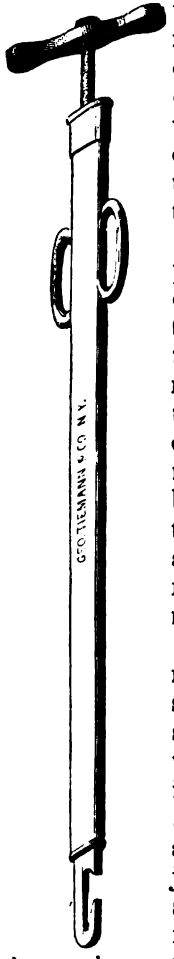
Having noticed previously in this journal the action of this valuable instrument, it gives us pleasure to lay before our readers, through the kindness of Mr. Tiemann, of New York, a correct cut of the Artery Constrictor; — the design of which is to instantaneously and hermetically close the arterial tubes, without the use of ligatures or other foreign substances. It is claimed by Dr. Speir to be a perfect substitute for ligature, acupressure, and torsion.

We give Dr. Speir's own description of the instrument and directions for its application, as extracted from the prize essay, to which the Merritt H. Cash prize was awarded by the New York State Medical Society, in February, 1871: —

"The Artery Constrictor consists of a flattened metal tube, six inches (more or less) in length, open at both ends, with a sliding steel tongue running its entire length, and having a vise arrangement at the upper extremity by which it can be made to protrude from or retract within the tube or sheath. The lower end of the tongue is hook-shaped, so as to be adapted to the artery to be constricted. It is so shaped that, having grasped the artery, it can be made to contract upon it by means of the vise at the upper end, which forces it within the sheath.

The hook of the tongue is so shaped and grooved as to form only a compressing surface; by which means the artery, when acted upon by the force of the vise, is compelled to assume the form of the curve of the tongue, and the artery is constricted in such a way that the internal and middle coats give way, but the external coat is preserved intact. The severed internal and middle coats contract, retract, curl upon themselves, and are driven down the artery, in the form of an invagination or plug, by the continued pressure of the

grooved tongue as it passes on into its sheath. The artery may now be slipped out of the instrument and it will be found that the external coat has been compressed at the point where it was in contact with the instrument, and the internal and middle coats will be found divided and invaginated on either side of the constriction. This invagination of the internal and middle coats is of itself sufficient to arrest the flow of blood. As soon as the current of blood is arrested in the vessel a coagulum forms upon the invaginated internal and middle coats, and this completes the occlusion of the artery.



"The application of the Constrictor is very simple. The artery is to be caught up by a tenaculum or a pair of forceps (this latter is best), and the tongue of the Constrictor placed around the vessel; the tongue is then drawn tightly upon the artery by means of the vise arrangement at the upper end of the instrument. As soon as the screw turns with a considerable degree of resistance, or the internal and middle coats are seen to be invaginated sufficiently by noticing their movements in the end of the artery, the instrument is to be detached from the artery, and the operation is completed. The length of time required for the application is about one minute or more, according to the size of the artery.

"In large arteries the tongue of the constrictor must be drawn into the sheath further than is necessary for small arteries. This is the one point necessary to be attended to in the closure of large arteries; viz., to secure a perfect invagination of the internal and middle coats. This invagination may be made as thorough as it is desired by drawing the artery into the tube as far as needed to effect the object. Some of the instruments have been made with stops to indicate when a proper invagination has been reached, but by further experience it was found that the touch was the best guide for the operator. By a continued traction upon the external coat of an artery, made through the instrument after the invagination is once commenced, the internal and middle coats may be peeled up and pushed entirely out of the external coat and the latter be drawn out through the sheath, freed entirely from its inner lining; so that the operator has it in his power to produce an invagination to any desired extent, and by making a perfect invagination, failure in the use of the instrument will be impossible.

It is well always to allow the blood to flow into the artery (if it has been controlled by the tourniquet or otherwise during the operation), before removing the Constrictor — this secures a perfect clot upon the invaginated coats which can hardly be displaced afterwards.

"For convenience the Constrictor may be made with three sizes of tongues, to be used with one tube. A pocket-case instrument is also made as a substitute for the torsion forceps, than which it is more easily and effectually applied."

A New Ovariotomy Clamp.

BY B. F. DAWSON, M.D., OF NEW YORK.

The operation of ovariotomy is rapidly attracting increased attention; and, while but a short time since it was performed by few surgeons, we now hear of its being undertaken by many young and inexperienced physicians with the boldness of old ovariotomists.

Notwithstanding, however, the frequency with which the operation is performed, and the consequent progress made in the procedure itself and the after-treatment of the patient, yet it cannot be denied, by any one who studies the subject, that much, very much, remains yet to be learned, before it can be classed amongst the perfected operations of surgery.

Even yet, some of the eminent ovariotomists of Europe and this country are at variance as to many of the most important points in the operation; for instance, as to the treatment of the pedicle, whether it is best to ligate, and return it — or not — into the peritoneal cavity; to clamp it, and keep it external to the abdominal wound; or to dispense with both ligature and clamp, by substituting the écraseur, the actual cautery, or laceration.

The proper treatment of the abdominal incision is also a mooted question; the majority advise immediate and perfect closure, while a few, and not the least distinguished, advocate the practice of leaving a small opening to allow the exit of septic gases and material, and the advised washing out of the peritoneal cavity.*

Although there exists such difference of opinion in regard to the treatment of the pedicle, yet the majority of the distinguished ovariotomists are becoming more in favor of clamping the pedicle than of ligating it; and some have given the most conclusive

*See Prof. E. R. Peaslee's paper on "Injections into the Peritoneal Cavity after Ovariotomy," in the *Am. Jour. of Obstetrics*, Vol. III., No. 2, p. 300.

proofs of the former in the statistical results of their cases (Spencer Wells, Thomas, Atlee, etc.), by far a greater number so treated recovering than where the various forms of sutures are used and the pedicle returned into the abdomen.

The advocates of the latter method, as well as those in favor of the clamp, have been active in endeavors to perfect each detail of the individual methods, and have given us, as results, varieties in ligatures as regards material and application, and clamps of different principles and special peculiarities.

As it is not my purpose in this paper, however, to discuss the various methods of treating the pedicle, but only the application of the clamp, and especially of one possessing new principles, I will pass immediately to the subject.

The object of all clamps is to so compress and retain the ovarian pedicle as to perfectly control all hæmorrhage, either temporarily until the ligature is passed, or permanently without a ligature, as the operator may desire.

With one exception (Atlee's clamp), the principle of action of all clamps is the same, — compression of the pedicle between two parallel arms of steel, which are brought in co-aptation by two screws, or by a hinge and screw combined. Such instruments compress the tissues in but two directions, and thus allow them to spread more or less between the bite of the clamp, and this very spreading of the pedicle is somewhat essential for the proper closing of the clamp.

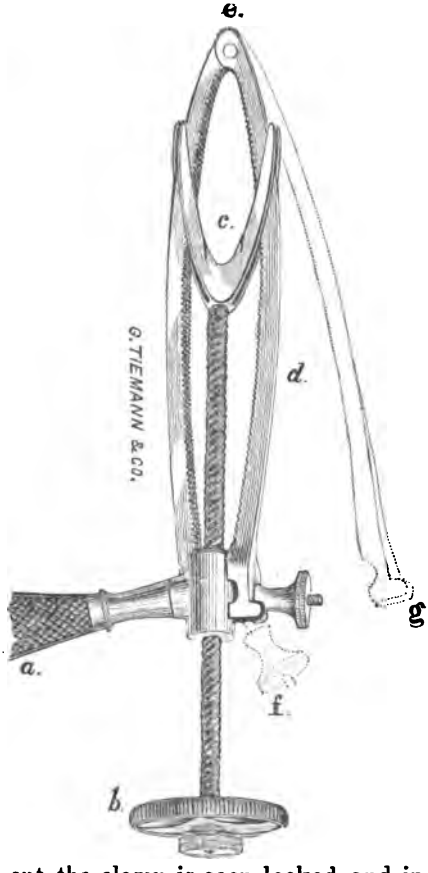
Now, two great objections seem to me to be attached to this *spreading* of the pedicle: 1st, it must somewhat prevent (perhaps only in a slight degree) *perfect* ligation of the pedicle by any of the various ligatures, for, after ligation, that portion between the ligature and clamp is spread out in a fanlike manner, and therefore offers unequal resistance to ligation; and, 2d, if the clamp only is used, the pedicle expands transversely to the wound, and thus prevents sufficient approximation at the point where it is situated.

The above conclusions have been arrived at after having been present and assisted at some sixteen operations for ovariotomy, performed respectively by Drs. T. Addis Emmet, T. G. Thomas, E. R. Peaslee, Joseph Kammerer, John Byrne, and Stephen Merritt.

To overcome one of these objections, Dr. Washington L. Atlee, of Philadelphia, has recently invented a clamp "to limit within certain points, the expansion or spreading of the pedicle when the blades of the clamp are screwed together."*

*Am. Journal Med. Science, April, 1871, p. 370.

By his clamp the pedicle is compressed in four directions, and thus made to occupy a very small space in the abdominal wound.



This one has certainly great advantages over other instruments, but as its mechanism is somewhat complicated, there is yet an opening for further improvements.

I will therefore call attention to a clamp of entirely new action which I have recently had made, and the mechanism of which is exceedingly simple.

The principal features of this clamp are: 1st. It compresses the pedicle in a uniform manner and into as small a compass as may be needed; 2d. The compressing force is exerted by a single screw; 3d. Its application around a pedicle is quick and exceedingly simple; 4th. With it a ligature can be passed directly around the compressed portion of the pedicle, and be made more secure than with other instruments; 5th. Ecrasement could be performed if it were desirable.

In the accompanying wood-cut, the clamp is seen locked, and in the act of compressing a pedicle, if we imagine the wheel (*b*) to be turning. By the turning of this wheel the slide (*c*) is slowly pushed up towards the joint (*e*), and thus the tissues are constricted to any requisite degree in an elliptical manner.

In applying the clamp, the arm (*d*) is to be opened by unscrewing the nut (*f*), and then passed around the pedicle and closed again, and made fast as before, the slide (*c*) having previously been screwed back towards the handle.

If it should be determined to ligate the pedicle, the clamp is to be armed, beforehand, with the ligature, by passing it between the lower blades of the slide and the arms of the instrument, which is then applied; by this means the ligature is enabled to engage the

pedicle as tightly as may be desired, and without any strain being brought upon it until the clamp is removed.

If the clamp is to be used instead of the ligature, after sufficient compression of the pedicle, the handle (*a*) and the wheel (*b*) are to be removed by unscrewing them, which renders the clamp much lighter, and perfectly flat, so that no inconvenience is caused by its resting on the abdomen.

The dotted outlines (*g*) in the cut show the arm of the clamp opened ready for application, and need no particular explanation.

Besides the purpose for which this clamp was originally designed, it may advantageously be used in the removal of hæmorrhoids, portions of the tongue, penis, scrotum, and extraneous growths.

The entire instrument is so light, compact, and small that its case may be carried in the vest-pocket without inconvenience. It is manufactured by G. Tiemann & Co., 67 Chatham Street, New York.—*American Journal of Obstetrics.*

ANOTHER NEW AMPUTATION.—We learn from the *Medical and Surgical Reporter*, that Mr. William Stokes has lately introduced a method of amputation at the knee, which he calls the *supra-condyloid.* The bone is sawn through above the condyles, and the cartilaginous surface of the patella, separated. There are two flaps, one anterior, oval, one posterior which is one third the length of the former.

"The posterior surface of the patella is brought into apposition with the cut surface of the femur, and undergoes anchylosis with it. Mr. Stokes exhibited a series of casts, showing results obtained after this operation. Mr. Jessop, of Leeds, had likewise had a satisfactory recovery in a case where he had performed it. The special advantages to be derived from this method of amputation were described as being the following: 1. The resulting stump was more useful, as pressure could be borne on its extremity. 2. There was a diminished liability to tubular sequestra. 3. The operation was less hazardous to the patient than amputation of the thigh, its situation being more distant from the trunk. 4. It was accompanied by less shock. 5. There was less tendency to the occurrence of suppuration. 6. In the posterior surface of the anterior flap, which was lined with a natural synovial membrane, no vessels or nerves were included. 7. The preserved portion of the patella acted as an osseous curtain, covering the cut surface of the femur, and had never yet been known to slough away. 8. That the attachment of the tendon of the quadriceps extensor muscle to the patella, gave an increased power of extending the thigh in progression, and rendered the formation of a conical stump impossible. 9. In the supra-condyloid operation, the vessels were divided at right angles to their continuity, and not obliquely, as in all flap-operations, thus being less exposed to the setting up of inflammatory action from the extent of the wounds in them."

Surgical Editorial.

"AND ONE IS NATURALLY DESIROUS OF EXCLUDING HOMŒOPATHY FROM SURGERY."

THE heading of this article is a good text. It is taken from the remarks of Mr. Barrett (as they appeared in the *London Lancet*), while he was recommending a practice which has been known in this country and in his own for years, and which has been taught by us personally, over and over again, to students of homœopathic colleges. The process is, — we almost laugh while we record its simplicity, — the injection of oil into the urethra, instead of merely oiling the instruments, before catheterism. We may remark here, — although this is a homœopathic journal and "one is naturally desirous of excluding homœopathy from surgery,"— and especially for Mr. Barrett's information, that the injection of a fair stream of warm oil into the urethra, entirely does away, altogether, in some instances, with the necessity for introducing the catheter, and we have seen this simple means produce the desired result, when it was entirely impossible to introduce the catheter, especially in cases of the so-called sensitive or spasmodic stricture. But we must give the reader the context for the better understanding of Mr. Barrett's knowledge of homœopathy which he is so "naturally desirous of excluding from surgery." He says "that the interior of the stricture itself, which by the ordinary plan must receive a very homœopathic dose of oil (*and one is naturally desirous of excluding homœopathy from surgery*), is treated to as free a supply of the lubricating fluid, as its caliber will allow." With Mr. Barrett's permission, we will treat him with as free a supply of *any* lubricator that the caliber of his brain will allow, and request an answer to the question, what has a small quantity of oil introduced into the urethra of man or beast, to do, with the principle *similia similibus curantur?* and again, why is one *naturally* desirous of excluding homœopathy from surgery? Is it because that very many cases of a purely surgical character can be cured by homœopathic medication, and thus the use of the knife be avoided? Is it because the after-treatment of patients, who have undergone surgical operations, can be conducted on a safer, sounder, and better principle? Is it because the surgeons of to-day follow the example of the fogies of Paré's time, and exclude any thing in practice bearing the stamp of progress? Do they still desire to pour on the boiling tar, or apply the red-hot

iron, instead of the ligature, torsion, or acupressure? Will Mr. Barrett be kind enough to answer for us these questions? And, with his permission, we may say to him that — no matter how natural it may appear, in his judgment, to endeavor to exclude homœopathy from surgery — that homœopathy (making all due deference to his superior intellect) politely declines to be excluded; just as she did, when the effort was made to exclude her from medical practice. She takes her stand beside the surgeon, and she whispers in his ear — "my law is true, and although many surgeons of the present day do not understand the difference between the doctrine *similia similibus curantur*, and questions as to the size of a dose of medicine, and though I have been endeavoring to treat 'to a free supply of the lubricating fluid' the mental organization of these medical philosophers for over half a century, their obtuseness still remains; — no syringe, even with violent propelling power, will reach their pineal gland, and therefore they are naturally desirous of excluding homœopathy from surgery."

The New York Academy of Medicine is "naturally desirous of excluding" Dr. Gardner from its scientific assemblies; the American Medical Association was "naturally desirous" of excommunicating Dr. Martin from the sanctified arms of its protection; the Massachusetts Medical Society was "naturally desirous" of casting adrift a number of its members, and all on account of homœopathy. Mr. Barrett is behind the times and behind the age. The wind is veering, the raging of the waters has begun to cease, the sunshine of liberality of thought and action is being acknowledged by the better part of the profession of medicine and surgery, — at least on this side of the Atlantic, — and there are, to-day, those in the profession who are not affected as Mr. Barrett is, and are not naturally so desirous of excluding homœopathy from surgery. There are men who look upon the late action of the American Medical Association, and of the Massachusetts Medical Society, as most disgraceful proceedings, and take no part or lot in these matters. There exist now, thank God, men who have *not an inveterate desire* tending to the condemnation and annihilation of any opinions not exactly in accordance with their own. There are men, truly scientific and large-hearted men, who do actually understand the definition of the word *homœopathy*, and who, while they do not indorse the principle either by word or deed, yet have manliness and courage sufficient to proclaim the fact that there are homœopathists as honest in their convictions as men are in any creed, whether of law, religion, or medicine,

and that the opinions of such men should be considered as worthy of respect and consideration. Therefore, as Mr. Barrett's *small dose of the lubricating fluid* may assist in the introduction of a catheter, let us advise him to take an attenuated dose of phosphorus, and to live on a fish diet; in fact, let him endeavor to get up his cerebrum to the contemplation and study of a science of which, at the present date, he has not the most remote idea, and then *perhaps* he will not be so "*naturally* desirous of excluding homœopathy from surgery."

THE RUPPANER-SAYRE DISPUTE. — Most of the readers of the current medical literature are familiar with the dispute which has arisen between Dr. Ruppaner and Dr. Sayre. The contention became so hot between them that the matter was carried to the Supreme Court. The following opinion of Judge Barnard, which appeared in the *New York Times* of November 4, 1871, will give the readers of the *Gazette* a further insight into the matter.

We understand, from hearsay, that further action has been taken by the New York Medical Society, and other legal proceedings instituted of which, no doubt, we shall hear more in due season.

In the case of Anthony Ruppaner against Austin Flint and others, which was heard before Judge Barnard, in the Supreme Court, about two weeks ago, he has rendered an opinion which fully relates the entire history of the action. His Honor says:—

"There is no doubt of the authority of the County Medical Society to expel a member who is duly convicted of a violation of its by-laws. The defendants assume to be acting under color of this authority. One of them professes to be the accuser, and the others seek to justify their acts as members of the *Comitia Minora*. They have gravely misconceived the nature and extent of their powers. They have no legal authority to put a member on trial without substantial and definite charges of some offence which they have jurisdiction, nor to deny to a corporator whom they seek to disfranchise the ordinary rights of a party accused. It seems that on some occasion Drs. Ruppaner and Sayre took part in a surgical operation, and they afterward differed on the question as to who was the principal operator. A question of veracity arose, which Dr. Sayre proposed to solve by procuring, if possible, the expulsion of Dr. Ruppaner from the County Society. He presented to the *Comitia Minora* a paper of general vituperation, but charging no breach of the by-laws of the Society, or of the code of medical ethics. The so-called charges were fatally defective in form and in substance. A copy was left in the office of Dr. Ruppaner, in his absence, summoning him to appear, unaccompanied by counsel, the next night but one, to defend himself before the *Comitia Minora*. Though not personally served, he appeared and objected to the insufficiency of the charges, requesting that they might be made specific and definite. The *Comitia Minora* over-

ruled his objections, and denied his request. He then applied to them at least to allow him a reasonable time to produce his evidence to meet the accusation. This also was denied.

"He asked leave, as he was denied the assistance of counsel, to procure a stenographer to record the evidence. This, too, was denied; and he very properly protested against their action, denied their jurisdiction, and withdrew from the room to which they had summoned him. They proceeded to take the *ex-parte* statement of Dr. Sayre, and, to suit *his* convenience, they granted the postponement which they had refused to Dr. Ruppaner.

"When the latter withdrew, the *Comitia Minora* pledged themselves, after the evidence was closed, to furnish him with a copy of the stenographer's notes. Their *ex-parte* proceedings were continued from time to time; and some eight months afterward they notified him that they had taken oral and written testimony from time to time, but repudiated their promise to furnish him with the stenographer's notes of the evidence, and summoned him to appear before them on a subsequent day with his witnesses to reply to the proofs which they chose to withhold. He had no alternative but to apply to the court to restrain proceedings so utterly unwarranted in law. He is clearly entitled to the relief he asks, and the injunction must be continued until the final determination of the action. It would be a mockery of justice if corporate rights could be divested, and professional character destroyed, under color of proceedings so plainly illegal."

We do not know the exact merits of this particular quarrel, but we learn from the papers that the injunction against the *Comitia Minora* was granted; and that the Society has taken the matter in hand, suspended its by-laws, and unanimously expelled Ruppaner. This same Anthony was at one time, we believe, a protégé of Dr. O. W. Holmes, from whom, it is fair to infer, he drank in an obtuse hatred of homœopathy, and "many a time, and oft," has he breathed out dire threatenings, concerning the expulsion of its believers. But he has lived long enough to see the tables turned against himself, and we leave him to render into poetry that old retributive sentiment, —

> The mill of the gods grinds slowly, but it grinds exceeding fine.

The New England Medical Gazette.

BOSTON, DECEMBER, 1871.

AGAIN we come to the close of another year, and the completion of another volume of the *Gazette*. As we look at the volume so nearly finished, and scan its well-filled pages, we see in them many an hour taken from sleep, or time which, but for this, would have been given to pleasure of a different kind. And yet we are more than repaid by the kind and appreciative words which come to us from unlooked-for sources, and our work is greatly lightened by the aid which is freely and generously given. The appreciation exhibited by the profession places us under renewed obligations, which we shall labor hard to meet. The Surgical Department, which has been under the care of Dr. Helmuth, has elicited much praise, and has contained many articles of great practical value to the busy physician. We have faith that Volume VII. will be more interesting as well as more valuable than any yet issued.

We are now entering upon an important era in the history of homœopathy. Its infancy, childhood, and adolescence have passed, and now it enters upon the career of manhood. The stripling has withstood contempt, irony, and ridicule, and has acquired a strength which only needs to be exerted to command success. With the growth of our school has been the growth and progress of the *Gazette*, and we shall commence the new volume with greater confidence than ever before, and a determination to do more for our cause. We solicit, therefore, from our friends and patrons a continuance of that aid and assistance which hitherto have been so efficiently rendered.

THE RIGHTS OF MEMBERS OF THE MASSACHUSETTS MEDICAL SOCIETY. — This corporation was created for the benefit of the people of Massachusetts. Its aim, as set forth in the Act of Incorporation, was twofold: to prevent medicine being administered *ignorantly*, and *wickedly*. It was, at first, a close corporation, limited in number to seventy Fel-

lows. Its one function was to examine and license, wisely severing the faculty of instructing — given to colleges — from licensure.

The terms of licensure were two: good moral character, and a sufficient education. The candidate who had these, could claim a license; and if the Board refused to examine him, he could sue the Censors, and recover from each, the sum of one hundred pounds as damages. It follows, of course, that, if he were examined, and wrongfully refused his license, his remedy lay at law.

Such was the beginning of the Society, in 1781. Eight years later, it was authorized "to describe and point out such a medical instruction or education as they [the Fellows] shall judge requisite"; and the damages for refusing to examine were fixed at a total sum of from twenty to one hundred pounds.

In 1803, a radical change was made. The limitation to seventy members was removed, and any physician or surgeon in the State might be elected into it; and each licentiate could claim admission "after three years approved practice in medicine and surgery." The business of this larger body was to be done by Counsellors, and its examinations were to be by five Censors appointed by the Counsellors. At the demand of five members subordinate societies shall be established, in each of which the Counsellors may, upon application, appoint five Censors; and the candidates they approve are to receive license under the seal of the general Society. The penalty for refusing to examine remained the same.

In 1831, the three years' probation between licensure and full membership was abolished.

The Revised Statutes divided the State into four districts, each of which was to have its subordinate society and Censors; but the Counsellors might increase the number of districts. Damages for refusal to examine were fixed at four hundred dollars. The Censors were allowed to admit, without examination, persons educated, examined, and licensed in other States.

An important change was made in 1850. The District Societies were allowed to elect their own Censors, and their quota of the Counsellors.

Lastly, in 1859, it was enacted that no person shall become a member except upon examination of the Censors of said Society; and "any person of good moral character, found to possess the qualifications prescribed by the rules and regulations of said Society, *shall* be admitted a Fellow thereof."

Such is the present charter or constitution of this extraordinary body. Any resident of Massachusetts, having the requisite knowl

edge and character, may demand admission. For a refusal to examine him the damages are fixed; it is not to be supposed that they may be evaded by a wilful rejection in defiance of the results of an examination. The law does not thus leave one man's character or privileges at another's mercy.

And how about the expulsion of a member? If admission cannot be refused to one of the prescribed education and good character, *a fortiori* he cannot be ejected without adequate justification. His standing in it is a piece of property with a pecuniary value. After admission he may become, or may be discovered to be "wicked," and therefore amenable to expulsion. But he cannot become ignorant. There is no expulsion for insanity, dementia, or amentia. Nor can he be expelled for any discoveries he has made, or thinks that he has made. Had Harvey or Jenner been members of the Massachusetts Medical Society, their new and startling "exclusive dogmas" would have furnished no ground of procedure against them; no, nor yet those of Hahnemann.

A church may expel its members for heterodoxy; a club may blackball a candidate for uncongeniality. The law furnishes no remedy, — for these institutions exist for the benefit of the members, and this liberty is vital to the purpose for which they exist. No man's legitimate means of earning a livelihood are touched by any such harsh action.

But the case before us is not parallel. This Society might as well cast out Calvinists, Swedenborgians, Protectionists, Free-traders, Jews, or Africans, as non-contagionists, anti-vaccinators, disbelievers in mercury, or believers in cundurango or in the law of similars. It may prescribe what the candidate shall *know* and *understand*, but never what he shall *believe*.

This Society occupies, to some extent, a similar position to that of the Medical Registry in England, and so far as this State has taken action, Fellowship becomes its approval of certain physicians as competent to practise medicine. It exists, as we have seen, for the people. It is their institution, as are the university, the police, and the militia. The day when they will see one man's faith pinned to another man's sleeve is past, — if it ever existed here. They will vindicate the claim to freedom of thought and liberty of belief in their Society. Galileo drops not on his knees before any conclave in Massachusetts. Our world does move and will move. Of the legal aspects of the question it becomes us to speak with less assurance, since those are to be decided by the Supreme Court. It is safest for a layman to assume

that there is no very wide discrepancy between right and law in any general case. There are loopholes in the course of procedure, by which individual trials fail to secure justice; but, so numerous and varied are the remedies of law, that there could scarce be a case so flagrant as this on which it cannot be made to bear. The widespread comments of the press, and the general indignation of the public at this attempt to brand homœopathy, cannot have failed to astonish those who think that it has no influence to invoke, or no spirit to resent a wrong.

HOMŒOPATHY ON TRIAL. — We have already said that the Massachusetts Medical Society derives its powers from the people of Massachusetts, and is designed for their benefit. As its charter expressly states, the intention was "that a just discrimination should be made between such as are duly educated and properly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine, whereby the health and lives of many valuable individuals may be endangered, or perhaps lost to the community."

The powers of this Society were always carefully guarded for the benefit of the whole profession. Membership was the State approval of the educated physicians of Massachusetts, and to these the law granted certain powers and privileges. The restrictions which had been made by the legislature were gradually infringed by the officers called Counsellors. And when there arose a difference of opinion in therapeutics, and this difference assumed a bitterness exhibited in various ways, these Counsellors and the Society sought to give expression to it by adopting resolutions and acts tending to deprive the minority of their rights as Fellows.

In 1850, Dr. Isaac Colby, of Salem, a homœopathic physician, finding himself unpleasantly situated in the Society, tendered his resignation. This was referred to a committee, consisting of Drs. George Hayward, J. B. S. Jackson, and O. W. Holmes. After five months, the committee made a report, which begun as follows: —

"The undersigned regret that they were selected to serve on this committee, because they feel that the subject is a delicate one, and that any course which may suggest itself will be attended with some degree of difficulty and embarrassment. At the same time, however, they do not intend to shrink from the duty that has been imposed upon them. They are satisfied that the period has arrived when the Society should decide and make known what position it intends to take in relation to homœopathic practitioners: whether it means to regard them as fellow-laborers in the great cause of science and hu-

manity, in which its own members profess to be engaged; or whether it will hold no communion with them, but place them on the same footing with the various classes of irregular and empirical practitioners with whom it acknowledges no fellowship."

Assuming that by their by-laws no member had a right to resign on account of his opinions, they closed their report as follows: —

"At such a period as this, your committee cannot persuade themselves that the doctrines of homœopathy can have very extensive or permanent influence; at the same time they think that it is the duty of this Society to avoid giving them its sanction in the slightest degree. They therefore beg leave respectfully to offer for the consideration of the Counsellors the following resolutions: —

"1*st. Resolved*, That any Fellow of this Society who makes application to resign his Fellowship in consequence of having adopted the principles and practice of homœopathy, may be permitted to do so on paying his arrearages; but he shall not be entitled to any of the privileges of Fellowship, nor shall his name be retained in the list of Fellows.

"2*d. Resolved*, That a diploma from a homœopathic institution shall not be received as an evidence of a medical education, nor shall the Censors of this Society regard the attendance on the lectures of such institutions, nor the time passed at them, as qualifications which shall entitle candidates to an examination for a license from this Society.

This report was so completely answered by a committee consisting of Drs. Charles Wild, David Osgood, and Samuel Gregg, that it was thought better to let the matter rest, though much to the disgust of some of the more violent members.

Three years later it came up again in a *quasi* legal manner on the proposition to expel Dr. Ira Barrows, assigning, among other reasons, that he practised homœopathy. A careful examination of the legal rights of members convinced them that this ground of expulsion was untenable. A long lawsuit, which followed his expulsion upon other alleged grounds, convinced them that they had no legal right to meddle with homœopathy.

Nearly a score of years have passed since this memorable contest. Homœopathy has grown from youth to maturity. Its strength and vigor have been a standing reproach to those who have earnestly sought its destruction. And the very thought that the Massachusetts Medical Society should testify to the thorough education and good standing of these wretches was too exasperating to be borne. Insult and contumely were heaped upon them by individuals, and the Society, acting on the maxim, "Give a dog a bad name and you kill him," passed, in 1859, the following by-law: "No person shall hereafter be

admitted a member of the Society, who professes to cure diseases by Spiritualism, Homœopathy, or Thompsonianism." Thus they hoped to cover homœopathy with odium by putting it in base company. This by-law was in violation of the charter of the Society; but, acting under it, no person has since been admitted to its rights and privileges who was suspected of any taint of homœopathy.

Again matters were quiet. The homœopathic members, though nominally retaining their connection with the Society, rarely attended its meetings, and never took any active part in them; and the majority of the Society completely ignored them.

At the meeting of the American Medical Association, in Washington in 1870, two members of the Society, Drs. H. R. Storer, of Boston, and John L. Sullivan of Malden, persons who had previously professed great antipathy to homœopathy, fiercely attacked the Massachusetts Medical Society for doing precisely what it had no power to avoid; namely, for retaining homœopaths in fellowship. The National Association joined with these two members in their assault upon their Society, and placed it under the ban of excommunication until it should purge itself of its unworthy members. Bitter feelings were at once aroused in the bosoms of the Counsellors, who did not like to themselves receive the same medicine that they had been seeking to administer to their homœopathic brethren. After suitably trouncing their two troublesome associates, they at once set to work to prepare a report conclusively proving that they had no legal power to disturb members who chose to practise homœopathy.

Of this report, legally and logically drawn, the American Medical Association took no notice. Whereupon the Counsellors, it would seem as if to stultify themselves, proceeded to do what in their report they had shown could not be done. Resolutions were carefully prepared by them and adopted by the Society on the seventh of June last. These were printed in the July number of the *Gazette*, side by side with the liberal resolutions adopted by the American Institute of Homœopathy, at Philadelphia on the same day. A committee — consisting of Drs. Luther Parks, Boston; Asa Willetts, North Bridgewater; R. A. Hodgdon, Arlington; B. B. Breed, Lynn; and Thomas R. Gage, Worcester — was appointed by the President to bring before a board of trial all recusant homœopathic members.

Nothing further was heard of the matter until, early in November, the following note was received by eight of the members: —

"NORTHAMPTON, MASS., NOV. 4, 1871.

"To ———, M. D.

"SIR: — Charges having been preferred against you by a Committee of the Massachusetts Medical Society of "Conduct unbecoming and unworthy an honorable physician and member of this Society," *to wit:* "by practising or professing to practise according to an exclusive theory or dogma, and by belonging to a Society whose purpose is at variance with the principles of, and tends to disorganize, the Massachusetts Medical Society."

You are hereby directed to appear before a Board of Trial at the Society's Rooms, No. 36 Temple place, *Perkins Building*, on Tuesday, November 21, 1871, at 11 o'clock, A. M., to answer to the same, in accordance with By-laws and instructions of the Society.

SAMUEL A. FISK,
President of the Massachusetts Medical Society.

Unavailing efforts were made to ascertain precisely what "exclusive dogma," and what "society" were intended in this sweeping charge. At the time and place appointed, personally appeared the members invited, to make an answer to such charges as might be preferred against them. Of the proceedings on this eventful day, we had intended to have a verbatim report, by a phonographic reporter. But this was not permitted. The deed they contemplated would look hideous to eyes not blinded by bigotry, and the counsel of impartial friends of the accused might be quite in the way of its summary execution. So they proceeded to it with closed doors, — a course not tolerated by free laws, where a citizen's money or character is placed at the mercy of others. We are obliged therefore, to rely, to a considerable extent, on the report of the *Boston Daily Advertiser.*

The committee had sent out the notices to the eight members in the Suffolk district, the first to be tried. Their names were Samuel Gregg, George Russell, Milton Fuller, Benjamin H. West, David Thayer, H. L. H. Hoffendahl, I. T. Talbot, and William H. Bushnell, all physicians of this city. The Board of Trial, which was appointed by the President of the Medical Society, consisted of Dr. Jeremiah Spofford of Groveland, President, Dr. Frederick Winsor of Stoneham, Dr. George Hayward of Boston, Dr. Augustus Torrey of Beverly, and Dr. Francis C. Green of East Hampton. All these gentlemen, together with a few members of the Society not engaged in the trial, presented themselves at the rooms in Temple place at the appointed hour, together with a number of reporters, who were promptly warned that they would not be admitted to the trial, and could receive no information whatever. The Chairman of the Prosecuting Committee even declined to speak with the members of the press, as he said his legal counsel had advised him not to say anything about the matter.

A short-hand writer who had been requested to report the proceedings for the accused, made known his business. The Secretary, Dr.

C. W. Swan of Boston, was about to hasten his retirement when Dr. West asked to be heard in the matter. He held that the rights of the press, in nation and in State, were secure, absolute, and inviolable. Dr. Parks rose to a point of order, that the question was not with reference to the United States, or the State of Massachusetts, but the Massachusetts Medical Society. Dr. West appealed to the President that he might have the privilege to present his views for two minutes' uninterrupted. The President informed him that he could have a minute. Dr. Parks asserted that the question had already been decided. The Secretary called for the clearing of the room, in accordance with the by-laws, though these say nothing in relation to the matter. Dr. Talbot desired to speak before the question was put, the President remarked in a rather peremptory tone: "The question has been put, sir; your name has not been called, sir," — these remarks being addressed to Dr. Talbot. The reporters then retired. The janitor then shut the doors, and they were kept guarded during the remainder of the session. An old gentleman who was admitted inadvertently by the janitor, was speedily sent out, protesting that he was a member of the press.

The trial then proceeded. It was begun by the formal presentation of the indictment by Dr. Parks, who occupied about an hour. He enlarged upon the length of time which had elapsed since the Committee was authorized, and the deliberation which had been observed in the proceedings. He claimed that homœopathy was either something or nothing; if it was nothing it was a pretense, and those who practised it were pretenders, and should be dealt with as such. If it was something, it must be a system; and if a system it must be opposed to the regulations of the Society, which had no system whatever. Its members were at liberty to adopt the experience and practices of their predecessors. In closing he stated that even then, at the eleventh hour, after matters had progressed to that stage, if the persons cited in the indictment should think it best to resign their membership, which they could do in a very few moments by a simple line given to him, he would present the matter to the Board of Counsellors, and pledge his word of honor that the indictment in their cases should be quashed.

No resignation being received, the question was then raised by the prosecuting officer, Dr. Parks, whether the gentlemen accused should be tried singly or all together. The President of the Board stated that every accused member was entitled to a separate trial, and that the Board would be obliged to proceed in that manner unless two or more, to save time, consented to be tried together, which would save the Board considerable trouble. No response being made to this suggestion, he decided that each of the accused should be tried separately.

Then came the question as to who should be first examined. Dr. West requested as an especial favor that his own case should first be called, and the other physicians who were to be tried, joined in this request. Dr. West gave as a reason that he was prepared. Dr. Parks objected to this, and proposed that Dr. Bushnell should be the first person called, as his name was first in alphabetical order.

Dr. Bushnell was asked to respond to the charges. He at once

demanded that specific charges should be presented, in order that he might know what to reply to. The Chairman stated that the charges were sufficiently explicit, and that they could not explain them further. Dr. Bushnell then protested against the power of the Board to try his case, and also against the vague and indefinite character of the charges which had been presented against him; and he requested that, as he could not be represented by legal counsel, Dr. Talbot should conduct his case. This was permitted.

In appearing in behalf of Dr. Bushnell, Dr. Talbot said that every man had the right, before whatever society, or court, or tribunal he was arraigned, to be furnished with a statement of the charges made against him. Before proceeding further he must again demand of the Prosecuting Committee a specific statement of the charges and the specifications against Dr. Bushnell. The Board again ruled that they could only act upon the charges that had been already forwarded to the persons summoned for trial. When pressed further to explain, the Chairman said he had no doubt the charges referred to the practice of homœopathy, and the "society" mentioned was the Massachusetts Homœopathic Medical Society; further than this he could not go. Dr. Talbot then presented the following Protest and Denial: —

"We, the undersigned, Fellows of the Massachusetts Medical Society, who have been cited to appear before a Board of Trial according to the terms of the foregoing notice, appear at the time and place named therein, and respectfully protest against any proceedings being taken against us: Because the Massachusetts Medical Society has no power or right to try and expel, or otherwise punish any of its members for any of the causes set forth in said notice; Because the power to suspend, expel or disfranchise any Fellow of the Society is vested in the whole body of the Fellows of the Society, and they have no right to delegate that power to any Board of Trial or select body of the members; Because this Board of Trial is not legally constituted, and has no right or power to try us upon any charges whatsoever; Because the charges are not sufficiently specific to enable the accused to answer them by proof or otherwise. And we demand to be informed specifically what 'dogma or theory,' and what 'society' is intended in said charges.

SAMUEL GREGG,
MILTON FULLER,
DAVID THAYER,
I. T. TALBOT,
WM. BUSHNELL,
GEORGE RUSSELL,
H. L. H. HOFFENDAHL."

"The undersigned deny that the practice according to the system of homœopathy, or belonging to the Massachusetts Homœopathic Medical Society, is 'conduct unbecoming and unworthy an honorable physician and member of the Massachusetts Medical Society,' and deny that the purpose of the Massachusetts Homœopathic Medical Society is 'at variance with the principles, or tends to disorganize the Massachusetts Medical Society." [Signed as above.]

The President stated that he could not receive or act upon any such documents; that the Board had full powers from the Society to examine and try the cases before them, and no question in relation thereto could be entertained by them. If there was no other argument to be presented, the Board must proceed with the case.

Dr. Talbot informed the Board that if they were unwilling to receive or entertain these documents, he must place in their hands certain other documents in relation to the matter, to which he requested their respectful attention.

At this juncture a gentleman, apparently a stranger, entered the room and approached the table where the Board of Trial were sitting. The Secretary at once went to him and demanded to know whether he was a member of the Massachusetts Medical Society.

"No, I am not," said the gentleman, "but I had just a little business here."

"If you are not a member of the Society," said the Secretary, "you will oblige me by leaving the hall."

"O, I shall not stay long; I will go when I choose."

"Mr. President," said the Secretary, "here is a man who is not a member of the Society, who refuses to leave the hall at my request, and I ask if he shall not be removed?"

"Certainly," said the President.

Before violent hands were laid upon the stranger, however, Dr. Millett asked: "What is your name, sir?"

"John B. Dearborn, Deputy Sheriff of Suffolk county," was the answer; "and any man who may attempt to remove me from this room will find himself in a very different place from this. I have some documents here for you."

"Oh!" said the President. Considerable consternation prevailed. Dr. Torrey suggested that if the gentleman wished to confer with them, they might see him in another room.

Mr. Dearborn saw no necessity for taking that trouble. The Sheriff then handed to the several members of the Board subpœnas from the Supreme Court (an injunction had been issued by Judge Ames early in the morning) which some of the members at first declined to receive, fearing they might commit themselves. "That, gentlemen, is at your own option," said the Sheriff. They finally took them, and found themselves enjoined by the Supreme Court from expelling, disfranchising, or removing the above-named members of the Society, except Dr. West. The injunction, however, allowed the Board to obtain evidence and examine the cases.

The scene was not ended here, although the stiffness which had characterized the proceedings was a great deal relaxed.

The Chairman of the Prosecuting Committee examined the document hastily, and saw that it was directed to the President of the Massachusetts Medical Society. "Gentlemen of the Board of Trial," said he, "this document has nothing to do with us. It is directed to the President of the Society, and you are the Board of Trial appointed in the cases."

"Stop!" said another member of the Committee; "read the next line, — it includes '*all the officers, the Board of Trial, and all the members of said Society.*'"

The Board then retired for consultation as to its further action; and, upon finding that they were permitted to obtain evidence and examine the cases, they concluded to proceed.

Again the demand was made for the specific charges against Dr. Bushnell, the justice of which was strongly urged upon the members of the Board. After the repeated and persistent presentation of this point, the Chairman of the Committee stated that the particular dogma referred to was *homœopathy*, and the society the *Massachusetts Homœopathic Medical Society*.

Dr. Talbot then said that as a specific charge against Dr. Bushnell was now for the first time made, he must ask for further time to prepare an answer thereto. From the time the notice was first served they had endeavored to obtain this specification, but it had been entirely withheld.

The Board objected to giving any further time, but a recess of ten minutes was taken. The Board held a consultation, and upon returning stated that they would consent to adjourn for one week if the members on trial would withdraw their protest, and agree to go on trial collectively.

To this the defence would not consent, and after arguments on both sides, in which the Prosecuting Committee briefly participated, the Board finally decided to give one week's time for the defence to prepare their case. The time was subsequently extended to two weeks, and the trial will go on, on the fifth day of December at ten o'clock, A.M.

Once more the demand was made for written specifications, that there might be no doubt as to what the accused would have to answer to. The Board consented that the Chairman should prepare such a written statement, whereupon the Chairman produced a paper stating that *in his opinion* the charges referred to were the practice of homœopathy and membership of the Massachusetts Homœopathic Medical Society, which paper as it contained no direct charges, but simply the opinion of one member, was refused by the defence. The Board, after a further consultation, stated that they had been laboring under a misapprehension as to what was wanted, and they directed the Chairman to prepare a written statement of the specifications, which he promised to furnish within twenty-four hours. The Board then adjourned, the session having lasted about four hours.

The reporters remained on hand until the proceedings were finished, and had little difficulty in obtaining the facts. There was a good deal of fun during the session, and the veil of mystery which was attempted to be thrown over the proceedings only added to the amusement of the day.

We shall endeavor to make, from time to time, a faithful record of this most singular, very disgraceful — and, we trust not to us, unfortunate — prosecution of homœopathic physicians. In our next number we shall hope to lay before our readers the proceedings of the adjourned meeting of the Board of Trial.

THE EFFECT OF THE "TRIAL." — We wish that we had room for a tithe of the comments made by the press in relation to this prosecution. It has been universally condemned; and, of scores of papers, we have found but one that has given it an excusing word; and even that was retracted in its next issue. The effect has been to arouse the public attention to the importance of homœopathy. Already a movement has been made by which the friends of homœopathy can manifest their regard for it in a substantial manner. In this every homœopathic physician will, without doubt, lend his ready aid, while those who have derived benefit from this system of medicine can testify their gratitude by their co-operation.

The following circular speaks for itself: —

MASSACHUSETTS HOMŒOPATHIC HOSPITAL FAIR.

THE Massachusetts Homœopathic Hospital, an Institution chartered by the State, has already made a favorable beginning. It occupies a small house hired for the purpose, and has sixteen beds. Although it has been in operation less than a year, the applications for admission have been far in excess of its capacity, and there is an absolute necessity for more money to meet its wants, and to place the Hospital in a proper condition for enlarged usefulness.

By a unanimous vote, at a joint meeting of the Managers of the Ladies' Aid Association and the Board of Trustees of the Hospital, it has been decided to hold a Public Fair for this purpose, in Boston, in April, 1872.

The sudden increase of interest in homœopathy renders this a peculiarly auspicious time for such a movement, and our friends everywhere are invited to unite with us in our efforts to enlarge and endow a great public charity; and to provide — what is so much needed — suitable hospital accommodations under homœopathic treatment for those who desire it.

This Fair will be planned on a broad and extensive scale, and will be under the auspices of prominent and well-known homœopathists. It therefore desirable — and we request your immediate assistance in the matter — to secure, *as soon as possible*, the names of such persons throughout the State as would be willing to aid the Fair in any manner; also efficient and reliable persons or societies to furnish and take charge of sale-tables, or of such novelties as usually prove attractive at fairs, subject, of course to the rules and regulations of the Executive Committee. Again, as an important means of adding to the success of this movement, there are many collateral efforts, such as children's and parlor fairs, tea and coffee parties, social breakfasts, private theatricals, tableaux, concerts, etc., as well as the simpler and more direct aid of subscriptions and donations of money, both in large and small sums.

If the physicians and other friends of this enterprise will canvass their respective cities and towns, and report to the Executive Committee at an early day in reference to the probable response to this appeal, they will greatly aid the Committee in arranging their plans.

A circular giving further information will be issued as soon as the organization of the Fair has been completed.

The Executive Committee will be at Wesleyan Hall, 36 Bromfield street, Boston, on Thursdays, between 11 and 12 o'clock, and invite all persons interested in the Fair to meet them there.

Any written inquiry or communication may be addressed to the Secretary of the Executive Committee, No. 19 Mount Vernon street, Boston.

Executive Committee — Henry S. Russell, *Chairman;* Charles G. Wood, *Treasurer;* Miss H. E. Stevenson, *Secretary.* Stephen M. Weld, W. W. Clapp, William Pope, Mrs. Franklin King, Mrs. M. P. Kennard, Miss Joanna Rotch, James Sturgis, George N. Dana, Royal E. Robbins.

The Fair will be held in the Music Hall, Boston, commencing on Monday evening, April 15th, and continuing till Saturday, April 27th, 1872.

From the enthusiasm already exhibited there can be no doubt of the entire success of this undertaking, and every dollar here raised will purchase a stone for the foundation of a noble institution. The friends of homœopathy should therefore do their utmost in aid of it.

The following have been adopted by the Executive Committee as rules and suggestions for the management of tables: —

1. The tables shall be numbered, and shall be assigned by lot.
2. Each table will have its President, Cashier, and such assistants as are necessary.
3. Nothing shall be sold on commission. Every article brought into the hall for sale becomes, thereby, entirely the property of the Fair; and it must not be given away, or disposed of in any manner not approved by the Executive Committee.
4. A full inventory of all articles, properly numbered, and their prices annexed, must be furnished by the President of each table upon blanks provided for the purpose.
5. No article, nor combination of articles, valued at less than fifty dollars, shall be sold by raffle. The raffles must be offered at the tables only, and no importuning will be allowed.
6. Cashiers of tables will be required to report each evening, and to pay the receipts of the day to the Treasurer of the Fair.
7. All articles are to be received at the Winter-street entrance.

As the object of the Fair is to raise money for the Hospital, every unnecessary or questionable expense should be avoided. Earnest and strenuous efforts should be made to secure donations of money and of salable and useful articles, and also to induce purchasers to attend the Fair. The ladies connected with each table should hold

meetings, at least weekly, to consult and devise means for increasing the interest in, and value of, their tables; and as many friends as possible should be solicited to assist in its success.

REVIEWS AND NOTICES OF BOOKS.

THERAPEUTIC KEY OR PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF ACUTE DISEASES. By I. D. Johnson, M.D. Philadelphia: F. E. Boericke. Pp. 179, 32mo.

The acute diseases are arranged alphabetically; under each, the remedies, also in alphabetical order, have a paragraph which gives their symptoms with two emphatic indications of the more important and characteristic ones. Not beginners alone, nor those whose memory begins to fail, need hints of what to do in sudden emergencies. It is better to carry one of these little books in the pocket a year without once consulting it, than to fail of its help in some critical moment that must be seized on, or lost forever.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST. By Robert Faulkner, M.D. With a Repertory by W. J. Blakeley, M.D. New York: Boericke & Tafel. Pp. 120; narrow octavo.

This convenient and elegant blank-book is in many respects greatly superior to any of the many which have hitherto been contrived. It is longer, slightly wider and about half as thick as others which provide records for a less number of patients. The first sixty pages contain much which every physician needs to carry round with him for occasional reference, as may be seen by the following taken from the table of contents.

Calendars for 1872, 1873; Obstetric Calendar; Poisons and their Antidotes; Ready Method in Asphyxia; Table of Pulse; Repertory; General Memoranda; Vaccination Record; Record of Deaths; Names and Addresses of Nurses; Names and Addresses of Friends; Obstetric Record; Daily Engagements.

The Repertory, which is very copious, is in the main translated from Leutze, with considerable additions made by Dr. Blakeley from his own experience, and that of other American practitioners.

Were we to make any suggestions, it would be that the right-hand pages should be left for prescriptions, as in the very convenient Visiting list prepared by Dr. Minton some years ago; or — what we should like still better — let the inner two thirds of the right-hand page be ruled for the prescriptions of seven days, and let the remaining third be used for office-patients or those who have only one prescription. This would require no more leaves to provide for the same number of patients and would make the record much more complete. Then there should be at least a dozen blank pages for notes of important cases. We hope this publication will be continued from year to year, as the homœopathic physicians need a book, and it should be made so complete that they would find it indispensable.

PERSONAL.

A SUBSCRIBER has sent us a slip from a paper purporting to be a report of a charitable institution, but it is so intensely laudatory of one of the officers, as to at once cast suspicion upon him as the author of it. "Subscriber" asks, "Is such an advertisement of one's skill and proficiency in a specialty, in accordance with the code of ethics adopted by the American Institute of Homœopathy?" Most certainly not. There is no doubt but that this is advertising in its worst sense, and, as such, is condemned by the entire spirit of the Code of Ethics; and the profession — at least the better part of it — will put the seal of condemnation upon such unprofessional conduct.

H. A. MARTIN, M.D., of Roxbury, — whose exertions to render vaccination more efficient by the use of animal virus propagated from heifer to heifer, are well known, — generously contributes, for the benefit of the Massachusetts Homœopathic Hospital Fair, fifty packages, of ten points each, charged with animal virus. The price of these packages is *two dollars* each; and by remitting this amount to the editor of the *Gazette*, the virus will be promptly forwarded.

This contribution from Dr Martin is all the more praiseworthy, since he is not a homœopath, but makes this donation as to a great public charity irrespective of sect.

F. H. KREBS, M.D., 42 Union Park, Boston, desires us to say that in his studies abroad he has given special attention to the department of operative midwifery, in which he will be happy to aid his professional brethren.

E. J. FRASER, M.D., has located at 102 Stockton street, San Francisco.

REMOVALS. — E. S. HAYWOOD, M.D., to 86 Liberty street, Lynn, Mass.

WILLIAM D. ANDERSON, M.D., to 32 Temple street, New Haven, Conn., where he succeeds the late C. C. Foote, M.D.

A O. BLAIR, M.D, from Cleveland to Columbus, Ohio.

L. YOUNGHUSBAND, M.D., from Mt. Clemens to Detroit, Mich.

MARRIED.

At Stoneham, Jan. 4, by Rev. Mr. Fairchild, SILAS B. DICKERMAN, M.D., of Abington, Mass., and Lue R. Glidden, of Salem, Mass.

Dr. Dickerman has recently removed to Abington, where he succeeds Dr. R. E. Jameson, who has removed to Jamaica Plain.

OBITUARY.

CHARLES C. FOOTE, M.D., of New Haven, Conn., died there, Nov. 9, 1871. He was about to commence dinner, at his own table, in apparently perfect health, when he suddenly ruptured a blood-vessel and died in a few minutes. Dr. Foote, the second son of the venerable Elial T. Foote, M.D., was born at Jamestown, N. Y., in 1825. He graduated at Union College in 1849, and at Jefferson Medical College, Philadelphia, in 1851. He immediately commenced practice in New Haven, at first with his father, but soon on his own account. He had a good reputation as a physician, and was very highly esteemed as a man, a scholar and a Christian. His wife and three of his six children survive him; he left a wide circle of friends, but, we believe, no personal enemy.

RODMAN. — We are pained to learn of the death of the accomplished wife of W. W. RODMAN, M.D. She died at New Haven, Conn., on Dec. 1st, 1871, aged 51 years.

INDEX TO VOL. VI.

A.

Abortion, Punishment for Criminal, 136.
Absynthe, 88.
Academy of Homœopathic Medicine, Boston, 78, 406.
Agnew, Prof. D. Hayes. Double Popliteal Aneurism, 397.
Air Cushions, 86.
Albany City Dispensary, 183.
Albumen, Test for, 179.
Albuminuria in Pregnancy. G. J. McLeod, M.D., 329.
Allium Cepa, 510.
America, Progress of Homœopathy in, 123.
American Ginseng, 374.
American Institute of Homœopathy, 171, 182, 362; Circular of Bureau of Clin. Med., 77; Twenty-eighth Anniversary of, 303; Surgery of the Institute, 294.
American Medical Association, 243.
Amputation, Traumatic Sciatica after. C. S. Shelton, M. D.. 534.
Anæsthesia from the Compression of the Vagus Nerves, 140.
Anæsthesia, Statistics of, 89.
Anæsthetics, 270.
Anasarca, Puncture in, 375.
Ancient Process of Embalming, 327.
Ancient Recipes. 513.
Aneurism, Double Popliteal. Prof. D. Hayes Agnew. 397.
Angell, Henry C., M.D., 424.
Angell, H. C., M.D. Gonorrhœal Ophthalmia, 197.
Angell, E. P., M.D., 48.
Animal Ligatures, 518.
Animal Vaccination. Henry A. Martin, M.D., 31.
Animal Vaccination, 516.
Anomaly, 87.
Antidote for Hashish, 46.
Antidotes for Poison by "Ivy," 86.
Ants, Red, 85.
Appointments, Hospital, 352.
Arsenicum Hydrogenisatum. F. W. Payne, M.D., 533.
Ascaris Vermicularis. C. S. Middleton, M.D., 220.
Ascaris Vermicularis. J. H. Thompson, M.D., 72.
Asthenopia cured by Conium. I. S. Hall, M.D., 339.
Asylum, Brooklyn Lying-in, 373.
Attenuated Medicines; How they act. C. Wesselhoeft, M.D., 273.

B.

Barber, O. M., M.D., 376.
Barnes, G. W., M.D., 96.
Beebe, G. D., M D., 271.
Bell, J. B., M.D., Cases of Ovariotomy, 145; Epilepsy,—Pulsatilla and Bufo Sahytiensis, 435; Hypochondriasis, — Sulphur and Psorinum, 532.
Bliss, D. W., M.D., 424.
Blood Stains, 376.
Blue Urine. C. H. Spooner, M.D., 340.
Books and Publications received.. 272.
Books, Reviews and Notices of, 45,84, 132, 187, 266, 322, 567.
Boston Academy of Homœopathic Medicine, 78, 406.
Botheration, A Medical, 245.
Brigham, G. N., M.D. Cases from Practice, 219.
Briry, M. S., M.D. Insanity cured by Veratrum, 429.
Brooklyn Lying-in Asylum, 373.
Brown, A. W., M.D., 376.
Brown, Francis, H., M.D., 192.
Brown-Sequard, Dr., 46.
Burr, C. H., M.D. Report of Committee on Clinical Medicine, 109.

C.

Calcarea Phosphorica, Practical Observations on. C. S. Verdi, M.D., 100.
Calendula and Tagetes. I. F. Holton, 167.
Cancer of Left Mamma, 349.

Cancer removed by Caustics. Mrs. E. G. Cook., M.D., 118.
Carbolic Acid, 136.
Carbolic Acid for Poisoned Wounds, 136.
Carbolized Tow, 139.
Case, A Dark, 85.
Case of Tetanus, Hemiplegia, and Thecitis. A. P. Macomber, M.D., 341.
Cases, Clinical. Wm. Gallupe, M.D., 280.
Cases, Clinical. F. W. Payne, M.D., 166.
Cases from Practice, G. N. Brigham, M.D., 217.
Cases from Practice. R. T. Harman, M.D., 436.
Cases of Ovariotomy. J. B. Bell, M.D., 145.
Cases, Surgical. W. T. Helmuth, M.D., 345.
Cases, Two Test. W. P. Wesselhoeft, M.D , 164.
Caustics, Cancer removed by. Mrs. E. G. Cook, M.D., 118.
Cheering, 326.
Chinese Theory of Sudden Death, 512.
Chloral, 138, 517.
Chloral, Clinical Use of. J. C. Neilson, M.D., 157.
Chloral, Death from, 120, 507.
Chloral, Intemperance in, 138.
Chloralum. Wm. Tod Helmuth, M.D., 449.
Chop Logic, 360.
Chronic Arsenical Poisoning, 519.
Church, C. A., M. D. Fragilitas Ossium, 395.
Clapp, H. C., M.D. Medical Degrees in Great Britain, 69.
Clark, E., M.D. Report of the Bureau of Obstetrics, 521.
Cleft Palate and Staphylorraphy. W. T. Helmuth, M.D., 221.
Clinical Cases. Wm. Gallupe, M.D., 280.
Clinical Cases. F. W. Payne, M.D., 166.
Clinical Cases. G. W. Richards, M. D., 116.
Clinical Medicine, Report of Committee on C. H. Burr, M.D., 109.
Clinical School, Hahnemann Hospital, 400.
Clinical Use of Chloral. J. C. Neilson, M.D., 157.
Cod-Liver Soap, 136.
Coffee and Sugar, 188.
Colby, E. P., M.D. Soluble Silicea, 121.
Cold-Water Applications in Diarrhœa, 137.
College, New York Homœopathic Medical, 321, 419.
College Society, 46.
Colleges, Our Medical, 184.
Conium, Asthenopia cured by. I. S. Hall, M.D., 339.
Connecticut Valley Homœopathic Medical Society, 81.
Constipation, Treatment of Habitual. S. Lilienthal, M.D., 287.
Consumption of Tobacco, 512.
Cook, Mrs. E. G., M.D. Cancer removed by Caustics, 118.
Corns, 86.
Corns, Rhus Toxicodendron for, 308.
Correction, 144.
Correspondence, 36, 125, 174, 249, 308, 360, 402, 476.
Cotton Respirators, 87.
Crank, Charles D., M.D., 271.
Cravings and Hankerings. E. M. Kellogg, M.D., 1.
Cross, H. B., M.D., 52, 376.
Cundurango. F. Humphreys, M.D., 536.
Cure for Spiritualism, 188.
Cushions, Air, 86.
Cystic Tumors; with Cases. W. T. Helmuth, M.D., 387.

D.

Dark Case, 85.
Dawson B. F., M.D. A New Ovariotomy Clamp, 546.
Dead, [the "King of Pain,"] 326.
Death from Chloral, 120, 507.
Death of Dr. Clark, of St. Louis, 241.
Death of Oppolzer, 360.
Death, Sudden, Chinese Theory of, 512.
Deaths from Snake Poisoning in India, 140.
Desor, M. E. The Climate of the United States, 203.
Diabetes, 139.
Diagnosis of Disease and Drug, — Ipecacuanha. C. Wesselhoeft, M.D., 425.
Diagnosis of Measles, 268.
Diagnosis, Olfactory, 326.
Diarrhœa, Cold-Water Applications in, 137.
Digitalis in Dropsy. By S. Lilienthal, M.D., 439.
Dilatation, Removal of Stone by, 374.
Dilute Vaccine Virus, 267.
Directory, Homœopathic (State of N. Y.), 91, 141, 189.

Discriminating the Blood of Different Animals, 514.
Diseases, Influence of, on the Secretion of Semen. S. Lilienthal, M.D., 218.
Disinfection, 514.
Disinfection of Wounds, 189.
Dislocation, A Rare Case of. L. Velder, M.D., 455.
Dispensary, Albany City, 183.
Dispensary and Hospital, Pittsburg Homœopathic, 320.
Dispute, The Rappaner-Sayre, 552.
Distance which Sound travels, 374.
Dixon, G. M., M.D., 424.
Dobson, A., M.D., 520.
Doctor's Motto, 188.
Dose, The Action of Medicines, and the. C. Wesselhoeft, M.D., 212.
Double Popliteal Aneurism. Prof. D. Hayes Agnew, 397.
Dropsy, Digitalis in. S. Lilienthal, M.D., 439.
Drowning, 327.
Drugs, The Action of. W. Sharp, M. D., 57.
Dualin, 137.
"Dutch Courage," 247.
Dyspepsia, To Cure, 510.

E.

Ecce Signum, 302.
Eclampsia, Albuminuria in Pregnancy, — not followed by. G. J. McLeod, M.D., 329.
Eclampsia, Puerperal. J. H. Woodbury, M.D., 193.
Editorial Association, Homœopathic, 370.
Editorials: American Institute of Homœopathy, 171; American Medical Association, 243; Chop Logic, 360; Dutch Courage, 247; Effect of the Trial, 564; Gazette for May and June, 242; Graduates in Medicine for 1870, 248; Great Medical Humbug, 246; Have Homœopathists any Rights? 73; Homœopathic Hospital Fair, 565; Homœopathy at the State House, 471; Homœopathy in America, 33; Homœopathy in Boston, 44, Homœopathy on Trial, 557; "Ignorantly and Wickedly," 401; Legal Persecution, 172; Life-Insurance Argument, 174; Medical Botheration, 245; Medicine in Politics, 356; Quackery, 359; Progress of Homœopathy in America, 123; Rights of Members of the Massachusetts Medical Society, 554; Statistics of the Medical Profession, 307; Surgical Department of the Gazette, 124; Twenty-eighth Anniversary of the Am. Inst. of Homœo., 303, 308; Two Platforms, 305; Which Wins? 125.
Editorials, Surgical: Albany Surgeons, 467; Compliment to the Ladies, 468; Death of Dr. Clarke, of St. Louis, 241; Double Popliteal Aneurism, by Dr. Agnew, 397; Ecce Signum, 302; Flappers and Anti-flappers, 465; New York Ophthalmic Hospital, 299. 418; Operator and Assistants, 238; Questions in Surgery, 355; Signs of the Times, 240; Surgery of the American Institute, 294; Varicocele, 353; Who's to blame? 463.
Effect of the Trial, 564.
Embolism, Gangrene and Hemiplegia, A Case of. E. Hasbrouck, M.D., 283.
Enuresis, 136, 515.
Epilepsy,— Pulsatilla and Bufo Sahytiensis. James B. Bell, M.D., 435.
Ectropion, Tarsorraphia for. E. H. Spooner, M.D , 97.
Evans, C. Horace, M.D., 192, 328.
Expeditious, 326.
Extracts and Items, 46, 85, 135, 188, 267, 326, 374, 510.
Extracts of Flesh and Fish, 136.
Extraordinary Case of Small-Pox, 140.
Extraordinary Recovery after Sawwound of the Skull and Brain, 86.

F.

Fair, Homœopathic Hospital, 565.
Faith in Medicine, 515.
Farrington, E. A., M.D. A Case with Comments, 385.
Fellows, H. Barton, M.D., 328.
Female Medical Students, 88.
Female Physicians, 327.
Female Physicians for India, 86.
Fincke's High Potencies, 39.
Five Persons, 374.
Fossil Ivory, 135.
Fracture, Three Cases of, 230,
Fractures of the Scapula. Wm. Tod Helmuth, M.D., 456.
Fragilitas Ossium. C. A. Church, M. D., 395.
Freeland, James C., M.D., 328.
Fungus of the Testicle, — Castration, Cure. W. T. Helmuth, M.D., 234.

G.

Gallupe, Wm., M.D. Clinical Cases, 280.
Galvanized Iron Pipes, Poisoning by. J. H. Smith, M.D., 332.
Gangrene Embolism and Hemiplegia, A Case of. E. Hasbrouck, M.D., 233.
Gardiner, Richard, M.D., 424.
Gause, O. B., M.D., 376.
Gazette for May and June, 242.
Gazette, Surgical Department of the, 124.
Gegan, Dr. John, 135.
Ginseng, American, 374.
Gonorrhœa, Treatment by Water, 511.
Gonorrhœal Ophthalmia. H. C. Angell, M.D., 197.
Goullon, Dr. H., jr. Dr. Bolle's Ulcers of Whooping-Cough, 113.
Gout, A Description of, 46.
Graduates in Medicine for 1870, 248.
Great Britain, Homœopaths in, 361.
Great Britain, Medical Degrees in. H. C. Clapp, M.D., 69.
Gross, O. R., M.D., 328.
Guild, P. K., M.D., 520.

H.

Hackett, G. H., M.D., 376.
Hæmorrhoids, 137.
Hahnemann Hospital Clinical School, 400.
Hahnemann Hospital of New York, 396.
Hall, I. S., M.D. Asthenopia cured by Conium, 339.
Halsey Brothers, 520.
Hankerings and Cravings. E. M. Kellogg, M.D., 1.
Harman, R. T., M.D., Cases from Practice, 436.
Hasbrouck, E., M.D, A Case of Embolism, Gangrene, and Hemiplegia, 233.
Hashish, Antidote for, 46.
Hathaway, W. F., M.D., 328.
Helmuth, W T., M.D , 96, 328.
Helmuth W. T., M.D., Chloralum, 449; Cleft Palate and Staphylorraphy, 221; Cystic Tumors, with Cases, 387; Fractures of the Scapula, 456; Fungus of the Testicle, Castration, Cure, 234; Letter from, 174; Resection of the Os Calcaneum, 539; Surgical Cases, 345; Surgical Clinic at the Hahnemann Hospital, 441.
Hemiplegia, A Case of Embolism, Gangrene and. E. Hasbrouck, M.D., 223.
Hempel, Charles J., M.D., 442.
Hernia, Oblique Inguinal, 300.
Hiller, F., M.D., 271.
Hitchcock, H. M., M.D., 520.
Hoffendahl. H. L. H., M D. Treatment of Ophthalmia Neonatorum, 336; Mercury in the Treatment of Small-Pox, 169.
Holcombe, W. H., M.D., 520.
Holcombe, W. H., M. D., Pyloric Obstruction, 377.
Holmes', Dr. O. W., Latest on Homœopathy, 270.
Holt, E. B., M.D., 192.
Holton, I. F., Calendula and Tagetes, 167.
Hom. Directory, H. M. Smith, M.D., 91, 141, 189.
Homœopathic Editorial Association, 370.
Homœopathic Hospital, Mass., 373.
Homœopathic Hospital Fair, 565.
Homœopathic Medical College, New York, 419.
Homœopathic Medical Society. Kansas, 372.
Homœopathic Medical Society, Massachusetts, 410.
Homœopathic Medical Society of Pennsylvania, 44.
Homœopathic Medical Society, San Francisco, 371.
Homœopathic Medical Society of the State of New York, 44.
Homœopathic Society, Military Tract, 373.
Homœopathy, American Institute of, 77, 171, 182, 308.
Homœopathy in America, Progress of, 123.
Homœopathy in Great Britain, 361; in Michigan University, 125, 269; in New Hampshire, 479; in San Francisco, 505; on Trial, 557; Success of, 511.
Hoppin, Courtland, M.D., 520.
Hospital and Dispensary, Pittsburg Homœopathic, 320.
Hospital Appointments, 352.
Hospital, Mass. Homœopathic, 134, 373; The Hahnemann, of New York, 396; The New York Ophthalmic, 299.
Hospitals, Traumatic, Ventilation in, 375.
Hotel Parasites, 90.

Houghton, Henry C., M.D., 271.
Houghton, H. C., M.D. Paracentesis of the Membrana Tympani, 290.
How to Study the Hom. Materia Medica. H. R. Madden, M.D., 15.
Human-Milk Diet, 136.
Humphreys, F., M.D. Cundurango, 536.
Hyde, J., M.D., 192.
Hydrocyanicum Acidum,— Hysteria. F. W. Payne, M.D., 432.
Hypochondriasis, Sulphur and Psorinum, James B. Bell, M.D., 532.
Hysteria,— Hydrocyanicum Acidum. F. W. Payne, M.D., 432.
Hysteria, Sign of. 512.
Hysterical Retention of Urine, 136.

I.

"Ignorantly and Wickedly," 401.
Improved Test for Grape Sugar, 88.
India, Female Physicians for, 86.
Influence of Diseases on the Secretion of Semen. S. Lilienthal, M.D., 218.
Insanity cured with Veratrum. M. S. Briry, M.D., 429.
Institute, Minnesota Homœopathic, 83
Intemperance in Chloral, 138.
Ipecacuanha, — Diagnosis of Disease and Drug. C. Wesselhoeft, M.D., 425.
Ireland, 574.
Items and Extracts, 46, 85, 135, 188, 267, 326, 374, 510.
Ivory Fossil, 135.
"Ivy," Antidotes for Poison by, 86.

J.

James, Bushrod W., M.D., 192.
Jameson, R. E., M.D., 520.
Jones, S. A., M.D., 520.
Jones S. A., M.D. Sulphur,— Tincture and the two-hundredth, 380.
Journal, The British Medical, 88.

K.

Kansas Hom. Med. Society, 372.
Kellogg, E. M., M.D., 424.
Kellogg, E. M., M.D. Cravings and Hankerings, 1.
Krebs, F. H., M.D., 520.

L.

La Couvade, 268.
Legal Persecution, 172.
Letter from Dr. Helmuth, 174; Dr. Duncan, 476; Prof. Ludlam, 478; Vienna, 36, 249.
Licenses, Medical, 327.
Life-like in Death, 516.
Lilienthal, S., M.D. Digitalis in Dropsy, 439; The Influence of Diseases on the Secretion of Semen, 218; Treatment of Habitual Constipation, 287.
Lime-Water in Bright's Disease and Anasarca, 137.
Liquid Fire, 511.
Lordat, Professor, 86.
Ludlam R., M D., 48.
Ludlam, Prof., Letter from, 478.
Lum Ling Wau, 46.
Lying-in Asylum, Brooklyn, 373.

M.

Macomber, A. P., M.D. Case of Tetanus, Hemiplegia, and Thecitis, 341.
Madden, H. R., M.D. How to Study the Hom. Materia Medica, 15.
Mamma, Cancer of Left, 349.
Mann, T. H., M.D., 192.
Martin, Henry A., M.D. Animal Vaccination, 31.
Martin, Prof. E. M.D. Two Successful Cases of Ovariotomy, 49.
Mass. Homœopathic Hospital, 134, 373.
Massachusetts Hom. Med. Society, 250, 318, 410.
Massachusetts Medical Society, The Rights of Members of the, 554.
Materia Medica, How to Study. H. R. Madden, M.D., 15.
Materia Medica, Report of Committee on. C. Wesselhoeft, M.D., 6.
Materia Medica under the Law of Similars. C. Wesselhoeft, M.D., 525.
McGeorge, Wallace, M.D., 48.
McLeod, G. J., M.D. Albuminuria in Pregnancy,— not followed by Eclampsia, 329.
Measles, Diagnosis of, 268.
Medical Degrees in Great Britain. H. C. Clapp, M. D.. 67.
Medical Licenses, 327.
Medical Missionary, 135.
Medical Profession, Statistics of the, 307.
Medical Proscription in Massachusetts, 475.
Medical Schools of Philadelphia, 402.
Medicine in Politics, 356.
Medicines, Attenuated,— How they Act. C. Wesselhoeft, M.D., 273.
Medicines, The Action of, and the Dose. C. Wesselhoeft, M. D., 212.

Mental Stimulants, 511.
Mercury in the Treatment of Small-Pox. H. L. H. Hoffendahl, M. D., 169.
Michigan University, Homœopathy in, 125, 269.
Middleton, C., M.D. Ascaris Vermicularis, 220.
Military Tract Homœopathic Society, 373.
Minnesota Homœopathic Institute, 83.
Metacinnabar, 374.
Morgagni, 46.
Mortality after Ovariotomy, 513.
Muster of the Veterans. H. D. Paine, M. D., 419.

N.

Necrosis, Sulphuric Acid in, 347.
Neilson, J. C., M.D. Clinical Use of Chloral, 157.
New Hampshire, Homœopathy in, 479.
New Instruments, 451, 544.
New Motto, 510.
New Ovariotomy Clamp. B. F. Dawson, M.D., 546.
New Remedy for Rheumatism, 326.
New York, Hahnemann Hospital of, 396.
New York Homœopathic Hospital, 182.
New York, Homœopathic Medical Society of, 44, 179.
New York Homœopathic Medical College, 38, 321, 419.
New York Ophthalmic Hospital, 299.
Not Expected to Live, 326.
Notices and Reviews of Books, 45, 84, 132, 187, 266, 322, 507.

O.

Obituary. Walter Williamson, M. D., 47.
Oblique Inguinal Hernia, 300.
Obstetrics, Report of the Bureau of. E. Clark, M.D., 521.
Obstruction, Pyloric. W. H. Holcombe, M.D., 377.
Œsophagotomy, 518.
Olfactory Diagnosis, 326.
Operator and Assistants, 238.
Ophthalmia, Gonorrhœal. H. C. Angell, M.D., 197.
Ophthalmic Hospital, New York, 468.
Ophthalmia Neonatorum, Treatment of. Trans. by H. L. H. Hoffendahl, M.D., 336.
Oppolzer, Death of, 360.
Os Calcaneum, Resection of the. W. T. Helmuth, M.D., 539.
Ostrich Fat, 511.
Ovariotomy, Cases of. J. B. Bell. M. D., 145.
Ovariotomy, Mortality after. 513.
Ovariotomy, Two Successful Cases of. Prof. Martin, 49.

P.

Paine, H. D., M.D., Muster of the Veterans, 419.
Paine, J. P., M D., 271.
Paracentesis of the Membrana Tympani. H. C. Houghton, M.D, 290.
Parasites, Hotel, 90.
Passage of Musket Balls through the Human Body, 269.
Payne F. W., M.D., Arsenicum Hydrogenisatum, 583; Clinical Cases, 166; Hysteria,—Hydrocyanicum Acidum, 432.
Payne, W. E., M.D., 271.
Pennsylvania Hom. Med. Soc., 44.
Personal. 48, 96, 192. 271, 328, 376, 424, 520.
Philadelphia, Medical Schools of, 402.
Philanthropy, Posthumous, 188.
Phthisis, The Profuse Sweats of, 46.
Physicians, Female, 327.
Phytolacca for Mammary Abscess. J. K. Warren, M.D., 32.
Pierce, Levi, M.D., 271.
Pittsburg Hom. Hospital and Dispensary, 320.
Placenta Prævia, 86.
Plane Hernia Pad, 140.
Poison by "Ivy," Antidotes for, 86.
Poison of Serpents, 375.
Poisoning by Galvanized Iron Pipes. J. H. Smith, M.D., 332.
Politics, Medicine in, 356.
Pontine Marshes, 139.
Posthumous Philanthropy, 188.
Potencies, Fincke's High, 39
Practical Observations on Calc. Phosp. C. S. Verdi, M.D., 100.
Practice, Cases from G. W. Brigham, M.D., 219; R. T. Harman, M.D., 436.
Pregnancy, 139.
Pregnancy, Albuminuria in,—not followed by Eclampsia. G. J. McLeod, M.D., 329.
Profound, 374.
Publications and Books received, 272.
Puerperal Eclampsia. J. H. Woodbury, M.D., 193.

Pulsatilla and Bufo Sahytiensis, in Epilepsy. James B. Bell, M.D., 435.
Puncture in Anasarca, 375.
Punishment for Criminal Abortion, 136.
Pyloric Obstruction. W. H. Holcombe, M.D, 377.

Q.

Quackery, 359.
Questions in Surgery, 355.

R.

Red Ants, 85.
Reid, Mrs. F. R. H., M.D., 376.
Removal of Stone by Dilatation, 374.
Removals, 48, 192, 271, 328, 376, 424, 520, 568.
Report of Committee on Clinical Medicine. C. H. Burr, M.D., 109.
Report of Committee on Materia Medica. C. Wesselhoeft, M.D., 6.
Report of the Bureau of Obstetrics. E. Clark, M.D., 521.
Reports of Societies, 42, 78, 128, 179, 250, 308, 362, 406; Am. Inst. of Hom. 308, 362, 493; Brooklyn Lying-in Asylum, 373; British Hom. Congress, 484; Central Hom. Association of Maine, 499; Connecticut Homœopathic Medical Society, 42; Homœopathic Editorial Association, 370; Homœopathic Medical Society of the State of New York, 500; Kansas Homœopathic Medical Society, 372; Massachusetts Homœopathic Hospital, 373; Military Tract Homœopathic Society, 373; Massachusetts Hom. Medical Society, 318; New York Ophthalmic Hospital, 468; New York Hom. Society, 44; New Jersey State Homœopathic Medical Society, 481; Pennsylvania Homœopathic Society, 44; Pittsburg Homœopathic Hospital and Dispensary, 320; English Hom. Publishing Soc., 491; San Francisco Homœopathic Medical Society, 371; Worcester County Homœopathic Medical Society, 43, 131, 262.
Resection of the Os Calcaneum. W. T. Helmuth, M.D., 539.
Respirators, Cotton, 87.
Reviews and Notices of Books, 45, 84, 132, 187, 266, 322, 507.
Rheumatism, New Remedy for, 326.
Rhus Toxicodendron for Corns, 308.
Richards, G. W., M.D. Clinical Cases, 116.
Royal Troubles, 188.
Ruloff's Brain, 326.

S.

San Francisco Homœopathic Medical Society, 371.
San Francisco, Homœopathy in, 505.
Scapula, Fractures of the. W. T. Helmuth, M.D., 456.
Scarlatina, 46.
Secretion of Semen, Influence of Diseases on the. S. Lilienthal, M.D., 218.
Semen, The Influence of Diseases on the Secretion of. S. Lilienthal, M.D., 218.
Sense of Duty, 321.
Serpents, Poison of, 375.
Sharp, W., M.D. The Action of Drugs, 57.
Shattuck, H. P., M.D., 96.
Shelton, C. S., M.D. Traumatic Sciatica after Amputation, 534.
Sign of Hysteria, 512.
Signs of the Times, 240.
Silicea, Soluble. E. P. Colby, M.D., 121.
Skin-Grafting, 345.
Skoda, Professor, 85.
Small-Pox, 135, 267.
Small-Pox, Extraordinary Case of. 140.
Small-Pox, Mercury in the Treatment of. H. L. H. Hoffendahl, M.D., 109.
Smith, H. M., M.D., Homœopathic Directory, 91, 141, 189.
Smith J. H., M.D. Poisoning by Galvanized Iron Pipes, 332.
Soap, Cod-Liver, 136.
Societies; Boston Academy of Homœopathic Medicine, 78; Connecticut Valley Homœopathic Medical, 81; Connecticut Homœopathic Medical, 42; Minnesota Homœopathic Institute, 83; New York, 44, 179; Pennsylvania, 44, 180. The Massachusetts Homœopathic Medical, 250; Worcester County Homœopathic Medical, 43, 131, 262.
Societies, Reports of, 42, 78, 128, 179, 250, 308, 362, 406.
Society, College, 46.
Soluble Silicea. E. P. Colby, M.D., 121.
Sound, Distance which it Travels, 374.
Specifics, 136.
Spiritualism, Cure for, 188.
Spooner C. H., M.D. Tarsorraphia for Ectropion, 97; Blue Urine, 340.
Stains, Blood, 376.
Staphylorraphy, Cleft-Palate and. W. T. Helmuth, M.D., 221.
Statistics of Anæsthesia, 89.

Statistics of the Medical Profession, 307.
Stevenson, E., M.D., 328.
Stimulants, Mental, 511.
Students, Female Medical, 88.
Study of the Homœopathic Materia Medica, 35.
Success of Homœopathy, 511.
Sudden Death in Consequence of long-continued Doses of Chloral, 517.
Sulphur and Psorinum, — Hypochondriasis. James B. Bell, M.D., 532
Sulphuric Acid in Necrosis, 347.
Sulphur, — Tincture and the Two-hundredth, S. A. Jones, M.D., 380.
Surgeons, The Albany, 467.
Surgery at Sedan, 514.
Surgery of the American Institute, 294.
Surgery, Questions in, 355.
Surgical Cases. W. T. Helmuth, M. D., 345.
Surgical Department; Cleft Palate and Staphylorraphy. W. T. Helmuth, M.D., 221; Three Cases of Fracture, 230; A Case of Embolism, Gangrene and Hemiplegia, E. Hasbrouck, M.D., 233; Fungus of the Testicle, Castration, Cure. W. T. Helmuth, M.D., 234.
Surgical Department, 221, 290, 341, 387, 441, 534.
Surgical Department of the Gazette, 124.
Paracentesis of the Membrana Tympani. H. C. Houghton, M.D., 290; Surgical Clinic at the Hahnemann Hospital. Wm. Tod Helmuth, 441.
Surgical Editorials, 238; 240; 241; 294; 299; 302; 353; 355; 397; 463; 465; 467; 468; 550.
Swallowing of Indigestible Substances, 137.
Tagetes and Calendula. I. F. Holton, 167.
Tarsorraphia for Ectropion. E. H. Spooner., M.D., 97.
Tea, a New Substitute for, 46.
Test for Albumen, 179.
Testicle Fungus of the, Castration, Cure. W. T. Helmuth, M.D., 234.
Tetanus, 89.
Tetanus, Hemiplegia, and Thecitis, Case of. A. P. Macomber, M.D., 341.
The Action of Drugs. W. Sharp, M. D., 57.
The Action of Medicines, and the Dose. C. Wesselhoeft, M.D., 212.
The Albany Surgeons, 467.
The British Medical Journal, 88.
The California Vintage, 510.
The Chicago Fire, 475.
The Climate of the United States. M. E. Desor, 203.
The Countess Bismarck and the Doctor's Bill, 87.
"The Flappers and the Anti-Flappers," 465.
The General Hospital of Vienna, 512.
The Grand Duke of Russia, 87.
The Great Medical Humbug, 246.
The Hahnemann Hospital of New York, 396.
The Highest Ascent ever made by Man, 90.
The Life-Insurance Argument, 174.
The New York Ophthalmic Hospital. 299.
The Next Congress, 491.
The Profuse Sweats of Phthisis, 46.
The Rights of Members of the Massachusetts Medical Society, 554.
The Ruppaner-Sayre Dispute, 552.
Thompson, J. H., M.D., 376.
Thompson, J. H., M.D., Ascaris Vermicularis, 72.
Three Cases of Fracture, 230.
Times, Signs of the, 240.
Tobacco, 519.
Tobacco, Consumption of, 512.
To Cure Dyspepsia, 510.
Tooth Powder, 267.
To Subscribers, 96.
Traumatic Sciatica after Amputation. C. S. Shelton, M.D., 534.
Treatment of Gonorrhœa by Water, 511.
Treatment of Habitual Constipation. S. Lilienthal, M.D., 287.
Treatment of Ophthalmia Neonatorum. Translated by H. L. H. Hoffendahl, M.D., 336.
Treatment of Vesico-vaginal Fistula, 512.
Trial of Homœopathic Physicians, 557.
Trial, The Effect of the, 564.
Trismus Neonatorum, 267.
Tumors, Cystic; with Cases. W. T. Helmuth, M D., 387.
Turpentine, 85.
Two Platforms, 305.
Two Successful Cases of Ovariatomy. Prof. Martin, 49.
Two Test Cases. W. P. Wesselhoeft, M.D., 164.

U.

United States, The Climate of the. M. E. Desor, 203.
Urine, Blue. E. H. Spooner, M.D., 340.
Urine, Hysterical Retention of, 186.

V.

Vaccination, 517.
Vaccination and Disease, 513.
Vaccination, Animal. Henry A. Martin, M.D., 31.
Vaccination, Animal, 516.
Vaccination in Hot Weather, 139.
Vaccination of Cats and Dogs, 511.
Vaccine Virus, Dilute, 267.
Varicocele, 353.
Velder, L., M.D. Rare Case of Dislocation, 455.
Ventilation in Traumatic Hospitals, 375.
Veratrum. Insanity cured by. M. S. Briry. M.D., 429.
Verdi. C. S., M D. Practical Observations on Calc. Phos., 100.
Verdi, T. S., M D., 96.
Vesico-Vaginal Fistula. Treatment of, 512.
Veterans, Muster of the. H. D. Paine, M.D., 419.
Vienna, Letter from, 249.

W.

Warren J. K., M.D. Phytolacca for Mammary Abscess, 32.
Watters, W., M.D., 328.
Wesselhoeft, C., M. D., 192.
Wesselhoeft, C., M.D. Attenuated Medicines; How they Act, 273; Ipecacuanha, Diagnosis of Disease and Drug, 425; Materia Medica under the Law of Similars, 525; Report of the Committee on Materia Medica, 6; The Action of Medicines, and the Dose, 212.
Wesselhoeft, W. P., M.D. Two Test Cases, 164.
West Jersey Hom. Med. Society, 128.
What's in a Name? 136.
What the Press says, 76.
Wheeler, John, M.D., 192.
Which Wins? 125.
Whooping Cough, Dr. Bolle's Ulcers of, by Dr. H. Goullon, Jr., 113.
Who's to Blame? 463.
"Wickedly and Ignorantly," 401.
Williamson, Walter, M.D., Obituary, 47.
Woman with Four Breasts, 89.
Woodburn, J. H., M.D., Puerperal Eclampsia, 193.
Worcester Co. Hom. Med. Society, 43, 131, 262.
Worcester, S., M. D., 48, 328.
Wounds, Disinfection of, 189.

HC
708+